

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: OH-502 - Cleveland/Cuyahoga County CoC

1A-2. Collaborative Applicant Name: Cuyahoga County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Cuyahoga County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

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

(limit 2,500 characters)

(1) CoC membership is open to any individual or organization in the CoC at any time. Community providers are invited to apply annually through mass email and bi-monthly announcements at publicly open CoC Advisory Board meetings. Information about joining, the application, and a description of the process can be found on the OHS website. The website also provides information about meetings locations and topics. (2) Formal invitations for board member applications are issued to stakeholder agencies & homeless advocacy groups to recruit all interested parties, including persons with disabilities, through email notifications & by attending stakeholder meetings & inviting participation. OHS staff review membership & strive to address any gaps in representation. OHS continuously works to include new stakeholders. Membership materials are shared through emails & posted on the OHS website. Cuyahoga County protocols regarding electronic PDF files comply with the latest web content accessibility (ADA) guidelines. Prior to uploading any electronic files, they are first checked for accessibility to people with disabilities and modifications made, as required to ensure all communication is readily accessible to people with disabilities. (3) Annually, the CoC Governance Committee issues formal notification & solicits nominations from specific entities and all interested parties via email; notification is posted on the OHS website. The Governance Committee expanded the application process to prioritize BIPOC, LGTBQ, and disabled persons for membership. Specific efforts are made to outreach persons with lived experience. Flyers are distributed at Drop-In & Shelter sites, at PSH single-site buildings, & by attending Shelter Resident & Homeless Congress (HC) meetings. OHS staff attend the monthly HC meetings comprised of shelter residents & formerly homeless. OHS recruits membership representative of persons served in the CoC. The CoC Lead agency, OHS, has partnered in the “Stepping Up Initiative”, an effort involving the Police, Courts, Jail, Probation, and the Mental Health system to improve outcomes for mentally ill, homeless persons involved with the Justice system. The CoC invited representatives of these other systems to consider submitting a membership application for the OHS Advisory Board. The CoC’s Governance Committee also revised Advisory Board bylaws to ensure that the composition of voting members better reflects the community served.

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

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

(limit 2,500 characters)

(1)As the CoC Lead Agency, the Office of Homeless Services (OHS) actively seeks input from existing and potential stakeholders as it develops targeted strategies to prevent and end homelessness. In 2022-23, OHS increased efforts to recruit persons with lived experience and young adults for participation in CoC committees and planning initiatives. OHS staff contact representatives by email and phone to extend an invitation to participate. In addition, provider agencies ask for client feedback and recommendations.

(2)OHS convenes CoC activities for stakeholders, persons with lived experience, government leadership, the public, and philanthropy. Feedback and opinions are shared, discussed, and considered through this work. Meetings are accessible and hosted virtually and in person, with agendas and materials to inform the discussion. Before any meeting, email and website postings are used as the primary forms of contact. OHS staff also contacts stakeholders not likely to participate in organized meetings by attending their meetings or asking for face-to-face meetings. In the past program year, the CoC updated its Strategic Plan which included a series of meetings with all key stakeholders. Information was communicated regarding CoC system outcomes and priorities and feedback obtained.

(3)All communications from the CoC are provided in formats accessible to people with disabilities; all documents posted are scanned and edited to increase accessibility prior to being posted or distributed.

(4)Feedback from public meetings and focus groups informs proposed standards and policies and drives process improvements. The CoC has established a Program Policy Committee (PPC), which meets monthly and allows for public comment and recommendations by the membership. All solicited feedback from organizations and individuals is brought to the PPC, by OHS or other attendees, for review and consideration relative to updating and implementing policy. The updated Strategic plan took into consideration input from public sessions and incorporated recommendations into the Plan. The CoC Advisory Board voting membership has been expanded to include additional BIPOC, LGBTQ, youth, and organization-specific representation. The board maintains four seats designated for persons with lived experience, with each seat representing a specific subpopulation (BIPOC, LGBTQ, youth). An additional chair, representing youth, has been included in the Governance Charter.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications—the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1) OHS staff presented the renewal process/new project invitation for the FY23 NOFO to the OHS Advisory Board, which included other CoC membership and public attendees. The meeting is a publicly accessible forum hosted virtually and in person, with OHS informing attendees that applications from organizations not previously receiving CoC Program funding will be considered and support provided to new applicants in the application process. Notification of the open FY23 CoC Competition & application process was emailed to full CoC membership and also posted publicly on the OHS website. (2) Per HUD guidelines, the Request for Applications (RFA) was emailed & posted on the OHS website. RFA information outlined and described the application process for all interested parties. OHS offered two webinars detailing the application process and how to submit a renewal/new project. The webinar content/Q&A was posted on the OHS website. Renewal project applications were informed to submit applications in esnaps, new projects first submitted an expression of interest that was reviewed and scored by a non-conflicted panel with the highest scoring applicants invited to submit full applications in esnaps. (3) The CoC identifies annual priorities, approved by the OHS Advisory Board, and posts this information publicly on the OHS website. The CoC's NOFO Strategy Committee reviews and approves the proposed ranking strategy, as drafted by the OHS. New & renewal projects are scored by the NOFO Review Committee, using the approved scoring tools for each application type, and align with system performance measures & are compliant with HUD/CoC policies. Projects are selected for HUD submission based on score, ranking, and tier. The final project listing serves as the formal recommendation to the Advisory Board for approval. After board approval, the accepted/denied project notifications are emailed to the CoC and posted on the OHS website. The Advisory Board votes publicly at the OHS Advisory Board meeting to accept the ranking of all renewal & new projects. (4) All information related to the NOFO and CoC Application Process is announced at publicly accessible Advisory Board meetings and publicly posted on the County OHS website. Cuyahoga County website protocols ensure that electronic files comply with the latest web content accessibility (ADA) guidelines. County IT reviews all OHS materials to ensure accessibility prior to posting.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

(1) There are 3 ESG Entitlement jurisdictions within the CoC geographic area. The Office of Homeless Services (OHS), CoC lead agency, conducts a combined RFP process to award ESG funds to shelters and RRH providers for 2 of the 3 jurisdictions: the City of Cleveland and Cuyahoga County. OHS evaluates system-wide data to make funding recommendations on behalf of these jurisdictions in alignment with CoC priorities. In addition, Cuyahoga County convenes entitlement jurisdictions for monthly planning calls to discuss funding and coordinate activities. The 3rd jurisdiction, the City of Lakewood, receives a small entitlement award which it manages in alignment with CoC objectives. (2) OHS, the CoC and HMIS Lead Agency, conducts monthly data quality and performance reviews for ESG projects within the CoC. Project performance data is reviewed weekly during RRH meetings and bi-monthly Advisory Board meetings. The annual RFP process is based on evaluation of each applicant's program performance. Data is provided by the HMIS. Subrecipients must include persons with lived experience on their governing boards to gauge project performance & effectiveness of service delivery. OHS verifies compliance with this and HUD requirements for Equal Access during the procurement process (3) In January of each year, OHS coordinates all activities associated with the PIT & HIC. Annual PIT methodology is approved by the Advisory Board. OHS is responsible for compiling, reporting, and submitting the PIT & HIC reports in HDX. Both reports are posted publicly on the OHS website, presented at board/committee meetings, and provided via email to each Con Plan jurisdiction. (4) The Cuyahoga County and City of Cleveland's Departments of Development request OHS to review, edit, and update the jurisdictions' Con Plans annually. This ensures alignment between Con Plan data & strategies, the HEARTH Act, and local practice. The City of Cleveland representative co-chairs the CoC's ESG Subcommittee. The Committee meets quarterly and reviews ESG-funded activity outcomes, particularly Rapid Re-Housing timely utilization, reductions in shelter Length of Stay, and returns to shelter. HMIS data is provided by OHS to support this process. The CoC recently completed an inclusive process to update its Strategic Plan; all ESG jurisdictions participated in this process and all received the final Plan.

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

OHS and A Place 4 Me (AP4M), in partnership with 11 young adult leaders, developed the CoC’s current written plan to end youth homelessness. Organizations that helped develop the plan include PCWA, juvenile court, Cleveland Metropolitan School District (CMSD), CoC providers, RHY providers, LGBT Center, and MetroHealth. The plan, updated by the Advisory Board in 2020, includes four objectives: 1) Develop a network of trauma-informed services to help young adults maintain housing. Strategies are financial capability-building, mentorship, employment, and education connections. 2) Strengthen the safety net to identify, assess, and connect young adults in a housing crisis. 3) Expand age-appropriate housing options 4) Prevent homelessness among young adults, including those involved with systems. Strategies are coordinated. The four guiding principles support the objectives and strategies: Equity, hospitality, relationships, and flexibility. The CoC has strengthened its partnership with CMSD, the largest school district in Cuyahoga County; enrollment 37,158 (100% students w/ specialized services also economically disadvantaged). CMSD & OHS have a formal Memorandum of Agreement to ensure that families can access CMSD’s Project Act, a program providing specialized services to children & youth experiencing homelessness. Through this MOA, families enrolling in homeless assistance through Coordinated Entry will receive assistance to engage with Project Act to access school transportation and other educational resources; families in shelters comply with Basic Education Act requirements to enroll school-age children with Project Act within 24 hours. One of the CoC’s Advisory board members is also the LEA Director for the CMSD. This individual is heavily involved in all CoC efforts to support youth and families and has proven instrumental in community planning. The LEA works directly with the SEA for funding, policy, & technical support directly related to CoC service needs & strategies. As part of the community-wide, cross-sector initiative to prevent and end homelessness among young people, the Office of Homeless Services (OHS) has developed a comprehensive data-sharing arrangement that benefits youth-serving providers, including the CMSD’s Project Act, a program providing specialized services to children & youth experiencing homelessness. These formal partnerships are solidified through Homeless Management Information System’s (HMIS) Participating Provider Agreement.

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

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

In 2020, the CoC adopted a Coordinated Intake Operations Manual, which includes written CE policies and procedures. The manual is posted on the OHS website. The CE manual identifies a family shelter policy for eligibility that includes access to educational services. The CoC Coordinated Entry System (CES) conducts a thorough assessment of needs and barriers for all persons seeking assistance; this includes children’s educational needs. If a family cannot be diverted, it will receive a referral for immediate shelter to a family shelter, or the Family Overflow Shelter. No family seeking shelter is refused shelter if they are literally homeless. CE coordinates with Project Act (PA), the LEA entity. At CE Intake, families are provided written and verbal information about Project Act and the transportation, school supplies, clothing, and other free resources to homeless families. Families are directed to enroll with PA in person. At enrollment, a Release of Information is signed which enables CE and PA to share information regarding family placement and transportation arrangements as needed. PA staff will outreach to the family at the shelter location, particularly if the family is placed in the Overflow Shelter. PA is within walking distance of CE’s primary location. CoC-funded Shelter providers are required to connect families with Project Act within 24 hours of the family entering shelter, and to ensure that children are enrolled and attending school during the family’s shelter stay. These requirements are listed in the Shelter Standards that providers agree to follow in the contract executed between the agency and the CoC Lead Agency, the Office of Homeless Services. Families in permanent housing receive information on eligibility through their supportive services case manager. As part of enrollment in PSH or RRH households are informed of PA and supported in enrollment.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.			

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

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

(limit 2,500 characters)

1) In 2020, the Office of Homeless Services (OHS) as the CoC Lead Agency convened a workgroup to update Coordinated Entry (CE) Policies and adopt a DV Service Integration Policy (DVSIP). The CoC's Policy Program Committee, which includes DV/Human Trafficking service provider representation, is responsible for reviewing & updating these policies on an annual basis. (2) All CoC service providers attend annual training on signs of trauma, effective assessment techniques, & the CoC's process for service coordination outlined in the DVSIP. CE screens all clients, singles & families for DV to ensure best practice service provision to prevent retraumatization of vulnerable individuals. CoC staff are trained quarterly on trauma-informed care for safety planning, shelter placement, & coordination of supportive services. All measures are taken to ensure clients' safety and security. If a client has safety concerns at CE, staff assist in creating an emergency transfer plan through the DV provider & service coordinator, Journey Center (JC). Client access services through JC's 24-hr hotline. Individuals screened for human trafficking are referred to Project STAR (Sex Trafficking, Abuse & Recovery). Housing is coordinated through JC, CE, & the DV bonus grantee, Emerald Development & Economic Network. Housing is easily accessible and low-barrier, with services coordinated through a designated DV Housing Navigator. The Housing Navigator is responsible for facilitating a trauma-informed approach by working closely with the DV provider to establish familiarity with client history, needs, and safety plan. The navigator ensures continuity of the safety plan from shelter to independent living within the community. All housing placements are directed by client choice. In 2019, OHS required CE, Rapid Rehousing, and Permanent Supportive Housing project staff to participate in cross-training provided by Equality Ohio, the Renee Jones Empowerment Center & the May Dugan Trauma Center specific to survivors of sexual assault & human trafficking. In 2018, 2019, and 2022, OHS sponsored training on LGBTQ Support & Awareness for all project staff. In 2022, the CoC hosted a monthly training schedule using the Ohio Domestic Violence Network training resources and the partners referenced above. FLS engages the JC to conduct TIC and victim-centered services training annually. The Children Who Witness Violence Program, the Family Justice Center, and Legal Aid also provide training.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

(1)The Office of Homeless Services (OHS), the CoC Lead agency, coordinates with the CoC's DV provider, Journey Center (JC), to provide annual training to all CoC-funded project staff on Trauma-Informed Care (TIC), victim-centered best practices, and safety planning. The CoC requires Coordinated Entry (CE), Rapid Rehousing, and Permanent Supportive Housing project staff to participate in cross-training provided by Equality Ohio, the Renee Jones Empowerment Center, and the May Dugan Trauma Center, specific to survivors of sexual assault and human trafficking. The CoC sponsors annual, required training on LGBTQ Support and Awareness for all project staff. These trainings also offer a component that focuses on how best to identify and support the unique needs of the LGBTQ population impacted by DV. OHS maintains a monthly CoC project training schedule using the Ohio Domestic Violence Network training resources, as well as the partners referenced above. Best practice information is provided by JC and obtained through the annual fatality report and case review. (2) FrontLine Service (FLS) the CE provider, includes Trauma Informed Care (TIC), DV, LGBTQ, and Sexual Trafficking awareness training in their new hire orientation and quarterly refresher training. FLS engages the JC to conduct TIC and victim-centered services training annually; in addition, awareness and resource training by staff of the Children Who Witness Violence Program, the Family Justice Center, and Legal Aid is provided. This ensures that CE staff have the knowledge base to link survivors at Intake with needed services. When someone seeking shelter identifies as a survivor of DV or they are fleeing DV, CE is trained to immediately pursue the following assistance: a) legal interventions of a restraining order or Temporary Protection Order, b) connecting the client with the Victim Service provider(s) in the community who can assist; c) connecting to JC for shelter placement; d) developing a Safety Plan related to shelter placement or diversion if the DV Shelter is full; e) providing community resource information including a referral to the Family Justice Center

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

(limit 2,500 characters)

(1)Coordinated Intake (CI) screens all clients, singles and family heads of households, for domestic violence. This screening is included within the HMIS Part B assessment. If a client identifies as having a safety concern, CI staff will assist the client in creating a safety plan through the local Domestic Violence and Child Advocacy Center (DVCAC) by phoning their 24-hour hotline service. CI staff will also assist the client with accessing emergency shelter placement at the DVCAC. To continue to remain abreast of best practices, CI staff will receive periodic trainings related to service provision to survivors of domestic violence. The following trainings are mandatory and assist CI staff to respond appropriately to DV survivors: Trauma Informed Care Approach Training (Offered to new staff at orientation and offered annually thereafter) Domestic Violence Training, (including safety planning and shelter access. Offered semiannually). CI staff receive supervision, both individual and in groups, to further supplement professional growth and development, as related to domestic violence education and awareness. Additionally, CI staff may consult with a supervisor in real time if additional guidance is needed in working with a survivor of domestic violence. (2) All CI participants shall be requested to consent to have their personal identifying information (PII) collected for administrative, service coordination, evaluation, and auditing purposes. Only after the participant has signed the HMIS Consent and Release form will PII be collected and shared with other service agencies participating in HMIS and CI for the purpose of coordinating service delivery, identifying service needs and tracking outcomes. The victim services agency serving the CoC, Journey Center, uses a comparable data system to HMIS but all data within the Osnum database is protected and is not shared. Cleveland/Cuyahoga CI shall use all available security and privacy protection measures to ensure confidentiality and only agencies that use the Cleveland/Cuyahoga HMIS and CI shall have access to participant information.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The Journey Center (JC) is the only CoC-funded domestic violence/survivor service provider and uses an HMIS comparable database, Osnum, to collect data and provide aggregate counts to the CoC. 2) This aggregate data allows the CoC to determine the need for additional resources and how best to reallocate existing resources if needed. The CoC uses this data to gauge the overall number of people fleeing DV and to identify/address any trends that emerge within victim subpopulations. JC provides emergency shelter to persons fleeing DV, dating violence, sexual assault, and stalking. The CoC is working with key local partners leading the Consortium against Human Trafficking, specifically, Equality Ohio, the Renee Jones Empowerment Center, Project Star, JC, and the May Dugan Trauma Center, to link survivors of human trafficking with CoC permanent housing resources. The CoC's Coordinated Entry System is facilitating survivor-centered accommodations to include referrals in HMIS to track service/housing referrals and outcomes. JC provides Annual Performance Reports to the CoC to track numbers served and performance. Combined with referrals from the JC, the CoC has the ability to develop aggregated, de-duplicated information to assess housing needs. This data informs the decision of whether to seek additional DV Bonus funding and the most effective uses for those resources.

** nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

(1)The CoC has adopted a Domestic Violence Service Integration Policy, included in the Coordinated Intake Operations Manual. The policy is publicly posted on the OHS website. This policy includes procedures to inform participants of their rights for emergency transfers, of what must be done to request an emergency transfer, and the procedures to follow to relocate a household requiring an emergency transfer. At Coordinated Entry, all clients are informed of the emergency transfer plan policies and procedures and their right to request the development of an emergency transfer plan on their behalf. (2) If a client self-identifies or is identified by CE or at a later time by a CoC provider as having a safety concern, CE staff will inform the client of the CoC's emergency transfer plan process and address any questions or concerns at that time. Requests for emergency transfers may be made in person, via phone, or through written or email requests. If requested by the client, CE will immediately approve and assist in creating an emergency transfer plan through the local domestic violence provider, Journey Center (JC), via the 24hr hotline. 3) The CE provides placement to an undisclosed location if shelter placement is needed. CE staff are trained to provide trauma-informed care while assisting survivors of domestic violence in accessing safety planning services, shelter placement, and coordination of services to ensure clients' safety and security. From a safe location, survivors are assisted in securing alternate safe housing, moving to that housing and maintaining housing.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1) The Emerald Development & Economic Network (EDEN) is a non-profit housing agency and the main housing provider for the CoC. EDEN is the grantee for the existing CoC DV bonus project. The following sub-recipient agencies for the DV Bonus Project offer RRH assistance for survivors: Journey Center for Safety and Healing (JC), Cleveland Rape Crisis, Jewish Family Services Association, and FrontLine Service. These agencies have been providing survivor safety, legal aid, counseling, shelter, crisis intervention, court navigation, assistance with TPOs, and advocacy for decades. JC and CRC conduct trainings for other agencies across the state and nation on best practices for trauma-informed, victim-centered approaches to meeting clients' needs. All survivors receive access to the same services as all other populations experiencing homelessness & using the above best practices to ensure overall safety and wellness in the housing transition. Participants are offered choice in housing consistent with their safety needs. Together, the housing assistance offered includes case management, housing location assistance and completion of housing applications, tenant education, transportation, and housing retention. They will continue to be engaged with the clients after the RRH assistance has ended to support their continued recovery and stabilization. Housing locators will work with service providers and the clients to make sure that housing meets the clients' safety concerns and safety plan. All housing location information is secure and confidential. The CoC follows best practices to ensure survivor housing placement safety. 2) EDEN, as the agency responsible for housing placement and retention confers regularly with victim services providers to identify potential threats to participant safety, methods by which to mitigate or minimize trauma experienced by participants. JC regularly consults with survivors it has assisted to obtain input on how best to address the safety and housing needs of survivors.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1) DV survivors participate in all CoC-wide policy and program development, most particularly serving on the Policy and Program Committee of the CoC. A key concern of the CoC is to avoid re-traumatization of survivors and to ensure that their status as survivors remains confidential. Survivors who participate in CoC committees are identified as members with 'lived experience' but not specifically identified as survivors to maintain confidentiality and to ensure that it is entirely at their discretion as to whether to reveal that status. Journey Center (JC), the victim services member of the CoC, convenes regular panels of survivors to conduct group reviews of all incidents that have occurred in the prior period that posed a risk of mortality or lack of safety for participants. All incidents are reviewed with survivors both to keep them informed of possible risks and to obtain feedback from survivors on how safety can be improved and incidents of the sort reviewed can be prevented in the future. 2) The CoC and JC provide many opportunities to address the unique and complex needs of survivors. JC provides multiple means of contacting them especially in situations where there may be safety concerns. Survivors can phone or use text when talking might be dangerous – also there is always an online chat feature on the JC website – also for circumstances where talking might not be safe. JC will meet survivors in any location where they feel safest – often sessions are conducted in public places such as McDonalds or Starbucks. The JC facility itself is fully designed to be a safe space for survivors with no signage indicating the nature of the facility and is fully secure with cameras monitoring all public areas.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training. NOFO Section V.B.1.f.	
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	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

(limit 2,500 characters)

1) To ensure that the system of coordinated entry is responsive to the full range of needs in the community, the CoC lead established a CI workgroup to develop and refine policies. LGBTQ+ organizations and others serving the community regularly participate in the workgroup, review and suggest new or modified policies. (2) In accordance with the Equal Access Final Rule and the Gender Identity Final Rule, the CoC has adopted a Nondiscrimination Policy, which is outlined in the CI Operations Manual. The CoC Policy Committee reviews/updates this policy annually. This committee meets monthly and allows for frequent reviews or updates based on stakeholder feedback. All CoC funded providers are required to have their own policies which must align with the CoC established policy. (3) In 2021, the CoC created a CI workgroup, including provider agencies, to review, update, and create new policies. Through this process, the workgroup established a CoC-wide Nondiscrimination Policy. The policy states CI shall market to and serve all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach or accommodation to promote every individual's full and complete participation in CI. All CoC agencies must comply with all Ohio and Federal statutes relating to nondiscrimination. This CoC-wide policy was a catalyst for the development of policies at the provider level. All providers offering supportive services, shelter, and housing adhere to the continuum-wide policies. OHS assisted providers in facilitating and implementing new policies that align with the overall CoC goal. (4) OHS reviews project compliance annually and requires each agency to document adherence to CoC anti-discrimination policies. The process involves a checklist including but not limited to intake processes, staff training, evidence of agency anti-discrimination and equal access policy, grievance policies, and documentation of outcomes. If an agency demonstrates evidence of non-compliance during program monitoring, OHS addresses the monitoring finding through a formal corrective action plan which includes either revisions or implementation of policy. Furthermore, OHS works with Cuyahoga County's Department of Contract Administration and Performance (DCAP) and the County D

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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Cuyahoga Metropolitan Housing Authority	31%	Yes-Both	Yes
Emerald Development and Economic Network, Inc	25%	Yes-HCV	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

(1) Two PHAs, Cuyahoga Metropolitan Housing Authority and Emerald Development and Economic Network (EDEN), work closely with the CoC and have had "Homeless Preference" in place for many years. (a) The CoC has worked with CMHA to increase preference points for applicants to public housing, on the Housing Choice Voucher program waitlist, and for targeted project-based subsidy programs to households whose homeless status is verified by Coordinated Entry. In addition, the CoC entered into an MOU with the Cuyahoga Metropolitan Housing Authority to identify CoC clients for the Emergency Housing Voucher program and receives referrals directly from the CoC's Coordinated Entry. Per the attached documentation and for traditional PHA projects, CoC-referred applicants receive additional preference points so that literally homeless households move up the list to access PH more quickly. (b) EDEN has a PHA status but is also the primary direct recipient and sub recipient of CoC funds for PSH and RRH. EDEN is committed to the HUD prioritization guidelines and is a key partner in the CoC strategy to end chronic homelessness. EDEN is the co-developer, owner, and property manager of over 700 PSH/CH units in the CoC and manages over 1,200 scattered-site PSH units. 2.) N/A

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

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

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

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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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

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

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA		
	Cuyahoga Metropol...	

1C-7e.1. List of PHAs with MOUs

Name of PHA: Cuyahoga Metropolitan Housing Authority

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	27
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	27
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

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

(limit 2,500 characters)

(1) The CoC is committed to the Housing First (HF) philosophy, ongoing assessment, & services. Every recipient checking HF on their project application is evaluated based on the principle that homelessness should be rare, brief, and non-reoccurring. The HF approach is low-barrier, incorporates client choice, and allows for immediate access. HF PSH prioritizes persons who are chronically homeless and experiencing challenges in housing stability due to severe and persistent mental illness, chronic health conditions, and/or substance use disorders. HF PSH buildings only accept referrals from Coordinated Entry, focusing on individuals from the Chronic By-Name-List (BNL). The CoC regularly evaluates projects to ensure prioritization of rapid placement and stabilization in permanent housing without requiring service participation as a precondition of housing. Project discharges are reviewed to ensure clients are not evicted for non-housing first reasons (substance abuse, lack of engagement, etc.). Service providers attend regular meetings to discuss BNL status and accept referrals of individuals with the longest time homeless and highest service needs. (2) The CoC has adopted a data-driven process and the Office of Homeless Services (OHS), as the CoC/HMIS Lead, supported the development of the HF Data Dashboard. Data points include admissions/rejections, vacancy, unit turnover times, evictions, crucial incidents, & successful exits. Source data is derived from HMIS and supplemental information from case managers. It provides meaningful performance indicators, program statistics, and trends over time at building, portfolio, & system levels. OHS convenes a monthly HF Data Dashboard group to monitor performance. Dashboard reports on those factors are now available through HMIS. (3)The HF Dashboard expanded to include all PSH provider data, regardless of funding source. Performance is reviewed monthly and assists in the facilitation of BNL meetings. The OHS monitors projects throughout the competition year. Program staff verify program compliance, review financial records, and review administrative structures/practices. Results are shared with subrecipient organizations. Documentation for reimbursements on locally funded projects is reviewed monthly. In addition, OHS staff attends BNL prioritization meetings to review client vulnerability and appropriate housing options.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

(1)The Cuyahoga CoC’s outreach efforts are rooted in Housing First, with a focus on prioritizing access to housing for all unsheltered persons. The outreach team maintains/updates a comprehensive By-Name-List (BNL), which identifies unsheltered persons by location, # of days homeless, and tracks housing offers. CoC outreach workers operate under the best practice, continuous relationship model, where they also serve as case managers. Outreach workers meet people where they are emotionally, physically, & geographically. This model has proven effective as client engagement is a critical component of this work. (2) CoC Outreach Teams coordinate to provide services to 100% of the CoC geographic area. The following teams have operated in Cuyahoga County for over 20 years: VA Outreach Team; Care Alliance, Family Quality Healthcare Center, which conducts medical/well-being outreach; and FrontLine Service (FLS) PATH Program. Outreach efforts include Supportive Services for Veterans Families (SSVF) Grant recipients (Volunteers of America & FLS). Bellefaire, RHY outreach, targets youth. The Northeast Ohio Coalition for the Homeless (NEOCH) organizes year-round volunteer outreach teams. (3) Outreach staff are available 24/7, focusing on early mornings/evenings when people most reluctant to seek services are at encampments. (4) North East Ohio Coalition for the Homeless maintains a BNL of unsheltered persons and convenes outreach teams bi weekly to coordinate services and track persons/locations/needs and housing placement. Chronically homeless unsheltered clients are referred for housing at the CoC BNL meeting. Outreach members attend weekly CH/PSH Prioritization meetings to link unsheltered CH folks immediately with housing. Tailored outreach efforts, in adherence to the Fair Housing 24 CFR 578.93(c), include daily communication in person/phone/text with Coordinated Entry and community partners to direct resources & support engagement. Information is provided for persons with disabilities and includes multilingual (& sign-language) staff, printed, & electronic materials for persons with disabilities. Outreach workers encourage unsheltered persons to enter the local shelter system. Non-congregate living spaces remain available for those unwilling to enter shelter.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

	Your CoC’s Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

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

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	824	1,004

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

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

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

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

- Describe in the field below how your CoC:
1. systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
 2. works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
 3. works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

(1) The Office of Homeless Services (OHS), CoC Lead Agency, and the Department of Jobs and Family Services (JFS), which administers all mainstream programs, are both part of county government. The County HHS Senior Leadership Team meets weekly, allowing JFS and OHS directors to communicate on issues. This access enables the CoC to alert providers of program eligibility changes/processes quickly. JFS disseminates benefit information electronically regarding quarterly community forums, opportunities to learn about the application process, and JFS protocols. These email blasts are shared with the CoC Membership list, and they are encouraged to attend. Additionally, JFS is a voting member of the CoC Board, regularly attending bimonthly meetings and sharing information. (2) CoC providers participate in the Coordinated Health Access Project (CHAP), which is an initiative organized through the Federally Qualified Health Centers (FQHC) and private insurers to enroll high-barrier and at-risk health populations into health insurance. The health insurance providers schedule regular times at shelters to enroll project participants. The Coordinated Entry System (CES) screens and assesses for substance abuse and mental health issues. The CoC has a number of shelter providers that offer clinical and treatment services to clients. If clients do not seek these services at CES, traditional shelter case managers work towards client engagement and ensure later treatment linkages. The Office of Homeless Services (OHS) meets monthly with the City of Cleveland Public Health, Cuyahoga County Board of Health, and the MetroHealth System for guidance/information on local resources to CoC agencies. In addition, OHS meets with CoC providers to discuss challenges and potential solutions to help ensure the implementation of public health protocols. (3) CoC provider agency staff are required to access the State of Ohio’s online benefit assessment tool, Benefit Bank, on behalf of clients to determine all possible resources for which the client may be eligible. In addition, providers serving disabled homeless persons have access to an expedited disability Benefit Determination process through SOAR. The CoC supports the SOAR model and promotes integration of SOAR education into the staff orientation process and ongoing provider training through an online curriculum available via SOARWORKS. The CoC completed specific provider staff SOAR certification in 2022.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The Office of Homeless Services (OHS), as the CoC Lead Agency, worked diligently with service providers to develop appropriate responses to address the safety needs of homeless persons at the onset and throughout the COVID pandemic. The CoC developed a de-concentration plan utilizing local hotels, an apartment-style building, and temporary modifications to congregate shelters to reduce the shelter census, beginning in March 2020. This plan continued in place through March 2022. All housing plans remained intact for individuals & families diverted during this time. This effort, aligned with CDC guidance on high-risk individuals, reduced shelter census by 50% and increased the CoC’s capacity to provide non-congregate shelter. This approach was critical in preventing/reducing the spread of COVID, particularly through the emergence of the Omicron variant. Congregate shelters also made operational site modifications, including sanitation stations and the creation of “cabins” within the shelter to create more individualized living space. De-concentration efforts and temporary non-congregate shelter options resulted in increased access for unsheltered persons that are typically reluctant to engage in a traditional shelter model. Since March 2022, congregate shelter providers have maintained their operational site modifications while working closely with OHS on long-term transformation for congregate shelter. OHS partnered with local entitlement agencies, Cuyahoga County Department of Development (CCDOD), and the City of Cleveland to develop a funding strategy to support the temporary use of alternative non-congregate space as well as a future, permanent solution, including the acquisition of two additional buildings. Plans are advanced for the development of permanent non-congregate shelter. These new facilities will also be compliant with all Fair Housing and Equal Access requirements serving all who present in need. A needs assessment and a streamlined procurement process expedited resource allocation for this work. Furthermore, OHS partnered with the City of Cleveland and CCDOD on the ARPA, HOME, and HOME-ARP funding strategy and procurement. Through these intergovernmental partnerships, over \$25M has been awarded for the transition to a non-congregate shelter model. The CoC is currently working with the relevant city/county agencies to procure development and operational services.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
NOFO Section V.B.1.o.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:		
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) In accordance with the State of Ohio’s Human Infectious Disease Incident Plan, the Cuyahoga County Board of Health (CCBOH) has updated the local public health plan referred to as the Emergency Preparedness and Response Plan. This plan provides public health guidance to the CoC relative to screening protocols, isolation, and sanitation measures. As the CoC Lead Agency, the Office of Homeless Services (OHS) is heavily involved in planning efforts. It uses a variety of methods to coordinate and communicate public health measures to homeless service providers. Planning meetings are held daily/weekly when immediate safety measures are needed. Meetings are also held with subpopulation providers (i.e. family, domestic violence, congregate shelters, unsheltered, etc.) to discuss strategies unique to their building layout and service population. The CoC’s Response Plan is presented at an OHS Advisory Board Meeting to inform the CoC and community of the public health initiatives. Updates are provided when significant changes occur or new initiatives are established. CoC leadership ensures adherence to mitigation practices through implementation of policy and establishing practice standards that align with the CoC Response Plan. (2) The CoC coordinates provider training opportunities focusing on prevention and response during an infectious disease outbreak. Cuyahoga County Department of Health and Human Services coordinates monthly calls with OHS, both City and County Public Health Departments, local healthcare providers, and the CoC to communicate information on local restrictions, trends, and best practices. The monthly calls provide a formalized forum for dialog. Information gleaned during the calls is used to formulate a safety net of services to meet public health needs. Ultimately, the forum has provided a better understanding of the structure, funding, and connections needed between the health sector and the homeless service community to prevent and limit the occurrence of infectious diseases in our community. As a result of this work, the CoC coordinates with the local public health agency to conduct infectious disease screening, testing, and administer treatment (including vaccinations) at shelter, permanent housing, and street outreach locations.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases. NOFO Section V.B.1.o.	
Describe in the field below how your CoC:		
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) Ensuring the safety of individuals/families served by Cuyahoga County’s Homeless Continuum of Care (CoC) is a priority. The Office of Homeless Services (OHS), in consultation with the City of Cleveland Department of Public Health, Cuyahoga County Board of Health, the MetroHealth System (hospital/medical), and the Centers for Disease Control and Prevention, was able to develop a public health response to the COVID and future epidemic infections. Despite the considerable suffering, the experience of responding to the COVID pandemic strengthened relationships resulting in direct points of contact with local experts, thus, creating a level of preparedness for future public health emergencies. Having established lines of communication provides a framework for the support and feedback to the CoC in preparation for any public health emergency. The CoC worked with consultants to review and update policies, programming, and operating procedures to reflect changes to normal operations and document the specific response to COVID, which applies to any infectious disease outbreak. Based on this guidance, CoC providers were required to develop infectious disease protocols. The OHS reviews established protocols during contract procurement and monitoring. In addition, the OHS Advisory Board created a designated membership seat for a local healthcare provider. Creating this formal board membership fosters engagement and integration of the healthcare system. This expertise is then leveraged in the formation and updating of CoC-wide policies. (2) OHS worked with Cuyahoga County & City of Cleveland Departments of Development to align resources to support the renovation of congregate shelters and acquire additional shelter space. The transition to a non-congregate shelter model decreases the likelihood of disease transmission and spread. OHS worked closely with outreach providers to mitigate the risk of contamination & spread of disease among unsheltered homeless persons and outreach staff. A key outcome of this process was the provision of freestanding sanitation stations/port-o-lets throughout the City of Cleveland. This project provided essential services and mitigated risk for one of the CoC’s most vulnerable populations. OHS facilitated monthly meetings to coordinate service delivery between the CoC and local healthcare providers. In addition, training opportunities were provided to direct service workers to provide education on client engagement and healthcare

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

(1) In accordance with the CoC Program interim rule, the Coordinated Entry system (CE) covers 100% of Cuyahoga County, the CoC's geographic area. (2) In accordance with the CoC Program interim rule, the CoC operates a full system (individuals and families) Coordinated Entry model. CE is the front door to CoC resources with an expansive role that encompasses ensuring access to shelter and housing for all persons seeking assistance, providing every household an opportunity for a diversion, and providing a standardized assessment and intake process. The standardized assessment and intake process, formally adopted in the CoC's CE Operations manual, ensures that the CoC prioritizes persons most in need. CE's process is collaborative between the client and the CE worker. To receive an intake, the client must be literally homeless. Homeless status documentation is based on HUD guidelines. Lack of third-party documentation does not prevent access to services. CE is responsible for referrals made to emergency shelter. Persons fleeing DV are referred to the DV service coordinator, Journey Center. Documentation of homeless status may also be provided via shelter letter. During intake, CE completes the following: Intake assessments, Dual Relationship Agreement, Consent for treatment, Housing Barriers/Vulnerability tool, Housing Plan, Disclosure of Information, and HMIS release of information. CE also refers clients to Cleveland Mediation Center for diversion options. CE must refer the client to emergency shelter if diversion isn't possible. Transportation is available to the emergency shelter site. Upon shelter entry, shelter case managers will work collaboratively with the client on executing a shelter exit/housing plan informed by client choice. 3) The standardized assessment and intake process is reviewed and updated annually by the CoC's Program Policy Committee (PPC). The PPC meets monthly and comprises participating providers/projects, with two seats dedicated to persons with lived experience. PPC meetings are open to the public, providing opportunity for feedback and public comment. Lastly, the CoC administers annual Consumer Satisfaction Surveys allowing for anonymous feedback relative to coordinated entry. This information is shared at the monthly PPC meeting and annually with the Advisory Board.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

(1) Community awareness is promoted via the CoC and multiple provider websites. A flyer describing the location & hours has been distributed throughout the CoC’s geographic area to libraries, social service agencies, drop-in sites, meal sites, & health care sites. CE information is included on the “Homeless Streetcard” published & distributed by the Northeast Ohio Coalition for the Homeless outreach team. The VA, FrontLine Service, and Healthcare outreach teams participated in designing an approach to support hard-to-reach populations. CE ensures immediate access to shelter or dedicated PSH if the individual meets the order of prioritization. The CoC determined unsheltered chronically homeless (CH); transition-age youth, & survivors of human trafficking are the least likely to seek assistance. The CoC developed specific targeted approaches: a Peer Youth Outreach Team partners with PATH/Youth-centered trained staff; CH & Veteran Outreach teams maintain a “By Name List” & visit people weekly to offer services; CE connects with survivor service providers to conduct CE assessments by phone or in other locations to avoid retraumatizing survivors of DV & human trafficking. Youth Specialists monitor the Youth BNL & engage in assessing service needs and providing support. (2) CE uses CPD-16-11 to prioritize resources for the highest-need households. The CE maintains a BNL to document, track, & prioritize Veterans, families, youth, and CH persons for housing. (3) The CoC convenes a weekly provider group to review the BNL, # of days homeless, disability status, update vulnerability scores, & note current housing preferences for listed persons, ensuring timely access to housing. (4) The CoC strives to lower barriers to CE access. No ID, appointment, or referral is necessary. There is no legal residency requirement for services & no income restriction. CE on-site services are located at non-shelter locations; a call center is staffed for phone assessments; unsheltered clients are welcome. The assessment process has been updated to minimize burden and eliminate unnecessary questioning, focusing on critical information to facilitate housing placement. After-hours services are provided by CE on-call staff or via 211. CE is equipped to provide transportation. Trained staff mobilize to complete outreach intakes. For persons fleeing DV, increased access is available through the DV coordinator, Journey Center, via the 24 hr hotline.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

(1)1.The Cleveland/Cuyahoga CI process shall affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of specialized outreach. The Cleveland/Cuyahoga CI shall promote every individual’s full and complete participation in CI. CI markets to and serves all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach or accommodation to promote every individual’s full and complete participation in CI. CI and all CI Participating Agencies comply with all State of Ohio and Federal statutes relating to nondiscrimination. (2) As part of the intake and assessment associated with CI, potential participants are informed of their rights and remedies under State and Federal statutes to be protected against discrimination in housing. As part of the briefing, participants are informed about a range of possible discriminatory behaviors, how to recognize discrimination, and how to report violations of their rights to local, state and federal authorities. (3) There are two CON Plan jurisdictions, Cuyahoga County and the City of Cleveland. CoC leadership confers with the City Department of Community Development and the County Development Department to provide data and information on homelessness to inform the Consolidated Plan. As part of that process, the CoC reports on impediments to Fair Housing experienced by CoC participants and provides suggestions to increase compliance.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/19/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:	
1.	your CoC’s process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

(1)Cuyahoga County Office of Homeless Services (OHS), as the lead agency for the Continuum of Care (CoC), has taken collective action to address inequities within the homeless system and ensure equal access to services. The CoC is participating in 2 strategies to advance this work, both rooted in meaningful use of quantitative & qualitative data. The CoC was selected to participate in HUD’s Coordinated Entry Race Equity Demonstration project. The project’s goal is to identify measures to evaluate/analyze local data to support the development of a more racially equitable assessment and prioritization tool. To further support this effort, the CoC engaged persons with lived experience who have been impacted by disparities. The second strategy is the development of system-wide race equity data dashboards to assess CoC-funded homeless assistance projects using HMIS data. The dashboards establish equity performance monitoring and support improved outcomes for the BIPOC population served within the homeless system. The CoC measures outcomes for length of time homeless, exit destinations, and returns to shelter by age and race cohort. The CoC’s Policy Program Committee is reviewing findings to modify standards and practices and develop policy. The CoC is aligning resources to provide targeted strategies and demonstrate a culturally responsive system that addresses the unique barriers for persons of color. 2) The CoC has identified overrepresentation of Black persons experiencing homelessness at Coordinated Entry and, subsequently, throughout all of the CoC’s homeless services. Black individuals make up about 30% of Cuyahoga County’s population but about 72% of the county’s homeless population. Black individuals who exited PSH projects were three times as likely to go back to shelter and about five times as likely to go jail/prison. A majority of these negative exits were a result of or resulted in eviction. Key findings in a recent study of young adults showed that more than 75% of youth experiencing homelessness are Black. System-involved youth are disproportionately more likely to experience homelessness – 62% history of child welfare, 25% pregnant/parenting, 8% LGBTQ. Black youth experience repeat episodes of homelessness at a higher rate. Patterns of shelter use over a 3yr period indicated Black youth are more likely to have multiple entries into homelessness (18.9%) than White youth (9.7%).

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Given the overrepresentation of Black youth & those with public system involvement, the CoC took action to address the disparity by convening a Race Equity Committee (REC). This work has been divided into three subcommittees comprised of representatives from CoC, juvenile justice, child welfare, City of Cleveland, Cuyahoga County HHS, & young adults with lived experience. The Entry Subcommittee is focused on policy for youth entering the homeless system to increase collaboration across systems to prevent homelessness. Action steps include creating a “checklist” identifying young people at risk of homelessness, attending a weekly meeting to identify those at risk of homelessness, creating and implementing prevention plans, and for each agency to implement a restorative justice plan. The Exit Subcommittee is focused on helping young adults exiting homelessness access and maintain housing. Objectives include increasing access to safe, affordable housing for young adults in locations county-wide; ensuring access to flexible funds to prevent homelessness; ensuring access to emergency rental assistance in a youth-centric manner; and supporting the enactment of protections against source of income discrimination. Based on this subcommittee’s work, the CoC has revised the Rapid Re-housing policy and expanded rental assistance to 12 months. In addition, the Office of Homeless Services (CoC lead) has approved over \$200,000.00 of local funding for direct assistance to support a prevention project for at-risk and homeless youth aged 18-24. Lastly, the leadership subcommittee is focused on increasing representation of Black leaders through the CoC and partner systems to create pathways to leadership. The Leadership Subcommittee is examining Human Resources policies on recruitment/hiring, retention, and promotion with a racial equity lens. Equitable policies and procedures will be recommended for all partners. As a primary funder for the CoC, the OHS redesigned the CoC’s Master RFP to advance race equity through the procurement process. The Master RFP requires recruitment strategies to increase race equity/inclusion of agency staff, board, and individuals with lived experience. Funded agencies must demonstrate equity and inclusion through project performance data. These areas are reviewed and scored, resulting in contracts with high-performing agencies.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1)The Office of Homeless Services (OHS), the CoC and HMIS lead, collaborated with the HMIS vendor to develop a race/ethnicity/age equity dashboard. The dashboard allows the CoC to monitor/track project & system performance outcomes and identify disparities across racial categories and age cohorts. The dashboard reflects data on homeless persons entering the system, utilizing the system, and exiting the system, disaggregated by racial categories and age cohorts. The dashboard is used in forums, including the HMIS Data Committee, the CoC’s Program Policy Committee, the Youth Community Planning Committee, and the Advisory Board. These groups meet monthly and bi-monthly, with performance reviews conducted by the HMIS lead monthly. Various service providers and persons with lived experience are members and participate in discussions, provide feedback, and review outcomes. This ensures data is used to inform and drive policy recommendations and programmatic changes to prevent and eliminate disparities. Discussions about this data are focused on a) front door policies addressing the disproportionate number of Black individuals coming into the system b) exit policies and programmatic changes addressing the disproportionate number of Black individuals exiting the system to negative destinations - specifically jail and shelter, and c) subpopulations and intersectionality with race/age in order to address service needs specific to each individual. 2) OHS redesigned the Master RFP to advance the CoC’s goal of a more racially equitable system through funding opportunities and the contracts process. A core component of each agency’s funding application is submitting performance data based on race and ethnicity. During the application scoring process, review teams comprised of internal and external representatives evaluate applicant data sets for race equity within project performance and the agency’s plan for improvement. It is the expectation that organizations strive to provide equitable services for persons of color. As a result of updating the RFP process, OHS will determine race equity project performance benchmarks within agency contracts, which will be monitored on an annual basis. OHS will require contracts seeking renewal to submit race equity data and be evaluated against the established benchmarks as part of the RFP scoring process. This evaluation will ultimately determine the level of funding on an annual basis.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

The OHS Advisory Board intentionally creates opportunities for those with lived experience to serve in leadership roles and influence decision-making processes. System data is used to ensure members reflect the diverse demographics and experiences of those experiencing homelessness in Cuyahoga County. The Advisory Board represents all sectors of the community and requires the involvement of individuals that are homeless or formerly homeless. Annually, the Governance Committee (GC) reviews expiring terms, including Persons with Lived Experience (PWLE), and requests nominations for membership vacancies. The CoC conducts recruitment to specifically engage PWLE, providing information on the Advisory Board and encouraging board membership applications. This includes attending Homeless Congress meetings and individual communication with organizations that work directly with PWLE. For recruitment purposes, the CoC posted the Advisory Board New Member Orientation (includes the member application process) presentation recording publicly to the OHS website. The Advisory Board includes a Program Policy Committee (PPC), which is comprised of community representatives, young adults, BIPOC, and LGBTQ. The PPC provides guidance and leadership on housing and services policies/procedures and recommends standards for the administration and operation of projects funded by the CoC. The PPC makes data-driven decisions on CoC program operations and outcomes and submits recommended policies and procedures to the Advisory Board. The CoC regularly incorporates those with lived experience into broader planning efforts. The CoC completed a strategic planning process inclusive of the related system of care for persons experiencing homelessness. The strategic plan includes a Network Map (inventory of agencies currently providing services), Program Model Standards (practice standards for core CoC programs), Investment Analysis (identification of current homeless system investments and future recommendations), and System Improvement Strategies (recommendations for how CoC system gaps and deficiencies can be addressed). OHS designed the process with opportunities for engagement, feedback, and discussion. These opportunities include focus groups and listening sessions, both of which will include individuals with lived experience. Input from the discussions will directly refine system goals, review gaps, inform recommendations, and provide context for system enhancement.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	8	1
2.	Participate on CoC committees, subcommittees, or workgroups.	14	2
3.	Included in the development or revision of your CoC's local competition rating factors.	3	0

4.	Included in the development or revision of your CoC's coordinated entry process.	7	1
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1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC believes the inclusion of Persons With Lived Experience (PWLE) is a moral imperative and an operating advantage in our practices and continuum culture. In 2022, the CoC updated all boards/committees to require membership of PWLE. Continuum efforts have included examining Human Resources policies and procedures around recruitment/hiring, retention, and promotion. Recommendations for equitable policies and procedures promote the professional development of PWLE and BIPOC, including posting positions in non-traditional places (i.e. churches, vocational programs, black professional groups) and removing common barriers that may have disparate impact such as drug testing and education requirements. CoC partners continue to work on increasing the hiring of PWLE, with some agencies achieving the goal of employing 50% of housing and shelter staff, including management, with lived expertise of homelessness, justice involvement, or mental health/substance abuse. All PWLEs are offered ongoing training and professional development opportunities for advancement. The CoC also has a Workforce/Homeless Services Steering Committee which provides feedback on interventions and policies designed to support PWLE in pursuing employment/training opportunities. The steering committee has two PWLE members who are also staff at CoC member agencies. There are opportunities for members with lived experience to co-lead focus groups with other PWLE. PWLE are paid \$25/hour stipends for meeting and preparation time. The Steering Committee provides PWLE with opportunities to share and develop CoC work, including what is prioritized and how it is planned, delivered, and evaluated. PWLE are influencing decision-making and are significant contributors to this process. The CoC also recognizes the contributions of young adults and provides compensation for their time and expertise. The CoC is working on a continuum-wide policy to ensure all PWLE are compensated and supported in their professional development

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below:

1. how your CoC routinely gathers feedback from people experiencing homelessness;
2. how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1)1)The CoC routinely gathers information from people experiencing homelessness through its revamped outreach programs that seek to engage people experiencing homelessness, assess their needs, and seek to refer to housing and services. Outreach workers regularly report on unmet and critical needs. (2)The CoC requests feedback from all CoC & ESG programs for persons experiencing homelessness and enrolled in these projects. Agencies provide this information on a regular basis and annually for contracts and the CoC’s review & ranking process. CoC/ESG program providers administer client surveys on a rolling basis throughout the year and annually to rate, evaluate, and improve service delivery. Annually, CoC/ESG providers must submit survey results and grievance policies & results to the CoC lead for contract review. Providers responding to any OHS RFP are scored on their ability to demonstrate that client surveys/feedback is used in a meaningful way to inform changes to agency policy. This information is critical in monitoring performance and funding decisions/recommendations. Annually, the CoC’s NOFO Review Committee (NRC) is required to rate & rank all new/renewal projects applying for CoC funding. Performance standards include administration, response rate, and results of consumer surveys for each project. The CoC’s survey tool provides feedback on housing and supportive services from persons experiencing homelessness, enrolled in each funded project, within the CoC. Consumer survey results are factored into project review, scoring, and ranking by the NRC. The NRC addresses any areas of concern with the providers directly. Annually, a qualitative analysis is conducted and reported at the Advisory Board meeting. The Advisory Board and all CoC meetings are open to the public and allow for both public and client feedback. (3) OHS is focused on meaningful engagement of persons with lived experience of homelessness, recognizing these individuals as stakeholders in our ongoing system improvement. This has resulted in more relevant, responsive, and equitable programmatic implementations for those most impacted. In 2022, the CoC took action based on client survey results and feedback to change the Rapid Re-housing policy to expand rental assistance to a full twelve months. This change led to increased landlord engagement and further enhanced the CoC’s housing retention effort.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

(1) In 2022, the Office of Homeless Services (OHS) received ARPA funding to allow CoC providers to rehab and/or develop new housing units. One of the identified rehab sites, chosen because of proximity to services, was originally zoned as commercial. OHS worked with the provider to draft a request letter, then met with elected city and county officials to share the provider's comments and propose the change to residential/mixed use. This was successful, and the project is now moving forward with ARPA funding. In early 2022, the Cuyahoga County Housing Stakeholder Group drafted the county Housing Refresh Plan, incorporating CoC housing data demonstrating that the lack of affordable housing has directly impacted the CoC's ability to rapidly re-house persons experiencing homelessness. As a result, the Cuyahoga County Planning Commission, First Suburbs Consortium, and the Cuyahoga County Land Bank partnered to develop a Single-Family Zoning Analysis to detail zoning barriers to infill housing. Infill housing is new housing constructed on existing lots within largely developed communities. These lots tend to be vacant as a result of previous home demolition. Cuyahoga County has a large number of these lots, with potential for affordable housing and/or multi-family units. This report will identify issues with municipal zoning regulations hindering infill and assess potential for new housing development. Changes to zoning will improve the process for developers and builders and increase housing stock in Cuyahoga County. (2) Housing demolitions outpace new construction by 2:1 in Cuyahoga County. The Cuyahoga Land Bank funded an initiative in conjunction with the Cuyahoga County Planning Commission to assess how antiquated zoning regulations create barriers to housing development. Communities county-wide are looking at ways to revise these regulations. The partnership organizations have recently entered into a contract to develop phase two of the analysis, which will involve the development of best practices and model ordinances for communities in 2023. The goal, through this analysis, is to reduce regulatory barriers and increase the number of units available to low-income and persons experiencing homelessness. CoC providers have written letters and spoken at Cuyahoga County meetings to support changes to meet the continuum's housing needs.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	05/30/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	05/30/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	22
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

(1) The Review & Ranking process utilizes HMIS data for scoring all renewal projects. Agencies are required to submit Annual Performance Reports (APRs) for the specified 12-month period. The NOFO Review Committee (NRC) develops and approves a scoring tool. Scores for Permanent Housing (PH) providers are based on HUD performance measures related to income, stability, and exits to PH. Consumer surveys are quantified. PH projects are scored on client retention or exits to PH. Returns to homelessness are scored using a custom HMIS report. This report uses HUD Sys Pm logic to determine percentages of clients returning to homelessness after PH exits from PSH/RRH projects. Total scores are analyzed by project for "Rank Order" for the CoC. (2) Review & Ranking scores for time to PH are considered in the performance standards (housed within 60 days or less) for RRH projects. APR data averages time between project enrollment date & housing move-in date for clients. (3) The Review & Ranking process considers each project application's success in providing appropriate housing options to persons with the highest service needs & longest length of time homeless with a housing first approach. Housing placements are driven by client choice. Projects are assessed for appropriate placements based on exits to PH and percentage of returns to homelessness. 4) Performance Standards are reviewed and approved annually by the NRC; adopted by the Advisory Board. This year, the NRC reviewed system performance data & decided to update income & employment standards for PH projects serving high-barrier clients. This resulted in increased scores for (PH) projects serving the hardest to serve clients. This change addressed the need to lower performance requirements and ensure much-needed projects were competitively ranked. Housing projects were further analyzed to include (a) degree of vulnerability/disability/CH of the target population; (b) # of units for CH; (c) number of youth or families (including DV). This assisted in the "Rank Order" of the Projects. The CoC prioritizes projects that serve persons with a documented high utilization of crisis services, including health, behavioral health, and justice system facilities and services, and who, based on a CoC vulnerability assessment, will require significant support to maintain housing. The Review and Ranking Committee also consider youth and survivors of domestic violence as meeting a higher vulnerability index

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

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

(limit 2,500 characters)

1)1)In preparation for the 2023 NOFO, the CoC Program Policy Committee (PPC) reviewed the rating factors used to review applications for new and renewal projects in the prior year’s competition. In addition to objective and system performance factors, the committee also explored methods to incentivize applicants to identify and address barriers to participation experienced by those over-represented in the homeless population. In the Cuyahoga/Cleveland CoC, Blacks are over-represented among homeless people. Of the 12 members of the PPC, 3 (25%) (2) New and renewal applications are reviewed by the NOFO review committee. The key requirements for membership are understanding CoC policies and outcomes and being free of conflicts of interest – not being employed by or serving on the board of an organization seeking funding in the competition. Renewal projects were scored based on objective and system performance factors and all scores were reviewed and approved by the NOFO review committee. The committee reviewed and scored all new project applications based on factors approved by the entire CoC board which has 4 members with lived experience and overall 20% of the membership is Black. (3) As part of the ranking and review process of CoC project applications, the CoC provided 10% of all points to applicants who described barriers to participation that were experienced by persons of different races and ethnicities, particularly those over-represented among people experiencing homelessness and identified the steps taken to eliminate the barriers. This is a significant point allocation increasing the competitiveness of projects that remove barriers to participation.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1)The CoC charges the NOFO Review Committee to review the NOFO application evaluation process and set the FY2023 performance standards. Written guidelines were submitted to the CoC Advisory Board for approval. All renewal projects were reviewed to confirm their alignment with (a) housing first objectives, (b) participation in the CES prioritization process for CoC housing resources, (c) compliance with HUD Equal Access and VAWA guidance; maintaining good standing with HUD monitoring and audit reviews; (d) moving closer to reducing shelter LOS and are meeting PH outcomes standards; and (e) positive collaboration with CoC partners. This process would initiate a recommendation for reallocation when/if a project is low performing or if a higher need activity was identified. Although the performance evaluation produced different results for different projects, none of the renewal projects were determined to be insufficiently performing or less needed. (2) The CoC did not identify any underperforming projects in this year’s review. (3) The CoC did not identify any projects for reallocation. (4)The CoC has completely shifted CoC projects to align with Hearth Act. In 2013 there were 40 projects funded through the NOFA. By 2015, the CoC had reallocated 8 SSO projects; 11 TH projects, and 1 of the Safe Haven projects. Funding was reallocated to create 1-SSO/Coordinated Entry, 2 PSH for CH projects; and 6 PH/RRH projects. This CoC is at a disadvantage in the calculation of 20% of the ARD as the benchmark because prior to 2015 it had already reallocated 78% of all NOFA funds to PH/PSH. No underperforming projects were identified. Projects that ranked at the bottom of tier 1 were primarily housing projects not viewed by the NRC as low performing or less needed. Income standards significantly impacted scoring, especially given the pandemic and limited employment opportunities within the region.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	08/10/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	08/10/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	03/29/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1)Journey Center is the only dedicated DV shelter within the CoC. Journey Center uses Osnium, an HMIS comparable database, to collect and report data to the Cuyahoga Office of Homeless Services, the CoC and HMIS Lead agency. Osnium is fully compliant and the HMIS Lead ensures that both Journey Center and the Osnium System Administrator are informed when HUD Data Standards changes or updates are required. This ensures the dataset is compliant with HUD Data Standards and consistent with data collection across the CoC. Osnium is also compliant with CoC reporting requirements, with Journey Center generating monthly, de-identified, aggregate data in the form of Annual Performance and CAPER reports to the CoC/HMIS Lead for report submissions and data quality review. In addition, de-identified aggregate data is generated out of Osnium for system performance and all other CoC annual reporting. Journey Center serves up to 45 persons a night which translates into approximately 9 singles and 5 families. 2) DV and housing services providers in the CoC are compliant with 2022 HMIS Data Standards. (3) The Cuyahoga County HMIS is compliant with FY 2022 HMIS data standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,369	45	1,132	85.50%
2. Safe Haven (SH) beds	45	0	45	100.00%
3. Transitional Housing (TH) beds	93	0	93	100.00%
4. Rapid Re-Housing (RRH) beds	1,004	0	1,004	100.00%
5. Permanent Supportive Housing (PSH) beds	4,888	0	4,341	88.81%
6. Other Permanent Housing (OPH) beds	0	0	0	

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

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

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

(limit 2,500 characters)

The number of Year-Round Beds in 2023 HIC for PSH and the Total Year-Round Beds in HMIS do not match our 2023 HIC. The CoC Lead Agency was informed long after the 2023 HIC submission that one agency reported out an entirety of 4 grants that are only partially dedicated to homeless individuals/families. Once we received the correct inventory from them, this dropped our Total Year-Round Beds to 4888 from 5711. Additionally, this agency is enrolling those homeless individuals into HMIS projects and, therefore, will be included in our HMIS bed coverage rate above. This puts our CoC at an 88% PSH HMIS bed coverage rate but will not align with our 2023 HIC.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	03/29/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

(1) Preventing and ending youth homelessness is a CoC goal, with partner collaboration being a key component of this effort. In partnership with community stakeholders, the Youth Advisory Board (YAB), A Place 4 Me (AP4M), the Sisters of Charity Foundation, and the Public Child Welfare Agency (PCWA), the CoC has implemented a leadership team that meets quarterly. The CoC has also implemented two working groups, comprised of outreach staff and managers, that meet bi-weekly. Both groups work the Young Adult (YA) By Name List (BNL) generated with Coordinated Entry in their weekly meetings, identifying newly homeless sheltered and unsheltered YA, tracking housing plans and outcomes, identifying barriers to system navigation. The Leadership Team developed a plan to improve the Young Adult PIT count by increasing outreach coordination, data quality, and sharing young adult experiences. (2) Outreach teams comprised Youth Navigators with lived experience, CoC Young Adult outreach workers, SSVF Outreach, PATH, and RHY-funded outreach staff. These multifaceted teams were key relative to engagement efforts and strategies targeted at identifying homeless youth. The Young Adult outreach workers have been instrumental in identifying locations where homeless youth are most likely to be located. (3) During the CoC's planning phase for the PIT, outreach teams discussed known locations and engagement strategies to promote system awareness of unstably housed youth. The group developed a comprehensive listing of camps and locations that YA were known to frequent and then assigned locations to each team on the night of the count. The Sheltered Count was confirmed through HMIS. Young Adult outreach workers – who themselves have lived experience of homelessness, recruited other youth with lived experience to serve as counters in the 2023 count.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

Not applicable

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1)“Newly homeless” is determined by enrollment and exit information in HMIS. Cross-system analysis has been conducted and used to determine risk factors for becoming homeless. Low/No Income Households are at the greatest risk of becoming homeless (90%). The second highest risk factor is having, or having a family member who has, behavioral/ chronic health issues (60+%). Experiencing domestic violence and sexual assault correlates highly with housing instability (50%). Young Adults who have system involvement with the Child Welfare System, Juvenile and/or Adult Justice system, and/or identify as LGBTQ are at significantly higher risk of experiencing homelessness. Parenting Youth are also at increased risk of homelessness. (2) The CoC Coordinated Entry (CE) staff are at the frontline in assessing risk of homelessness and are responsible for employing strategies to divert households which can be safely redirected. All persons seeking shelter have immediate access to an intake specialist and receive an assessment for diversion or shelter placement. Same-day family mediation is scheduled if appropriate. Young adults, Veterans, and DV survivors are provided a more specific assessment to identify immediate referral links to system resources to prevent shelter entry. These may include housing resources for youth aged out of foster care, VA housing resources, or legal assistance for persons fleeing DV. (3) The Office of Homeless Services (OHS) is the HMIS and CoC lead, responsible for overseeing strategies to reduce newly homeless entries. OHS implemented CE for all populations in FY2012. OHS receives weekly CE reports on newly homeless, the # of diversions, # of shelter placements, # of HH in “overflow” shelter. In addition, Rapid Re-housing referral/exit data for all populations is tracked monthly. The goals are to increase diversions, shorten shelter length of stay, and reduce returns.

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

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

1.	natural disasters?	No
2.	having recently arrived in your CoCs’ geographic area?	Yes

(limit 2,500 characters)

Approximately 84% of households served at Coordinated Entry reported that their prior residence was from within our CoC’s geographic area. Approximately 16% reported coming from outside of the CoC’s geographic area; 8% came from another county in Ohio and 8% came from out of state.

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

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

(limit 2,500 characters)

1) The Office of Homeless Services (OHS), designated as the CoC and HMIS Lead Agency, requires all HUD-funded projects to implement a Housing First, low barrier approach defined in CoC contract language, written MOUs, and data monitored for performance. The CoC Rapid Re-Housing (RRH) program administrator, EDEN, Inc. implements a low-barrier, Housing First approach with RRH and Permanent Supportive Housing (PSH) resources. MOUs between CoC providers lay out the time frame for a referral to RRH, and specific shelter staff responsibilities to prepare the clients to move quickly into Permanent Housing. EDEN holds weekly meetings with Shelter staff to track client referrals and barriers to a rapid exit. EDEN reports at every OHS/CoC Advisory Board meeting on RRH outcome stats, including length of time from referral to placement. (2) Cuyahoga County adopted CPD-16-11 for allocating PSH resources. An automated HMIS chronicity tool reflects days homeless, disability status, and type, and is used to generate a system-wide Chronic Homeless (CH) By Name List (BNL); a vulnerability index score is added for each client on the BNL to determine highest need. Outreach workers, shelter case managers, and CH/PSH housing providers have a weekly PSH Prioritization meeting to identify the highest need person(s) and match available PSH units with the person(s). CH persons who are sleeping on the street are prioritized for immediate placement. CH/high-barrier families are identified through a progressive engagement model and tracked on a Family Prioritization BNL. Family case managers meet monthly. Length of time, vulnerability, and a progressive engagement model are combined to identify the families with the highest barriers to housing stability. A BNL for Young Adults tracks all homeless Youth, chronicity, and utilizes a progressive engagement model of RRH to PSH if needed. (3) The CoC strategy is led by the OHS and implemented through contracts with FrontLine Service (FLS) to manage the Coordinated Entry System and EDEN, Inc. to manage the PSH and PH/RRH Project resources.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1)The CoC is committed to implementing strategies to shorten length of stay in temporary housing projects for all persons. Shared protocols are to use a By Name List (BNL) to know who has the greatest need for housing and track progress in reducing time homeless. Shelter interventions are focused on ensuring rapid & safe housing exits. Exit plans include reunification with family/friends, self-resolution options, or Rapid Re-Housing (RRH). The strategy is coordinated by the Office of Homeless Services (OHS), enforced by CoC RRH policies, and implemented by the RRH contracted provider, EDEN. EDEN's RRH Coordinator convenes shelter staff & Housing Locators weekly to track referral/housing search/inspection and move-out process, and to problem solve any barriers. Shelters, Coordinated Entry, and EDEN sign required CoC MOUs specifying roles, responsibilities, & timeline for the rapid exit process. (2) The CoC is committed to housing stability. The CoC extended RRH to 12 months of assistance. This strategy maintains housing & serves as an incentive to landlords, covering the term of the lease. The Housing First Initiative (HF) follows fidelity to the Housing First model. Support services are available but not required for tenancy. Property management staff at HF PSH properties work with on-site caseworkers to address & resolve lease violations and avoid evictions. For Moving On clients exiting the system, EDEN links individuals with ongoing subsidies to support housing stability. The scattered site PSH case management model builds relationships with landlords & community resource partners and uses a Critical Time Intervention model when issues arise. Two agencies coordinate PSH retention strategies: FrontLine Service (FLS) is the Supportive Services Coordinator at all HFI single sites and for many scattered-site PSH units. FLS has over 25 yrs of experience engaging with homeless, SMD/AOD persons. EDEN is the property manager for over 700 units in 12 separate single-site projects and manages the rent subsidies for over 1,500 scattered site units. The CoC & the PHA coordinated efforts and prioritized recently homeless families in RRH and currently homeless individuals/families for EHV vouchers. (3) The CoC strategy is led by the OHS and implemented through contracts with local single/adult emergency shelters, FrontLine Service (FLS) to manage the Coordinated Entry System and EDEN, Inc. to manage the PSH and PH/RRH project resources.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1) Reducing rates of return to homelessness is a primary goal of the CoC. For all persons and each subpopulation (Youth, Families, Veterans, CH), the CoC analyzes HMIS "Return to Shelter" data monthly to gain understanding of: a) which singles & families return to Coordinated Entry(CE) and Shelter, b) reason for return; c) length of time between last exit & return; d) if return is due to eviction, housing type at exit (PSH/RRH, other); e) discharge from shelter, as a basis for developing interventions to prevent housing loss. For families returning to shelter from RRH, loss of income to sustain the rent is the primary cause. Most returns to shelter for single adults are also income-related. Along with HMIS custom reports, the CE By Name Lists enable providers to identify individual returnees. (2) Examples of specific strategic responses include For Youth - implement access to youth-specific mediation at CE, while in shelter, and after shelter exit to maintain housing and promote stability. In 2022, OHS funded a prevention project for at-risk and homeless youth which will reduce the number of returns to shelter. For all populations, the CoC has implemented Housing Stability Specialists who attempt to contact Leavers at frequent intervals to assess stability and offer additional assistance if needed. RRH subsidies have recently been extended to a full twelve months of assistance for all homeless persons and offered through the Progressive Engagement model to prevent shelter returns while income sustainability efforts continue. Lastly, RRH Families and homeless persons have been prioritized and linked to EHV vouchers (3) FrontLine Service (FLS) implements the Coordinated Entry System and the BNL for Families, Young Adults, CH, and Veterans (FLS is also an SSVF Grantee). The Office of Homeless Services, the CoC and HMIS Lead, assists FLS in monitoring and generating the "Returns to Shelter" Data report guiding discussion of interventions and steps towards improving services and outcomes. Data is reviewed monthly at CoC leadership meetings focused on ending homelessness for Youth, Families, Veterans, and CH populations. Overall policy changes are reviewed, recommended, and submitted to the Advisory Board for approval by the CoC's Policy and Program Committee

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

(limit 2,500 characters)

(1)The CoC, in partnership with Enterprise Community Partners, has engaged in systems collaboration planning focusing on employment and increased income strategies for homeless persons in Cuyahoga County. This project aims to better connect homeless job seekers with appropriate employment services and quality jobs. Activities in the initial phase of work included development and delivery of a cross-system training for countywide stakeholders; creation and administering a stakeholder survey for outreach for the training and conducting an environmental scan to support an asset mapping process; and assistance with planning and launching a cross-system steering committee. The CoC strategy has established real partnerships with Ohio Means Jobs (OMJ) and the non-profit employment and training providers funded through the County's Department of Job and Family Services (JFS) RFP processes. The Office of Homeless Services, as the CoC Lead, is building off an existing partnership and has an MOU with OMJ and JFS spelling out protocols to link persons experiencing a homeless crisis with benefits and career services. Continued efforts are being made to link clients on the BNL with the Workforce Development system through shelter case management. (2) Through the MOU with OMJ and JFS, specific protocols that acknowledge barriers that persons lacking a permanent address experience in accessing mainstream employment resources and benefits are identified. This partnership allows the CoC to coordinate transportation, clothing, job coaching, increased income and retention services. Co-locating OMJ/JFS/ employment providers at Coordinated Entry, at specific CoC shelter sites, or virtually, allows for multiple access points. In 2019 JFS signed an MOU with the CoC, FrontLine Service (FLS), and Enterprise Partners to implement a process involving dedicated JFS staff as a Liaison to a dedicated Shelter representative who would then coordinate Benefit Status requests for all newly homeless families. This was the first step in connecting families to JFS contracted mainstream employment organizations. The CoC intends to expand this effort to include all homeless persons. (3) The OHS Director coordinates the CoC strategy to increase jobs and income for all populations.

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

(limit 2,500 characters)

(1)As the CoC Lead Agency, the Office of Homeless Services' (OHS) strategy to increase non-employment cash income is to make it clear to CoC-funded providers that linking clients with non-cash income is a service priority. The CE process has assured that residents of PSH have significant long term disabilities and acquiring earned income is not feasible for most increasing the importance of securing benefit income. This expectation is emphasized through the Renewal Evaluation Scoring Standard that to receive the full points, 60% or more of clients should have/exit with non-cash benefits. The CoC ensures that providers are kept aware of State and local policies and application processes to link clients with benefits by forwarding all public information announcements and trainings to the full CoC membership. The State of Ohio supports an online benefit assessment tool called the Benefit Bank. CoC provider agency staff are required to access the Benefit Bank on behalf of clients to determine all possible resources for which the client may be eligible to apply. In addition, providers serving disabled homeless persons have had access to an expedited disability benefit determination process called SOAR. SOAR enables a designated provider to submit a Disability Determination request and receive a response within 6 months or less instead of the normal 12 – 18 months. There are staff trained in SOAR throughout the CoC. A SOAR staff position is designated at Coordinated Entry (CE). Clients are linked to assistance either immediately through CE or at shelter. (2) The Office of Homeless Services, the lead agency for the CoC, is the responsible entity for improving CoC performance on this measure.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
23 PSH Seniors	PH-PSH	23	Both

3A-3. List of Projects.

1. What is the name of the new project? 23 PSH Seniors

2. Enter the Unique Entity Identifier (UEI): N74TVTRNAED4

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 23

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

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

(limit 2,500 characters)
 not applicable

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

Not applicable

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

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

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

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

1.	Applicant Name	Journey Center
2.	Project Name	SSO-CE
3.	Project Ranking on Priority Listing	27
4.	Unique Entity Identifier (UEI)	UWPXS1TGKZE5

5.	Amount Requested	\$584,553
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4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(c)	

Describe in the field below:

- | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and |
| 2. | how the proposed project addresses inadequacies identified in element 1 of this question. |

(limit 2,500 characters)

(1) Currently our CoC is not fully meeting the needs of survivors both due to lack of adequate supply and type of housing options as well as providing direct equitable access to appropriate resources for their unique safety and trauma needs . Journey Center (Journey) currently has 30 households' application referrals waiting to be processed, some go back to May 2023. Also, housing was in such demand during the last fiscal year that the application process was placed on hold at least 4 times in effort to address the many that were already in the system. Systemically, this presented barriers to equitable access which has continued devastating impact on victims mental and physical health. Particularly affected will be those already experiencing systemic oppression and facing barriers to accessing outside services and support, including Black, Indigenous and people of color (BIPOC) communities, those with disabilities, queer and trans survivors. (2)The proposed project addresses these inadequacies by providing the following: 1) specially trained DV advocates that will be available 24/7 for immediate referral and connection from CE rather than requiring survivor to hang up and make additional call to Journey; 2) assist OHS is adopting a survivor centered assessment tool with dual goal of assessing immediacy of danger as well as housing barriers to identify best housing option; 3) survivor focused training for CoC CE personnel; 4) housing navigators trained in dynamics of abuse to expedite housing search for survivors and educate on Fair Housing; 5) specially trained trauma therapists to support survivors through immediate trauma of abuse and displacement; 6) expand # and types of TH-RRH for survivors through landlord outreach.

4A-2b.	Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(d)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|-----------------------------------------------------------------------|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

(1) At least 20% of the Board of Directors and many staff have lived experience in domestic violence, sexual assault, dating violence, stalking, and/or homelessness embodying a range of lived expertise. (2) In this project, Journey will include these voices in development of policy and program by using an advisory board that includes DV survivors, past and current; an internal policy review committee that reviews all new and existing policies using a diversity, equity, and inclusion lens bi-annually; and incorporating feedback and satisfaction surveys from program participants during each step of the housing process.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	237
2.	Enter the number of survivors your CoC is currently serving:	108
3.	Unmet Need:	129

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

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

(limit 2,500 characters)

(1) Journey, the primary DV coordinator & shelter in the CoC, provided the number of DV survivor clients who identify housing as a need. Overall, there were 5597 contacts by DV survivors to the DV Helpline over a 12-month period. Of those contacts, housing and/or crisis services were identified as needs by 2259 adult persons (40% of DV survivors). Of the 3407 adults who contacted the CoC’s CE for shelter in a 12-month period, 25% were DV survivors. 37% of survivors were currently fleeing a DV situation. 114 of those fleeing accessed non DV shelters, 114 accessed the DV shelter and 87 individuals received services from DV shelter staff but did not stay in non-DV or DV shelter. Journey has a successful housing rate to safe housing of 57% with 70% utilizing RRH DV Bonus rental assistance. Based on the number of individuals served 133 and the number 58 that received RRH assistance, there is a gap of 75 households at minimum, which will need rental assistance for housing over the course of a year. (2) DV Helpline data, along with enrollments/housing outcomes from non –HMIS DV shelter was provided by Journey using comparable db Osnum. HMIS data and Journey Master Stats FY22-23. Also cited were phone and in-person contact records (e.g., legal, medical, shelter, housing, counseling, justice, etc.). Within the current DV Bonus Project, Journey partners with Emerald Development and Economic Network (EDEN), to provide housing opportunities to DV survivors and continue to work together sharing knowledge of need, resources and greater housing opportunities. (3) Evaluation of all data sources (HMIS, Osnum, and Journey Master Stats), specifically crisis intervention and enrollment data, was analyzed to assess need. It was determined that increased demand for services and the need for additional funding were barriers to meeting the needs of the DV population. Data was reviewed to evaluate the number of households enrolled in the DV shelter and those receiving services by DV staff that identified a need for housing assistance. Due to current DV RRH grant funds being exhausted and the rate of 46.3% of DV clients served through those funds, a service gap was identified. Additional funding is also needed to support staffing to increase capacity, and work with clients to address safety needs and provide whole person-centered trauma-informed, comprehensive services to the DV population.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
Journey Center

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Journey Center
2.	Project Name	Journey Home TH/RRH
3.	Project Rank on the Priority Listing	28
4.	Unique Entity Identifier (UEI)	UWPXS1TGKZE5
5.	Amount Requested	\$2,217,991
6.	Rate of Housing Placement of DV Survivors–Percentage	57%
7.	Rate of Housing Retention of DV Survivors–Percentage	97%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

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

(limit 1,500 characters)

(1) Journey, the primary DV coordinator & shelter in the CoC, provided the number of DV survivor clients who identify housing as a need. Overall, there were 5597 contacts by DV survivors to the DV Helpline over a 12-month period. Of those contacts, housing and/or crisis services were identified as needs by 2259 adult persons (40% of DV survivors). Of the 3407 adults who contacted the CoC's CE for shelter in a 12-month period, 25% were DV survivors. 37% of survivors were currently fleeing a DV situation. 114 of those fleeing accessed non DV shelters, 114 accessed the DV shelter and 87 individuals received services from DV shelter staff but did not stay in non-DV or DV shelter. Journey has a successful housing rate of 57% with 70% utilizing RRH DV Bonus rental assistance. Based on the number of individuals served 133 and the number 58 that received RRH assistance, there is a gap of 75 households at minimum, which will need rental assistance for housing over the course of a year. (2) Placement Rate = exits to safe housing. Rate of retention - number of exiters to permanent destinations divided by those returning to homelessness within the period of 8/1/22 – 7/31/23. The was based on DV bonus project data only. (3) DV Helpline data, along with enrollments/housing outcomes from non –HMIS DV shelter was provided by DV db Osnium. All HMIS data is from the CoC's HMIS-Clarity and our Master Stats FY22-23. Also cited were phone and in-person contact records

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

(1) Journey's goal of housing placement from referral to move-in is 30 days. DV survivors meeting HUD's Homeless definitions are entered into the CoC's DV RRH project. Service providers make referrals to Journey upon identification of the client as a DV survivor. If the client is in a CoC Shelter, the housing referral is made within 7 days, based on client choice, and includes a safety plan. (2) DV survivors are prioritized for housing, including those in shelter & CE referrals. Client choice directs prioritization. (3) For eligible persons, a DV Housing Navigator (HN) is assigned within 48 hours. DV HN will conduct a comprehensive assessment to determine housing search challenges (criminal history, money owed to utilities, passed evictions, income) and client housing preferences (DV safety concerns, proximity to church, family work, affordability). The DV HN and/or Advocates offer transportation for housing search. DV HN conducts an HQS inspection, rent reasonableness, and coordinates the moving process with service partners, including making sure that furniture and utilities are in place. (4) Advocates work with the client to provide client-centered support through a customized needs assessment. Results are reviewed with the survivor and together, they develop a customized plan-of-action. Journey partners with workforce development, life skills, finance, education entities and provide immediate connection to mainstream benefits including healthcare, income, and food. Journey is recognized by the CoC and serves as the central point of access for DV supportive services. (5) Journey assists DV survivors at enrollment and develops a custom housing plan to meet the needs of the client. DV survivors have unique needs, and Journey is well-versed in addressing these needs and determining the appropriate housing situation. Journey service staff continually communicate with clients throughout the housing plan process. Journey is considered a full partner in the community's coordinated entry process and works directly with the CoC partner providers to access housing and services. Clients are linked with legal, educational, employment, healthcare, and safety planning. Advocates provide continued case management and stay connected with clients after housing placement to provide support while utilizing a progressive approach to decreasing interaction based on client choice, success, & needs. Clients are provided relocation & emergency financial assistance if needed.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

(1) Journey operates remotely in the field to interview DV survivors at arranged locations for privacy, confidentiality, and safety. Interviews with DV survivors are held privately one-on-one, with no other adults present, to eliminate the possibility of coercion. (2) Journey utilizes a Transition-in Place housing model. DV survivors receive 3 months of transitional housing in a scattered-site unit, followed by up to 12 months of rental assistance & services in the unit, with potential bridging to PH. Income & disability are not required. Journey follows a "Housing First" approach, with low barrier, quick access to housing. CE makes referrals. Journey verifies eligibility and the DV Housing Navigator (HN) assesses housing barriers: passed evictions, utility arrangements, arrearages, etc. Safety & confidentiality of unit location is key. The DV HN conducts HQS inspection, rent reasonable, and coordinates the moving process. Once the unit passes inspection, an Advocate meets with the client weekly. Advocates focus on employment, credit history, education, physical/mental health care, AOD treatment, childcare, and legal services. Journey uses trauma-informed approach. (3) All records are confidential. Landlords must sign confidentiality agreements. Hard copy & electronic records, including databases, are closed, confidential, and secured behind locked doors. Safe-at-home legislation allows use of PO Boxes. The location of property is confidential. Journey holds the master lease & will set up an entity not using Journey's name. (4) Journey provides specialized training to CoC Providers and DV HNs, including confidentiality, education, safety planning, sexual violence, trafficking. Trainings are evidence-based, offered quarterly, and in accordance with VAWA. (5) Journey provides shelter at an undisclosed secure location.. The shelter is monitored with cameras inside/outside the site. Staff are highly trained in safety protocols. Identifiable information of persons served is not shared for any purpose, including monitoring/financial review. Upon move-in, clients are provided security cameras accessible electronically. Individualized safety and service plans are developed. Safety planning includes identifying safe & accessible space. Examples include the library, church, friend's home. Private rooms in our community services building are also utilized.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

At intake, a Danger Assessment is administered by trained staff to quantify risks of lethality, and a safety plan is continually reviewed/revised during the client’s shelter stay. All Journey Center (Journey) staff are trained by founder, Dr. Jacqueline Campbell, who designed the tool to reduce DV homicides through awareness. Victim needs are assessed by the level of immediate danger & safety planning. Victim’s responses are considered on severity of the crime, hx & pattern of violence, abuser’s tactics (physical, sexual, psychological, financial), location of abuser, existence of weapons in the home, verbal threats, future risk of violence, and impact of trauma. Clients also complete a needs assessment that identifies threats to well-being and potential for self-sufficiency. The self-sufficiency matrix includes outcome scales that measure changes in housing, income/employment, financial literacy, transportation, access to healthcare, mental health/substance use, support systems, relationship safety, and childcare. This highlights contributing factors that increase the risk of homelessness. Self-administrating the needs assessment prevents provider bias regarding gender, sexual orientation, culture, religion, and family dynamics. Staff attend training on conflict de-escalation and utilizing harm reduction strategies to expand knowledge. Data is used to prepare for future needs and community involvement, analyze project strengths/weaknesses, and revised policies and procedures. Journey completed a review of program outcomes and evaluations to ensure the agency provides the best measure of victim satisfaction with services, victim progress toward individual goals, changes in extent of violence and/or trauma, and changes in victim knowledge across programs. Client Advocates meet monthly to discuss strategies and interventions to address client concerns. A Fatality Assessment is conducted quarterly. Journey convenes a group of prosecutors, Client Advocates, and the Medical Examiner to review cases and identify areas for improvement. This assessment is critical to assuring the safety of DV survivors. All the above strategies have influenced policy changes, service delivery, and the expansion of CoC programming. An example of changes made as a result of feedback include additional lighting and cameras on properties; security camera doorbells to those moving into housing; extended services support after program exit.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section I.B.3.I.(1)(d)

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

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

7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

Journey Center (Journey) has extensive experience in meeting the needs of DV survivors. (1) All DV survivors in shelter are provided access to trauma-informed, victim-centered, holistic case management. Case plans are established within the first 7 days of shelter entry and are created based on an evidence-based needs assessment completed by the client that focuses on factors that support self-sufficiency. Based on the self-reported answers to the assessment, clients, with the support of shelter staff trained in the Housing First Model, establish a case plan with the clients' greatest needs in mind. In addition to permanent housing, the self-identified needs may include, but are not limited to, linkage to community-based resources for childcare, employment and job training, mental health needs, legal assistance, substance use services, and immigration services. The DV Client Advocates and the DV Housing Navigators will coordinate weekly and meet with the client to reassess the housing plan as needed. This process is driven by client choice, and updates are made to the housing plan accordingly. (2) Journey aligns its housing approach with the CoC Housing First Philosophy. Access to housing is immediate for DV survivors, and client choice is critical in determining housing readiness. In alignment with the goal of providing an environment of agency and mutual respect, program participation is not required to obtain or maintain identified housing. Furthermore, staff complete Implicit Bias training to eliminate inequality and power differential in client interactions. (3) Journey links survivors with a Community Advocate trained in trauma-informed care that can counsel the client on identifying past trauma and its mental and physical effects. All programs and services provided by Journey utilize elements and principles of the Housing First model and trauma-informed care to help individuals prioritize their needs and identify a holistic case plan of self-identified goals and the steps necessary to achieve them. This approach includes supporting the survivor to realize the impact of trauma, recognizing signs and symbols of trauma and how to actively resist retraumatization. Staff continue to expand their knowledge and skill set on conflict de-escalation, utilizing harm reduction strategies with the support of trauma-informed language, and transparency with clients. (4) Journey utilizes a strength-based perspective and motivational interviewing skills to purposefully engage clients in services and offer support, validation, and linkage to community resources throughout their stay. Staff are trained in motivational interviewing and strengths-based case planning to develop their skills and abilities to assist survivors to identify strengths and work towards goals. Goal planning frequently involves steps which a survivor feels they can reasonably set and attain in areas in which they need support. (5) Journey staff attend annual and quarterly trainings related to the CoC's goal of providing a racially equitable system of care. Trainings include Race Equity and Inclusion and Domestic Violence Advocacy Fundamentals Training, which is 2-day training provided by the Ohio Domestic Violence Network (ODVN) that focuses on introduction to domestic violence advocacy, ethics, documentation, inclusivity in advocacy practices, racial equity, and the intersectionality of all social justice related issues. In addition, Journey participated in the race equity assessment as part of the CoCs work with C4 Innovations. (6) Journey has created a series of groups designed to aid in the therapeutic processing of victim trauma and provide opportunities for clients to engage with staff and clients openly. Group topics include education on trauma and domestic violence, tenancy skills, peer support, coping skills, art expression, housing & employment workshops, lifeskills, wellness, parenting, and community living concerns. Services for youth in shelter are designed to empower the youth affected by domestic violence by guiding them to recognize their strengths and process their experiences in a safe and respectful environment. The program

utilizes art therapy and therapeutic play to assist children with healing from the impact of trauma and domestic violence and address physical, emotional, academic, social and developmental needs. Children in need of additional services are referred to either trauma therapy services or other community agencies. (7) Childcare connections will be provided to households supported financially by the project for up to 1-year. The evidenced-based, APA approved ACT Parenting Program is offered as training to parents. It is a child-centered therapeutic approach that provides an optimal environment for behavior change in children ages 5-10. It aids parents in setting limits with their children, while avoiding power struggles or further escalating tense situations. Journey has staff that is ACT Parenting certified.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		

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

(limit 5,000 characters)

Journey works closely with its clients to receive coordinated, comprehensive services that address all aspects of their lives which keep them housed safely and able to heal from abuse. Journey's Justice System Advocacy Program (JSAP) - JSAP works in nine courts, covering 42 municipalities in Cuyahoga County. Advocates speak with each survivor about their unique situation and explain applicable court processes. JSAP Advocates provide safety planning assistance. Court escorts and follow-up phone calls are provided to ensure that victims feel supported and informed during the court process. Advocates facilitate support groups that provide victims with peer support, feedback, and encouragement. Support groups are held weekly throughout the year. Advocates are involved in personal advocacy for victims. This support includes assisting victims in securing rights; locating emergency financial assistance; intervening with employers and creditors on behalf of the victim; assisting in filing for losses covered by public private insurance programs (workman's compensation, unemployment benefits and welfare); and accompanying victim to hospital. All services are free to victims/survivors of dating violence, domestic violence, and stalking. Journey's Safe and Sound Supervised Visitation Program is the premier supervised visitation center in Cuyahoga County. This program is for parents dealing with life challenges impacting their ability to safely and effectively care for their children, or where there are concerns about their ability to do so. This service builds positive relationships in a safe/comfortable environment. Children benefit from knowing that their parent(s) care and are actively involved in their lives. Ensuring the safety of the children receiving service is a top priority of this program, with positive relationships formed and the parent/child bond strengthened. Journey offers supervised exchanges through the program. Journey handles the exchange from one parent or guardian to the other when supervised visitation is desired, but protection orders or other circumstances require arrangement. Parents are encouraged to focus positive energy on their visits with children. Staff are available to discuss concerns. The Visitation Center follows best practice recommendations set forth in the U.S. Department of Justice Office on VAWA "Guiding Principles for Safe Havens: Supervised Visitation and Safe Exchange." Journey's Domestic Violence Education Program provides education on the dynamics of domestic violence to help those experiencing abuse make informed life decisions. The 7-week Domestic Violence Education Group provides a "brave space" for women to share their stories without judgment while learning the dynamics of healthy relationships and how their relationship choices impact their children and other loved ones around them. Individual services are provided to link women to resources in their own community which supports long-term housing and community building. Journey's Latina Domestic Violence Project (LDVP) provides culturally sensitive services that take into consideration the realities of Latina life, including cultural diversity and specific values (importance of family unity, religious beliefs, family privacy, and confidentiality). LDVP offers services to facilitate safe options and stability for Latina victims of DV and their children. All services are bilingual, free, and confidential including: Housing through the Journey Home-RRH project; Justice System Advocacy in criminal or civil proceedings; personal advocacy and escorts to police departments and hospital; emotional support, information and assistance developing a safety plan; information about legal resources, referrals, and etc.; information about legal remedies for immigrants experiencing DV; and shelter referrals for women and children (Spanish-speaking staff and volunteers available). The Spanish support group has weekly meetings in Spanish that offer a safe place to share experiences, learn about domestic violence and consider options. LDVP also provides educational services in the community

and public awareness work on issues related to domestic violence through partnerships with Hispanic organizations, presentations at schools, churches, various associations, and other initiatives. SafeZone training provided by the LGBTQ+ Community Center to provide information and trends impacting the LGBTQ+ community. Shelter leadership have consistently worked to promote the Shelter’s inclusivity intake practices to ensure the stakeholders in the LGBTQ+ community are providing referrals to our shelter services, leaving the clients eligible for housing through this project.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

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

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

(limit 5,000 characters)

Journey successfully coordinated a DV bonus project in its approach to serving survivors of DV. This new project expands the impact of DV work across the CoC to meet increased demand. (1) Journey will continue to ensure that survivors in shelter receive access to trauma-informed, holistic case management. Case plans will be established within the first 7 days of shelter entry and created on an evidence-based needs assessment completed by the client that focuses on self-sufficiency. Based on the results, a case plan is established highlighting needs. In addition to housing, the self-identified needs may include, but are not limited to, linkage to community-based resources for childcare, employment and job training, mental health needs, legal assistance, substance use services, and immigration services. The Advocate and Housing Navigator will coordinate weekly and meet with clients to reassess housing plans. This process is driven by client choice, and updates are made to the housing plan immediately. (2) Journey aligns with the CoC Housing First philosophy. Access to housing is immediate for DV survivors, and client choice is critical in determining housing readiness. In alignment with the goal of providing an environment of agency and mutual respect, program participation will continue to not be required to obtain or maintain identified housing. Furthermore, staff will continue complete Implicit Bias training to eliminate inequality and power differential in client interactions. (3) Journey will link survivors with a Client Advocate trained in trauma-informed care that can counsel the client on identifying past trauma and its mental and physical effect. All programs and services provided by Journey will utilize elements and principles of the Housing First model and trauma-informed care to help individuals prioritize their needs and identify a holistic case plan of self-identified goals and the steps necessary to achieve them. This approach will include supporting the survivor to recognize the impact of trauma, recognizing signs and symptoms of trauma and how to actively resist retraumatization. Staff will continue to expand their knowledge and skillset on conflict de-escalation, utilizing harm reduction strategies with the support of trauma-informed language and transparency with clients. (4) Journey staff will continue to utilize a strength-based perspective and motivational interviewing skills to purposefully engage clients in services and offer support, validation, and linkage to community resources throughout their stay. Staff will continue to be trained in motivational interviewing and strength-based case planning to develop their skills and abilities to assist survivors to identify strengths and work towards goals. Goal planning frequently involves steps that a survivor feels they can reasonably set and attain in areas in which they need support. (5) Journey will attend annually, and quarterly trainings related to the CoC's goal of providing a racially equitable system of care. Trainings will include Race, Equity, and Inclusion and Domestic Violence Advocacy Fundamentals Training, which is a 2-day training provided by the Ohio Domestic Violence Network (ODVN) that focuses on introduction to domestic violence advocacy, ethics, documentation; inclusivity and advocacy practices; racial equity; and the intersectionality of all social justice related issues. In addition, Journey will continue to conduct an annual race equity self-assessment. (6) Journey will continue to offer groups designed to aid in the therapeutic processing of victim trauma and opportunities for clients to engage with staff and clients openly. Group topics will include education on trauma and domestic violence, tenancy skills, peer support, coping skills, art expression, housing and employment workshops, lifeskills, wellness, parenting, and community living concerns. Services for youth in shelter will continue to be designed to facilitate the empowerment of youth affected by domestic violence by guiding them to recognize their strengths and process their experiences in a safe and respectful environment. The program will continue to utilize art therapy

and therapeutic play to assist children with healing from the impact of trauma and domestic violence and address physical, emotional, academic, and developmental needs. Children in need of additional services will continue to be referred to either trauma therapy services or other community agencies. (7) Journey will continue to provide the evidence-based trauma-informed, APA approved Acceptance and Commitment Therapy (ACT) Parenting Program as training to parents. It's an approach that centers around psychological flexibility, incorporating values to drive behavior change. It's a whole person approach, that can enhance the behavioral process. Journey has certified trainers on staff.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|-----------------------------------------------------------------------|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

(1) Journey shares in the CoC's values of diversity and inclusion at both the staff and board levels. In the past year, Journey's Board has emphasized recruiting perspective Board Committee members that represent the diversity of the community and those with lived experience as DV survivors. Journey uses committees to introduce perspective board members to the organization, intentionally seeing diversity, and inclusion of those with lived experience. In the past years, 5 committee members have joined the full board, all of them representing diverse communities and/or having lived experience. Journey incorporates and exercises the importance of inclusivity when hiring new staff by including questions in the interview processes around the role of staff privilege, biases toward victims and homeless persons, and the importance of diversity. By doing so, Journey can better ensure that individuals joining the shelter team have a base line understanding and awareness of the privilege they bring to the work as well as their willingness and ability to recognize implicit biases. (2) Graduates of Journey's DV programs participate in annual performance reviews and provide feedback to support policy updates and create new practices. Client survey results are collected and reviewed on a rolling basis and used to inform decision-making at the project level.

4B. Attachments Screen For All Application Questions

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/21/2023
1C-7. PHA Moving On Preference	No	PHA Moving-on Pre...	09/21/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/21/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/21/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/21/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/21/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for...	09/21/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/21/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/21/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/21/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HDX Competition R...	09/21/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	09/21/2023
3A-2a. Healthcare Formal Agreements	No	Health Care Forma...	09/21/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving-on Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Housing Leverage Commitment

Attachment Details

Document Description: Health Care Formal Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/31/2023
1B. Inclusive Structure	08/17/2023
1C. Coordination and Engagement	08/22/2023
1D. Coordination and Engagement Cont'd	08/16/2023
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	08/17/2023
2B. Point-in-Time (PIT) Count	08/15/2023
2C. System Performance	08/15/2023
3A. Coordination with Housing and Healthcare	09/21/2023
3B. Rehabilitation/New Construction Costs	08/16/2023
3C. Serving Homeless Under Other Federal Statutes	08/16/2023

4A. DV Bonus Project Applicants	09/21/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

PHA Homeless Preference

Once it is determined that an estate is subject to the deconcentration of poverty and income mixing requirements, the CMHA will utilize any, all, or none of the following strategies to accomplish the identified goals for deconcentration and income mixing:

1. Provide estate specific rent incentives to attract higher income families to estates where the average income is below the established income range.
2. Establish a preference for admission of working families to estates where the average income is below the established income range.
3. Skip a family on the waiting list in order to reach another family in an effort to further the Authority goals of deconcentration and income mixing.
4. Work with community partners to provide training, employment and/or other economic opportunities to assist current residents and their family members in achieving economic self-sufficiency and increased incomes.
5. Target investment and capital improvements to estates where the average income is below the established Income Range in order to attract higher income families.

CMHA will review annually the estates subject to the deconcentration of poverty and income mixing requirements and publish the affected estates and proposed strategies in the Public Housing Agency Annual Plan, as required by HUD.

Under deconcentration of poverty, CMHA has identified Olde Cedar as a property where the average income falls below the HUD prescribed formula, and King Kennedy as a property where the average income is above the HUD prescribed formula. To address this issue, CMHA has chosen a strategy of working with the current residents to raise their incomes rather than adjusting it through changes to the admissions criteria.

Based upon the requirements of the Quality Housing and Work Responsibility Act (QHWRA) of 1998, CMHA adopted a new Admissions and Continued Occupancy Policy (ACOP) and revised Dwelling Lease for 2001. As part of the 2013 PHA Plan review process, the Dwelling Lease was revised, and the ACOP continues to be reviewed annually.

In 2023, Public Housing program preferences will consist of ten (10) **high priority** preferences for:

1. Victims of Governmentally Declared Disasters
2. Involuntary Displacement
3. Successful Rehabilitation
4. Aged out of Foster Care
5. Pay for Success Intervention Model for Family Unification
6. Emergency Transfer (VAWA)
7. PHA Displaced
8. Homeless Families with Children
9. Families effected by a Nationally Declared Pandemic
10. Moving on (PSH)

And three (3) **standard priority** preferences for:

1. Homeless,
2. Working families and those unable to work because of age (elderly) or disability (disabled), and
3. Veterans and veterans' families.

CMHA will administer its Public Housing waiting list as required by 24 CFR Part 960. CMHA, may restrict application intake, suspend application intake, and close waiting lists in whole or in part. The decision to close

MAINSTREAM HCV ADMINISTRATIVE PLAN

EFFECTIVE- UPON
BOARD APPROVAL

EDEN Inc PHA OH882



Mainstream HCV Administrative Plan

EDEN INC

Approved by the EDEN Board of Directors: December 6, 2022

Submitted to HUD: N/A

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4-III.C. SELECTION METHOD

EDEN must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that EDEN will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

EDEN is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits EDEN to establish other local preferences, at its discretion. Any local preferences established must be consistent with EDEN plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA/EDEN Policy

All applicants head or co-head must have a disability in order to be eligible for Mainstream Vouchers. In addition, EDEN will use the following local preferences:

1. EDEN will offer a preference to any family who currently meets HUD's definition Chronic Homelessness or Dedicated Plus and is referred by Coordinated Entry (automatically added to waitlist, up to 5 families per year).
2. EDEN will offer a preference to any family who meets HUD's definition of literally homeless currently or within the prior 24-months (10 points)
3. EDEN will offer a preference to any family who is currently in a Continuum of Care (CoC) or similar Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) program (10 pts).
4. EDEN will offer a preference to any family whose income is at or under extremely low income levels (10pts).
5. EDEN will offer a preference to any family whose income is at or under very low income levels (5pts).
6. EDEN will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have been seeking an emergency transfer under VAWA from other covered housing programs operated by EDEN.

EDEN will work with the following partnering service agencies:

N/A

The applicant must certify that the abuser will not reside with the applicant unless EDEN gives prior written approval.

Applicants may receive points from all preferences to which they are eligible. Applicants with the highest number of points will be served first. In the event families have the same preference or the same score, the family with the earlier application date will be served first. EDEN will first assist families that have been terminated from the HCV program due to insufficient funding and then assist families that qualify for the VAWA preference.

PHA Moving-on Preference

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Product # 301-002

January 1, 2005

Revision Date	Revision Date
September 1, 2005	May 1, 2014
May 1, 2006	October 1, 2014
December 1, 2006	October 1, 2015
July 1, 2007	March 1, 2016
August 1, 2008	March 1, 2017
November 1, 2008	July 1, 2017
October 1, 2009	July 1, 2018
August 1, 2010	June 1, 2019
May 1, 2011	April 1, 2020
April 1, 2012	March 1, 2021
April 1, 2013	April 1, 2022



1810 Gillespie Way, Suite 202
El Cajon, CA 92020
800.783.3100
www.nanmckay.com

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will use the following local preferences for the HCV tenant-based program:

- 1. Insufficient Funding (50 points):** The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
- 2. PHA-Displaced (40 points):** The PHA will offer a preference to any family being displaced from PHA-owned or operated properties, including families participating in the PHA's Moderate Rehabilitation (Mod Rehab) program who must relocate because the family has a disabled member and there are no accessible Mod Rehab units of the appropriate size or type, or the contract with the owner is cancelled for any reason.
- 3. Victims of Disaster (40 points):** The PHA will offer a preference to families who are victims of a federal, state, or locally declared disaster.
- 4. Emergency Transfer (40 points):** The PHA will offer a preference to families seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing programs operated by the PHA.

The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

- 5. Money Follows the Person/Ohio Home Choice Preference (MFP/OHC)(40 points):**

The PHA will make up to 25 vouchers available for tenant-based assistance for MFP/OHC Program participants referred by the Ohio Department of Jobs and Family Services. Only 25 such families will be assisted at a time.

- 6. Moving on Preference (40 points):** Up to 10% of turnover vouchers per fiscal year will be utilized to serve formerly homeless individuals/families that have successfully participated in a Permanent Supportive Housing (PSH) program, who are referred by the Cuyahoga County Continuum of Care (CoC), having been determined ready by CoC to move into housing without attached supportive services.

HCV ADMINISTRATIVE PLAN

JANUARY 1, 2021

*Cuyahoga Metropolitan
Housing Authority*



4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

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4. **Emergency Transfer (40 points):** The PHA will offer a preference to families seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing programs operated by the PHA.

The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

5. **Money Follows the Person/Ohio Home Choice Preference (MFP/OHC)(40 points):**

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6. **Moving on Preference (40 points):** Up to 10% of turnover vouchers per fiscal year will be utilized to serve formerly homeless individuals/families that have successfully participated in a Permanent Supportive Housing (PSH) program, who are referred by the Cuyahoga County Continuum of Care (CoC), having been determined ready by CoC to move into housing without attached supportive services.

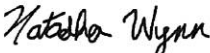
Letter Signed by Working Group

The undersigned are members of the Cleveland/Cuyahoga Continuum of Care Advisory Board, the governing body for the CoC. All of the signatories are individuals with lived experience of homelessness in the Cleveland/Cuyahoga community. One of the signatories is also the chair of the CoC's Youth Action Board.

The priorities for serving people experiencing homelessness with severe service needs are expressed in the Strategic Plan for Preventing and Ending Homelessness, ratified by the CoC in 2023. These priorities are also reflected in the 2023 CoC application being submitted to HUD.

As the representatives of people with lived experience in the continuum of care, we express our support for the priorities for serving individuals and families experiencing homelessness with severe service needs in the CoC.

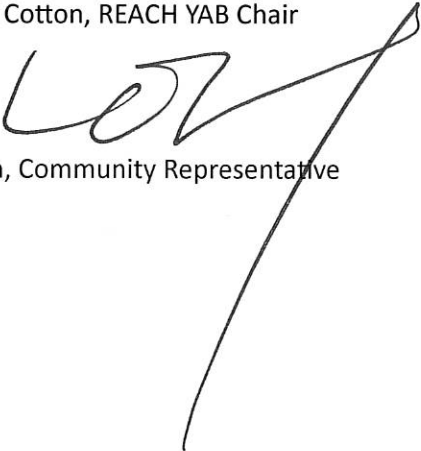
Respectfully submitted,



Natasha Wynn, REACH YAB Member



Kai Cotton, REACH YAB Chair



Loh, Community Representative

Housing First Evaluation

Housing First Policies Review

CoC	Agency	YES	NO	Uncertain	NOTES/COMMENTS
OH-502	EDEN (All RRH Projects)				
1. Admission/Acceptance Process	a. Program does not require criminal background checks and does not exclude on a blanket basis. Only factors that could impact occupancy are based on actual convictions for offenses that could constitute a risk to fellow residents.	X			
	b. Program does not require that participants demonstrate a period of sobriety prior to admission or commit to participation in treatment	X			
	c. Program does not restrict access based on ability to work, minimal income, available documentation, or anything beyond HUD minimum standards.	X			
	d. Program serves people as they present, respecting transgender persons and accepting individuals and families regardless of sexual orientation, marital status, and family composition	X			
	e. Program has no other barriers to entry and seeks to screen-in instead of screening-out participants.	X			
2. Move-in/Housing Support	a. Program actively recruits landlords to participate emphasizing program support in maintaining housing	X			
	b. Program promotes choice in housing including locations and amenities	X			
	c. Participation in services/programming is entirely voluntary and participants are not mandated to participate	X			
	d. Program actively seeks to prevent evictions through mediation and, if necessary, assisting a household to relocate to avoid eviction.	X			
3. Program Termination	a. Program will not terminate a participant for failure to engage in services including participation in case management, failure to take medications, or non-participation in treatment services	X			
	b. Program will not terminate participants solely for substance use	X			
	c. Program will not terminate participants for failure to obtain income - either earned or benefit	X			
	d. Program does not impose requirements on participants that are not consistent with standard residential leases such as unreasonable restrictions on visitation, curfews, requirements to do chores or other uncompensated services, or not being allowed to have legally permitted substances	X			
Notes:					

Web Posting Local Competition Deadline

2023 CoC Program Competition

- FY23 Request for Applications Cuyahoga County CoC
- 2023 Continuum of Care NOFO New Project Rating Tool
- 2023 Continuum of Care NOFO New Project De Minimis
- 2023 Continuum of Care NOFO New Project - No Indirect
- 2023 Performance Evaluation Standards for Renewal Projects
- Cuyahoga County CoC FYI 2023 NOFO Competition Project Rating and Ranking Procedure
- FY2023 Continuum of Care (CoC) Competition Timeline
- Webinars for Applicants
- Projects Accepted
- Projects Rejected - No Listing "No Projects were Rejected"
- FY22 CoC Project Listing - Public Posting 9.27.22
- FY22 Cuyahoga OH-502 Consolidated Application and Attachments - Public Posting 9.27.22

The Process for Applying

On behalf of the Cleveland/Cuyahoga County Continuum of Care, the Cuyahoga County Office of Homeless Services (OHS) the collaborative applicant, invites eligible organizations to submit new or renewal applications for CoC funding to be included in the 2023 Collaborative Application to HUD. The only entities that may submit a renewal application are current HUD CoC grantees that have a grant with an end date in calendar year 2024.

[2023 CoC NOFO Request for Applications, New Project submissions due June 30, 2023](#)

The 2023 Local competition for HUD CoC Funding has opened. Renewal project applications must be submitted in E-snaps by August 18, 2023, new project applications must be submitted by August 25, 2023 by 5 pm Eastern time.

Local Competition Scoring Tool

**Cleveland-Cuyahoga County CoC Renewal Performance Evaluation
2023 Standards and Scoring**

Evaluation Criteria		2023 Benchmark/Standard			Points	Scale	Points	Scale	Points	Scale
		PSH-SH	RRH-ES	RRH-PH	PSH-SH		RRH-ES		RRH-PH	
Objective Criteria										
1	Occupancy - Annual	95%*	95%	95%	10.0	95%=5, 90-94%=3, ≤ 89.99%=0	10.0	95%=5, 90-94%=3, ≤ 89.99%=0	10.0	95%=5, 90-94%=3, ≤ 89.99%=0
2	Expenditure of Grant Funds	95%	95%	95%	10.0	95-100% = 5 90-94.99% = 3	10.0	95-100% = 5 90-94.99% = 3	10.0	95-100% = 5 90-94.99% = 3
3	Cost Effectiveness	within 10% of average			2.0	meet criteria full points, no points for not meeting	2.0	meet criteria full points, no points for not meeting	2.0	meet criteria full points, no points for not meeting
4	Length of Time in Shelter		30 days or less		-	-	5.0	meet criteria full points, no points for not meeting	-	-
5	Admissions from Coordinated Entry	100%	100%	100%	8.0	meet criteria full points, no points for not meeting	8.0	meet criteria full points, no points for not meeting	8.0	meet criteria full points, no points for not meeting
6	Length of Time from CE Referral to housing placement - single site	30 days or less *	n/a	n/a	7.5	meet criteria full points, no points for not meeting	-	-	-	-
7	Length of Time from CE Referral to Housing Placement - scatter site	60 days or less *	60 days or less	60 days or less	-	-	7.5	meet criteria full points, no points for not meeting	7.5	meet criteria full points, no points for not meeting
8	Use of Housing First	All criteria met			7.5	meet criteria full points, no points for not meeting	7.5	meet criteria full points, no points for not meeting	7.5	meet criteria full points, no points for not meeting
9	Lived Experience: Governing Board	At least 10% with lived experience or there is greater representation of people with lived experience from 2021 to present			**		**		**	
10	Lived Experience - Agency Staff				**		**		**	
11	Under-represented individuals (BIPOC, LGBTQ) - Governing Board				**		**		**	
12	Under-represented individuals (BIPOC, LGBTQ) in agency staffing	At least 10% are under-represented persons or there is an increase in under-represented person in managerial role from 2021 to present			**		**		**	
13	Project serves population with high needs	over 50% unsheltered or zero income at entry	at least 75% have disability	at least 75% have disability	5.0	meet criteria full points, no points for not meeting	5.0	meet criteria full points, no points for not meeting	5.0	meet criteria full points, no points for not meeting
14	Consumer Surveys - Response Rate	35%	35%	35%	10.0	meet criteria full points, no points for not meeting	5.0	meet criteria full points, no points for not meeting	10.0	meet criteria full points, no points for not meeting
Objective Criteria					60.0		60.0		60.0	
Performance Measures										
1	Exits to Shelter, Streets or Unknown	10% *	10%	10%	5.0	0-10%= 5	5.0	0-10%= 5	5.0	0-10%= 5
2	Earned Income: RRH participants at exit (leavers). PSH participants at annual assessment (stayers - 12 months or more) .	10% *	20%	40%	5.0	≥ 10% = 5, 5 - 9.99% = 3, ≤ 4.99% = 0	5.0	≥ 20% = 5, 15-19.99% = 3, ≤ 14.99% = 0	5.0	≥ 40% = 5, 30-39.99% = 3, ≤ 29.99% = 0
3	Other Income: RRH participants at exit (leavers). PSH participants at annual assessment (stayers - 12 months or more).	60% *	60%	70%	5.0	≥ 60% = 5, 50-59.99% = 3, ≤ 49.99% = 0	5.0	≥ 60% = 5, 50-59.99% = 3, ≤ 40.99% = 0	5.0	≥ 70% = 5, 60-69.99% = 3, ≤ 59.99% = 0
4	Non-Cash Benefits: RRH participants at exit (leavers). PSH participants at annual assessment (stayers - 12 months or more).	60% *	75%	70%	5.0	≥ 60% = 5, 50-59.99% = 3, ≤ 59.99% = 0	5.0	≥ 75% = 5, 65-74.99% = 3, ≤ 65% = 0	5.0	≥ 70% = 5, 60-69.99% = 3, ≤ 59.99% = 0

5	Remained in PSH or exit to PH	80% *	-	-	5.0	≥ 80% = 5	-	-	-
6	Exits to PH	-	85%	85%	-		5.0	85 - 100%=5, 70-84%=3, ≤ 69.99%=0	5.0
7	Return to Homelessness within 0-6 months	Less than or equal to 4% *	Less than or equal to 4%	Less than or equal to 4%	7.5	≤ 4%=7.5, 4-10%=5, > 10%=0	7.5	≤ 4%=7.5, 4-10%=5, > 10%=0	7.5
8	Return to Homelessness within 7-12 months	Less than or equal to 8% *	Less than or equal to 8%	Less than or equal to 8%	7.5	≤ 8%=7.5, 8.1-13%=5, > 10%=0	7.5	≤ 8%=7.5, 8.1-13%=5, > 10%=0	7.5
System Performance					40.0		40.0		40.0
Total Score					100.0		100.0		100.0

2023 CoC NOFO New Project Rating Tool			
Project Name: _____			
Organization Name: _____			
Project Type: _____			
RATING FACTOR	POINTS AWARDED	MAX POINT VALUE	
Experience and System Performance			
A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application. Please specifically describe applicant's success in meeting HUD system performance measures (e.g., returns to homelessness, first time homeless, jobs and income growth) on prior projects. Describe any barriers to participation in your project(s) faced by persons of different races and ethnicities, and other marginalized groups particularly those over-represented among people experiencing homelessness in your community, and identify the steps you have taken to eliminate the barriers		out of	20
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		out of	5
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		out of	5
Experience Subtotal	0		30
DESIGN OF HOUSING & SUPPORTIVE SERVICES - Objective Factors			
A. Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.		out of	15
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		out of	5
D. Describe any barriers to participation in your project(s) faced by persons of different races and ethnicities, particularly those over-represented among people experiencing homelessness in your community, and identify the steps you have taken to eliminate the barriers			10
DESIGN OF HOUSING & SUPPORTIVE SERVICES Subtotal	0	out of	35
FINANCIAL - Objective Factors			
A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.		out of	0
B. Budgets are correctly calculated, expenses budgeted are all eligible		out of	7.5
C. Project indicates the use of Mainstream resources for at least a portion of project services		out of	5
D. Match is documented		out of	7.5
Financial Subtotal	0	out of	20
COMPLIANCE WITH COC REQUIREMENTS			
A. The project commits to only accepting referrals from coordinated entry		out of	5
Compliance with CoC Requirements Subtotal		out of	5
LEVERAGING HOUSING AND HEALTHCARE RESOURCES			
A. The project as proposed qualifies the CoC to score points for leveraging housing subsidies or mainstream health care resources		out of	10
Leveraging Points Subtotal		out of	10
TOTAL SCORE	0		100

Scored Forms for One Project

2023 Cleveland-Cuyahoga County Individual Program Evaluation Report Period 4/1/2022 to 3/31/2023
Report version: 8/4/2023

Agency Name: Front Steps
 Service Provider: Front Steps
 HMIS Program Name (1): HUD-SJC-Permanent Supportive Housing/CH
 HMIS Program Name (2):
 Number of Adults: 4
 Number of Participants: 4
 Number of Leavers: 0

Grant Number: OH0463
 Component Type: PSH
 Number of Units in Application: 5
 HMIS ID (1): 121
 HMIS ID (2):
 Number of Stayers without required Annual Assessment: 0
 Number of Stayers with Annual Assessment: 4
 Number of Stayers with Annual Assessment not due yet: 0

PSH Evaluation Criteria	2023 Benchmark/ Standard PSH-SH	Program Performance	2023 Points Available	Awarded Points
OBJECTIVES				
Occupancy based on quarterly unit utilization based on participants housed not served ¹	95%	80%	10	0.0
Expenditure of Grant Funds ¹	95%	100%	10	10.0
Lenth of Time in Shelter	30 days or less	N/A	Not Scored	0.0
Admissions from Coordinated Entry	100%	100%	8	8.0
Length of Time from CE Referral to Housing Placement - Single Site	30 days or less	N/A	N/A	N/A
Length of Time from CE Referral to Housing Placement - Scattered Site	60 days or less	N/A	Not Scored	N/A
Use of Housing First	All Criteria met	YES	7.5	7.5
Lived Experience: Governing Board	At least 10% with lived experience or there is greater representation of people with lived experience from 2021 to present	6%	Not Scored	Did Not Meet Standard
Lived Experience: Agency Staff		33%	Not Scored	Met Standard
Under-represented individuals (BIPOC-LGBTQ) Governing Board	At least 10% are under-represented persons or there is an increase in under-represented person in managerial role from 2021 to present	20%	Not Scored	Met Standard
Under-represented individuals (BIPOC-LGBTQ) Agency Staff		73%	Not Scored	Met Standard
Population servers population with high needs	Over 50% unsheltered or zero income at entry	Yes	5	5.0
Consumer Surveys - Response Rate	35%	540%	10	10
Objectives total score			50.5	40.5
PERFORMANCE				
All adult participants with Earned Income at Follow-up (stayers)	10%	25.00%	5	5.0
All adult participants with Other Income at follow-up (stayers)	60%	75.00%	5	5.0
All adult participants with NON-CASH benefits excluding health insurance (stayers)	60%	100.00%	5	5.0
Percentage of all participants who remain in PSH or exited to permanent housing ²	80%	100.00%	5	5.0
Percentage of all participants who exited to shelter, streets or unknown ²	Less than or equal to 10%	N/A	N/A	N/A
Return to Homelessness - 6 months	Less than or equal to 4%	0.00%	7.5	7.5
Return to Homelessness - 12 months	Less than or equal to 8%	0.00%	7.5	7.5
Performance total score			35.0	35.0
SCORING SUMMARY				
Total			85.5	75.5

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Number of Adults: 4
Number of Participants: 4
Number of Leavers: 0
Adult Stayers: 4
Households: 4
Adult Leavers: 0

Number of Stayers without required Annual Assessment: 0
Number of Stayers with Annual Assessment: 4
Number of Stayers with Annual Assessment not due yet: 0

Grand Total	88.3
--------------------	-------------

- Footnotes**
1 Excludes new projects.
2 Excludes deceased participants
Orange highlights scores of "0"
Pink highlights missing annual assessments - please complete annual assessments.

Notification of Projects Rejected-Reduced

2023 CoC Program Competition

- [FY23 Request for Applications Cuyahoga County CoC](#)
- [2023 Continuum of Care NOFO New Project Rating Tool](#)
- [2023 Continuum of Care NOFO New Project De Minimis](#)
- [2023 Continuum of Care NOFO New Project - No Indirect](#)
- [2023 Performance Evaluation Standards for Renewal Projects](#)
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Programs

Allison J. Gill

From: Melissa Sirak
Sent: Thursday, August 10, 2023 10:18 AM
To: Angela Glassco; Sherri Clancy; Elaine Gimmel; Teresa Sanders; Melissa Sirak; mgraves@journeynco.org; Mike Sering; Naomi Worthington; Mitchell Wasserman; Michael Bernot; Nina Rodgers; Helen Forbes Fields; epetriebarcelona@edencle.org
Cc: hburchman housinginnovations.us; Erin M. Rearden; Allison J. Gill; Nicholas Butina
Subject: FY 2023 Cuyahoga CoC Project Listing Accepted/Rejected Notification 8/10/23
Attachments: OH-502 Project Rank Prelim 2023 8-10-23.pdf
Importance: High

Good morning all,

Based on the recommendations of the NOFO Review Committee and accepted by a vote of the Office of Homeless Services Advisory Board on 8/10/23, the projects listed below were approved and will be included in the FY2023 CUYAHOGA COUNTY CONSOLIDATED APPLICATION TO HUD. No projects were rejected for submission. I have also attached a copy of the FY2023 Cuyahoga County Project Listing for your convenience.

Please confirm receipt of this communication.

Cleveland/Cuyahoga Continuum of Care Project Listing 2023 NOFO									
	Project Name	PIN	Score	Applicant	Accepted or Rejected	Rank	Funding Approved	Reallocated Funds	Cumulative Funding
Tier 1 \$32,822,747	Safe Haven 3	OH0063	88.3	FLS	Accepted	1	\$464,170	\$0	\$464,170
	Perm Supp Hsg	OH0463	88.3	Front Steps	Accepted	2	\$452,684	\$0	\$916,854
	DV Bonus	OH0641	87.2	EDEN	Accepted	3	\$3,237,401	\$0	\$4,154,255
				West Side Catholic Center	Accepted	4	\$633,702	\$0	\$4,787,957
	WSCC RRH 52	OH0457	83.2	YWCA	Accepted	5	\$115,989	\$0	\$4,903,946
	Cogswell	OH0274	77.6		Accepted				

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Clarity Human Services - Search x SMachine DN23091313170 x +

hhs.cuyahogacounty.us/docs/default-source/homeless/nofa/2022/projectlistingranking.pdf?sfvrsn=1001ecce_13

Clarity MyHR Infor HCM Workfor... HUD Exchange Looker HMS - SQL Server... Clarity Help Desk Ticket Tracking HDX 1.0 HDX 2.0 HUD AAQ HMS Data Standar... e-snaps SAGE Infor OCEAN HMS Forms for Bal...

SMachine DN23091313170 5 / 8 100% +

Allison J. Gill

From: Melissa Sirak
Sent: Wednesday, September 13, 2023 1:44 PM
To: Angela Glasco; Sherril Clancy; Elaine Gimmel; Teresa Sanders; mgraves@journeynco.org; Mike Sering; Naomi Worthington; Mitchell Wasserman; Michael Bernot; Nina Rodgers; Helen Forbes Fields; epetrie@barcelona@edencle.org
Cc: Allison J. Gill; Erin M. Reardon; Nicholas Butina; nburchman@housinginnovations.us
Subject: FY 2023 Cuyahoga CoC Revised Project Listing Accepted/Rejected Notification 9/13/23
Attachments: FY23 Project Listing rev 9.13.23.pdf

Importance: High

Good afternoon all,

Based on the completion of the review process, small revisions were made to three of the new project budgets. The OHS Advisory Board will vote on the submission of the FY2023 Cuyahoga County Consolidated Application to HUD on 9.21.23. No projects were rejected for submission. I have also attached a copy of the FY2023 Cuyahoga County Project Listing for your convenience.

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Cleveland/Cuyahoga Continuum of Care Project Listing 2023 NOFO									
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	Cogswell	DH0274	77.6	YWCA	Accepted	5	\$115,989	\$0	\$4,903,946

1

2:45 PM 2023-09-13

Notification of Projects Accepted

2023 CoC Program Competition

- [FY23 Request for Applications Cuyahoga County CoC](#)
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- [2023 Continuum of Care NOFO New Project De Minimis](#)
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Cc: hburchman housinginnovations.us; Erin M. Rearden; Allison J. Gill; Nicholas Butina
Subject: FY 2023 Cuyahoga CoC Project Listing Accepted/Rejected Notification 8/10/23
Attachments: OH-502 Project Rank Prelim 2023 8-10-23.pdf
Importance: High

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	Project Name	PIN	Score	Applicant	Accepted or Rejected	Rank	Funding Approved	Reallocated Funds	Cumulative Funding
Tier 1 \$32,822,747	Safe Haven 3	OH0063	88.3	FLS	Accepted	1	\$464,170	\$0	\$464,170
	Perm Supp Hsg	OH0463	88.3	Front Steps	Accepted	2	\$452,684	\$0	\$916,854
	DV Bonus	OH0641	87.2	EDEN	Accepted	3	\$3,237,401	\$0	\$4,154,255
	WSCC RRH 52	OH0457	83.2	West Side Catholic Center	Accepted	4	\$633,702	\$0	\$4,787,957
	Cogswell	OH0274	77.6	YWCA	Accepted	5	\$115,989	\$0	\$4,903,946

Clarity Human Services - Search x SMachine DN23091313170 x +

hhs.cuyahogacounty.us/docs/default-source/homeless/nofa/2022/projectlistingranking.pdf?sfvrsn=1001ecce_13

Clarity MyHR Infor HCM Workfor... HUD Exchange Looker HMS - SQL Server... Clarity Help Desk Ticket Tracking HDX 1.0 HDX 2.0 HUD AAQ HMS Data Standar... e-snaps SAGE Infor OCEAN HMS Forms for Bal...

SMachine DN23091313170 5 / 8 100% +

Allison J. Gill

From: Melissa Sirak
Sent: Wednesday, September 13, 2023 1:44 PM
To: Angela Glasco; Sherril Clancy; Elaine Gimmel; Teresa Sanders; mgraves@journeynco.org; Mike Sering; Naomi Worthington; Mitchell Wasserman; Michael Bernot; Nina Rodgers; Helen Forbes Fields; epetrie@barcelona@edencle.org
Cc: Allison J. Gill; Erin M. Reardon; Nicholas Butina; nburchman@housinginnovations.us
Subject: FY 2023 Cuyahoga CoC Revised Project Listing Accepted/Rejected Notification 9/13/23
Attachments: FY23 Project Listing rev 9.13.23.pdf

Importance: High

Good afternoon all,

Based on the completion of the review process, small revisions were made to three of the new project budgets. The OHS Advisory Board will vote on the submission of the FY2023 Cuyahoga County Consolidated Application to HUD on 9.21.23. No projects were rejected for submission. I have also attached a copy of the FY2023 Cuyahoga County Project Listing for your convenience.

Please confirm receipt of this communication.

Cleveland/Cuyahoga Continuum of Care Project Listing 2023 NOFO									
	Project Name	PIN	Score	Applicant	Accepted or Rejected	Rank	Funding Approved	Reallocated Funds	Cumulative Funding
Tier 1 \$32,822,747	Safe Haven 3	DH0063	88.3	FLS	Accepted	1	\$464,170	\$0	\$464,170
	Perm Supp Hsg	DH0463	88.3	Front Steps	Accepted	2	\$452,684	\$0	\$916,854
	DV Bonus	DH0641	87.2	EDEN	Accepted	3	\$3,237,401	\$0	\$4,154,255
	WSCC BRH 52	DH0457	83.2	West Side Catholic Center	Accepted	4	\$633,702	\$0	\$4,787,957
	Cogswell	DH0274	77.6	YWCA	Accepted	5	\$115,989	\$0	\$4,903,946

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2:45 PM 2023-09-13

Final Project Scores for All Projects

Cleveland/Cuyahoga Continuum of Care Project Listing 2023 NOFO

	Project Name	PIN	Score	Applicant	Accepted or Rejected	Rank	Funding Approved	Reallocated Funds	Cumulative Funding
Tier 1 \$32,822,747	Safe Haven 3	OH0063	88.3	FLS	Accepted	1	\$464,170	\$0	\$464,170
	Perm Supp Hsg	OH0463	88.3	Front Steps	Accepted	2	\$452,684	\$0	\$916,854
	DV Bonus	OH0641	87.2	EDEN	Accepted	3	\$3,237,401	\$0	\$4,154,255
	WSCC RRH 52	OH0457	83.2	West Side Catholic Center	Accepted	4	\$633,702	\$0	\$4,787,957
	Cogswell	OH0274	77.6	YWCA	Accepted	5	\$115,989	\$0	\$4,903,946
	South Pointe	OH0279	77.6	FLS	Accepted	6	\$1,078,999	\$0	\$4,903,946
	Miles	OH0523	77.6	FLS	Accepted	7	\$825,522	\$0	\$6,808,467
	8301 Detroit	OH0478	76.3	FLS	Accepted	8	\$1,012,598	\$0	\$7,821,065
	19 TRA	OH0045	73.5	EDEN	Accepted	9	\$1,369,948	\$0	\$9,191,013
	RRH 2015	OH0522	73	EDEN	Accepted	10	\$1,357,898	\$0	\$10,548,911
	Euclid	OH0371	71.9	EDEN	Accepted	11	\$1,735,212	\$0	\$12,284,123
	Cuyahoga RRH	OH0479	71.9	Cuyahoga Cty	Accepted	12	\$494,088	\$0	\$12,778,211
	RRH Singles	OH0546	71.9	Cuyahoga Cty	Accepted	13	\$544,821	\$0	\$13,323,032
	PHYA	OH0409	68	FLS	Accepted	14	\$1,259,585	\$0	\$14,582,617
	TRA 1145	OH0060	67.8	EDEN	Accepted	15	\$12,217,456	\$0	\$26,800,073
	SRA 2004	OH0278	67.4	EDEN	Accepted	16	\$1,802,400	\$0	\$28,602,473
	Coordinated Entry	OH0524	*	Cuyahoga Cty	Accepted	17	\$968,045	\$0	\$29,570,518
	22 SRA	OH0725	**	EDEN	Accepted	18	\$617,344	\$0	\$30,187,862
EAX Consol [see note]	OH0584	65.3	EDEN	Accepted	19	\$2,803,605	\$0	\$32,991,467	
Tier 2 \$4,981,058	14 SRA	OH0441	64.8	EDEN	Accepted	20	\$1,291,609	\$0	\$34,283,076
	Downtown Superior	OH0039	51.5	FLS	Accepted	21	\$234,586	\$0	\$34,517,662
	Emerald All XI	OH0613	46.9	FLS	Accepted	22	\$775,614	\$0	\$35,293,276
	Supportive Services	NEW	94	EDEN	Accepted	25	\$765,865	\$0	\$36,059,141
	PSH Seniors	NEW	94	EDEN	Accepted	23	\$790,452	\$0	\$36,849,593
	23 SRA Families	NEW	94	EDEN	Accepted	24	\$250,548	\$0	\$37,100,141
	Transition in Place	NEW	85	LMM	Accepted	26	\$663,664	\$0	\$37,763,805
DV Bonus	SSO-CE	NEW DV	***	Journey Center	Accepted	27	\$584,553	\$0	\$38,348,358
	JH TH/RRH	NEW DV	***	Journey Center	Accepted	28	\$2,217,991	\$0	\$40,566,349
*	Coordinated Entry not comparable to housing projects								
**	First time renewal - no performance history								
***	DV Bonus projects accepted not scored								
EAX Con	This project straddles Tier 1/2, \$168,720 (6%) is in Tier 2, \$2,634,885 is in Tier 1								

HDX Competition Report

2023 HDX Competition Report
 PIT Count Data for OH-502 - Cleveland/Cuyahoga County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	1675	1666	1574	1629
Emergency Shelter Total	1,472	1,465	1,378	1359
Safe Haven Total	32	29	29	37
Transitional Housing Total	62	63	83	53
Total Sheltered Count	1566	1557	1490	1449
Total Unsheltered Count	109	109	84	180

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	171	183	204	278
Sheltered Count of Chronically Homeless Persons	136	148	184	222
Unsheltered Count of Chronically Homeless Persons	35	35	20	56

2023 HDX Competition Report

PIT Count Data for OH-502 - Cleveland/Cuyahoga County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	106	110	103	123
Sheltered Count of Homeless Households with Children	106	110	103	123
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	388	168	78	105	90
Sheltered Count of Homeless Veterans	349	168	78	102	84
Unsheltered Count of Homeless Veterans	39	0	0	3	6

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for OH-502 - Cleveland/Cuyahoga County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,369	1,132	1,324	85.50%	45	45	100.00%	1,177	85.98%
SH Beds	45	45	45	100.00%	0	0	NA	45	100.00%
TH Beds	93	93	93	100.00%	0	0	NA	93	100.00%
RRH Beds	1,004	1,004	1,004	100.00%	0	0	NA	1,004	100.00%
PSH Beds	5,711	4,255	5,711	74.51%	0	0	NA	4,255	74.51%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	8,222	6,529	8,177	79.85%	45	45	100.00%	6,574	79.96%

2023 HDX Competition Report
HIC Data for OH-502 - Cleveland/Cuyahoga County CoC

2023 HDX Competition Report

HIC Data for OH-502 - Cleveland/Cuyahoga County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	1275	1259	858	800

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	201	146	187	221

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	893	760	824	1004

2023 HDX Competition Report
HIC Data for OH-502 - Cleveland/Cuyahoga County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for OH-502 - Cleveland/Cuyahoga 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)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	4445	5000	148	132	-16	78	60	-18
1.2 Persons in ES, SH, and TH	4594	5167	151	136	-15	81	63	-18

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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4911	5409	274	231	-43	112	110	-2
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	5060	5571	279	236	-43	114	112	-2

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	38	2	5%	4	11%	5	13%	11	29%
Exit was from ES	1802	363	20%	90	5%	170	9%	623	35%
Exit was from TH	144	9	6%	5	3%	8	6%	22	15%
Exit was from SH	25	1	4%	1	4%	3	12%	5	20%
Exit was from PH	1142	74	6%	38	3%	59	5%	171	15%
TOTAL Returns to Homelessness	3151	449	14%	138	4%	245	8%	832	26%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1574	
Emergency Shelter Total	1465	1378	-87
Safe Haven Total	29	29	0
Transitional Housing Total	63	83	20
Total Sheltered Count	1557	1490	-67
Unsheltered Count		84	

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	4813	5519	706
Emergency Shelter Total	4632	5326	694
Safe Haven Total	68	74	6
Transitional Housing Total	177	193	16

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2108	2190	82
Number of adults with increased earned income	92	104	12
Percentage of adults who increased earned income	4%	5%	1%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2108	2190	82
Number of adults with increased non-employment cash income	779	763	-16
Percentage of adults who increased non-employment cash income	37%	35%	-2%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	2108	2190	82
Number of adults with increased total income	825	828	3
Percentage of adults who increased total income	39%	38%	-1%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	798	765	-33
Number of adults who exited with increased earned income	66	65	-1
Percentage of adults who increased earned income	8%	8%	0%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	798	765	-33
Number of adults who exited with increased non-employment cash income	116	134	18
Percentage of adults who increased non-employment cash income	15%	18%	3%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	798	765	-33
Number of adults who exited with increased total income	172	185	13
Percentage of adults who increased total income	22%	24%	2%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3944	4715	771
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.	1523	1577	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)	2421	3138	717

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6015	6021	6
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.	2256	2306	50
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.)	3759	3715	-44

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	250	82	-168
Of persons above, those who exited to temporary & some institutional destinations	94	26	-68
Of the persons above, those who exited to permanent housing destinations	103	18	-85
% Successful exits	79%	54%	-25%

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

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4419	4089	-330
Of the persons above, those who exited to permanent housing destinations	2259	1220	-1039
% Successful exits	51%	30%	-21%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	4126	4459	333
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	4084	4400	316
% Successful exits/retention	99%	99%	0%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
OH-502 - Cleveland/Cuyahoga County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1292	1063	1321	105	104	93	5340	5504	5559	893	760	824			
2. Number of HMIS Beds	1099	881	1141	105	104	93	4192	4148	4110	893	760	824			
3. HMIS Participation Rate from HIC (%)	85.06	82.88	86.37	100.00	100.00	100.00	78.50	75.36	73.93	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	5525	4664	5357	293	177	193	4385	4192	4653	3489	3263	2449	250	289	141
5. Total Leavers (HMIS)	4279	3526	4245	220	97	110	324	328	549	2306	2296	1169	168	251	82
6. Destination of Don't Know, Refused, or Missing (HMIS)	1737	1660	2359	1	8	11	4	4	6	16	51	90	10	18	14
7. Destination Error Rate (%)	40.59	47.08	55.57	0.45	8.25	10.00	1.23	1.22	1.09	0.69	2.22	7.70	5.95	7.17	17.07

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for OH-502 - Cleveland/Cuyahoga County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	3/29/2023	Yes
2023 HIC Count Submittal Date	3/29/2023	Yes
2022 System PM Submittal Date	2/8/2023	Yes

Housing Leveraging Commitments



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Northeast Ohio Healthcare System

**VA NORTHEAST OHIO HEALTHCARE SYSTEM
10701 EAST BOULEVARD
CLEVELAND, OH 44106**

September 15, 2023

Elaine M. Gimmel
Executive Director
EDEN, Inc.
7812 Madison Avenue
Cleveland, OH 44102

Ms. Gimmel,

The VA Northeast Ohio Healthcare System is committed to utilizing twenty-five (25) HUD VASH vouchers at EDEN's 23 PSH Senior Project. These vouchers would be converted from the existing allotment of tenant-based vouchers within Cuyahoga County and would not result in additional vouchers being added to the community. These funds will be made available FY2025 and subsidy will be renewed annually. The anticipated rent for a one-bedroom apartment is \$820 per month, which is the HUD fair market rent. All utilities will be owner-paid.

Homelessness among Veterans continues to be a priority at the VA. Utilizing project-based HUD VASH vouchers would be a unique approach in Cuyahoga County, and would greatly assist in dedicating specific Veteran space at a new project that is planning one-bedroom permanent supportive housing.

Respectfully,

Jill Dietrich Mellon, JD, MBA, FACHE
Executive Director
VA Northeast Ohio Healthcare System

Healthcare Formal Agreements

September 14, 2023

Melissa Sirak, LISW-S
Program Director
Cuyahoga County Office of Homeless Services
310 W. Lakeside Ave., Suite 195
Cleveland, Ohio 44113

RE: 23 SRA Families Grant FY 2023 – Leverage of Behavioral Healthcare Resources

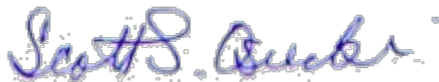
Dear Director Sirak:

Emerald Development and Economic Network (EDEN) has applied for a new permanent supportive housing development as part of the FY23 CoC Consolidated Application. The project will provide sponsor based rental assistance to families in designated EDEN owned scattered site properties. In collaboration with EDEN, the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County commits to connecting behavioral healthcare services in the form of mental health and substance use disorder treatment to eligible households willing to connect to services as part of this new application. These services will come from ADAMHS Board contracted mental health and substance use disorder treatment providers in the community. These services are funded through resources not currently funded through CoC or ESG programs.

ADAMHS Board contracted mental health and substance use disorder treatment providers will seek reimbursement for services rendered from Medicaid and other public and/or private funding sources. ADAMHS Board contracted mental health and substance use disorder treatment providers will provide access to mental health and substance use disorder treatment and recovery services to all participants in this development who qualify for and choose to participate in these services.

Behavioral Healthcare resources will be provided throughout the term of the contract with program participation in the new PSH properties based on CoC Program fair housing requirements and will not be restricted by the service provides. Should you have any questions regarding our partnership with EDEN or our support of their request, I can be reached at osiecki@adamhsc.org or 216.241.3400, Extension 818.

Sincerely,



Scott S. Osiecki
Chief Executive Officer

SSO:ll

*Copy to: Maggie Tolbert, RN, C, Assistant Chief Clinical Officer, ADAMHS Board of Cuyahoga County
Allison Schaefer, MSW, LSW, Director of Adult Behavioral Health Programs, ADAMHS Board of Cuyahoga County*