

## 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-506 - Akron, Barberton/Summit County CoC

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

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

**1A-4. HMIS Lead:** United Way of Summit & Medina

## 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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- PHA Crosswalk; and
- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	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)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	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	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
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.	Fair Housing	Yes	Yes	Yes
35.	Akron/Canton Realtor Association	Yes	Yes	Yes

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)



The lead agency of our CoC is led by an African American woman and is staffed primarily by BIPOC persons; therefore, the CoC is acutely aware of and committed to diversity, equity, and inclusion at every level of the collaborative. The CoC has expanded the coalition since our last NOFO application, increasing the number of member organizations from 45 to 70. The membership application and instructions are available on the CoC website and posted on all our other social media platforms. All staff members belong to community organizations, committees, and task forces in which we recruit new members. We participate in local events such as minority health fairs, our local PRIDE festival, job fairs, and school resource events as well as host our own events; the CoC actively recruits additional member at these events by distributing marketing materials and holding face-to-face conversations. These efforts have proven successful since we have noticed that we are receiving increased requests to join rather than our needing to extend invitations. Our member organizations participate in one or more of the ongoing meetings to ensure the CoC continues to collect qualitative and quantitative information, suggestions, and input regarding preventing and ending homelessness. The CoC has a highly effective structure that utilizes committees, our website, social media platforms, and meetings to solicit opinions, communicate information, address improvements, and/or new approaches to prevent and end homelessness. The CoC holds monthly Steering Committee meetings to which we invite new community organizations to present to CoC members to inform them about new resources and programs. We work closely with organizations who serve those with disabilities to ensure effective communication and availability of electronic formats to increase access. The CoC Board of Directors, Youth Advisory Board, and CoC staff have members who have lived experience with homelessness. Our Lived Experience Committee is comprised of a diverse group of individuals including those who are differently abled meets regularly to review policies and procedures proving feedback from their perspective that informs changes across our coalition. Our coalition is comprised of multiple organizations which include many BIPOC and LGBTQ+ led agencies that serve culturally specific communities, thus ensuring the population we serve is reflected in our membership.

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)

The CoC gathers opinions from a broad array of organizations and individuals who address the many issues surrounding homelessness. Non-member organizations are invited to present to the Steering Committee so that the membership is kept apprised of new community resources that could help prevent and end homelessness. The CoC community meets regularly to examine its membership and invite new organizations/individuals to join. An open invitation is posted on the CoC website and social media platforms. A monthly email reminder regarding meetings is disseminated to active members. Current CoC members attend local, state, and national meetings, trainings, conferences, and network with other organizations to encourage broader membership. During public meetings attendees are provided agendas, meeting minutes, reports, training materials, and other pertinent documents which are also posted on our CoC website. The CoC regularly gathers information from individuals and organizations to implement new approaches and improvements in the fight to end homelessness. For example, the CoC meets with grassroots agencies, Formerly Homeless individuals, Street Outreach Teams, and city officials to discuss the current issues surrounding outdoor encampments and how best to address the concerns of all community stakeholders while ensuring clients' needs remain at the forefront of our mission. As a result, the CoC has implemented strategies to ensure homelessness is not criminalized by educating local policymakers, law enforcement, and local business leaders to assure that practice and trauma informed and equitable when dealing with our unsheltered population.

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)

The CoC accepts applications from both previously funded and non-funded organizations. We notify the public and CoC members that the grant application process is open via Listserv, our website, and social media platforms. CoC staff and the Ranking & Review committee (R&R) oversee the application process. Based upon data driven evidence the CoC sets priorities that address the highest needs in our community. In 2023, the CoC identified its highest priorities as ones that specifically target CH, youth, persons experiencing DV, medically fragile, and those who are differently abled with an emphasis on ensuring that the principles of equity, diversity, and inclusion are demonstrated by all applicants. On 07/13/23, the CoC placed a notice of availability on its website and socials media platforms for all interested parties to apply for new and renewal project funding. In addition, an invitation to apply for CoC funding was issued to all organizations/individuals on the CoC Listserv. CoC staff is available to help interested parties, by answering any questions and providing technical assistance. The Ranking & Review committee evaluates applications using multiple objective criteria for the application, system performance criteria and individual presentations given by each applicant. The committee then provides guidance on methods to improve rejected project applications and refers applicants to the CoC Technical Assistance Committee when necessary. A variety of factors are fully reviewed when considering new project applications including local priority, agency experience, sustainability, previous experience in administering federal grants, project readiness, and capacity to serve. All projects were reviewed by the CoC Ranking and Review Committee, and all required project applicants made a formal presentation to the committee on 8/15/23. All project applicants were notified by letter of acceptance or rejection on 9/13/23 by the Ranking and Review committee. The committee then scored and ranked all projects and notified all community partners on 9/25/23. The CoC provides accessible electronic formats for individuals with disabilities upon request.

## 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:

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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.	Private Sector	Yes
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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)**

The CoC has active members who receive Emergency Solution Grant (ESG) funding. These CoC members/ESG recipients are required to attend monthly steering committee meetings where we discuss the planning and allocation of ESG funding. As part of the reporting and performance evaluation process the CoC and the ESG recipients meet to review HIC, PIT, AHAR, ESG CAPER, and CoC Annual Progress Report data to make funding decision in our local community. We review current program outcomes to ensure they are effective, equitable and meeting current system performance measures. Additionally, this data helps us identify gaps and unmet needs in our community to determine where additional funding would be best utilized. Based on our 2023 gap analysis we determined the needs of youth and this who identify as LGBTQ+ were a need in our community and our CoC community partners voted to allocate additional funding to organizations that serv these populations. The CoC has provided HMIS data to the CoC Consolidated Plan jurisdictions including Akron, Barberton, Cuyahoga Falls, and Summit County. Anytime data is requested from one of the members in the Consolidated Plan jurisdictions, the CoC provides it to them immediately. The participating jurisdictions work with the CoC to use data and ensure the goals to end homelessness are mutually agreed upon.

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:
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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.	No
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.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. NOFO Section V.B.1.d.	
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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.	
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Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC partners with Project Rise - the McKinney-Vento Program in Akron Public Schools (APS). Project Rise is a sub-grant program recipient of ODE McKinney-Vento Homeless Assistance Funds and the Local Educational Agency (LEA). The CoC and LEA have a MOU in place to assure that eligible students within the district receive the rights and services to which they are entitled. A Project Rise representative participates in the Summit County CoC Youth Summit-Up Workgroup and Project Rise sits on the CoC Steering Committee. During these meetings, Project Rise staff provides updates to CoC members about available education resources for youth in housing programs. Project Rise maintains relationships with all local shelters to assist in removing barriers to education and offers tutoring in the shelters to focus on both academics and social emotional skills. The Youth Advocates that are based within the shelters send school transportation requests through Project Rise. Project Rise assists in arranging transportation for APS students, those in surrounding districts, and students who attend charter schools. In addition to utilizing APS vans and busses, Project Rise provides Metro bus passes to students, when appropriate, and to parents so that they can continue to oversee their child's education needs regardless of their housing status. In addition, the Youth Advocates at the shelters send rosters of children's names, ages 0-22, to Project Rise so that the CoC remains aware of children living in shelter. The CoC works with the IPRMOISE school a hybrid program initiative between the Lebron Foundation and APS services the needs of families with elementary and middle school children by providing housing, counseling, college prep, employment and financial literacy support. In addition, CoC partner Towpath High an alternative Highschool has multiple locations in summit county also attends to the need of children experiencing homelessness and provides specialized supports for LGBTQ+ students who have experienced bullying in other schools. Additionally, the CoC partners with Project Learn offers free classes in literacy and GED regardless of age and works closely with refugee/immigrant populations who may be housing insecure.

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)**

To prevent disruption to children experiencing homelessness the CoC has implemented a policy that regardless of housing status children remain in their original school district. The CoC coordinates with Project Rise our local LEA who are present in the shelters during after school hours and works closely with shelter staff to inform parents of their rights as set forth in the McKinney-Vento Act. Public notice is posted of the educational rights of children and youth experiencing homelessness is disseminated in locations frequented by families and unaccompanied youth experiencing homelessness, including schools, shelters, public libraries, and meal sites. Each shelter has a poster in the youth advocate area describing the rights of parents, families, and students according to the McKinney-Vento Act. Project Rise provides materials, training, and information to the shelter staff and hosts quarterly meetings with shelter staff to ensure there are no barriers to education and that all parties are communicating regularly. Families, children, and youth experiencing homelessness have access to and receive educational services for which they are eligible, including services through Head Start and Early Head Start programs, early intervention services under Part C of the Individual with Disabilities Education Act, and other preschool programs administered by the LEA. Project Rise has increased staff capacity to conduct intakes and contacted all students who opted to remain online post COVID. Parents or guardians of children and youth experiencing homelessness are informed of the educational and related opportunities available to their children and are provided with meaningful opportunities to participate in the education of their children.

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	No	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	Yes	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	First Term First Birthday	Yes	Yes



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)**

United Way’s Central Intake procedures indicate that a family or individual who has experienced recent domestic violence is eligible for shelter or wait listed for shelter at any time. Centralized Intake may refer anyone self-identifying as a victim of domestic violence, dating violence, sexual assault, and stalking to the Hope and Healing Survivor Resource Center (Battered Women’s Shelter), or Victim’s Assistance for housing and services. CoC DV providers facilitate an annual training addressing the needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking. Additionally, our DV providers collaborate with survivors, people with lived experience, and coordinated entry staff to address the unique needs for housing and safety that prioritize housing defined as safe by survivors. The CoC has implemented new policies and programs that increase access to housing and services for survivors by adopting survivor-centered practices that maximum client choice while maintaining safety and confidentiality. All CoC DV partners provide services in a trauma-informed manner in accordance with the Ohio Domestic Violence Network’s standards, free to anyone in need of assistance, and available 24/7. CoC DV providers consistently works with the CoC and other providers to meet the evolving needs of the survivors in the community.

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
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	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).
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**(limit 2,500 characters)**

The CoC understands the importance of training and continued education for all service providers and all populations. Our CoC DV providers facilitate an annual training addressing the needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking. Additionally, our DV providers collaborate with survivors, people with lived experience, and coordinated entry staff to address the unique needs for housing and safety that prioritize housing defined as safe by survivors. CoC Partners Hope and Healing Survivor Resource Center (Battered Women’s Shelter) and Victim's Assistance Program (VAP) both provide regularly scheduled trainings and policy and procedure reminders, as requested, to other CoC members and community partners regarding best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. Training covers trauma-informed care, history of the domestic violence/sexual assault movement, advocacy 101, risk assessment/safety planning, and evidence-based practices for domestic violence, dating violence, sexual assault, and stalking services. This training is certified by Ohio Domestic Violence Network and is mandatory for all CoC funded programs and is also offered to all community partners. Trainings and/or reminders often include detailed information regarding trauma-informed care and evidence-based practices for providing soft services and triaging domestic violence, dating violence, sexual assault, and stalking victims. All trainings are consistent with the policy and procedure protocols for the CoC and assist service providers with ensuring that the survivors’ safety, confidentiality, and autonomy are maintained to the highest-level while clients move through housing programming and to their permanent housing destinations. These trainings and best practices are also consistent with the CoC’s emergency transfer plan in which Coordinated Entry works to ensure clients who have identified as survivors are able to access the DV emergency shelter as quickly and as safely as possible. Additionally, our community partners attend a monthly Summit County DV Coalition Meeting where we discuss program updates, including grant-related outcomes, gaps in service, funding opportunities and local service provision.

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)**

The CoC understands the importance of training and continued education for all service providers and all populations. As an active CoC member, the Battered Women’s Shelter (BWS) provides trainings and policy and procedure reminders, as requested, to other CoC members and community partners regarding best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. This includes a forty-hour training covering trauma-informed care, history of the domestic violence/sexual assault movement, advocacy 101, risk assessment/safety planning, and evidence-based practices for domestic violence, dating violence, sexual assault, and stalking services. While this forty-hour training is mandatory of all BWS staff, it is also offered to all community partners and is certified by the Ohio Domestic Violence Network. Trainings and/or reminders often include detailed information regarding trauma-informed care and evidence-based practices for providing soft services and triaging domestic violence, dating violence, sexual assault, and stalking victims. Trainings provided by BWS are consistent with the policy and procedure protocols for the CoC and assist service providers with ensuring that the survivors’ safety, confidentiality, and autonomy are maintained to the highest-level while clients move through housing programming and to their permanent housing destinations. These trainings and best practices are also consistent with the CoC’s emergency transfer plan in which Coordinated Entry works to ensure clients who have identified as survivors are able to access the DV emergency shelter as quickly and as safely as possible.

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)

The HMIS-comparable database (Osnum) used by Hope and Healing Survivor Resource Center (Battered Womens Shelter) assigns a client number to each client, which can be used to anonymously identify a client’s case without divulging any confidential information. Osnum has the ability to run reports based on various parameters to capture aggregated data, without disclosing any identifying information, which is used by Battered Womens Shelter and the CoC to analyze trends and identify any potential gaps in service for survivors of domestic violence, dating violence, sexual assault, and stalking. Battered Womens Shelter submits a Data Quality Report (DQR) every month as requested to the CoC with de-identified aggregated program data. BWS is highly committed to ensuring victim safety and confidentiality in relation to data collection/computation through this HMIS-comparable database while also providing the CoC with as high quality and efficacious aggregate data as possible.

&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)

The CoC in conjunction local DV partners has policies and procedures regarding emergency transfer plans for individuals and families accessing our services who request such a transfer. CoC policies and procedures are in accordance with VAWA. Housing project providers in the CoC allow their project participants who are survivors of domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to violence, to request an emergency transfer from the participant's current unit to another unit. The ability to transfer is available regardless of sex, gender identity, or sexual orientation. The ability of a housing project provider to honor such request for participants currently receiving assistance, however, may depend upon a preliminary determination that the participant is or has experienced domestic violence, dating violence, sexual assault, stalking or other dangerous, traumatic, or life-threatening conditions, and on whether the housing project provider has another dwelling unit or can identify another housing unit that is available and safe to offer the participant for temporary or permanent occupancy. This plan identifies housing project participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance on safety and security planning for the participant. The CoC is highly committed to ensuring victim safety and confidentiality and networks with other area shelters and out-of-county shelters, as needed, to ensure victim safety and protection. Individuals and families seeking an emergency transfer work with their case manager and DV provider leadership to coordinate and ensure continued accessibility of services during and after transfer as needed by the individual, including relocation assistance, whether it is an internal or external transfer.

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)**

All CoC providers agree on the importance of triaging identified victims of domestic violence, dating violence, sexual assault, or stalking, and connecting them with services that best meet their immediate and long-term safety needs. The Hope and Healing Survivor Resource Center (Battered Womens Shelter) provides emergency protective shelter specifically and housing programs for survivors of domestic violence, dating violence, sexual assault, and stalking in Summit County. In addition, Harmony House and Victims assistance works in partnership to provide housing and services to youth ages 18-24 who are experiencing homelessness and are actively fleeing DV or has DV in their history. All CoC DV providers work with CoC staff to evaluate occupancy trends, participation durations, and service type utilization to help determine the community’s needs related to domestic violence, dating violence, sexual assault, and stalking. The CoC was awarded the Coordinated Entry grant for DV to At Centralized Intake, victims of domestic violence that self-identify are immediately referred to the most appropriate housing program that accommodates their needs and provide specialized services. This project will ensure we implement a trauma-informed and client-driven assessment tool, and CoC-wide safety protocols and policies that emphasis fair and equal access for survivors. This offers opportunities for our CoC to partner with DV providers to improve access to homeless services for survivors. This will ensure individuals and families fleeing from domestic violence or trauma has access to the full range of housing and service intervention options available in our community, including prevention, diversion, rapid re-housing, and other housing and mainstream services. Additionally, it will expedite access to a range of housing supports, improved coordination between the CoC and DV providers, and enhanced connectivity to mainstream resources which greatly impact survivors’ choices and options. The CoC DV Liaison will spend time at the local DV shelter, 211 call center, and with street outreach team to assist with screening, safety planning and referrals for survivors. The liaison will provide aggregate data and vulnerability scores for prioritization to help identify gaps in our homeless system and create programs to address these needs. The liaison will provide training on safety planning and trauma-informed care to staff at all access points and other front-line staff.

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)**

The voices of survivors with lived experience of homelessness are critical and are to be included in every aspect of the planning, decision-making, and activities undertaken by the CoC. Survivors with lived experience sit on all CoC committee, including the committees tasked with making decisions about funding and system-wide policies. Survivors with lived experience work to monitor and reform shelter and housing policies and operations, promote affordable housing solutions, and recommend best practices on engaging people with lived experience. The CoC ensures that survivors with a range of lived expertise are involved in the development of CoC wide policy and programs by including survivors from a variety of entry points in the homelessness system. Survivors that have matriculated through the local domestic violence shelter, those who have identified as being trafficked, survivors of dating violence, LGBTQ+ survivors, and survivors of difference races, ethnicities, ages, and abilities are encouraged to participate in policy and program development. It is now mandatory that SCCoC members and funded programs recruit, encourage, and utilize the input of such individuals for every level of each organization. The SCCoC member organizations are required to maintain a documented history of such contributions. The involvement must be meaningful and span all aspects of organizational activities. Equity is a goal and expectation when planning to proactively ensure that homeless and formerly homeless individuals can meaningfully participate in opportunities to lend lived experience expertise. The CoC believes that the insights informed by lived experience can help highlight patterns, common behaviors, challenges, and barriers among individuals who share similar experiences. Recognizing that no one person or group can speak on behalf of all survivors is foundational. Respecting the differences while also looking for common ground only serves to enhance the contributions of survivors. Incorporating staff with lived experience can assist in developing best practices that effectively support individual behavioral and practice changes among survivors with lived experience. The experiences of these individuals may provide deliver strength-based, trauma-informed support, services, and programs grounded in shared and common experiences as outreach workers, case managers, and peer support programs.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

The Summit County Continuum of Care (SCCoC) has a non-discrimination policy on page 18 of its Governance Charter which all partner agencies must adhere to. This policy prohibits discrimination based on race, color, religion, national origin, ancestry, sex, age, physical or mental disability, sexual orientation, gender identity, gender expression, marital status, or other federal, state or locally protected group. Additionally, all SCCoC partner agencies were required to implement and non-discrimination policy and SCCoC staff reviewed for compliance. The SCCoC holds an annual Equal Access training course which is required for all partner agencies to attend. Historically, the partner agencies: Community AIDS Network/ Akron Pride Initiative (CANAPI) and Fair Housing Contact Service have administered the training. This training course includes content on both HUD's Equal Access Final Rule and Gender Identity Final Rule. Representatives from CANAPI provided training content on LGBTQ+ identities, appropriate pronoun usage, and Sexual Orientation, Gender Identity and Expression (SOGIE) concepts. The Fair Housing Contact Service provided guidance on both of the HUD rules and how partner agencies are expected to adhere to these rules. In this current year's trainings, other LGBTQ+ led and focused partner agencies such as Akron AIDS Collaborative, a BIPOC led organization, the City of Akron's DEI Director and LGBTQ+ Liaison and the Gay Community Endowment Fund Board members are all co-facilitators the training content development and administration. The SCCoC holds monthly Steering Committee meetings which representatives from each partner agency participate in. The purpose of this committee and its meetings is to guide the Continuum of Care in the direction of constant improvement while maintaining its values and adhering to its policies. During these meetings, partner agencies voice their opinions, concerns, and recommendations for how the SCCoC can improve to better serve people experiencing homelessness including the LGBTQ+ population. In addition, our Lived Experience committee meets monthly to discuss CoC programs and provide feedback on trauma-informed services such as outreach, case management, peer support, and housing navigation.

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?
AMHA Low Income Public Housing	4%	Yes-Both	Yes
AMHA Housing Choice Voucher Program	19%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
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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)

The CoC collaborates with Akron Metropolitan Housing Authority (AMHA) who currently has a Moving On preference to provide a tenant-based voucher for individuals ready to move on from the Shelter Plus Care voucher program. Many participants, over time, may find that they no longer need the level of supportive services that are provided while in the CoC permanent supportive housing program. As units become vacant through this strategy, the CoC will prioritize chronically homeless persons for placement. In addition, AMHA currently has a Moving On preference for individuals ready to move on from other CoC Permanent Supportive Housing Programs with an established MOU from AMHA. This preference allows current clients to become eligible for either the Housing Choice Voucher Program or Low-Income Public Housing. Lastly, most of the CoC providers have implemented their own Moving On strategies to address those clients that no longer require intensive services to move on to other PH options.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
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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.		



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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	<b>Other Units from PHAs:</b>	
	Shelter Plus Care	Yes

<b>1C-7d.</b>	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	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
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP, EHV, SPC, Mainstream Vouchers

<b>1C-7e.</b>	<b>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).</b>	
	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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<b>1C-7e.1.</b>	<b>List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.</b>	
	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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<b>PHA</b>
Akron Metropolita...

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

**Name of PHA:** Akron Metropolitan Housing Authority (AMHA)

## 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.	33
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.	33
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)

The CoC operates under a Housing First model and requires all CoC funded programs to create and implement policies and procedures that provide immediate access to housing with no barriers. Our CoC abides by the idea that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed. All programs are required to receive referrals from Centralized Intake with a no side door policy to prevent agencies from refusing clients who may have high acuity needs and/or are traditionally harder to serve. Using HMIS, Centralized Intake staff sends client referrals directly to providers and tracks participants’ progress to ensure clients are being provided access to programs based on need and preference. If a provider rejects a referral, they are required to immediately provide a response as to why the client was denied access and work with Coordinated entry staff to find alternative options. The Ranking and Review Committee utilizes the HUD Housing First tool and the HMIS referral report to ensure projects are Housing First and have low barriers to entry. Projects are then scored and prioritized based upon their adhering to a housing first protocol. The committee also reviews system performance measures, which indicate how successful our CoC agencies are at following the Housing First model. The CoC runs reports from HMIS to assess rejected referrals and implement corrective action plans for providers who repeatedly reject clients. Housing providers meet monthly to review the Chronically Homeless By-Name List where the highest barrier, Chronically Homeless individuals are prioritized and slotted for openings that are available immediately. CoC staff conducts annual monitoring visits where random client files are selected and projects are evaluated based on documentation that supports the projects compliance and that admission to the project are not contingent upon prerequisites. Additionally, in order to establish realistic outcomes, the CoC regularly examines program data and analyzes our program outcomes against those of other successful Housing First programs. For the first time our CoC is 100% Housing First which demonstrates our commitment to ending homelessness in our community.

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)**

The CoC covers 100% of Summit County. Community Support Services conducts weekly street outreach. Teams provide street-based case management that is personalized, trauma-informed and evidence-based. Outreach specialists focus on individual needs, using a person-centered approach to provide appropriate connection to housing and services. Much of this outreach happens during off hours and in places such as encampments, in parking decks, at meal-sites, at shelters, and at local libraries. Street outreach teams include PATH and SSVF workers, community members, grassroots/faith-based organizations, and persons with lived experience. Current and formerly homeless individuals provide valuable assistance in connecting those who are least likely to request assistance with outreach teams. Chronically Homeless individuals and those who won't engage through traditional means are prioritized and are seen regularly. Many of these individuals use the Outreach Center that Community Support Services operates to complete basic hygiene (showers and laundry) and to be linked with services. The CSS dayroom has been crucial for engaging people who would not otherwise accept assistance because staff has time to build authentic relationships and trust. Homeless Outreach is well known to community members (law enforcement, downtown ambassadors, other providers, first responders, and the homeless community in general) and is the contact of choice for engaging complex clients with significant barriers to housing. Additionally, we have Drop-in Centers that serve specialized populations like youth and LGBTQ+ who tailor their outreach to engage those who hesitant to utilize mainstream services. The Bayard Rustin LGBTQ+ outreach team conducts weekly outreach at the Summa Pride Clinic, planned parenthood, Towpath High School (alternative), and other known hangouts where homeless LGBTQ+ individuals may congregate. The Youth Advisory Board has an outreach specialist who works closely with the local youth Drop-in center to conduct intakes and immediately refer youth to housing and supportive services. Street outreach is guided by information gathered from the homeless hotline, the monthly CoC Chronically Homeless By-name list meeting (which seeks to identify and place every chronically homeless person in the county), homeless trends gathered from HMIS data, referral sources, and the homeless clients themselves.

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	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes

<b>5. Other:(limit 500 characters)</b>			
Local Hospitals	Yes	Yes	

<b>1D-5.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.</b>	
	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	140	391

<b>1D-6.</b>	<b>Mainstream Benefits–CoC Annual Training of Project Staff.</b>	
	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)	
	Health Insurance	Yes

<b>1D-6a.</b>	<b>Information and Training on Mainstream Benefits and Other Assistance.</b>	
	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)**

Summit County Department of Job and Family Services (SCDJFS) staff presents at the CoC Steering Committee meeting on a quarterly basis to keep program staff up to date on Ohio Works First, Food Assistance (SNAP), Medicaid, Temporary Assistance for Needy Families (TANF) Prevention, Retention and Contingency (PRC), and other mainstream resources. During this meeting, SCDJFS disseminates resource tools and guides to all CoC members. The CoC takes an active role in facilitating access to Managed Care Organizations (MCO) and has two CoC Board members/community partners that are Federally Qualified Health Centers which provide comprehensive medical services to all individuals, regardless of health insurance status. All CoC organizations have received training about the Benefit Bank and have staff trained in the use of the Benefit Bank which allows users to identify and apply for mainstream resources, including Medicaid, for which they are eligible. All CoC projects have access to a SOAR specialist through a partner CoC organization. The primary drop-in center for individuals who are homeless has regularly scheduled office hours for a SOAR specialist and for face-to-face interviews to help access services, which also include applying for Medicaid, health insurance, or disability insurance. The CoC recognizes that Medicaid and other benefits represent an efficient and cost-effective means of providing supportive services. Medicaid expansion in the state of Ohio has greatly enhanced the breadth and quality of services available to individuals who are homeless. During intake, Coordinated Entry staff/Housing Specialists conduct assessments that now include a question asking who their health insurance provider is and asking about potential mental health and/or substance abuse issues. Once a provider is identified Coordinated Entry housing specialists refer the client to their MCO for follow up to identify additional services they can utilize to help them maintain housing. Those who have no health insurance coverage are linked to assistance in applying for mainstream benefits, including Medicaid. Those who identify as having mental health and/or substance abuse issues are then referred to the program that best meets their needs.

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.
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**(limit 2,500 characters)**



Expansion of shelter services utilizing hotels is an ongoing intervention in which the CoC provides emergency shelter services to singles, women with children, men with children, transgender individuals and women with physical conditions that cannot be currently accommodated by our shelter system. Due to reduced capacities initially created by the COVID-19 pandemic, the ending of the eviction moratorium, increase in the number of unsheltered persons, and lack of specialized emergency shelter for youth and those who are a part of the LGBTQ+ community, the need for this type of non-traditional shelter persists. The CoC also provided non-congregate shelter for those who were homeless and needed a safe place to quarantine to help mitigate the spread of illness in congregate shelter settings. Factoring in the reasons stated above, the CoC addressed the community’s increased need for non-congregate shelters. Services provided to these clients included full on-site case management, housing referral and search supports, access to enrichments classes, health care clinics, Child Advocates, mental health services, and tutoring for children. Participants receive transportation support, basic needs supplies, clothing as needed, school uniforms and supplies. Clients successfully exited into permanent housing from these shelters reported feeling more able and willing to talk to staff because they were under less stress. They also reported that having on site access to more amenities such as pools and exercise rooms made them feel more comfortable and less like they were in an institution. Non-congregate shelters can facilitate autonomy among residents leading to meaningful impacts on mental and physical health.

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)

The CoC works directly with local and state health agencies to ensure that CoC homeless service providers are prepared to respond rapidly and effectively to all emergencies and infectious disease outbreaks that may adversely impact people experiencing homelessness. The CoC is responsible for overseeing plans that include implementing policies and procedures on sanitation, screening, reporting, responding, communicating with, and involving public health officials. The CC coordinates with the local EMA and health department to ensure that shelters and housing programs to develop communication plan to ensure all stakeholders receive timely and appropriate information to prevent and respond to an outbreak and have the necessary supplies in stock to maintain a disease-free environment. The supplies include testing kits, PPE, sanitation supplies, and other preventative equipment to distribute as needed. CoC staff provided training for homeless service providers on common infectious diseases that spread within shelters and housing programs and those that spread in unsheltered locations such as encampments. The CoC has contingency plans in place should other public health emergencies arise. Training will be provided to providers on roles and responsibilities to prevent and respond to infectious disease outbreak. CoC staff utilizes HUD & CDC guidance for homeless providers to educate clients and staff and manage misinformation. Additionally, the CoC maintains relationships with the local health department, hospitals, and clinics to provide vaccinations to the homeless population as they become available.

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)

The CoC disseminates information from our Public Health Agencies to homeless service providers to ensure the health and safety of our clients and their staff. These efforts include increased healthcare awareness efforts, public notification and education, and outreach with vaccination clinics for high-risk populations. The CoC implements virtual meeting platforms and an email list serve to regularly relay up to date information from the CDC and HUD. Using these platforms, the CoC sends out a weekly email to community partners with updates from the CDC and local health departments and host monthly community meetings on infectious disease information. This helps the CoC to coordinate and communicate support that includes responding to requests for health-related resources and developing and distributing guidelines and educational materials to meet the needs of mitigating an outbreak in a timely manner. The CoC partners with the local Health Department to be a liaison between them, local shelters, housing providers, and outreach teams. The CoC is actively involved in developing outreach approaches and strategies, ensuring outreach is consistently provided, comprehensive and targets its coverage. The CoC secures and distributes PPE and provides updates on local restrictions and mandates. The CoC works in partnership with the local Health Department to implement clinics that may provide vaccination or other medical needs for community partners and clients as needed. To further mitigate the spread of infectious diseases and outbreaks, the CoC works directly with all local hospitals to provide a non-congregate shelter option to patients who are homeless and in need of a safe place to isolate.

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)

United Way of Summit and Medina’s 2-1-1 operates the Centralized Intake (CI) Homeless Hotline 24 hours a day, 7 days a week and covers 100% of our geographical area. 2-1-1 is listed as the contact for every Continuum of Care Agency Housing Program, handles all initial inquiries for housing in our community, and performance intakes for all homeless persons in Summit County. All clients go through a standardized assessment process regardless of point of entry. Since 2020, Centralized Intake has integrated diversion and referral plans within all initial inquiries to help clients develop their own housing resources. This type of triage is essential to avoiding the long-term trauma and devastating consequences of a stay in shelter. Data shows that households who enter shelter once are 5 times more likely to become homeless again. By centering clients, our Housing Navigators can often identify a one-time, limited assistance that can either lead to long-term housing stability or avoid a housing crisis that send a household on a downward spiral of instability towards homelessness. As a result, our Centralized Intake Navigators have also become diversion specialists, investing in one-on-one client engagement at the first point of contact to more effectively help clients expand their abilities to solve their housing instability and/or use resources outside of the homeless system. By emphasizing diversion work, we are able to prioritize the scarce beds within our CoC for those with the highest needs and ensure that more people do not enter the homeless system. In provision of Diversion activities, CI staff were able to provide 122 instances of one-time, moderate, financial assistance totaling \$73,690 in unrestricted, internal funding to support housing stability for households at risk of homelessness. These instances averaged \$657.95 per case and led to long-term housing circumstances for assisted households. Our Centralized Intake completed participation in HUD’s CE Equity Initiative Cohort 2. As a result, OH-506 has implemented an assessment tool with a racial equity focus that is guided and developed by those with lived experience in our system. During the first 6 months of implementation, our referral reports show a 10% increase in successful referrals for BIPOC populations within our system. Additionally, the Cohort experience served as the impetus for an ongoing PLE committee that continually reviews data and informs policy in CI.

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)

Centralized Intake (CI) collaborates with Community Support Services' Street Outreach team to ensure encamped, homeless persons are assessed for intake upon meeting. CI staff keep regular hours at all our local, homeless, drop-in locations and the United Way Summit Medina (UWSM) CI office is open for walk-in assistance. Centralized Intake conducts outreach and training to Counselors and Case Managers at local health clinics, substance abuse clinics, and other mainstream service providers for homeless persons to ensure that the Homeless Hotline information is given to clients. Centralized Intake also operates as a mobile front door to engage and identify clients living in their car or in a space unfit for human habitation, triaging immediate needs for food and safety through continued engagement until emergency beds become available. Finally, emergency housing triage and information is available 24/7 through the 2-1-1 system. Central Intake Navigators have been trained to use our localized, equity-based, client-centered, assessment tool to identify participant needs and barriers to housing. After attempting diversion with other community resources or existing client support networks, participants are prioritized and referred based on need to the CoC Housing program that can house them expediently and effectively in accordance with HUD Orders of Priority CPD 17-01. Housing referrals are sent to partner agencies via the HMIS system and are tracked for results by CI staff. Program providers are given regular reports on their referrals and are expected to meet timelines for timely response within HMIS. CI submits reporting to the CoC Review and Ranking on timely referral response. Participants remain engaged with Central Intake until a housing resource is available or a suitable diversion can be located. CI staff participates with CoC partners to conduct regular By-Name-List meetings for Chronically Homeless, Veterans, Youth 18-24, and all residents in family shelter to provide accountability for client movement through the system and to ensure communication between shelter staff and CoC Housing providers to expedite the housing process.

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)

Centralized Intake actively promotes 2-1-1 & Homeless Hotline to all CoC partner agencies, local governments, and a multitude of grass-roots Homeless outreach organizations including many faith-based support programs. The CoC participates in ongoing collaborations and community meetings centered around homeless outreach and resources in our community that feature specific housing outreach strategies to specific individuals or encampment areas. As a part of the CoC assessment and referral process, clients are advised of their data sharing rights and give specific permission via use of verbal and written ROIs. Specific information regarding access to Fair Housing and Legal Aid and the client right of appeal are a part of the ROI process. The CoC conducted a Youth PIT count that included consultation and participation at every step from youth with lived experience. The focus of the count was the Akron/Summit County area. The duration of the count was from 1/22/2023 through 1/28/2023. Members of the Youth Advisory Board and a contracted outreach team used the counting app HYPERION to survey youth using PIT questions. This peer-led counting strategy was developed to target Youth who were experiencing any type of Housing instability. In addition to mandated HUD information questions, the survey takers asked additional questions designed to identify Category II youth specifically those who are “doubled-up” or “couch-surfing” in hopes of gathering information to develop programming around this underserved population. Preparations began months prior with the Youth Summit Up workgroup being surveyed about optimal places to find unsheltered youth within our community. During these discussions, the CoC recognized the need to expand the youth count beyond the usual outreach spots for adults who are homeless. The data suggested that our community has an overrepresentation of African American youth who were not being easily found. Thus, our CoC contracted with a minority-led outreach team to target specifically areas in the community that are frequented by BIPOC homeless youth. The outreach team focused on known areas where youth congregate including racially and ethnically diverse locations. Using the information collected the CoC intends to identify gaps in services and work to develop relevant interventions based upon the responses. With this data collected in 2022 we created new resources, tools, and best practices, such as increased awareness of local housing.

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.	08/24/2023

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:
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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)**

The CoC focuses data collection on racial equity and outcomes within our CoC housing system. By integrating a strong racial equity lens, the CoC has identified systemic issues and disproportionate effects of homelessness on BIPOC households. Our CoC was selected to participate in HUD's Coordinate Entry Equity Initiative Cohort 2 where we analyzed HMIS data, assessment tools and other policies and processes that may create barriers for the BIPOC population. This cohort was guided by people with lived experience to transform how our Housing Specialists perform intakes. The CoC understands that in order to accurately identify and effectively eliminate racial inequities, quantitative data analysis must be coupled with qualitative analysis. Centering the work on Racial Equity and prioritizing the voices of those with lived experience in our system were the foundations for redesigning the vulnerability index utilized by our CoC for prioritization of those experiencing homelessness. Our revisions helped remove cultural biases and sharpen the equity lens of our Centralized Intake process. Additionally, Centralized Intake has incorporated a client-centered approach to support our diversion work and help clients identify resources outside of the homeless system to solve their housing instability. The CoC utilized Coordinated Entry data disaggregated by race to understand who is accessing our homelessness system and identify disparities in assessment and referral processes. The CoC 2023 Racial Equity Assessment identified that black and brown persons only make up 15% of the population in Summit County, however, they make up 37% of home individuals. The Assessment also identified that brown and black families made up 60% of the population accessing shelters making 3 out of 5 families homeless on any given day. In addition, the percentage of homeless families utilizing shelter went up from 51% in 2021 to 60% in 2022 which is a 9% increase. The data on rapid re-housing program utilization by race in Summit County reveals a higher utilization rate by Black or African American persons than White or Caucasian persons. When compared to the national averages, the numbers suggest that more work needs to be done to achieve racial equity in rapid re-housing.

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.	The CoC implemented a new coordinated entry tool that remove racial biases.	Yes

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)



The CoC is making a radical transformation emphasizing systemic and programmatic changes to address racial equity in our local community. To address disparities identified in our CoC we developed and implemented a Racial Equity Assessment Tool. Partner agencies were required to complete the assessment to measure the need and capacity for incorporating a racial equity lens into the planning, decision making and overall management of the organization. To address racial inequities and ensure successful outcomes for all persons experiencing homelessness, the CoC worked with the HMIS lead and developed a report that reviewed HMIS disaggregated data by race, ethnicity, gender identity, and/or age. This report identified disparities and guided programmatic changes needed to make program participant outcomes more equitable. The CoC was a participant of HUD’s Coordinated Entry Equity Initiative Cohort 2 where we analyzed HMIS data, assessment tools and other policies and processes to identify barriers faced by the BIPOC population. This initiative was a catalyst for CoC leadership to collaborate with people with lived experience to transform services to meet the needs of all groups accessing our coordinated entry. Centering the work around Racial Equity and prioritizing the voices of those with lived experience in our system were the foundations for redesigning the vulnerability index tool utilized for assessments. Our revisions helped remove cultural biases and have a better understanding of the diverse and complex needs of people from various cultural groups. Our collaborative continues to create new programs led by Black and Brown organizations that directly serve BIPOC experiencing homelessness as well as partnering with organizations with a proven track record of engaging underserved populations. The CoC, its Lived Experience Committee (of which 50% is BIPOC) regularly review local policies, procedures, and processes to identify barriers that result in racial disparities. In order to ensure we are getting an accurate depiction of our entire homeless community, the CoC continues to use racially diverse outreach teams to strategically engage all people experiencing homelessness in our community that may have been underrepresented in previous counts. This effort positively affected program design and implementation in which the CoC created data-driven strategies to address racial equity in service provision.

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)

The CoC recognizes the impact of discrimination, racism, and racial trauma on people of color who experience housing instability and homelessness and has implemented processes to track the progress on eliminating disparities. Our CoC Racial Equity Assessment Report is completed on an annual basis and is utilized to track progress on housing outcomes to help eliminate disparities. In our 2023 report, we utilize 2021 and 2022 calendar year LSA data as recorded in Homeless Management Information System (HMIS) to compare and review racial disparities in: housing programs, length of homelessness as recorded in the HMIS system, successful exits to permanent housing destinations, and returns to homelessness. Our 2022 report showed permanent supportive housing programs for the homeless people were utilized by 52% Caucasian persons, 43% African American persons, and 4% by persons who identify as multiracial. This data suggests that progress is being made towards more equitable outcomes in permanent supportive housing program utilization. After completing the HUD Coordinated Entry Cohort 2, our CoC updated our assessment to remove implicit biases and racial barriers with a goal to create a more equitable process for all. Utilizing our newly improved assessment tool our CoC runs a referral report that is broken down by demographics to examine prioritization. The current report measures our prioritization over the last 8 months when the new tool was implemented and shows a 10% increase in positive outcomes for BIPOC individuals and families. The CoC and HMIS lead is working together to develop a schedule for reviewing individual program data disaggregated by race, ethnicity, gender identity, and age. This will allow program providers the opportunity to assess their programs and identify programmatic changes needed to make outcome more equitable and develop a plan to make those changes. Additionally, The CoC is implementing exit surveys for program participants to ensure that the programs continue to be responsive and sensitive to the needs of all participants and to have a mechanism to receive client feedback. Qualitative data around the experiences of people being served by these systems is vital to the progress of this framework and allows us to make changes in real time. By continuing these efforts, the CoC has taken action steps to shift organizational culture and implement strategies for making equitable change.

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)**

People with the lived experience of homelessness have been an integral part of the CoC at every level, from volunteers, front line staff, board members, and agency administrators. The CoC developed a Lived Experience Committee that is comprised of currently and formerly homeless individuals, members of the Youth Advisory Board who all have diverse backgrounds and advocate for those experiencing homelessness. Two of our Lived Experienced Committee members are voting members of the CoC Board; therefore, input from people who have experienced homelessness shape the development of policies and procedures, guide monitoring programs, participate in evaluating projects and grant applications as well as participating in the CoC planning process. The CoC has a robust online presence, tables at many community events, and its members serve on multiple community boards and committees comprised of people with lived experience as well as with housing services providers. Opportunities are regularly posted on all CoC social media platforms and disseminated via the CoC listserv for recruitment and opportunities to connect. An invitation is posted on the CoC website requesting formerly and currently homeless individuals to become involved with continuum with the opportunity to be compensated. The CoC encourages community organizations to identify and eliminate any hiring practices that may exclude people with lived expertise. These include using plain language regarding the value of lived expertise in all job descriptions, advertising jobs and holding job fairs in places – virtually and in-person – where people with lived expertise are likely to see them, and learning and applying practices such as trauma-informed care in the hiring process to avoid retraumatizing job applicants. Other community partners as well as individuals with lived experiences network to such an extent that other people with lived experience approach the CoC about how to get involved in our fight to prevent and end homelessness within our community. For example, members of the CoC Lived Experience Committee were invited to participate in a HUD Tour of Akron’s Public Housing and join a panel that discussed the criminalization of homelessness and landlord accountability. By being vocal and visible as advocates in the fight to prevent and end homelessness, the CoC consistently attracts and recruit’s individuals with lived experience of homelessness.

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	4
2.	Participate on CoC committees, subcommittees, or workgroups.	8	4
3.	Included in the development or revision of your CoC’s local competition rating factors.	2	1
4.	Included in the development or revision of your CoC’s coordinated entry process.	5	2

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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)**

Positioning the voices of experts by experience is important at every level of homeless programs: in leadership roles, hiring, advisory, and research. Partnering with people with lived experience goes beyond merely paternalistic or tokenistic measures that only superficially take their personhood into account. The CoC affirms that providing individuals with lived experience with opportunities for participation as equals in the process of solving the problems that affect them is crucial to our process. To fully support employees with lived expertise in the workplace, the CoC provides education and training to staff at all levels about the value of lived expertise and about how to best communicate with coworkers with that expertise. This includes encouraging every employee at all levels of an organization to listen and learn directly from staff with lived expertise who choose to disclose and discuss their experiences. To be mindful of personal boundaries and to approach these efforts with a trauma-informed approach, the CoC clearly empowers people to decide for themselves if, when, and what experiences they choose to disclose. Trainings will cover topics that combat stigmas and possible biases against those lived expertise, such as cultural sensitivity and anti-racism, and any other topics that may affect persons with lived experience in the workplace. The CoC also encourages member organizations to adjust requirements for educational degrees or certificates from job descriptions whenever possible, as these prerequisites serve as obstacles to many people with lived expertise who might be well-suited to do a job but may not have specific credentials. The CoC has adjusted its hiring practices to actively recruit individuals with lived expertise. We have been successful in utilizing a customized employment process that is person-centered; it allows us to open employment opportunities by tailoring job positions to an individual's strengths and abilities that will also fulfill organizational needs. Everyone is different, and we have found that persons with lived experience benefit from customized options and entrepreneurial opportunities to meet their specific needs and preferences. By implementing this strategy called "job-carving" the CoC redefines a job position through performing a task analysis and then limits tasks to those which meet the assessed strengths and interests of the potential employee while still meeting our needs as an employer.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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.
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**(limit 2,500 characters)**

The CoC understands partnering with people with lived experience of homelessness is critical to having a comprehensive homelessness response and leads to more inclusive programs and better outcomes for all clients. People with lived experience are uniquely positioned to provide important insights on homelessness interventions including identifying shortcomings in programs, improving homelessness systems, and developing more equitable and effective programs. Our CoC lived experience committee is comprised of people who are formerly and currently homeless and people who have received assistance through the CoC or ESG programs. All lived experience committee members are compensated for their time. The CoC pays those with lived experience \$25 per hour for their expertise. In addition, our Youth Advisory board who meets monthly consist of individuals who have experienced homelessness. During meetings our committee members are given the opportunity to share their experiences and provide relevant feedback. Challenges raised by people with lived experience of homelessness are recorded and shared with appropriate providers. We then incorporate suggestions into our programing and polices, grant applications, marketing materials and outreach strategies. Those with lived experience provide valuable viewpoints into the factors that contribute to homelessness and also into solutions that are equitable and effective. The CoC includes them in all phases of policymaking and programming, from inception and design to implementation and evaluation. The CoC is implementing exit surveys for program participants to ensure that the programs continue to be responsive and sensitive to the needs of all participants and to have a mechanism to receive client feedback. Qualitative data around the experiences of people being served by these systems is vital to the progress of this framework and allows us to make changes in real time. By continuing these efforts, the CoC has taken action steps to shift organizational culture and implement strategies for making equitable change.

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)**

The CoC works closely with the local government and encourages the pursuit of various innovative strategies and policy responses to address barriers to reforming zoning and land use. The CoC continues to advocate for local efforts to revise their land use regulations to increase housing supply, reduce price pressures, and increase affordability with strategies that meet the unique provisions of our local housing market and residents' needs by attending City Council meetings and coordinating with City/County Planning and Development Departments. The CoC is also a member of a statewide coalition that encourages the state government to empower local governments to focus on reducing regulatory barriers to housing development. The City of Akron Zoning Code is a fluid document that is constantly being updated and revised to reflect our community's evolving landscape. Akron is adopting more form-based zoning and performance-based zoning that imposes fewer limitations based on densities and land use but are more focused on development standards. This includes continued updates to the Zoning Code to promote equitable, pedestrian-friendly neighborhood development and new neighborhood-based initiatives. Akron implemented a tax policy designed for a city fighting population decline. Its Residential Property Tax Abatement is a 15-year tax abatement on residential investments and construction. If a resident were to invest \$10,000 to replace heating and cooling systems in her home, for example, the taxable assessment would not rise to reflect the new investment for 15 years. Tax increment financing has been a tool utilized to provide an incentive for housing development locally. Additionally, the CoC has requested allowing by-right development to decrease housing production costs as it eliminates the cost and delay of a discretionary approval process and reduces the price of land per unit. The City and CoC are working together to develop a Homeless Strategic Plan that, going forward, will serve as the decision-making framework for the CoC, its partners, and its funders. The proposed strategic plan to be developed will focus on preventing and ending homelessness; determining homeless subpopulation needs; developing and presenting data and information necessary for understanding the scope of homelessness in Akron/Summit County; identifying needs and resources; expanding availability of affordable housing; and, improving access to affordable housing for homeless persons.

## 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.	<b>Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.</b> 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.	07/13/2023
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.	07/13/2023

1E-2.	<b>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.</b>	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.  You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.  Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	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)?	111
2.	How many renewal projects did your CoC submit?	26
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)



The CoC uses a 15-category tool during the review and ranking process to assess projects outcomes. Annual Progress Reports and HMIS data are evaluated for each project that has successfully housed program participants in a CoC housing program. Categories considered are length of time between Project Start Date and Housing Move-in Date, Length of Stay, Housing Exit Destination and Recidivism to measure length of time it takes a for individual/families to enter permanent housing and their capacity for sustainability. Cash and Noncash benefits, and health insurance are all scored to show how effectively programs are connecting clients to resources that will also help them sustain housing. Cost effectiveness demonstrates not only the utility of allocating resources from ineffective to effective interventions, but also the utility of allocating resources from less to more cost-effective interventions. All programs are required to meet prerequisites that state they must take referrals from Centralized Intake to ensure clients are assessed and prioritized based on severity of needs. All programs were assessed for Housing First utilizing a tool that assesses and documents how housing providers adhere to the standards of the Housing First model. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system’s fidelity to Housing First. They may not require service participation or consider preexisting conditions; and they must serve those with multiple barriers and vulnerabilities (i.e., Chronically Homeless, substance abuse, mental health, youth, families, and veterans). Additionally, our CoC examined its programs outcomes to identify programmatic changes needed to ensure outcomes are equitable and to develop a plan if changes are necessary. In 2022 agencies were required to self-assess their internal policies and programs through a racial equity lens and provide action plans for areas that showed a need for development and implementation of more equitable policies and practices. Projects were awarded points for racial equity factors based on program participant outcomes and agency leadership, governance, and policy. The committee evaluates all projects that serve the hardest to serve populations making sure that they are not ranked unfairly due to goals that may be more difficult for them to obtain. The committee prioritizes low scoring projects who serve those with multiple barriers in an effort to be equitable.

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)

The 2023 Racial Equity Assessment identified that brown and black persons made up 60% of the population utilizing shelters, but only make up 15% of the population in our county. Since identifying the over-representation of black people in our homeless system, CoC increased membership among black- and brown-led organizations by 35% and created a Lived Experience Committee (LEC) that is comprised of 50% BIPOC individuals. These organizations/individuals are included in every level of decision making including the Ranking and Review (R&R) process. During the R&R process members of the LEC review project details and performance outcomes to ensure we are moving beyond evaluation about identifying disparate outcomes and moving toward making meaningful impact and equitable implementation. The R&R committee put emphasis on requiring all agencies complete a Racial Equity Assessment that evaluated organizations' leadership, governance, and policies to ensure equity is not only happening with front line staff but also with those in positions of power. The committee added equity factors to the R&R tool that award points for racial equity factors based on program participant outcomes and agency leadership, governance, and policy. The CoC and HMIS lead is working together to develop a schedule for reviewing individual program data disaggregated by race, ethnicity, gender identity, and age. This will allow program providers the opportunity to assess their programs and identify programmatic changes needed to make outcome more equitable and develop a plan to make those changes. Additionally, The CoC is implementing exit surveys for program participants to ensure that the programs continue to be responsive and sensitive to the needs of all participants and to have a mechanism to receive client feedback. By continuing these efforts, the CoC has taken action steps to shift organizational culture and implement strategies for making equitable change. All CoC programs are required to be housing first and take referrals from CI which prohibits any program from imposing barriers to participation based upon race and/or ethnicity. The CoC has a mechanism that tracks whether referrals are rejected so that we can monitor for possible patterns of discriminatory intake practices.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	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)**

Decisions to reallocate funds are data driven and align with HUD’s goals and priorities for CoC funding. Each CoC funded project is evaluated annually using ranking and review criteria. Reallocation action is taken with the goal of alignment with the HEARTH ACT, performance criteria specified in the annual HUD NOFO with emphasis on local needs, data, and project performance. If an agency has determined that a project could better serve the community with changes made through reallocation, it may voluntarily submit the project for reallocation. The provider has the option to apply for a new project utilizing the reallocated funds, which in some cases may receive priority over other new projects, or they may opt not to apply which will make the funds available to all other new applicants. The new project must meet HUD thresholds and be in alignment with the current NOFO. Renewal projects that score low, do not serve an identified community need, do not meet minimum benchmark scores on performance measures, are not utilizing funding effectively, do not meet HUD thresholds, or compliance requirements may be considered eligible for involuntary reallocation. New project applications may be submitted by the same provider as the project eligible for reallocation as well as any new applicant. New project applications must align with the eligibility requirements published in the HUD NOFO during that funding cycle. During project presentations, the Ranking and Review committee requires low performing projects to provide an explanation and corrective action plan for low scores. If project applicants determined the best corrective action would be to reduce funding for reallocation, the ranking and review committee will accept the corrective action plan by providing an acceptance letter to the agency making the request. During this year’s CoC competition we identified a project that did not utilize the funding and after careful review and discussion we determined the funding would be reduced. A project applicant voluntarily reallocated a project after careful review and discussion with CoC leadership that applicant determined there was not enough need to continue administering this program. Both projects' funds were reallocated to create new programs.

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?	Yes
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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?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No

	<p>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.</p>	
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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.	

	<p>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.</p>	09/15/2023
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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.	

	<p>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.</p>	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.	

	<p>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.</p>	09/26/2023
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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.	09/26/2023
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## 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.	WellSky
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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.	04/28/2023
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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)

Multiple DV service providers are active members of the CoC and regularly participates in HMIS Advisory Committee & User group meetings. Currently all DV service providers utilize a comparable database software called Osnum. Osnum is a relational database that meets all HMIS Data Standards and the minimum standards of HMIS privacy and security requirements, including HUD's most recent reporting standards and produce comma separated values. HMIS staff continue to work with DV service providers to create HUD required reports, APRs, data quality reports and PIT count reports as needed throughout the year. Their staff interact with the HMIS Lead on a regular basis and receive scheduled consistent training to become proficient with their HMIS-comparable system. HMIS staff helps to facilitate communication between service providers and their software vendor to make sure the organization maintains its HMIS-compatibility for any new updates. In addition to the provision of technical assistance on the comparable database, the CoC was awarded funding to create a position dedicated to supporting the system and provide technical assistance to address the gap in Coordinated Entry and DV data collection coordination. This staff person will also be a liaison between our DV service providers and our HMIS Lead and will ensure accountability in regard to being compliant with data standards. The CoC recognizes that agencies which serve victims of domestic violence have certain laws and policies that must be followed pertaining to clients' personally identifying information (PII). Sharing PII in an HMIS database creates inherent safety risks for survivors of domestic and sexual violence; persons fleeing from violence need confidential services. HMIS database information is shared with third parties beyond a Victims Service Provider (VSP) agency and many times are open systems shared among community providers to promote coordination across systems. The sharing of PII means many homeless service providers have access to PII that could potentially allow an abusive partner to locate a survivor who is fleeing which is why our DV service providers utilizes Osnum to negate any potential data sharing risks. Ultimately it is the responsibility of the agency or organization serving victims of domestic violence to follow all applicable federal, state, and local privacy laws, as well as any internal policies or procedures. Our CoC is compliant with the 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	279	51	228	100.00%
2. Safe Haven (SH) beds	22	0	22	100.00%
3. Transitional Housing (TH) beds	232	39	193	100.00%

4. Rapid Re-Housing (RRH) beds	391	196	195	100.00%
5. Permanent Supportive Housing (PSH) beds	709	0	709	100.00%
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)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 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
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## 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

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section V.B.4.a	

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

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.</b>	
	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)**

The CoC conducted a Youth PIT count that was led by youth with lived experience. The duration of the count was from 1/23/2023 through 1/30/2023. Members of the Youth Advisory Board, CoC youth staff and other surveyors used the counting app HYPERION to interview homeless youth. During the count, surveyors distributed numerous incentive items including youth specific street cards, blankets, clothing, new coats and winter accessories, food, hygiene items and bus passes. All survey takers attended mandatory training that emphasized trauma informed practices, active listening, and motivational interviewing. In addition to traditional PIT survey questions survey takers asked questions designed to identify Category II youth; those who were “doubled-up” or “couch-surfing”. Preparations began months prior to the count with Youth Advisory Board members identifying optimal places to find unsheltered youth within our community. During these discussions, the CoC recognized the need to expand the youth count beyond the usual outreach spots for adults who are homeless. In 2023 our CoC contracted with a minority-led outreach team to target African American youth who have historically not been engaged in housing services. The outreach team focused on known areas where youth congregate including racially and ethnically diverse locations. Our McKinney Vento partner, Project Rise conducted a count in all Akron Public Schools to identify unaccompanied homeless youth. Using the information collected, the CoC identified gaps in services and implemented relevant interventions based upon the responses. For example, the 2023 PIT data revealed that 51% of homeless youth identified as Category II compared to 19% of the overall homeless population. As a result, the YAB and CoC launched a rental and utility assistance program to help all homeless youth secure and/or maintain housing. Youth who utilized this fund were also offered peer support from CoC youth staff who helped with employment, job training, and light case management. The YAB was awarded funding from a local foundation to create “WERK IT!”, a program to assist unemployed/underemployed youth with incidental expenses when receiving job training, gaining employment, or accepting contract opportunities with an eye toward entrepreneurship.

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)

The 2023 PIT count was a comprehensive engagement that utilized over 100 volunteers and CoC community partners. This 2023 count locations included all active meal sites, the Metro transit station, homeless drop-in centers, 3 public library branches and other locations reported by those with lived experience. Volunteers were stationed at over 40 different locations. The unsheltered count targeted known encampments and locations within our downtown where people were known to spend the evening. Camps were identified with the assistance of former and current homeless people who supplied their expertise during the count. As a result, 23 individual camps/locations were targeted and outreached on the counting day. Our local Street Outreach team led the camp count with the assistance of formerly homeless individuals, the Downtown Partnership outreach team and experienced grass-roots organizations that perform outreach throughout the year. During performance of the count, volunteers distributed numerous incentive items including blankets, clothing, new coats and winter accessories, food, hygiene items and bus passes. All volunteers attended mandatory training that emphasized trauma informed practices, active listening, and motivational interviewing. The Sheltered count in 2023 was affected by the loss of additional shelter beds funded by ESG-CV dollars. Additionally, a 2022 ESG-CV funded shelter dedicated to sheltering residents from encampments was no longer in operation. Our regular shelter providers were at full capacity on count day resulting in similar sheltered count from 2022 to 2023. Our CoC used the HYPERION PIT app that enabled all volunteers to utilize their smart phone to conduct interviews and record observational counts. As a result, counting interviews were easier to conduct and the reporting features gave a greater in-depth lens into our PIT data. The CoC used the specific location mapping to plan supporting outreach in the months after the count. Due to the comprehensive, strategic planning utilized in the 2023 PIT Count, the data shows an increase in homelessness from 2022 to 2023 that can be tied directly to the lapse of COVID related funding for homeless assistance programs. Additionally, large increases in the cost of rentals for low-mid income households have led to higher levels of housing displacement due to eviction and been a major barrier to re-housing.

## 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

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	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)**

Centralized Intake Housing Specialists conduct assessments to identify risk factors for people experiencing homelessness for the first time. The loss of employment, under-employment, or inability to gain a new job, family violence, mental health issues, physical health issues, drug and alcohol addiction have all contributed to individual and families becoming homeless for the first time continues to impact our community. In addition to other social economic issues our county is experiencing the highest rate of eviction per capita, a highly competitive housing market with rising rents and the lack of affordable housing which negatively impacts the homeless population. United Way operates both CoC Centralized Intake system and the 2-1-1 Information and Referral line, which allows the CoC to track data for those who are experiencing homelessness and those who request rental and/or utility assistance. The CoC, in conjunction with Centralized Intake staff, has implemented assessment tools to enhance prevention and diversion, as well as increasing housing stability for clients to prevent them from becoming homeless. The CoC implemented a Housing Mitigation Fund managed by a Housing Locator that establish relationships with 260 landlords in Akron and Summit County, help successfully 265 individuals/families, and increased the supply of affordable rental units made available to low-income individuals and families. In addition, housing case managers acted as mediators for landlords and tenants to prevent and reduce evictions and come up with creative solutions to maintain housing. Youth who were at risk of being homeless applied for rental and utility assistance through a collaborative between the CoC Youth Advisory Board, United Way, and the Summit County Health Department. Youth who are in need of rental application fees, security deposits and first month's rent also utilized these funds resulting in successfully assisting 47 youth who were at risk of becoming homeless. The HMIS administrator and CoC lead are responsible for reviewing the data of those experiencing first time homelessness while the CoC Board provides oversight of this review process.

<b>2C-1a.</b>	<b>Impact of Displaced Persons on Number of First Time Homeless.</b>	
	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?	No

<b>2C-2.</b>	<b>Length of Time Homeless—CoC's Strategy to Reduce.</b>	
	NOFO Section V.B.5.c.	

In the field below:

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

**(limit 2,500 characters)**

United Way of Summit-Medina serves as the lead agency for Centralized Intake (CI) in OH-506. CI utilizes the process of diversion to assist clients with housing stabilization with resources outside of CoC funded programs. This client centered program utilizes community resources and flexible funds to assist clients with stabilization. Clients who cannot be resolved with diversion are then prioritized by need, vulnerability, and homeless status (LOT homeless) for beds in the shelter/RRH/PSH system. Once clients enter those crisis beds or have been verified as encamped, they are prioritized for available PSH or RRH opportunities. Due to the fact that RRH is the most available housing triage in our system, consumers directed to RRH programs are usually referred within 48 hours, perform a program intake within 5 days and are looking for housing within 10 days of initial contact with CI. CH individuals and families who were not able to sustain housing through traditional RRH programs were prioritized for low barrier Emergency Housing Vouchers to rapidly move them into housing. Additionally, the Landlord Mitigation Program provided incentives including sign on bonuses to entice landlords that were hesitant to work with this population which increased housing stock thus reducing wait times. Persons are also entered onto a By Name-Lists by population type. The list serves as the basis for regular case conferencing among CoC partners to show client movement and partner accountability for getting households placed as soon as possible. The Housing Director at United Way and CoC Executive Director are responsible for reviewing the data of those experiencing first time homelessness while the CoC Board provides oversight of this review process.

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)**

Effective this year our CoC is 100% Housing First. All new and renewal projects must implement a Housing First approach which views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Following a Housing First approach ensures programs remove all barriers to housing and assist household who became homeless due to a temporary personal or financial crisis and has severe service needs, that can be addressed after securing permanent housing. This model allows the CoC to refer clients to Permanent Supportive Housing which is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. Rapid Rehousing provides short-term rental assistance and services to help people obtain housing quickly, increase self-sufficiency, and remain housed. Additionally, the CoC implemented a Landlord Mitigation Program that incentivized landlord who rent to clients experiencing homeless providing 3 months of rent in addition to their monthly rental subsidy in the first 60 days and paying for damages while clients are actively in the units or when the unit is turned over. When the unit is turned over, they will lease the unit to another CoC client. The CoC collaborates with grassroots agencies to provide aftercare case management to clients who exit to PH to ensure they we offer these individuals the assistance and encouragement they need to keep their newly established lives on track. Aftercare is a personalized follow-up service to help individuals and families during the transition from the homelessness to their new home. This provides encouragement and accountability to help them deal with real-life situations. The CoC Executive Director and HMISS Lead are responsible for overseeing the strategy to increase the rate that individuals and families exit to or retain permanent housing.

<b>2C-4.</b>	<b>Returns to Homelessness—CoC's Strategy to Reduce Rate.</b>	
	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)**

The CoC continues to develop new strategies to reduce the number of individuals and families returning to homelessness. These include focusing on assessment tools to enhance prevention and diversion to increase housing stability, ongoing support of PH programs, and appropriate housing placement, and comprehensive aftercare services for clients who have exited to PH. These services address ongoing needs for clients with substance abuse/mental health concerns, chronic conditions, and other unmet needs. Additionally, homeless prevention strategies such as intervention and conflict resolution with landlords for clients with a pending eviction were created to reduce returns to homelessness. Landlord Mitigation funds are provided to landlords for damages incurred while clients are residing in the units to maintain positive working relationships and positively impacts our ability to retain units. CoC agencies currently use HMIS generated reports to track recidivism for all persons served within the homelessness system and exiting ES, RRH, TH, and PSH. We have also created a By Name-List for the Chronically Homeless, individuals that we review and update on a monthly basis to ensure we are housing those hardest to serve. Connections with mainstream resources enable clients to maintain housing stability by assisting the client and developing a safety net of support. The CoC Executive Director and United Way-HMIS staff both execute the CoC's efforts to reduce the rate of returns for families and individuals to homelessness. The CoC Board oversees the strategy. The CoC is also working with our local department of Job & Family Services to develop sustainability programs aimed at advancing housing stability as households increase income and absorb a loss of benefits that are a vital part of their current budgeting.

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)**



The CoC has a wide array of mainstream employment resources that assist homeless individuals in increasing employment income. Many of the CoC partner agencies have employment services within their programs and work with other organizations to connect clients to resources. Some of these include but are not limited to: Ohio Means Jobs Summit County, the SOAR program, Jobs for Ohio Graduates (JOG) Summit County Department of Job, and Family Services (SCJFS), Urban League, the Benefits Bank, United Way of Summit County, faith-based organizations, Goodwill Industries, Department of Developmental Disabilities, United labor Agency and retail restaurant businesses as well as vocational and educational services, financial institutions, local employment service agencies, healthcare institutions, and other employment resources. The Wage Pathway is a program that focuses on youth ages 16-24. This program helps youth secure employment, earn higher wages, and gain skills for a career in one of Ohio's in-demand industries. The Community Resource Exchange that offers employment opportunities, organized by Akron Metropolitan Housing Authority, is designed to share information, network, collaborate, and problem solve with various organizations throughout the community. At these quarterly meetings, different employers are invited to share information which include a focus on educational and employment opportunities. The CoC has also partnered with United Way to send participants through their financial empowerment program, to get assistance with financial planning and budgeting. The NEXT program provides outreach, engagement, job coaching and retention services and helps remove obstacles to success in maintaining employment. A participant can earn up to \$4,000 if all employment and performance benchmarks are achieved. Job readiness is critical to the success of individuals securing and maintaining employment. Therefore, soft services are vital and includes activities such as: GED assistance, resume writing, mock interviews, appropriate work attire, general interviewing counseling, money management, etc. The CoC continues to work with SCJFS, private employers, and employment program providers to increase employment opportunities and implement new programs based on the needs presented by the clients we serve. The CoC Executive Director is responsible for overseeing the strategy to increase income from employment opportunities.

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)

All clients who enter CoC housing programs are immediately connected to a staff member who completes a review of their benefits eligibility through Ohio benefits online application. This determines the client's eligibility for healthcare, childcare, food, and cash benefits. To determine eligibility for SSI/SSDI, the staff member will work with the client and their medical and mental health providers to determine if this is a potential income source for the client. Where there is a mental health diagnosis, the SOAR Specialist will be utilized to increase the efficiency of the application and increase the success rate of obtaining SSI/SSDI. Staff work with the clients who are looking to establish an order of child support by contacting the Child Support Enforcement Agency to determine if an order is in place and will work on obtaining this order, where needed. Upon identifying the sources for which the client is eligible, case managers work with the client on obtaining these sources of income, including assisting in completing applications, gathering required documentation, transportation to and from appointments required to obtain the assistance, and attending the appointments with the client, as the client agrees. To increase access to non-employment cash sources, the CoC has a relationship with the local agencies who provide these services, including Summit County Job and Family Services and Akron Summit Community Action. The CoC also utilizes Legal Aid, when clients are in need of legal counsel in relation to obtaining benefit assistance. Clients who apply for SSI/SSDI, are referred to the SOAR Specialist, who will work with them on their application. The CoC Executive Director oversees the strategies to increase non-employment cash income.

### 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

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	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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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	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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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	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
This list contains no items			

### 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

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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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<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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)**

N/A

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

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

- Notice of Funding Opportunity (NOFO) 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)

N/A

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

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

- Notice of Funding Opportunity (NOFO) 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
--	-----

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	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

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:	30
2.	Enter the number of survivors your CoC is currently serving:	8
3.	Unmet Need:	22

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)**

The Summit County CoC calculated the number of Human Trafficking and DV/SA survivors needing housing or services in question 4A-2 by comparing the average number of individuals in the continuum’s geographical area who presented with a HT and DV/SA related housing need to the number of individuals served by current CoC HT and DV/SA programming. BWS is a service partner of the Summit Regional Human Trafficking Task Force and is the primary referral partner for survivors of human trafficking who request emergency shelter and rehousing services. From 10/1/2020-6/30/2023, the Summit Regional Human Trafficking Task Force referred 76 individuals to BWS’s emergency shelter and rehousing programs. This averages to approximately 30 survivors per year that request housing services. According to BWS’s internal statistics, an average of 8 individuals are served per year with housing services. Several barriers currently prevent OH-506 CoC from meeting the needs of all survivors who present in our community, representing the approximate 22 survivors per year not receiving housing services. Primarily, the only DV/HT/SA housing projects funded by OH-506 is primarily focused on individuals and families fleeing domestic, intimate partner, and family violence. The OH-506 CoC funded projects do not have a project that focuses on survivors of human trafficking and domestic violence/sexual violence with programming created specifically for survivors of human trafficking. Fleeing from human trafficking and DV/SA requires unique considerations to be address by a specialized provider, otherwise it may result in the victim returning to a dangerous situation. Additionally, transitional, and permanent housing options are limited in the Summit County community, in part due to the challenging housing market and economic hardships, creating even more difficult barriers for those who present with human trafficking and DV/SA specific needs.

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
Battered Women's ...



## 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	Battered Women's Shelter
2.	Project Name	The Hope and Healing House
3.	Project Rank on the Priority Listing	30
4.	Unique Entity Identifier (UEI)	F95NN6GT2G79
5.	Amount Requested	\$517,188
6.	Rate of Housing Placement of DV Survivors—Percentage	88%
7.	Rate of Housing Retention of DV Survivors—Percentage	91%

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)**

Battered Women’s Shelter uses an HMIS-comparable database, Osnum, to calculate the rates of placement and retention using the destination of safe housing at program exit. This database allows for data to be collected to submit to the CoC and HUD while also adhering to confidentiality and security requirements as required of a victim service provider.

For the rate of placement (88%), 197 out of 225 persons exited to safe permanent housing from 10/1/2019-10/1/2022.

From 10/1/2019-10/1/2022, BWS’s retention rate (91%) was calculated for the 345 out of 378 individuals who retained their housing and did not re-enter BWS’s emergency shelter or rehousing programs after exiting the housing programs into safe housing.

4A-3c.	<b>Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	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)**

BWS quickly moves DV/HT/SA survivors experiencing homelessness into safe and affordable housing to meet the needs of the participant and their children who are fleeing violence. Survivors enter the local homeless system through self-identifying at Centralized Intake (external) or through direct contact with BWS’s 24-hour crisis hotline or BWS programming (internal). Once an internal or external referral is received for housing assistance, the Case Manager will follow up within five business days of receipt to provide an approval of eligibility and schedule an intake and assessment appointment within five business days of approval, to start the process of quickly moving a client into safe and stable housing. If a client is determined ineligible, they may be denial of and provided alternative resources for housing and services.

During the intake appointment, the Case Manager and the survivor discuss, among other needs, what a reasonable budget for the survivor would be and the survivor is then encouraged to search for affordable housing based on their budget. This minimizes the wait time between program entry to moving into safe and affordable housing. “Affordable housing” is determined by HUD’s rent reasonableness tool and “safety” of housing is determined by the survivor.

While the survivor searches for housing, the survivor works with the Case Manager to accomplish goals established by the survivor and access supportive services, to overcome any potential barriers to obtaining and sustaining safe affordable housing, such as paying off utility back bills or legal issues.

Supportive services are coordinated to link individuals and their families to federal, state, and other nonprofit services as needed to maintain permanent housing (e.g., legal services, advocacy, mental health services, outpatient health services, outreach services, substance abuse treatment services, clothing, furniture, education services, etc.). Case Management and supportive services are offered up to six months after rental assistance ends to ensure that the client sustains safe housing.

4A-3d.	<b>Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	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)

Battered Women’s Shelter (BWS) utilizes the Domestic Violence Housing First (DVHF) approach from the Washington State Coalition Against Domestic Violence, which has central pillars of survivor-driven, trauma informed mobile advocacy, community engagement, and flexible financial assistance to help survivors access and retain safe, stable housing. During program participation, the Case Manager meets with the survivor privately, typically in BWS’s safe and secure administrative offices, or virtually using a secure connection. The Case Manager and the survivor work together to locate and move into safe housing as determined by the client.

BWS trains staff in safety and confidentiality policies and practices through the required 40-hour onboarding training for new staff and in monthly all-staff training sessions. This ensures that new and current staff are kept informed of BWS’s safety and confidentiality policies and practices to best serve survivors. The Summit County emergency congregate shelter location, which may shelter survivors and their families while they search for housing, has a security and camera system and procedures to ensure survivor safety. When survivors and their families move into their chosen scattered site housing, their Case Manager assists them with implementing a safety plan, which may include additional safety measures such as a doorbell camera provided by BWS. Survivors may request an emergency transfer if they feel their housing placement is unsafe or are sexually assaulted while in their housing and BWS will work with the survivor to get them transferred as quickly and safely as possible according to agency policy.

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)

Battered Women’s Shelter (BWS) utilizes trauma informed models to provide services to survivors of DV/SA/HT, including the Domestic Violence Housing First (DVHF) approach from the Washington State Coalition Against Domestic Violence. These approaches focus on housing first principles while also considering safety and security of survivors who are fleeing violence. During the intake process, the Case Manager and the survivor establish a safety plan tailored to the needs of that survivor and their family. We then discuss safety concerns such as geographic locations the survivor feels safe to look for housing in and geographic locations that are unsafe to avoid searching for housing.

Both emergency shelter and permanent housing programming through BWS implement evidence-based practices, trauma-informed care, and housing first models to prioritize the safety of clients and address their individual barriers to obtaining and sustaining safe housing. Direct providers of these services receive ongoing training that focuses on these models of practice and highlights the importance of client autonomy and confidentiality with regard to client choice for permanent housing. BWS is also located next to the local fire station for additional security measures to ensure client safety.

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.	
	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.

(limit 5,000 characters)

Battered Women's Shelter (BWS) works to emphasize client autonomy and center the needs of the survivor and their family. BWS focuses on encompassing a trauma-informed approach in all program areas and does not utilize punitive measures for participants engaging in services. All staff and program practices focus on increasing accessibility while maintaining guiding principles such as housing first. All BWS staff are provided with a 40-hour training on trauma informed care and how it relates to policies and procedures. For Battered Women's Shelter services, client-centered and strengths-based approaches are integrated into safety planning, risk assessment tools, and survivors' individual case plans, which are reviewed by participants and Case Managers monthly at minimum. These tools empower survivors with lived experience as they plan for their safety and housing on both a short- and long-term basis and are driven by survivor-identified goals and aspirations. As part of their 40-hour training, BWS staff are educated on cultural responsiveness, inclusion, equity, and diversity competences as they relate to all services including housing assistance services. Additionally, staff are encouraged to attend on-going annual trainings (such as Safe Place, Equal Access, etc.) to continuously increase the quality of services and retention of qualified staff. BWS has policies and procedures for providing services to survivors and their families who prefer a different language over English, including translated program-specific materials and interpreter services. Through program triaging, housing program participants, regardless of which service(s) they are receiving, can engage in a variety of supportive services which provide opportunities for connection among DV survivors. Some of these opportunities include support groups, employment readiness services, and peer support. Through program triaging, housing program participants, regardless of which service(s) they are receiving, can access youth advocacy and family services in which staff assist with connecting parents with childcare, enrolling children in school, obtaining school uniforms, and engaging children with tutoring as needed, among other needs identified by a family.

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)**

Supportive services are accessible to survivors of DV/HT/SA during housing program participation and after rental assistance ends. The program's Case Manager meets with every client at least monthly to assess service needs and provide referrals and resources, while working with the client to quickly move them into permanent housing and addressing safety needs. Referrals and resources are provided for supportive services such as mental health services, legal services, childcare, education services, employment assistance and job training, food, transportation, utility assistance, substance abuse treatment, outpatient health services, and other needs as identified and stated by the client. Supportive services are voluntary and offered to the client to assist them in removing barriers that may prevent them from obtaining and sustaining safe and stable housing.

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)

Battered Women’s Shelter (BWS) utilizes the Domestic Violence Housing First (DVHF) approach from the Washington State Coalition Against Domestic Violence, which has central pillars of survivor-driven, trauma informed mobile advocacy, community engagement, and flexible financial assistance to help survivors access and retain safe, stable housing. During the intake process, the Case Manager and the survivor establish a safety plan tailored to the needs of the survivor and their family and discuss safety concerns, including geographic locations the survivor feels safe to look for housing in and geographic locations that are unsafe to avoid searching for housing in. BWS works to emphasize client autonomy and center the needs of the survivor and their family in their journey to healing from trauma.

BWS focuses on encompassing a trauma-informed approach in all program areas and does not utilize punitive measures for participants engaging in services. Additionally, all staff and program practices focus on increasing accessibility while maintaining guiding principles such as housing first. All BWS staff are provided with a 40-hour training on trauma informed care and how it relates to policies and procedures. For BWS services, client-centered and strengths-based approaches are integrated into safety planning, risk assessment tools, and survivors’ individual case plans, which are reviewed by participants and Case Managers monthly at minimum. These tools empower survivors as they plan for their safety and housing on both a short- and long-term basis and are driven by survivor-identified goals and aspirations.

As part of their 40-hour training, BWS staff are educated on cultural responsiveness, inclusion, equity, and diversity competences as they relate to all services including housing assistance services. Additionally, staff are encouraged to attend on-going annual trainings (such as Safe Place, Equal Access, etc.) to continuously increase the quality of services and retention of qualified staff. BWS has policies and procedures for providing services to survivors and their families who prefer a different language other than English, including translated program-specific materials and accessing interpreter services.

Through program triaging, housing program participants, regardless of which service(s) they are receiving, can engage in a variety of supportive services which provide opportunities for connection among DV/HT/SA survivors. Some of these opportunities include support groups, employment readiness services, and peer support. Through program triaging, housing program participants, regardless of which service(s) they are receiving, can access youth advocacy and family services in which staff assist with connecting parents with childcare, enrolling children in school, obtaining school uniforms, and engaging children with tutoring as needed, among other needs identified by a family.

The anti-trafficking efforts outlined in the White House National Action Plan are directly linked to our broader efforts to address inequities for marginalized groups. These communities often experience overlapping social and economic inequities, and individuals may suffer multiple forms of abuse. As a result, individuals from these communities may be more vulnerable to becoming victims of human trafficking.

Lack of mutual respect in DV/SA housing shelters not only gets in the way of survivors obtaining safe and having secure housing, but it can also damage relationships and self-esteem. And it could lead to illegal or unethical behavior such as bullying or harassment within the shelter setting..

Staff strives to maintain a culture of mutual respect and invites survivors to partner in this effort however different program participants may appear to be – whether because of age, ethnicity, sexual orientation, physical ability, experience, skill, education, or religion, for example.

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)**

Battered Womens Shelter recognizes the value and meaningful impact of survivors with lived experiences and seeks to involve survivors in the project. Positioning the voices of those with lived experience is important at every level of our programs: in leadership roles, hiring, advisory, and research. Partnering with survivors with lived experience goes beyond merely paternalistic or tokenistic measures that only superficially take their personhood into account. BWS affirms that providing individuals with lived experience with opportunities for participation as equals in the process of solving the problems that affect them is crucial to our process. To fully support employees with lived expertise in the workplace, the CoC provides education and training to staff at all levels about the value of lived expertise and about how to best communicate with coworkers with that expertise. This includes encouraging every employee at all levels of an organization to listen and learn directly from staff with lived expertise who choose to disclose and discuss their experiences. To be mindful of personal boundaries and to approach these efforts with a trauma-informed approach, the CoC clearly empowers people to decide for themselves if, when, and what experiences they choose to disclose. Our overall goal is to prevent and end human trafficking in all its forms, provide information to support collaborative partnerships fighting to end the issue, and provide resources and services for victims and survivors of human trafficking who, among other things, experience housing instability and homelessness. BWS recognizes the most effective collaborations between agencies combating human trafficking and housing and homelessness service providers will include partnering with and engaging survivors by incorporating the perspectives of people with lived experience of human trafficking and connected housing instability and homelessness. BWS continues to engage survivors with lived experiences of human trafficking to provide mentorship, peer support, and other program opportunities to project participants. BWS regularly provides opportunities for participants to provide feedback through evaluation surveys and client comment forms (grievance procedure). BWS leadership reviews participant feedback regularly and utilizes feedback to inform policy and program development.



## 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	AMHA Homeless Pre...	09/11/2023
1C-7. PHA Moving On Preference	No	AMHA Moving On Pr...	09/11/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/27/2023
1D-2a. Housing First Evaluation	Yes	Housing First Too...	09/27/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/27/2023
1E-2. Local Competition Scoring Tool	Yes	SCCoC Local Compe...	09/27/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/27/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notice of Reduction	09/27/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/27/2023
1E-5b. Local Competition Selection Results	Yes	Local Competitio...	09/27/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	09/27/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/27/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	Homeless Data Exc...	08/23/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	SCCoC Healthcare ...	09/27/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

**Document Description:** AMHA Homeless Preference

## **Attachment Details**

**Document Description:** AMHA Moving On Preference

## **Attachment Details**

**Document Description:** Letter Signed by Working Group

## **Attachment Details**

**Document Description:** Housing First Tool 2023

## **Attachment Details**

**Document Description:** Web Posting of Local Competition Deadline

## **Attachment Details**

**Document Description:** SCCoC Local Competition Scoring Tool 2023

## **Attachment Details**

**Document Description:** Scored Forms for One Project

## **Attachment Details**

**Document Description:** Notice of Reduction

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Local Competition Selection Results

## **Attachment Details**

**Document Description:** Web Posting–CoC-Approved Consolidated Application

## Attachment Details

**Document Description:** Notification of CoC-Approved Consolidated Application

## Attachment Details

**Document Description:** Homeless Data Exchange (HDX) Competition Report

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** SCCoC Healthcare 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	08/23/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/28/2023
1E. Project Review/Ranking	09/28/2023
2A. HMIS Implementation	09/28/2023
2B. Point-in-Time (PIT) Count	09/28/2023
2C. System Performance	09/28/2023
3A. Coordination with Housing and Healthcare	09/28/2023
3B. Rehabilitation/New Construction Costs	09/28/2023
3C. Serving Homeless Under Other Federal Statutes	09/28/2023

<b>4A. DV Bonus Project Applicants</b>	09/28/2023
<b>4B. Attachments Screen</b>	09/27/2023
<b>Submission Summary</b>	No Input Required





**ADMISSIONS AND CONTINUED  
OCCUPANCY POLICY**

**FOR**

**THE**

**AKRON METROPOLITAN HOUSING  
AUTHORITY**

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**Revised : January 1, 2023**

**Full Term First Birthday Preference:** for applicants referred by the Full Term First Birthday Greater Akron program, which works to promote healthy full term pregnancies and ensure every child celebrates a first birthday. (This preference will be capped at 30 participants across all programs)

**Involuntary Displacement by Government Action Preference:** involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of the following situation:

Federal, state or local government action related to code enforcement, public improvement, development or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake).

Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

If the owner of the property is an immediate family relative and there is no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA. Families are considered to be involuntarily displaced if they are required to vacate housing as a result of the following situation: Federal, state or local government action related to code enforcement, public improvement, development, PHA relocation due to demolition, capital improvements, modernization, or rehabilitation, or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake). If the owner of the property is an immediate family relative and there is no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced. Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

**Rent Burden or Homeless or Substandard Preference:**

**Rent Burden:** for families paying more than 30% of their income for rent and utilities, commencing before they were selected from the waiting list and continuing through the verification of preference.

For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the

monthly amount of resident supplied utilities which can be either:

The PHA's reasonable estimate of the cost of such utilities, using the Housing Choice Voucher Program Utility Allowance Schedule; or

The most recent month's cost of utilities owed by the family. If rent burden can not be determined by current utility cost, then the average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past three months.

An applicant family may choose which method to use to calculate utility expenses. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income.

To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.

If the applicant pays their share of rent to a cohabitant and is not named on the lease, the PHA will require both verification from the Landlord that the applicant resides in the unit, and verification from the cohabitant of the amount of rent paid by the applicant.

If the applicant is subletting, the lessor must have the legal right to sublet.

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "Rent" would mean the charges under the occupancy agreement.

**Homeless:**

1. An applicant will be considered homeless for all waitlists except for the Spicer Terrace Site-based Waiting List, if the household meets the criteria listed below:

An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

An individual or family who:

- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
  - b. Has no other residence; and
  - c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
2. An applicant will be considered homeless for the Spicer Terrace Site-based Waiting List if the household meets the definition of homeless set forth in 24 CFR 578 or is at risk of homelessness which is defined as a household at risk of losing its housing when no appropriate subsequent housing options have been identified and the household lacks the financial resources and support networks need to obtain immediate housing (Interagency Council on Homelessness and Affordable Housing Permanent Supportive Housing Policy Framework).

As part of the Continuum of Care (CoC) Central Intake System (24 CFR 578.7(a)(8), the PHA will refer applicants to the Akron/Summit County CoC Central Intake System as appropriate (homeless, at-risk of homeless, chronically homeless) The PHA will prioritize individuals who are chronically homeless as defined by Notice CPD-16-11 and follows the Housing First criteria for targeted funding projects.

**Substandard:** An applicant will be considered living in substandard housing if the household meets the criteria listed below:

Resides with friends or relatives on a temporary basis, or

Will lose their primary night-time residence within 60 days of verification of preference,

Have received notice from the PHA that they must relocate due to demolition, capital improvements, modernization, or rehabilitation of a PHA owned property,  
or

Contains a Head or Co-Head, ages 18 to 25 years, who is aging out of the Foster Care system.

**Local Preferences specific to the Spicer Terrace Site-based Waiting List:**

Youth- Head of household is age 18 to under 25 years of age

Disabled- Head of household has a disability that;

- a. Is expected to be long-continuing, or of a indefinite duration;
- b. Substantially impedes the individual's ability to live independently;

Housing Choice Voucher Program  
Administrative Plan  
For the  
Akron Metropolitan Housing Authority

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no previous rental agreement, and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced. Eligible applicants living in property acquired by the PHA will be given involuntary displacement points.

### **Rent Burden, Homeless/Substandard Preference**

#### **Rent Burden**

For families paying more than 30% of their income for rent and utilities, commencing before they were selected from the waiting list and continuing through the verification of preference, see page 7-16 (Reference Admissions and Continued Occupancy Policy):

- For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.
- "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of tenant supplied utilities which can be either:
  - The PHA's reasonable estimate of the cost of such utilities, using the Housing Choice Voucher Program Utility Allowance Schedule; or
  - The most recent month's cost of utilities owed by the family. If rent burden cannot be determined by current utility cost, then the average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past three months.
- An applicant family may choose which method to use to calculate utility expenses. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income.
  - To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.
  - If the applicant pays their share of rent to a cohabitant and is not named on the lease, the PHA will require both verification from the landlord that the applicant resides in the unit, and verification from the cohabitant of the amount of rent paid by the applicant.
  - If the applicant is subletting, the lessor must have the legal right to sublet.
- Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

#### **Homeless**

An applicant will be considered homeless if the household meets the criteria listed below:

- An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:
  - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
  - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
  - An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

- An individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
  - Has no other residence; and
  - Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**Substandard**

An applicant will be considered living in substandard housing if the household meets the criteria listed below:

- Resides with friends or relatives on a temporary basis, or
- Will lose their primary night-time residence within 60 days of verification of preference, or
- Contains a Head or Co-Head, ages 18 to 25 years, who is aging out of the Foster Care system.
- Have received notice from the PHA that they must relocate due to demolition, capital improvements, modernization, or rehabilitation of a PHA owned property.

**Insufficient Funding Preference**

For families that were leased in a unit under HAP contract with AMHA and the HAP contract was terminated by AMHA due to insufficient funding for the HCVP Program. If this preference is utilized, no other preferences will be given.

**Canceled Voucher Preference**

For families that were issued a voucher by AMHA, but the voucher was recalled due to insufficient funding for the HCVP Program. If this preference is utilized, no other preferences will be given.

If an applicant makes a false statement in order to qualify for a local preference, the PHA will deny admission to the program for misrepresentation and the family must wait 6 months to reapply.

**D. INCOME TARGETING**

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of seventy-five percent of its HCVP new admissions for families whose income does not exceed the higher of the Federal poverty level or 30 percent of the area median income. HUD refers to these families as "extremely low-income families." The PHA will admit families who qualify under the Extremely Low Income limit to meet the income targeting requirement, regardless of preference.

The PHA's income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low income or moderate income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

The PHA shall have the discretion, at least annually, to exercise the "fungibility" provision of the QHWR. This provision allows the PHA to admit less than the minimum 40% of its extremely low-income families in a fiscal year to its public housing program to the extent that the PHA's admission of extremely low income families in the tenant-based assistance program exceeds 75% of all admissions during the fiscal year. If

Housing Choice Voucher Program  
Administrative Plan  
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a FUP voucher issued to a youth may only be used to provide housing assistance for a maximum of 36 months. The FUP voucher recipient may qualify for the Moving On Preference for continued housing, see below.

### **Full Term First Birthday Preference**

For applicants referred by the Full Term First Birthday Greater Akron program, which works to promote healthy full-term pregnancies and ensure every child celebrates a first birthday. Due to the limited number of available preferences, an applicant that qualifies for this preference cannot simultaneously qualify for the Emancipated Youth and FUP preference. (This preference will be capped at 30 participants across all programs).

### **Transitional/Homeless Non-Elderly Disabled Preference**

For families that are composed of one or more non-elderly persons aged 18 to 61 with disabilities who are eligible for services through a partner agency with whom AMHA has executed a Memorandum of Understanding (MOU) and are:

- transitioning out of an institutional or other segregated setting,
- at serious risk of institutionalization,
- homeless,
- at risk of becoming homeless, or
- previously experienced homelessness and are currently a client in a permanent supportive housing or rapid rehousing project.

The family may include additional family members who are not non-elderly persons with disabilities. A family where the sole member is an emancipated minor is not an eligible household (This preference will be capped at 50 participants or at the amount of Mainstream vouchers awarded, whichever is greater).

Applicants shall be referred to partner agencies who will then provide a certification of eligibility and written commitment of services for:

- housing search assistance,
- supportive services to help the family's transition from homelessness and/or housing instability to permanent housing, or
- supportive services to help the family comply with Housing Choice Voucher Program rules.

### **Moving On Preference**

For current supportive housing program participants (Shelter Plus Care, Family Unification Program, and Continuum of Care Permanent Supportive Housing with whom AMHA has executed an MOU) who have volunteered and meet the eligibility requirements to obtain a tenant based housing choice voucher. This preference is available when the supportive housing program is fully utilized per the grant agreement or is otherwise approved by the Housing Placement Manager or their designee. (Use of this preference for Continuum of Care participants will be capped at 20 participants across all programs).

### **Involuntary Displacement by Government Action Preference**

Involuntarily displaced by government action applicants are applicants who have been involuntarily displaced by government action and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA. Families are considered to be involuntarily displaced if they are required to vacate housing as a result of the following situation:

Federal, state or local government action related to code enforcement, public improvement, development, PHA relocation due to demolition, capital improvements, modernization, or rehabilitation, or deemed uninhabitable due to disaster (e.g. flood, fire, earthquake). If the owner of the property is an immediate family relative and there is



**ADMISSIONS AND CONTINUED  
OCCUPANCY POLICY**

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**Revised : January 1, 2023**

- c. Could be improved by the provision of more suitable housing conditions; and
- d. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury: is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002); or is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.



**Moving On Preference**

Many participants, over time, may find that they no longer need the level of supportive services that are provided while in the Continuum of Care Permanent Supportive Housing (CoC-PSH) program (a program with an active Memorandum of Understanding with the CoC Permanent Supportive Housing program). When people have the opportunity to move from supportive housing into another stable housing opportunity, such turnover creates availability in existing supporting housing vouchers that can be used to serve other eligible households. In such cases where the supportive service housing programs are fully utilized per the grant agreements, CoC-PSH participants who wish to obtain a tenant based voucher or Low Income Public Housing (LIPH) may receive a Moving On preference (This preference will be capped at 20 participants across all programs), see Chapters 7 also.

**Treatment of Single Applicants**

Single applicants will be treated as any other eligible family on the PHA waiting list.

**C. ORDER OF SELECTION FOR GENERAL OCCUPANCY (FAMILY) DEVELOPMENTS, PINEWOOD GARDENS AND SPICER TERRACE SITE BASED WAIT LISTS**

The PHA has established the following local admissions preferences for general occupancy (family) developments:

Date and time of receipt of a completed application and

the PHA has established the following system to apply local preferences:

Local preferences will be aggregated using the following system:

Each preference is assigned points as listed below. The more preference points an applicant has, the higher the applicant’s place on the waiting list.

Residency Preference: 1 point

Veteran Preference: 2 points

Summit County Children Services (SCCS) Certified



**Summit County Continuum of Care (SCCoC)**  
*a collaboration of agencies working together for the homeless*

September 25, 2023

To Whom It May Concern:



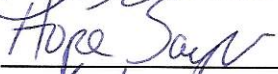


We, the members of the Lived Experience Committee, send this letter in support of Summit County CoC's application for the 2023 NOFO. We know that our voices as people with lived the experience of homelessness are critical and included in every aspect of the planning, decision-making, and activities undertaken by Continuum of Care. People with lived experience sit on every CoC committee, including the committees tasked with making decisions about funding and system-wide policies.

In our capacity, members of the Lived Experience Committee work to monitor and reform shelter and housing policies and operations, promote affordable housing solutions, and recommend best practices on engaging people with lived experience.

The Summit County Continuum of Care, a collaborative of over 70 organizations committed to preventing and ending homelessness in this community is the go-to organization to address the need for increased supportive, social, and housing services for its unsheltered citizens. We recognize that the entire community will benefit from this funding and pledge our continued support.

Sincerely,

The Members of the Lived Experience Committee

  
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### Housing First Standards Assessment Tool

**Overview:** This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system’s fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and

**Provider Info tab:** The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the **Project Name, Project Type, Target Sub-Population served, and Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

**Standards:** The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The “Tab” chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

**Safeguarding:** Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

**Scoring:** For each standard, there are three scoring criteria: “Say It”, “Document It”, and “Do It” (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark “Always” for each scoring criteria. Use the drop down in the three columns to the right to select “Always” or “Somewhat” or “Not at

- “*Say It*” means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.
- “*Document It*” means that there is written documentation that supports the project’s compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.
- “*Do It*” means that the assessor was able to find evidence that supports the project’s compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

**Assessor Notes:** A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as “Always”, “Sometimes,” or “Not at all”.

Tab	Description	Purpose
Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



**Provider Information**

Please complete the information below on the organization being assessed.

Provider Information	
<b>Provider's Legal Name</b>	[Test Provider]
Acronym (If Applicable)	_____
Year Incorporated	_____
EIN	_____
Street Address	_____
Zip Code	_____

Project Information	
<b>Project Name</b>	_____
Project Budget	_____
Grant Number	_____
Name of Project Director	_____
Project Director Email Address	_____
Project Director Phone Number	_____
<b>Which best describes the project *</b>	<b>Joint Transitional Housing &amp; Rapid Rehousing</b>
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
<b>Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.</b>	<b>People in Recovery</b>

\*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	_____
CEO Email Address	_____
CEO Phone Number	_____
Name of Staff Member Guiding Assessment	_____
Staff Email Address	_____
Staff Phone Number	_____

Assessment Information	
Name of Assessor	_____
Organizational Affiliation of Assessor	_____
Assessor Email Address	_____
Assessor Phone Number	_____
<b>Date of Assessment</b>	<b>Nov 02 2016</b>





Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.  <i>Optional notes here</i>	Always	Please select answer	Please select answer
Access 2	Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Access 3	Access regardless of sexual orientation, gender identity, or marital status	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: <a href="https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/">https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</a>  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Access 4	Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Access 5	Intake processes are person-centered and flexible	Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Access 7	Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Name	Participant Input Definition / Evidence		Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer





## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

Leases 5	Measures are used to prevent eviction	<p>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 6	Providing stable housing is a priority	<p>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	<p>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer



## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1	<p>Projects promote participant choice in services</p> <p>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 2	<p>Person Centered Planning is a guiding principle of the service planning process</p> <p>Person-centered Planning is a guiding principle of the service planning process</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 3	<p>Service support is as permanent as the housing</p> <p>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 4	<p>Services are continued despite change in housing status or placement</p> <p>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer

Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Standard		Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a>	Please select answer	Please select answer	Please select answer

*Optional notes here*

Housing 3

The rules and regulations of the project are centered on participants' rights

Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.

Please select answer

Please select answer

Please select answer

*Optional notes here*

Housing 4

Participants have the option to transfer to another project

Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.

Please select answer

Please select answer

Please select answer

*Optional notes here*



## Housing First Standards

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	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Project 2	RRH services support people in maintaining their housing	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Project 3	Providers continuously assess a participant’s need for assistance	On an ongoing basis, providers assess a participant’s needs for continued assistance and provide tailored assistance based on those assessments.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Project 4	Transitional housing is focused on safe and quick transitions to permanent housing	Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the services needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.  <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

Project 5

TH projects provide appropriate services

TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.

Please select answer

Please select answer

Please select answer

*Optional notes here*

No additional standards

*Optional notes here*

No additional standards

*Optional notes here*

No additional standards

*Optional notes here*

**Standard**

**Population Specific Standards**

**Say It**

**Document It**

**Do It**

Population 1	Recovery housing is offered as one choice among other housing opportunities	<p>Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Population 2	Services include relapse support	<p>Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Population 3	Services support sustained recovery	<p>Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Population 4	Population	<p>No additional standards</p> <p><i>Optional notes here</i></p>			



Looking to make an impact?

Donate Now

The annual CoC NOFO application has been released for FY23. We are requesting all NEW Project Applications be submitted by July 28<sup>th</sup>, 2023, by 5:00pm. Once preapplications are submitted the Ranking and Review Committee will review applications and either accept, reject, or ask an agency/individual to make modifications to their projects on August 1<sup>st</sup>. All accepted projects will complete the final application in the e-snaps system by August 28<sup>th</sup>, 2023, by 5:00pm. The Ranking and Review Committee will then score projects based on criteria in the NOFO and community needs and rank them from highest to lowest. In addition to reviewing and scoring project applications the SCCoC team will be completing a consolidated application as well so please be sure to adhere to all deadlines as they are released.

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Any agencies/individuals who plan to apply for these funds should be sure to review the SCCoC Membership Policy Membership-Policy.docx (live.com) to ensure eligibility. Please be sure to read through the preapplication and the NOFO attached prior to submitting a project application. If you have any additional questions after reading through the NOFO, please feel free to reach out to me.

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New Projects. (See section III.B.3.e for more information on New Project applications.)

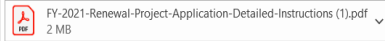
FY 2023 CoC Program Competition – Project Applications Due on August 28, 2023 in esnaps



Marquetta Boddie

To: Joe Scalise; Michael Harhager; Melissa Massey-Finn; kmcd@akronharmonyhouse.org; Patrice Henderson; Karl Driggs; Janice Stahl; Fred Berry; darnellacummings@legacyiii.org; rcallahana@canapi.org; Teresa Stafford; Debbie Campbell; +6 others; Shana Miller; Marquetta Boddie

Reply Reply All Forward Thu 7/13/2023 11:52 AM



Good afternoon,

The annual CoC NOFO application has been released for FY23. Project applications are available in e-snaps, and you are required to submit the applications 30 days prior to the NOFO application deadline on September 28, 2023. Please be sure to complete your applications and submit them in e-snaps by Monday, August 28, 2022, by 8:00pm. We will review project applications the week of August 30<sup>th</sup> and send any applications that need corrections back to your agency. All accepted renewal and new projects will be announced by September 13, 2022, via the CoC listserv. All FY2023 CoC NOFO materials will be posted on the CoC website at [www.summitcoc.org](http://www.summitcoc.org) for your review.

Please be sure to thoroughly review your applications in e-snaps. ALL applicants are required to go through each question and make sure it is up to date with the HEARTH Act and compliant with CoC Priorities. Most importantly, every project application needs to add "Your Agency is a member of the Akron/Barberton/Summit County Continuum of Care and receives all client referrals from Centralized Intake in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01." to their project description. ALL APPLICATIONS ARE REQUIRED TO BE HOUSING FIRST! Please be sure to review narrative for any possible barriers to your program (i.e., a participant has to have income, a participant has to be sober, etc.. HUD has made it VERY clear that they WILL NOT award funding to project applications that aren't compliant with the HEARTH Act. PLEASE, PLEASE, PLEASE review your applications.

Please be sure to keep up with all due dates so that your application/s are submitted.

#### HUD Homeless Policy Priorities

(1) Ending homelessness for all persons. In 2022, the United States Interagency Council on Homelessness (USICH) presented All In: The Federal Strategic Plan to Prevent and End Homelessness to the President and Congress. The plan is built around six pillars: three foundations—equity, data and evidence, and collaboration—and three solutions—housing and supports, crisis response, and prevention. The work funded through this NOFO will

FY 2023 CoC Program Competition – NEW Project Applications Due on July 28th, 2023



Marquetta Boddie

To: Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Ann Hutchison; Annaliese Russell; Anne Face (aface@fcsOhio.org); Ashley Ferrell; Asli Buldum; bethg@admbord.org; Briana Gambie; Bridget Lacy; +118 others

Cc: Marquetta Boddie; Shana Miller

Reply Reply All Forward More

Thu 7/13/2023 4:56 PM

- CoCNOFO2023.pdf 2 MB
- FY2023 CoC Homelessness NEW Preapplication.docx 65 KB

Good afternoon,

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**New Projects. (See section III.B.3.e for more information on New Project applications.)**

- (1) New PH-PSH projects must serve one of the following:
  - (a) persons eligible to be served by DedicatedPLUS projects as described in section I.B.2.b.(7) of this NOFO in which case all units funded by the project must be used to serve program participants who meet the qualifications for DedicatedPLUS; or
  - (b) persons who are experiencing chronic homelessness [see 24 CFR 578.3 definition of Chronically Homeless] at the time they initially enroll in the project.
- (2) New PH-RRH, Joint TH/PH-RRH, and SSO-CE projects must serve persons who qualify

## Marquetta Boddie

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**From:** Marquetta Boddie  
**Sent:** Thursday, July 13, 2023 4:56 PM  
**To:** Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Ann Hutchison ; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; 'Christina Hodgkinson'; Cindy ; clyde; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Dave ; Debbie Barry; debbieC@hope-healing.org; Dennis Shawhan; Diane (VHACLE); elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; hope; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); Jimmie Howard; Joanna Brown; Joe ; Joe Rizzo; Joe Scalise; Judge; Judi Hill; Karen Chancey; Karl Driggs; kat ; Kayla Craig (kayla.craig@colemanservices.org); keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Kris; Krystal Levstek (klevstek@uwsummitmedina.org); Kyle; LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; lerryn; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); Matt Jeter; Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; nathan ; Nathan Chambers; Nicole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; patrick bravo; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; rebecca ; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; Renee King ; rick; rob; Robert ; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shannah Carino; Sharon Page; Sherry Blair; sjackson@hmhousing.org; skilparick; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tae; Tammy Skipper (tskipper@fairhousingakron.org); Tim Edgar; Tina Clark; Tiphonie Cornwell; toree stokes ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab  
**Cc:** Marquetta Boddie; Shana Miller  
**Subject:** FY 2023 CoC Program Competition – NEW Project Applications Due on July 28th, 2023  
**Attachments:** CoCNOFO2023.pdf; FY2023 CoC Homelessness NEW Preapplication.docx

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New Projects. (See section III.B.3.e for more information on New Project applications.)

(1) New PH-PSH projects must serve one of the following:

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(2) New PH-RRH, Joint TH/PH-RRH, and SSO-CE projects must serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3, Section 103(b) of the McKinney-Vento Homeless Assistance Act, or persons who qualify as homeless under paragraph (3) of 24 CFR 578.3 if the CoC is approved to serve persons in paragraph (3).

(3) New DV Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve survivors of domestic violence, dating violence, sexual assault, or stalking who qualify as homeless under paragraph (1) or (4) of 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act. Additionally, these projects may serve survivors of domestic violence, dating violence, sexual assault, and stalking who qualify as homeless under paragraph (3) of 24 CFR 578.3 if the CoC is approved to serve persons in paragraph (3).

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## Summit County Continuum of Care (SCCoC) • You

Community based, collective impact approach to ending homelessness. We ...

2mo • Edited • 

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<https://lnkd.in/gnmWNUAw>

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(2) New PH-RRH, Joint TH/PH-RRH, and SSO-CE projects must serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3, Section 103(b) of the McKinney-Vento Homeless Assistance Act, or persons who qualify as homeless under paragraph (3) of 24 CFR 578.3 if the CoC is approved to serve persons in paragraph (3).

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**(1) Ending homelessness for all persons.** In 2022, the United States Interagency Council on Homelessness (USICH) presented All In: The Federal Strategic Plan to Prevent and End Homelessness to the President and Congress. The plan is built around six pillars: three foundations—equity, data and evidence, and collaboration—and three solutions—housing and supports, crisis response, and prevention. The work funded through this NOFO will support the actions and strategies proposed within the pillars. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, those experiencing chronic homelessness, and people with disabilities, including those living with HIV/AIDS). CoCs should partner with housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing,



housing subsidies, and rapid rehousing. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.

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**Mar-quetta Boddie**

**Executive Director**

She/Her/Hers pronouns

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Akron, OH 44308

Work Cell (330) 388-9607

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[www.summitcoc.org](http://www.summitcoc.org)

**Homeless Hotline 2-1-1**



# Summit County Continuum of Care

*Each person is a branch of  
strength within the community.*

*Strong branches make  
a strong community.*

***PLEASE CONSIDER SUMMIT COUNTY CONTINUUM OF CARE  
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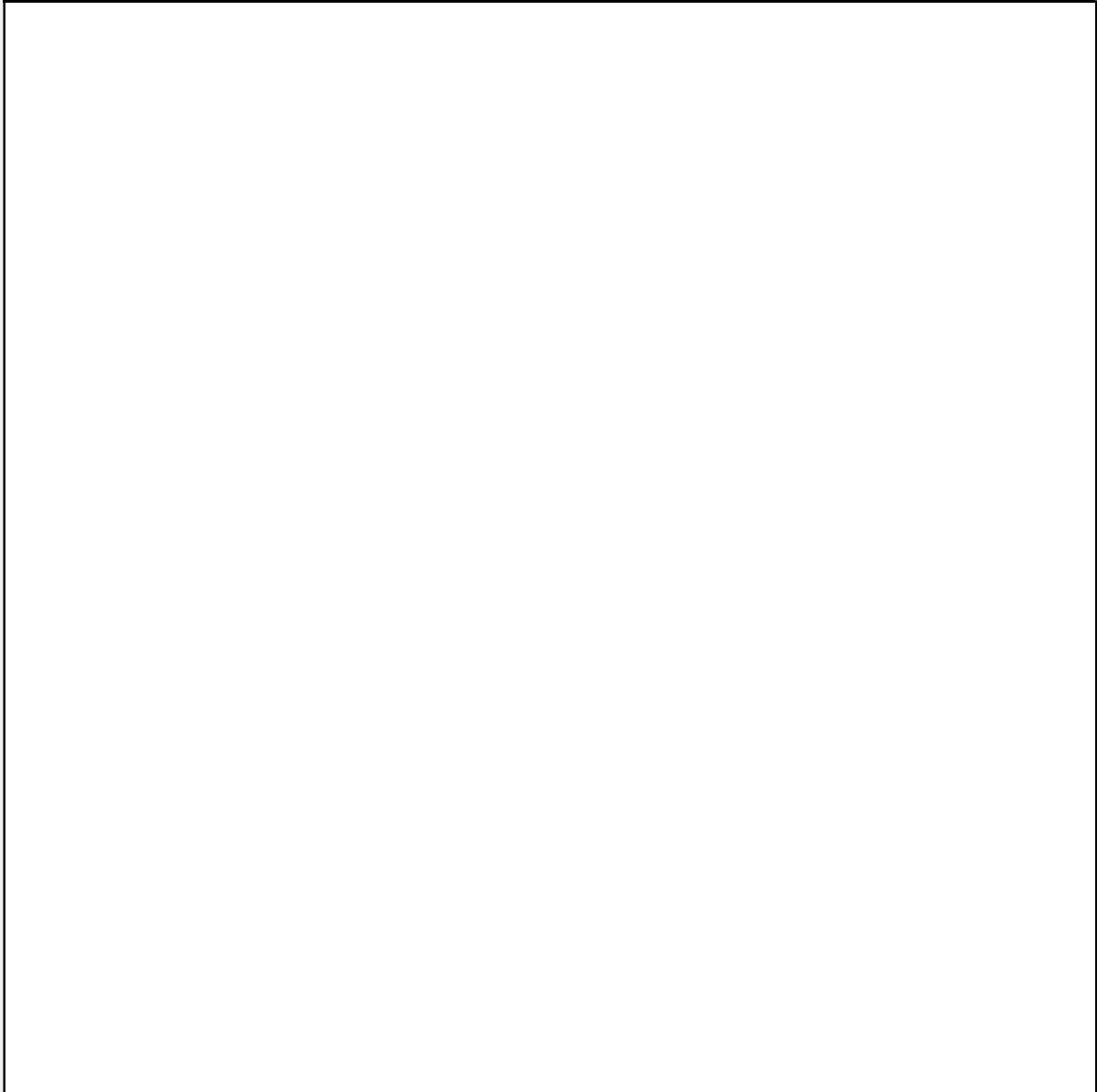
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**Sent:** Monday, July 10, 2023 4:48 PM

**To:** Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>

**Subject:** FY 2023 Continuum of Care Notice of Funding Availability Due September 28, 2023 at 8:00 PM EDT



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- Dedicated HMIS projects, renewal and new, can only be submitted by the CoC's designated HMIS Lead as identified in the CoC Applicant Profile in *e-snaps*.

## Additional Resources

The following resources will be posted on the [CoC Program Competition](#) on HUD.gov this month.

- FY 2023 CoC Estimated ARD Reports
- Detailed Instructions
  - CoC Application
  - CoC Priority Listing
  - Project Applications – all types
- Navigational Guides
  - Accessing the Project Application
  - New Project Application
  - Renewal Project Application
  - UFA Costs Project Application
  - CoC Planning Costs Project Application
  - CoC Priority Listing

## Questions

Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).

Questions related to *e-snaps* functionality must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).

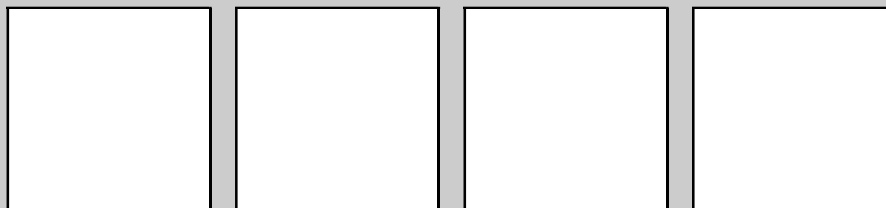
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## SNAPS Mailing List Subscription

Stay up to date on HUD's SNAPS news and updates for grantees and interested stakeholders:

- [Sign up for SNAPS Competition Information](#) through HUD.gov
- [Sign up for SNAPS Program Information](#) through HUD.gov
- [Sign up for SNAPS Technical Assistance Information](#) through the HUD Exchange

[Learn more about SNAPS mailing lists.](#)



Visit the HUD Exchange at <https://www.hudexchange.info>

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## Marquetta Boddie

---

**From:** Marquetta Boddie  
**Sent:** Thursday, July 13, 2023 4:56 PM  
**To:** Amanda Smith (asmith4@apslearns.org); Amy Marsteller; Angella Fawn; Ann Hutchison ; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; bethg@admboard.org; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; Cheyenne Boyd; Chris Brewer; 'Chris Savage'; 'Christina Hodgkinson'; Cindy ; clyde; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; Cynthia Roberts (cynthiaroberts@legacyiii.org); Darnella Cummings (darnellacummings@legacyiii.org); Dave ; Debbie Barry; debbieC@hope-healing.org; Dennis Shawhan; Diane (VHACLE); elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; hope; 'Jackie Hemsworth'; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); Jimmie Howard; Joanna Brown; Joe ; Joe Rizzo; Joe Scalise; Judge; Judi Hill; Karen Chancey; Karl Driggs; kat ; Kayla Craig (kayla.craig@colemanservices.org); keith esparza; Keith Stahl; Kelly; Keri Deyling; kmcday@akronharmonyhouse.org; Kris; Krystal Levstek (klevstek@uwsummitmedina.org); Kyle; LaSalle Harris; Latoya Harris; Lauren Green-Hull; Leesa Bruback; lerryn; Linda Harding (lindaharding@legacyiii.org); Lindsay Reese; Lori Russell; Lysa Crawford (lysa.ehos@gmail.com); Mar-Quetta Boddie (mboddie@summitcoc.org); Matt Jeter; Megan Duke (mduke@summitcoc.org); Megan Scheck; Melissa Massey-Flinn; michele mckeever; Michelle Gould; michellewells244@gmail.com; Mike Bullock (Tarry House; Mike Harhager; Miya Jeffries; nathan ; Nathan Chambers; Nicole Taylor (ntaylor@akronharmonyhouse.org); Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; patrick bravo; Peggy Szalay; Rachel Breece; Rachel Valentine; raymond green; rebecca ; Rebecca Baker; 'Rebecca Callahan'; Rebecca Cool; Renee King ; rick; rob; Robert ; Sara Woolridge; Sarah Deisler; sasmith (sasmith@schd.org); sgraham@downtownakron.com; Shannah Carino; Sharon Page; Sherry Blair; sjackson@hmhousing.org; skilparick; Stacy Carr (sedgar@cityofbarberton.com); steve; Steve Arrington (stan1727@gmail.com); Susan Flowers; Tae; Tammy Skipper (tskipper@fairhousingakron.org); Tim Edgar; Tina Clark; Tiphonie Cornwell; toree stokes ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; Zanetta McNab  
**Cc:** Marquetta Boddie; Shana Miller  
**Subject:** FY 2023 CoC Program Competition – NEW Project Applications Due on July 28th, 2023  
**Attachments:** CoCNOFO2023.pdf; FY2023 CoC Homelessness NEW Preapplication.docx

Good afternoon,

The annual CoC NOFO application has been released for FY23. **We are requesting all NEW Project Applications be submitted by July 28<sup>th</sup>, 2023, by 5:00pm.** Once preapplications are submitted the Ranking and Review Committee will review applications and either accept, reject, or ask an agency/individual to make modifications to their projects on **August 1<sup>st</sup>. All accepted projects will complete the final application in the e-snaps system by August 28th, 2023, by 5:00pm.** The Ranking and Review Committee will then score projects based on criteria in the NOFO and community needs and rank them from highest to lowest. In addition to reviewing and scoring project applications the SCCoC team will be completing a consolidated application as well so please be sure to adhere to all deadlines as they are released.

**All accepted renewal and new projects will be announced by September 13, 2023, via the CoC listserv and website.** All FY2023 CoC NOFO materials will be posted on the CoC website at [www.summitcoc.org](http://www.summitcoc.org) for your review.

**Any agencies/individuals who plan to apply for these funds should be sure to review the SCCoC Membership Policy [Membership-Policy.docx \(live.com\)](#) to ensure eligibility. Please be sure to read though the preapplication and the NOFO attached prior to submitting a project application. If you have any additional questions after reading though the NOFO, please feel free to reach out to me.**

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### **New Projects. (See section III.B.3.e for more information on New Project applications.)**

(1) New PH-PSH projects must serve one of the following:

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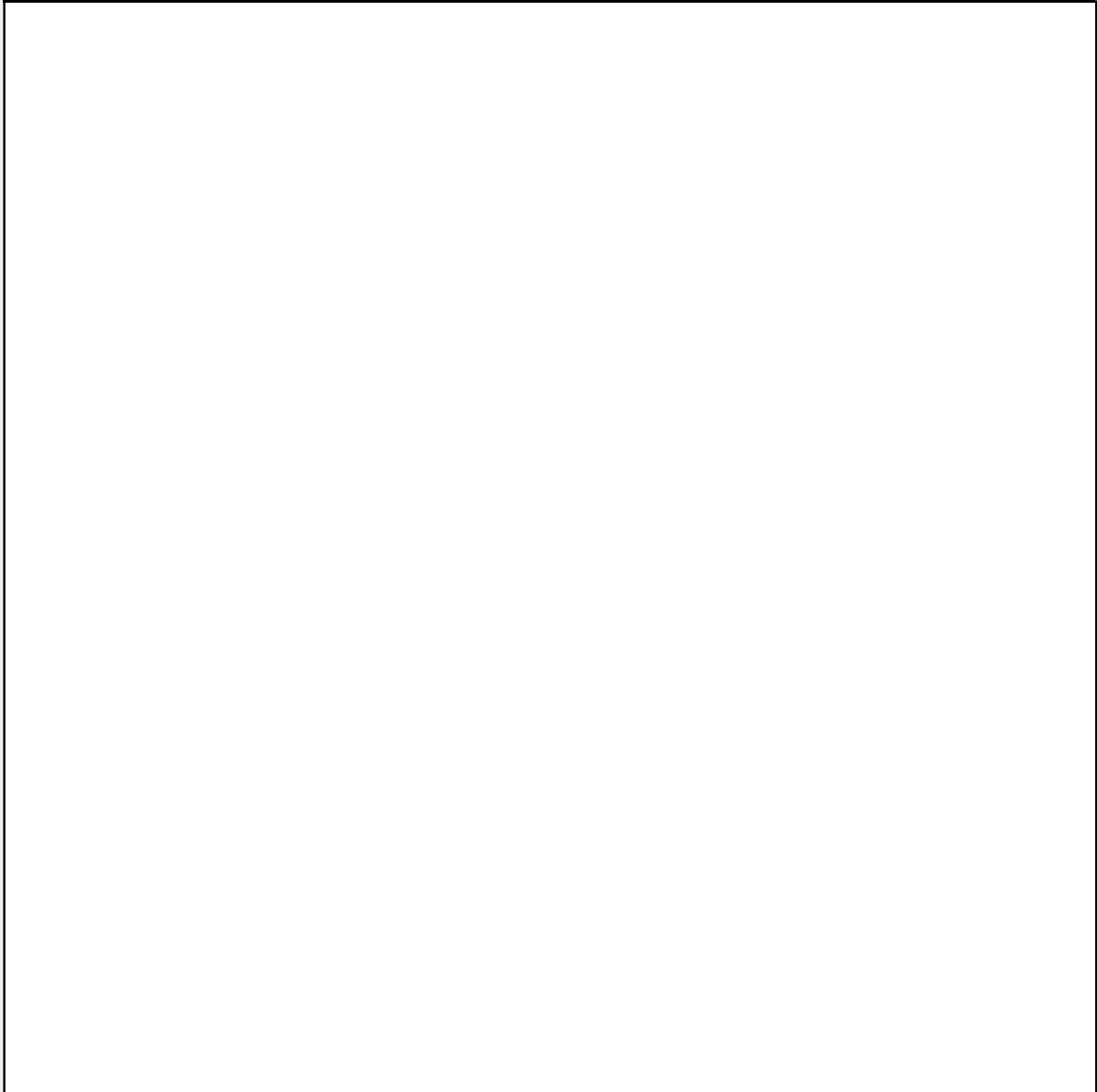
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- YHDP renewal and YHDP replacement project applications must be completed in full and in accordance with the YHDP renewal and YHDP replacement project application processes outlined in the NOFO.
- CoC Planning and Unified Funding Agency (UFA) Costs applications will only be reviewed if submitted by the CoC's designated Collaborative Applicant identified in the CoC Applicant Profile in *e-snaps*.
- Dedicated HMIS projects, renewal and new, can only be submitted by the CoC's designated HMIS Lead as identified in the CoC Applicant Profile in *e-snaps*.

## Additional Resources

The following resources will be posted on the [CoC Program Competition](#) on HUD.gov this month.

- FY 2023 CoC Estimated ARD Reports
- Detailed Instructions
  - CoC Application
  - CoC Priority Listing
  - Project Applications – all types
- Navigational Guides
  - Accessing the Project Application
  - New Project Application
  - Renewal Project Application
  - UFA Costs Project Application
  - CoC Planning Costs Project Application
  - CoC Priority Listing

## Questions

Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).

Questions related to *e-snaps* functionality must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).

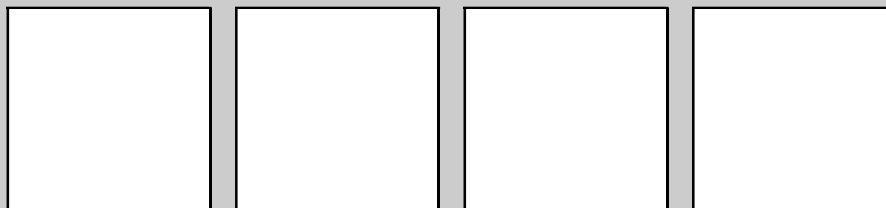
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## SNAPS Mailing List Subscription

Stay up to date on HUD's SNAPS news and updates for grantees and interested stakeholders:

- [Sign up for SNAPS Competition Information](#) through HUD.gov
- [Sign up for SNAPS Program Information](#) through HUD.gov
- [Sign up for SNAPS Technical Assistance Information](#) through the HUD Exchange

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# Summit County Continuum of Care (SCCoC)

*a collaboration of agencies working together for the homeless*

*Each person is a branch of strength within the community. Strong branches make a strong community!*

## 2023 Review and Ranking Criteria Tool - Continuum of Care Applications

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_ Points \_\_\_\_\_

**All Agencies MUST adhere to these Pre-requisites before applying for renewal or new projects:**

- MUST serve Category 1 Homeless population
- MUST be Housing First
- MUST receive referrals from Central Intake
- MUST input data into HMIS
- MUST serve one of these populations: Chronically Homeless, Youth, Veterans, Households with Children

Application Review	Score:
<p><b>A. HMIS DQR Data:</b> HUD has been emphasizing that data quality has critical importance. New project-level HUD SCCoC APRs have data quality sections embedded, and in addition to that, SCCoC's are now required to submit system-level HUD Data Quality Reports once a year. The following sections are what you will be scored on:</p> <ol style="list-style-type: none"> <li>(1) Q.2. Personally Identifiable Information</li> <li>(2) Q.3. Universal Data Elements</li> <li>(3) Q.4 Income and Housing Data Quality</li> <li>(4) Q.5. Chronic Homelessness</li> <li>(5) Q.6 Timeliness</li> </ol> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Section 1-4) 2pts.</b> = if error rate is 0%-2%  <b>1 pt.</b> = if error rate is 3-5%  <b>0 pts.</b> = if error rate is over 5%</p> <p><b>Section 5) 2 pts.</b> = 98% or &lt;  <b>0 pts.</b> = 97.9% or &gt;</p> </div> <p><b>SOURCE: HMIS Data Quality Reports * PSH Projects with "Historic Data" will be given an additional 2 points (up to the total of 10 points) during scoring.</b></p> <p>DV Providers are scored using the same data quality metrics and they utilize osmium (comparable database) to collect data on DV clients.</p>	<p><b>10 Point section</b>, each item is worth <b>2 points</b>.  <b>Sections 1-4</b> will look at the error rate for each item, some sections may require taking an average of the total items.  <b>Section 5</b> will look at the count of entry records, you will add 0 days + 1-3 days and divide by the total count of entry records.</p> <p><b>How Scores are calculated</b></p> <p>Points will be scored monthly. After all monthly scores have been finalized, we will take an average of the monthly scores. That average score is what will be applied to the ranking and review scoresheet.</p>





<p><b>B. Unit Utilization:</b> PIT Actual Unit Utilization on last Wednesday of every Month.</p> <p><b>SOURCE: APR (Q.02 average of 4 months)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients.</p>	<p><b>10 pts.</b> = above 95%  <b>8 pts.</b> = 90% - 94.9%  <b>6 pts.</b> = 85% - 89.9%  <b>4 pts.</b> = 81% - 84.9%  <b>2 pts.</b> = 76% - 80.9%  <b>0 pts.</b> = Below 76%</p>
<p><b>C. Exit Destination:</b> Indicator- Exits to or Retention of Permanent Housing</p> <p><b>Calculation for PH:</b> Number of participants who had a positive PH exit destination / total number of participants who exited the program</p> <p><b>SOURCE: (Q23c) (Calculation Provided)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b><u>Permanent Supportive Housing Programs Only:</u></b>  <b>15 pts.</b> = 90% or more of all participants in PH projects  <b>10 pts.</b> = 89.9% to 80% of all participants in PH projects  <b>0 pts.</b> = below 80 % of all participants in PH projects  <b>NO EXITS = 15 pts</b></p> <p><b><u>Transitional Housing &amp; RRH Programs Only:</u></b>  <b>15 pts.</b> = 90% or more participants who left TH/RRH moved to PH  <b>10 pts.</b> = 89.9% to 80% participants who left TH/RRH moved to PH  <b>0 pts.</b> = below 80% of participants who left TH/RRH moved to PH</p>
<p><b>D. Cash Benefits: Government Assistance, earned income from employment, and/or other cash income (maintained or increased) (adult leavers only)</b>          % Participants with 1+ source of cash benefits at exit</p> <p><b>SOURCE: APR (Q.19a2)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>5 pts.</b> = 30% or higher maintained or increased cash benefits</p>
<p><b>E. Non-Cash Benefits: Mainstream Resources (maintained or increased) (adult leavers only)</b>          % Participants with 1+ source of non-cash benefits at latest status or exit</p> <p><b>SOURCE: APR (Q.20b)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>5 pts.</b> = 70% or higher non-cash benefits at exit  <b>0 pts.</b> = 69% or lower non-cash benefits at exit</p>
<p><b>F. Health Insurance Benefits: Health Insurance (maintained or increased) (All leavers)</b>          % Participants with 1 or more source of health insurance at latest status or exit</p> <p><b>SOURCE: APR (Q.05a, Q21)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>5 pts.</b> = 70% or higher health ins benefits at exit  <b>0 pts.</b> = 69% or lower health ins benefits at exit</p>
<p><b>G. Meeting Attendance:</b> Level of involvement in Continuum/Coalition committees and programming</p> <p><b>SOURCE: SCCoC meeting log (SCCoC MATRIX &amp; Spreadsheet)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>10 pts.</b> = Attended more than 90% of meetings  <b>0 pts.</b> = Attended less than 90% of meetings</p>
<p><b>H. Timeliness of Document Submission:</b> Requested documents are expected to be submitted in a timely fashion. Each document is worth 5 points and will be deducted for late submission.</p>	<p><b>6 pts.</b> = Total Possible Points  <b>2pts.</b> = Audits/Monitoring Letters  <b>2 pts.</b> = Budget/LOI/Pre-App  <b>2 pts.</b> = Contact/Conflict/          Confidentiality/SIGNED Proxy</p>



<p><b>SOURCE: Annual Packet &amp; Spreadsheet</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	
<p><b><u>I. Project uses Housing First practices</u></b></p> <p><b>SOURCE: (HUD Housing First Tool &amp; Central Intake Tool)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>10 pts.</b> = Yes <b>0 pts.</b> = No</p>
<p><b><u>J. FY 2019-2020 Unspent Funds</u></b> – less than 15% of unspent funds. Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete.</p> <p><b>SOURCE: HUD and APR (Q.28)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>5 pts.</b> = No <b>0 pts.</b> = Yes</p>
<p><b><u>K. FY 2020-2021 Unspent Funds</u></b> – less than 15% of unspent funds. Excludes S+C, Rental assistance, and New Agencies until one full grant cycle is complete.</p> <p><b>SOURCE: HUD and APR (Q.28)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>5 pts.</b> = No <b>0 pts.</b> = Yes</p>
<p><b><u>L. Length of Stay</u></b> – average length of stay (Leavers Only)</p> <p><b>SOURCE: (Q.22b)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b><u>Rapid Re-Housing Programs Only:</u></b> <b>5 pts.</b> = 6 months or fewer <b>3 pts.</b> = 7 months - 9 months <b>1 pt.</b> = 10 months - 12 months <b>0 pts.</b> = 13 months or greater</p> <p><b><u>Permanent Supportive Housing Programs Only:</u></b> <b>5 pts.</b> = 13 months or greater <b>3 pts.</b> = 10 months - 12 months <b>1 pt.</b> = 7 months - 9 months <b>0 pts.</b> = 6 months or fewer</p> <p><b><u>Youth Housing Programs Only:</u></b> <b>5 pts.</b> = 0 months – 12 months <b>3 pts.</b> = 13 months - 17 months <b>1 pt.</b> = 18 months - 23 months <b>0 pts.</b> = 24 months or greater</p> <p><b><u>TH/RRH Programs Only:</u></b> <b>5 pts.</b> = 6 months or fewer <b>3 pts.</b> = 7 months - 9 months <b>1 pt.</b> = 10 months - 12 months <b>0 pts.</b> = 13 months or greater</p>
<p><b><u>M. Cost Effectiveness</u></b> – Annual cost per exit to or retained in Permanent Housing (total project cost excluding admin/total participants served who exited to PH or retained PH)</p> <p><b>SOURCE: (Q.05a, Q.28)</b> DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b><u>Cost per Exit or Retention to PH:</u></b> <b>5 pts.</b> = less than or equal to \$6,000 <b>2 pts.</b> = \$6,001 – \$10,000 <b>0 pts.</b> = greater than or equal to \$10,001</p>
<p><b><u>N. Recidivism</u></b> – The number of program participants who exited from PH and returned to homelessness in a 24-month period.</p>	<p><b>5 pts.</b> = 5% Or less returns to homelessness</p>



<p><b>SOURCE: System Performance Measures 2 (HMIS Report)</b>          DV Providers are scored using the same metrics and they utilize osmium (comparable database) to collect data on DV clients and complete a APR.</p>	<p><b>2 pts.</b> = 5%-8% Returns to homelessness  <b>0 pts.</b> = 8% Or higher returns to Homelessness</p>
<p><b>O. Racial Equity Assessment</b>– In 2022 Racial Equity assessment was conducted by all partner agencies to assess the organization’s need for and capacity to incorporate a racial equity lens into the planning, decision making and overall management of its work and the organization itself.</p> <p><b>SOURCE: FY22 Racial Equity Assessment Tool &amp; HMIS FY23 Racial Equity Reports &amp; CE Referral Report/Prioritization Report</b></p>	<p><b><u>Agency, Leadership, Governance, and Policies</u></b>  <b>Pts. 5</b> = Reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers</p> <p><b><u>Program Participation Outcomes</u></b>  <b>Pts. 5</b> = Reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age</p>

**TOTAL SCORE:** \_\_\_\_\_/111

# Review & Ranking Criteria

## Scoring based on most recently closed APR

Agency Name: CSS Beginning of Operating Year: 10-1-2021  
Project Name: Blue Herron End of Operating Year: 9-30-2022  
Grant Amount/Number: \$ 241,680  
Project Type: PSH

Q.02 Bed and Unit Utilization Rate (Average of 4 months) (Max 10 pts) SCORE: 10  
• Unit Utilization Rate 121.88 %

Q.19a2 Cash Benefits (Adult Leavers Only) (Max 5 pts) SCORE: 5  
• 3 Total Adults  
• 0 # With Maintained Income  
• 0 # With Increased Income  
• 1 # Had None and Gained Income  
• 33 % Percentage

Q.20b Non-Cash Benefits (Adult Leavers Only) (Max 5 pts) SCORE: PH/RRH 5 TH \_\_\_\_\_  
• 3 Total Adults  
• 3 # With 1+ Sources  
• 100 % Percentage

Q.05a, Q.21 Health Insurance Benefits (All Leavers) (Max 5 pts) SCORE: PH/RRH 5 TH \_\_\_\_\_  
• 3 Total Leavers  
• 1 # With More than 1 Source of Health Ins  
• 2 # With 1 Source of Health Ins  
• 100 % Percentage

Q.22b Length of Stay (Leavers Only) (PH/RRH & TH) (Max 5 pts) SCORE: PH/RRH 5 TH \_\_\_\_\_  
• 584 Average Length in Days  
• 19.2 Convert to Months (/ by 30.417)

Q.23c Destination at Program Exit (PH/RRH & TH) (Max 15 pts) SCORE: PH/RRH 0 TH \_\_\_\_\_  
• 66.67 % Percentage of Persons Exiting to Permanent Housing Destinations

Q.28 FY 20-21 Unspent Funds (Max 5 pts) 0 % SCORE: 5  
FY 21-22 Unspent Funds (Max 5 pts) 0 % SCORE: 5

Q.05, Q.28 Cost Effectiveness (Max 5 pts) SCORE: 0  
• \$ 227,658.00 Total Budget (Exp Req Match)  
• \$ 21,200.00 Subtract Admin Costs  
• 22 Total # of Participants Served  
• \$ 9,384.00 Total Cost Per Person Served

### Scoring outside of the APR

System Performance Measures Report Recidivism (Max 5 pts) SCORE: 5  
• 2 Total Leavers  
• 0 Returns in 0-6 months  
• 0 Returns in 6-12 months  
• 0 Returns in 13-24 months  
• 0 Total Returns  
• 100 % Percentage of Returns

HMIS – DQRs (Max 10 pts) SCORE: 8 Timely Submission (Max 6pts) SCORE: 6  
Meeting Attendance (Max 10 pts) SCORE: 10 Housing First (Max 10 pts) SCORE: 10  
Racial Equity (Max 10 pts) SCORE: 10

Total Score: 89





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a strong community!*

**MEMORANDUM**

TO: Summit County Continuum of Care Community

FROM: Mar-quetta Boddie, Executive Director

DATE: August 23, 2023

RE: FY2023 Continuum of Care Review of Projects

On August 23, 2021, the Summit County Continuum of Care reviewed the Shelter Plus Care Voucher project application for the FY 2023 Continuum of Care competition. After careful review and discussion with Akron Metropolitan Housing Authority (AMHA) leadership we determined that the Shelter Plus Care Voucher project will be reduced by \$97,210 for reallocation. The reason for the reallocation was due to unspent funds in the Shelter Plus Care voucher program.

Please note: The allocations on the spreadsheet are estimates. All final funding is determined by the U.S. Department of Housing and Urban Development and may be subject to change.

If you have any questions, please contact Mar-quetta Boddie at (234) 312-0833.

*Mar-quetta Boddie*

**Mar-quetta Boddie, Executive Director**  
Summit County Continuum of Care

\*Letter of Reduction is the HUD name for the letter that provides the number of projects that applied and how many of those are accepted and/or rejected.



## Marquetta Boddie

---

**From:** Amy Marsteller <AMarstel@AkronHousing.Org>  
**Sent:** Thursday, August 24, 2023 9:06 AM  
**To:** Marquetta Boddie  
**Subject:** RE: AMHA SPC Program Discussion



Have a great day!

---

**From:** Marquetta Boddie <mboddie@summitcoc.org>  
**Sent:** Wednesday, August 23, 2023 12:22 PM  
**To:** jhemsworth@access-shelter.org; Amy Marsteller <AMarstel@AkronHousing.Org>  
**Cc:** Carl Slaton <cslaton@akronhousing.org>; Christina Hodgkinson <CHodgkinson@AkronHousing.Org>; Debbie Barry <DBarry@AkronHousing.Org>  
**Subject:** RE: AMHA SPC Program Discussion

Thank you to our AMHA team!

**Mar-quetta Boddie**  
**Executive Director**  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308  
Work Cell (330) 388-9607  
Office Phone (234) 312-0833  
[www.summitcoc.org](http://www.summitcoc.org)  
**Homeless Hotline 2-1-1**



**Summit County**  
**Continuum of Care**

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---

**From:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>  
**Sent:** Wednesday, August 23, 2023 10:42 AM  
**To:** Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>; Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>  
**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>; Debbie Barry <[DBarry@AkronHousing.Org](mailto:DBarry@AkronHousing.Org)>  
**Subject:** Re: AMHA SPC Program Discussion

Good morning,  
Thank you so much for your speedy turn around on this. We also appreciate your dedication to the system.

I think this is a good amount.

Thanks,  
Jackie

Jackie Hemsworth (she/hers)  
Executive Director  
ACCESS, Inc.  
230 W Market St  
Akron, OH 44303  
330-376-0997 x206  
[www.access-shelter.org](http://www.access-shelter.org)



---

**From:** Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>  
**Sent:** Tuesday, August 22, 2023 3:48 PM  
**To:** Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>; Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>  
**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>; Debbie Barry <[DBarry@AkronHousing.Org](mailto:DBarry@AkronHousing.Org)>  
**Subject:** RE: AMHA SPC Program Discussion

Hello Mar-quetta and Jackie,

I hope this email finds you well.  
We have decided to reduce the total vouchers from 100 to 85. We reached close to a \$100,000 reduction for reallocation purposes. Attached is the new budget.



Please let us know if you have any questions. If all is good to go on your end, we'll update the application with the new budget. We'll wait to hear from you.

Sincerely,

**Amy Marsteller**  
Administrative Assistant

**Akron Metropolitan Housing Authority**  
**Legal Department**  
100 West Cedar Street  
Akron, OH 44307

Direct Line: 330-376-9225  
Main Line: 330-762-9631  
Fax: 330-253-1192  
Email: [amarstel@akronhousing.org](mailto:amarstel@akronhousing.org)

Web: [www.akronhousing.org](http://www.akronhousing.org)

---

**From:** Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>  
**Sent:** Friday, August 18, 2023 6:39 AM  
**To:** [jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org); Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>  
**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>; Debbie Barry <[DBarry@AkronHousing.Org](mailto:DBarry@AkronHousing.Org)>  
**Subject:** AMHA SPC Program Discussion  
**Importance:** High

Good morning & happy Friday!

I am reaching out to follow up on the discussion we had yesterday with Amy and Carl regarding the SPC voucher program. The ranking and review committee has been reviewing projects and is working with agencies who have consistently underspent their funds to reallocate those dollars. HUD has been very vocal about CoC's reallocating funds that are underspent to prevent a possible reduction to our annual allocation. After reviewing the SPC program the ranking and review committee is requesting to reduce the grant by the \$100,000 that was left over on last year's grant closeout form. We have seen an increase in the number of vouchers made available from prior years under the SPC program and don't want to run the risk of leaving even more dollars on the table. Additionally, we have a shortage in funding and want to make sure we are doing everything we can to provide housing and services to those most in need. The committee would like to give AMHA the opportunity to discuss this reallocation internally and give us an answer by Tuesday, August 22. We look forward to hearing from you.

Thanks,

**Mar-quetta Boddie**  
**Executive Director**  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308  
Work Cell (330) 388-9607  
Office Phone (234) 312-0833  
[www.summitcoc.org](http://www.summitcoc.org)

Homeless Hotline 2-1-1



# Summit County Continuum of Care

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---

**From:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>

**Sent:** Tuesday, August 15, 2023 10:28 AM

**To:** Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>; Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>

**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>

**Subject:** Re: Meeting needed

Great, thanks! I will send a teams request.

Jackie Hemsworth (she/hers)

Executive Director

ACCESS, Inc.

230 W Market St

Akron, OH 44303

330-376-0997 x206

[www.access-shelter.org](http://www.access-shelter.org)



**From:** Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>  
**Sent:** Tuesday, August 15, 2023 10:26 AM  
**To:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>; Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>  
**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>  
**Subject:** RE: Meeting needed

Yes.

**Mar-quetta Boddie**  
**Executive Director**  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308  
Work Cell (330) 388-9607  
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**From:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>  
**Sent:** Tuesday, August 15, 2023 10:26 AM  
**To:** Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>; Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>  
**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>  
**Subject:** Re: Meeting needed

I can do 8/17 at 3. Marquetta?

Jackie Hemsworth (she/hers)  
Executive Director  
ACCESS, Inc.  
230 W Market St  
Akron, OH 44303  
330-376-0997 x206  
[www.access-shelter.org](http://www.access-shelter.org)



---

**From:** Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>

**Sent:** Tuesday, August 15, 2023 8:01 AM

**To:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>; Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>

**Cc:** Carl Slaton <[cslaton@akronhousing.org](mailto:cslaton@akronhousing.org)>; Christina Hodgkinson <[CHodgkinson@AkronHousing.Org](mailto:CHodgkinson@AkronHousing.Org)>

**Subject:** RE: Meeting needed

Hi Jackie,

I hope this email finds you well. I'm assisting Carl with this year's SPC application so it will be good for Carl to be a part of the meeting too.

Here's some times that are open for me and Carl:

8/17- 3:00pm

8/24- 3:00pm

Just let us know what works best for you and Mar-quetta.

Thanks,

**Amy Marsteller**

Administrative Assistant

**Akron Metropolitan Housing Authority**

**Legal Department**

100 West Cedar Street

Akron, OH 44307

Direct Line: 330-376-9225

Main Line: 330-762-9631

Fax: 330-253-1192

Email: [amarstel@akronhousing.org](mailto:amarstel@akronhousing.org)

Web: [www.akronhousing.org](http://www.akronhousing.org)

---

**From:** Jackie Hemsworth <[jhemsworth@access-shelter.org](mailto:jhemsworth@access-shelter.org)>

**Sent:** Tuesday, August 15, 2023 7:49 AM

**To:** Amy Marsteller <[AMarstel@AkronHousing.Org](mailto:AMarstel@AkronHousing.Org)>; Marquetta Boddie <[mboddie@summitcoc.org](mailto:mboddie@summitcoc.org)>

**Subject:** Meeting needed

Hi Amy,

I hope your week is going well. I am reaching out as Chair of the Review and Ranking Committee. Marquetta and I would like to have a meeting with you and potentially Karl to discuss the Shelter Plus Care program. Can you let us know your availability over the next week or so?

Thank you!

Jackie

Jackie Hemsworth (she/hers)

Executive Director

ACCESS, Inc.

230 W Market St

Akron, OH 44303

330-376-0997 x206

[www.access-shelter.org](http://www.access-shelter.org)



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Strong branches make  
a strong community!*

**MEMORANDUM**

DATE: September 13, 2023  
TO: Melissa Massey-Flinn, Director of Housing, CHC  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Melissa,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for ***New Genesis Home Health*** program expansion. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308  
[www.summitcoc.org](http://www.summitcoc.org)  
**Homeless Hotline 2-1-1**



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**MEMORANDUM**

DATE: September 13, 2023  
TO: Teresa Stafford, Executive Director – Hope and Healing/BWS  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Teresa,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for the **Hope and Healing Home** program. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308





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**MEMORANDUM**

DATE: September 13, 2023  
TO: Teresa Stafford, Executive Director – Hope and Healing/BWS  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Teresa,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for the **STEP III** program. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308



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**MEMORANDUM**

DATE: September 13, 2023  
TO: Michael Harhager, Supervisor of Homeless Services - CSS  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Mike,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for **Homeless Outreach RHH**. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308



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**MEMORANDUM**

DATE: September 13, 2023  
TO: Jeff Wilhite, Executive Director – Family Promise  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Jeff Wilhite,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for the ***Survive to Thrive: Destination Homeownership*** program. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308



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**MEMORANDUM**

DATE: September 13, 2023  
TO: Karla McDay, Executive Director – Harmony House  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Karla,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for ***Transitions to Independence I&II***. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308



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**MEMORANDUM**

DATE: September 13, 2023  
TO: Joseph Scalise, Director of Housing Services, UWSMC  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Joe,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for **Home Again** program expansion. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308  
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**MEMORANDUM**

DATE: September 13, 2023  
TO: Keith Stahl, Director of Operations and Residential Services  
FROM: Mar-quetta Boddie, Executive Director  
RE: FY 2023 Continuum of Care Competition

Dear Keith,

On August 15<sup>th</sup>, 2023, the Summit County Continuum of Care accepted your application for **Homeless Outreach RHH**. Please note: the allocations on the Ranking and Review scoresheet are estimates. All final funding is determined by the United States Department of Housing and Urban Development and may be subject to change.

If you have any questions or concerns regarding your application, please contact Shana Miller at [smiller@summitcoc.org](mailto:smiller@summitcoc.org) or at 234-312-0833, ext. 104. Thank you.

Best regards,

*Mar-quetta Boddie*

Mar-quetta Boddie, Executive Director  
Summit County Continuum of Care  
She/Her/Hers pronouns  
23 S. Main St, Ste 302  
Akron, OH 44308

**From:** [Shana Miller](#)  
**To:** [Jeff Wilhite](#)  
**Cc:** [Marquetta Boddie](#)  
**Subject:** FY2023 NOFO Competition  
**Date:** Wednesday, September 13, 2023 5:18:00 PM  
**Attachments:** [FY 2023 Acceptance Letter - Family Promise.docx](#)  
[image001.png](#)

---

Good afternoon, Jeff :

Please find attached a letter of acceptance for your proposed project in this year's NOFO competition. If you have any questions, please feel free to contact me. Thank you and your team for your dedication and hard work.

Kind regards,

***Shana Miller***

***Director of Community Engagement***

***She/Her/Hers***

**23 South Main Street, Suite 302**

**Akron, OH 44308**

**Office Phone: (234) 312-0833, ext. 104**

**Work Cell: 330-612-4452**

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**From:** [Shana Miller](#)  
**To:** [Melissa Massey-Flinn](#)  
**Cc:** [Marquetta Boddie](#)  
**Subject:** FY2023 NOFO projects  
**Date:** Wednesday, September 13, 2023 5:15:00 PM  
**Attachments:** [FY 2023 Acceptance Letter - CHC.docx](#)  
[image001.png](#)

---

Good afternoon, Melissa:

Please find attached letters of acceptance for your proposed project in this year's NOFO competition. If you have any questions, please feel free to contact me. Thank you and your team for your dedication and hard work.

Best regards,

***Shana Miller***

***Director of Community Engagement***

***She/Her/Hers***

***23 South Main Street, Suite 302***

***Akron, OH 44308***

***Office Phone: (234) 312-0833, ext. 104***

***Work Cell: 330-612-4452***

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***Homeless Hotline 2-1-1***



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**From:** [Shana Miller](#)  
**To:** [Keith Stahl](#)  
**Cc:** [Marquetta Boddie](#)  
**Subject:** FY2023 NOFO projects  
**Date:** Wednesday, September 13, 2023 5:13:00 PM  
**Attachments:** [FY 2023 Acceptance Letter \(final\) - Community Support Services.docx](#)  
[image001.png](#)

---

Good afternoon, Keith:

Please find attached letters of acceptance for your proposed project expansion in this year's NOFO competition. If you have any questions, please feel free to contact me. Thank you and your team for your dedication and hard work.

Kind regards,

***Shana Miller***

***Director of Community Engagement***

***She/Her/Hers***

**23 South Main Street, Suite 302**

**Akron, OH 44308**

**Office Phone: (234) 312-0833, ext. 104**

**Work Cell: 330-612-4452**

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**[www.summitcoc.org/donate](http://www.summitcoc.org/donate)**

**From:** [Shana Miller](#)  
**To:** [Joe Scalise](#)  
**Cc:** [Marquetta Boddie](#)  
**Subject:** FY2023 NOFO projects  
**Date:** Wednesday, September 13, 2023 5:16:00 PM  
**Attachments:** [FY 2023 Acceptance Letter - UWSMC.docx](#)  
[image001.png](#)

---

Good afternoon, Joe:

Please find attached letters of acceptance for your proposed projects in this year's NOFO competition. If you have any questions, please feel free to contact me. Thank you and your team for your dedication and hard work.

Best regards,

***Shana Miller***

***Director of Community Engagement***

***She/Her/Hers***

***23 South Main Street, Suite 302***

***Akron, OH 44308***

***Office Phone: (234) 312-0833, ext. 104***

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***[www.summitcoc.org/donate](http://www.summitcoc.org/donate)***

**From:** [Shana Miller](#)  
**To:** [Teresa Stafford](#)  
**Cc:** [Marquetta Boddie](#)  
**Subject:** FY2023 NOFO projects  
**Date:** Wednesday, September 13, 2023 5:11:00 PM  
**Attachments:** [FY 2023 Acceptance Letter - BWS.docx](#)  
[image001.png](#)  
[FY 2023 Acceptance Letter - BWS STEP III.docx](#)

---

Good afternoon, Teresa:

Please find attached letters of acceptance for your proposed projects in this year's NOFO competition. If you have any questions, please feel free to contact me. Thank you and your team for your dedication and hard work.

Kind regards.

***Shana Miller***

***Director of Community Engagement***

***She/Her/Hers***

**23 South Main Street, Suite 302**

**Akron, OH 44308**

**Office Phone: (234) 312-0833, ext. 104**

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## Akron/Barberton/Summit County Continuum of Care

### Review & Ranking Scoresheet - 2023

Rank	Applicant Name	Project Name	Allocation (GIW)	A. HMIS DQR Data	B. Unit Utilization	C. Cash Benefits	D. Non Cash Benefits	E. Health Insurance Benefits	F. Length of Stay	G. Destination at Program Exit	H. 2020-2021 Unspent Funds	I. 2022 Unspent Funds	J. Cost Effectiveness	K. Recidivism	L. Attendance	M. Timely Submission	N. Housing First	O. Racial Equity	Total Points	
				Max 10 pts.	Max 10 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 15 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 5 pts.	Max 10 pts.	Max 6 pts.	Max 10 pts.	Max 10 pts.	Max 111 pts.	
1	United Way	Akron/Summit County HMIS	\$260,442																	
2	United Way	Centralized Intake - Summit	\$215,652																	
3	Summit County Continuum of Care	Coordinated Entry for DV	\$150,000																	
4	Community Health Center	New Genesis Health Home (NEW UNDER FY22 PSH)	\$70,400																	
5	Community AIDS Network	Lavendar Landing TH/RRH (NEW UNDER FY21)	\$208,406																	
6	Battered Women's Shelter	Safeway Home (NEW UNDER FY21)	\$248,333																	
7	Harmony House /Victim Assistance	Transitions to Independence II (NEW TH-RRH) (DV Reallocation)	\$511,985																	
8	Battered Women's Shelter	Step III (NEW Expansion) (DV Reallocation)	\$53,400																	
9	Community Support Services Inc.	Homeless Outreach RRH (CoC Reallocation)	\$97,210																	
10	Tarry House	Project Beginnings I	\$17,558	9	10	5	5	5	5	15	5	5	5	5	10	6	10	10	110	
11	North Coast Community Homes, Inc.	Akron Supportive Housing (South Street)	\$42,542	9	10	5	5	5	5	15	5	5	5	5	10	6	10	10	110	
12	Legacy III	Humble Beginnings Program 2023	\$130,556	8	10	5	5	5	5	15	5	5	2	5	10	6	10	10	106	
13	North Coast Community Homes, Inc.	Akron Supportive Housing (Waterloo)	\$49,461	10	10	5	5	5	5	15	0	5	5	5	10	6	10	10	106	
14	Community Health Center	Peachtree Estates	\$237,163	8	9	5	2.5	5	5	15	5	5	3.5	5	10	6	10	10	104	
15	Legacy III	Pathways to Freedom 2022	\$313,152	8	10	2.5	5	5	5	15	5	5	5	0	10	6	10	10	101.5	
16	H. M. Life Opportunity Services	HM Life Project Based Sites for Families	\$466,359	9	0	5	5	5	5	15	5	5	5	5	10	6	10	10	100	
17	Akron Metropolitan Housing Authority	Shelter Plus Care (CANAPI/CSS)	\$504,716	8	10	5	0	5	5	10	5	5	5	5	10	6	10	10	99	
18	Shelter Care, Inc.	Homes For Youth	\$145,480	8	8	5	0	5	1	15	5	5	5	5	10	6	10	10	98	
19	Legacy III	Brubaker Program 2023	\$157,678	8	6	5	0	5	5	15	5	5	2	5	10	6	10	10	97	
20	H. M. Life Opportunity Services	HM Life Scattered Sites for Families	\$173,329	9	6	5	0	5	5	15	5	0	5	5	10	6	10	10	96	
21	Harmony House	Transitions To Independence	\$153,504	8	10	5	0	2.5	3	15	5	0	5	5	10	6	10	10	94.5	
22	Community Support Services Inc.	Safe Haven	\$169,467	9	10	5	5	5	5	0	5	5	0	5	10	6	10	10	90	
23	Community Support Services Inc.	Blue Herron	\$246,604	8	10	5	5	5	5	0	5	5	0	5	10	6	10	10	89	
24	United Way	Home Again	\$66,372	8	10	0	0	0	5	10	5	5	5	5	10	6	10	10	89	
25	United Way	Hope	\$162,840	8	6	0	0	3	5	15	0	5	5	2	10	6	10	10	87	
26	Community Support Services Inc.	Commons at Madeline Park	\$268,138	9	6	5	5	5	5	0	5	2	5	10	5	10	10	10	87	
27	Battered Women's Shelter	Step III	\$370,409	10	0	0	5	5	5	15	0	5	5	0	10	6	10	10	86	
28	H. M. Life Opportunity Services	Blackbird Landing	\$204,590	9	8	5	0	5	5	0	5	5	0	5	10	6	10	10	83	
29	Community AIDS Network	The Micah Program	\$111,017	6	10	0	5	5	3	0	0	5	5	0	10	6	10	10	75	
30	Battered Women's Shelter	The Hope & Healing House (New Trafficking) (DV BONUS)	\$517,188																	
31	Family Promise	Survive to Thrive: Destination Homeownership (New RRH) (CoC BONUS)	\$221,164																	
32	United Way	Home Again Expansion (New RRH) (CoC BONUS)	\$183,628																	
33	Community Health Center	New Genesis Health Home (NEW Expansion) (CoC BONUS)	\$63,349																	

\$6,792,092

FINAL Draft 9/13/23  
FINAL 9/25/23


ARA= \$5,806,970 (not including planning grant)  
 DIFFERENCE= -\$348,418 (difference in tier 1 and tier 2)  
 94% of ARA= \$5,458,552 (tier 1 above red line is guaranteed funding)  
 CoC Bonus \$406,488  
 DV Bonus \$580,697  
 Total Amount CoC can request \$6,794,155

Tier 1 Guarantee \$337,805 Step III

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https://summitcoc.org/nofa-items/

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## NOFO

2023 Items

2023 NOFO

2023 Preapplication

FY23 Notification of Project Acceptance Rejection

2023 SCCoC Ranking and Review Scoring Tool

FY23 SCCoC Ranking & Review Scoresheet

FY23 SCCoC Priority Listing

FY23 CoC Consolidated Application

65°F Cloudy 8:40 PM 9/26/2023

## Marquetta Boddie

**To:** Alexander Riddle  
**Subject:** RE: \*\*\*POST TODAY PLEASE\*\*\*

**From:** Alexander Riddle <alex@monarchwave.com>  
**Sent:** Tuesday, September 26, 2023 8:13 AM  
**To:** Marquetta Boddie <mboddie@summitcoc.org>  
**Cc:** Shana Miller <smiller@summitcoc.org>  
**Subject:** Re: \*\*\*POST TODAY PLEASE\*\*\*

They're all posted now:

### NOFO

#### 2023 Items

2023 NOFO  
2023 Preapplication  
FY23 Notification of Project Acceptance Rejection  
2023 SCCoC Ranking and Review Scoring Tool  
FY23 SCCoC Ranking & Review Scoresheet  
FY23 SCCoC Priority Listing  
FY23 Coe Consolidated Application

#### 2022 Items

2022 Competition and Noncompetitive YDHP  
2022 Preapplication  
2022 New Project Detailed Instructions  
2022 Renewal Project Detailed Instructions  
2022 Planning Project Application Detailed Instructions  
FY22 Coe Consolidated Application  
FY22 Priority Listing  
2022 Scoresheet  
2022 Ranking & Review Scoresheet

#### 2022 Unsheltered Items

2022 Supplemental  
2022 Preapplication  
FY22 P. L\*

## Alexander D. Riddle

Founder of [Monarch Wave](#)

Office: [330-597-2290](tel:330-597-2290) | Cell: [330-338-0408](tel:330-338-0408)

Mailing: 1114 N. Court St. #217, Medina OH 44256

[Schedule a Meeting](#) | [Submit a Ticket](#)



## Marquetta Boddie

---

**From:** Marquetta Boddie  
**Sent:** Tuesday, September 26, 2023 8:33 PM  
**To:** asmith4@apslearns.org; Amy Marsteller; Angella Fawn; Ann Hutchison ; Annaliese Russell; Anne Face (aface@fcsohio.org); Ashley Ferrell; Asli Buldum; Beth Gracey; Briana Gamble; Bridget Lacy; bstephens@canapi.org; Candy Petticord; charhager@akronchildrens.org; cheyenne.boyd@summitkids.org; Chris Brewer; chrissavage@orianahouse.org; 'Christina Hodgkinson'; Cindy ; clyde; Corey Raleigh (craleigh@hmhousing.org); criddick@uwsummit.org; Crystal Murphy; cynthiaroberts@legacyiii.org; Darnella Cummings (darnellacummings@legacyiii.org); Dave ; Debbie Barry; debbieC@hope-healing.org; dennis@brokenchainsministry.org; diane.waite@va.gov; elvic1979@gmail.com; Emilie Oxley; Fahey; Fred Berry; g.franklin@sheltercareinc.org; H Bell; Hattie Tracy; Helen Tomic; Holly Cundiff; hope; jhemsworth@access-shelter.org; Janet Wagner; Janice Stahl; jcole@havenofrest.org; jean ; 'Jeff Wilhite'; Jessie Kane (jkane@uwsummitmedina.org); Jimmie Howard; Joanna Brown; Joe ; j.rizzo@sheltercareinc.org; Joe Scalise; Judge; Judi Hill; Karen Chancey; Karl Driggs; krivera@access-shelter.org; kayla.craig@colemanservices.org; keith.esparza.ffhs@gmail.com; Keith Stahl; Kelly; keridey@colemanservices.org; kmcd@akronharmonyhouse.org; Kris; klevstek@uwsummitmedina.org; Kyle; 2017jhll@gmail.com; latoya.harris@jfs.ohio.gov; Lauren Green-Hull; Leesa Bruback; lerryn; Linda Harding (lindaharding@legacyiii.org); lindsayr@hope-healing.org; Lori Russell; Lysa Crawford (lysa.egos@gmail.com); Marquetta Boddie; mjeter15@yahoo.com; Megan Duke (Shared); Megan Scheck; Melissa Massey-Flinn; michele mckeever; michelle.gould@chcaddiction.org; michellewells244@gmail.com; mbullock@tarryhouse.org; Mike Harhager; mjeffries@akronhousing.org; nathan ; Nathan Chambers; ntaylor@akronharmonyhouse.org; Nikki Woodley; Pat Grant (pgrant@fcsohio.org); Patrice; Patrice Henderson; patrick bravo; Peggy Szalay; rbreece@apslearns.org; rvalentine@access-shelter.org; raymond green; rebecca ; Rebecca Baker; 'Rebecca Callahan'; rcool@victimassistanceprogram.org; Renee King ; rick; rob; Robert ; Sara Woolridge; Sarah Deisler; sasmith@schd.org; sgraham@downtownakron.com; Shana Miller; scarino@apslearns.org; Sharon Page; Sherry Blair; sjackson@hmhousing.org; skilparick; Stacy Carr (sedgar@cityofbarberton.com); steve; stan1727@gmail.com; Susan Flowers; Taevon Miller; Tammy Skipper (tskipper@fairhousingakron.org); Tim Edgar; Tina Clark; Tiphonie Cornwell; toree stokes ; Tristan Reed; 'Valerie Kirkland'; vbeane@fairhousingakron.org; zmcnab@hmhousing.org

**Cc:** Marquetta Boddie  
**Subject:** Notification to Community Members and Key Stakeholders that the Coc Consolidated Application is Posted on Website

**Importance:** High

Hello CoC Community Partners,

The SCCoC FY23 Consolidated Application has been posted on the SCCoC website.

**Mar-quetta Boddie**  
**Executive Director**  
She/Her/Hers pronouns  
23 S. Main St, Ste 302



Akron, OH 44308  
Work Cell (330) 388-9607  
Office Phone (234) 312-0833  
[www.summitcoc.org](http://www.summitcoc.org)  
**Homeless Hotline 2-1-1**



# Summit County Continuum of Care

*Each person is a branch of  
strength within the community.*

*Strong branches make  
a strong community.*

***PLEASE CONSIDER SUMMIT COUNTY CONTINUUM OF CARE  
FOR A CHARITABLE GIFT AT:  
[www.summitcoc.org/donate](http://www.summitcoc.org/donate)***

# 2023 HDX Competition Report

## PIT Count Data for OH-506 - Akron, Barberton/Summit County CoC

### Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	587	394	441	648
Emergency Shelter Total	282	158	213	269
Safe Haven Total	19	16	15	15
Transitional Housing Total	158	141	160	210
Total Sheltered Count	459	315	388	494
Total Unsheltered Count	128	79	53	154

### Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	46	68	64	100
Sheltered Count of Chronically Homeless Persons	14	23	41	29
Unsheltered Count of Chronically Homeless Persons	32	45	23	71

# 2023 HDX Competition Report

## PIT Count Data for OH-506 - Akron, Barberton/Summit 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	50	22	28	50
Sheltered Count of Homeless Households with Children	49	22	28	50
Unsheltered Count of Homeless Households with Children	1	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	76	63	38	52	71
Sheltered Count of Homeless Veterans	25	54	37	44	52
Unsheltered Count of Homeless Veterans	51	9	1	8	19

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

# 2023 HDX Competition Report

## HIC Data for OH-506 - Akron, Barberton/Summit 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	279	228	228	100.00%	51	51	100.00%	279	100.00%
SH Beds	22	22	22	100.00%	0	0	NA	22	100.00%
TH Beds	232	193	193	100.00%	39	39	100.00%	232	100.00%
RRH Beds	391	195	195	100.00%	196	196	100.00%	391	100.00%
PSH Beds	709	709	709	100.00%	0	0	NA	709	100.00%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	1,633	1,347	1,347	100.00%	286	286	100.00%	1,633	100.00%

2023 HDX Competition Report  
HIC Data for OH-506 - Akron, Barberton/Summit County CoC

# 2023 HDX Competition Report

## HIC Data for OH-506 - Akron, Barberton/Summit 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	374	360	359	358

### 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	41	46	27	72

### 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	195	219	140	391

2023 HDX Competition Report

HIC Data for OH-506 - Akron, Barberton/Summit County CoC

# 2023 HDX Competition Report

## FY2022 - Performance Measurement Module (Sys PM)

### Summary Report for OH-506 - Akron, Barberton/Summit 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	1312	2017	36	38	2	16	8	-8
1.2 Persons in ES, SH, and TH	1521	2259	89	75	-14	27	17	-10

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")	1787	2611	297	311	14	90	80	-10
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2269	2810	305	323	18	116	102	-14

# 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	45	6	13%	4	9%	6	13%	16	36%
Exit was from ES	367	33	9%	8	2%	27	7%	68	19%
Exit was from TH	114	16	14%	5	4%	7	6%	28	25%
Exit was from SH	20	1	5%	1	5%	1	5%	3	15%
Exit was from PH	383	14	4%	13	3%	19	5%	46	12%
TOTAL Returns to Homelessness	929	70	8%	31	3%	60	6%	161	17%

### 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	394	441	47
Emergency Shelter Total	158	213	55
Safe Haven Total	16	15	-1
Transitional Housing Total	141	160	19
Total Sheltered Count	315	388	73
Unsheltered Count	79	53	-26

### 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	1755	2436	681
Emergency Shelter Total	1563	2194	631
Safe Haven Total	48	40	-8
Transitional Housing Total	321	596	275

# 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)	232	202	-30
Number of adults with increased earned income	17	9	-8
Percentage of adults who increased earned income	7%	4%	-3%

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)	232	202	-30
Number of adults with increased non-employment cash income	84	10	-74
Percentage of adults who increased non-employment cash income	36%	5%	-31%

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)	232	202	-30
Number of adults with increased total income	94	19	-75
Percentage of adults who increased total income	41%	9%	-32%

# 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)	312	511	199
Number of adults who exited with increased earned income	30	34	4
Percentage of adults who increased earned income	10%	7%	-3%

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)	312	511	199
Number of adults who exited with increased non-employment cash income	28	84	56
Percentage of adults who increased non-employment cash income	9%	16%	7%

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)	312	511	199
Number of adults who exited with increased total income	57	110	53
Percentage of adults who increased total income	18%	22%	4%

# 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.	1762	2291	529
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.	468	492	24
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)	1294	1799	505

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.	2080	2817	737
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.	570	609	39
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.)	1510	2208	698

## 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	246	435	189
Of persons above, those who exited to temporary & some institutional destinations	66	54	-12
Of the persons above, those who exited to permanent housing destinations	77	92	15
% Successful exits	58%	34%	-24%

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	1444	2115	671
Of the persons above, those who exited to permanent housing destinations	474	617	143
% Successful exits	33%	29%	-4%

### 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	483	588	105
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	470	577	107
% Successful exits/retention	97%	98%	1%



# 2023 HDX Competition Report

## FY2022 - SysPM Data Quality

OH-506 - Akron, Barberton/Summit 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	240	237	245	119	145	170	701	683	659	126	128	81			
2. Number of HMIS Beds	240	237	245	119	145	170	701	683	659	126	128	81			
3. HMIS Participation Rate from HIC ( % )	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	653	1788	2135	213	337	595	634	674	639	496	814	1225	569	459	762
5. Total Leavers (HMIS)	592	1603	1921	130	240	374	72	89	193	263	437	661	321	255	444
6. Destination of Don't Know, Refused, or Missing (HMIS)	36	930	918	2	117	206	6	3	1	3	9	22	46	33	47
7. Destination Error Rate (%)	6.08	58.02	47.79	1.54	48.75	55.08	8.33	3.37	0.52	1.14	2.06	3.33	14.33	12.94	10.59

2023 HDX Competition Report  
**FY2022 - SysPM Data Quality**

# 2023 HDX Competition Report

## Submission and Count Dates for OH-506 - Akron, Barberton/Summit 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	4/28/2023	Yes
2023 HIC Count Submittal Date	4/28/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes

IN-KIND SERVICES LETTER Amerihealth Caritas Ohio

September 15, 2023,

Marquetta Boddie, Executive Director

Summit County Continuum of Care

23 South Main Street, Suite 302

Akron, OH 44308

RE: Match for OH-506 CoC Planning Grant

Please accept this letter as certification that \_\_\_\_\_Amerihealth Caritas Ohio\_\_\_\_\_commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care

ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, care coordination, utilization management, outreach and member services, housing coordination, Mission GED education services, transportation services,

---

Services will be provided by RN, BSN,LPN, MSW, LISW, LPC, LPCC, Trained Others, Bachelor Level associates. Estimated average cost is \$1,500 per member for Care Coordination.

5. Source: \_\_\_\_\_Government: Medicaid\_\_\_\_\_



Breakdown of Services:

- Housing Activities: 50,000
- Care Coordination: 15,000
- Transportation: 2,000
- Mission GED – 1,500
- Member Services – 2,500
- Utilization Management – 5000
- Total number of members served in a year: 10
- The above TOTAL amount commitment includes \$ ADD AMOUNT HERE MATCH and \$\_\_76,000\_\_\_\_\_.

Sincerely,

[John E. Arnold](#)

AmeriHealth Caritas Ohio  
John E Arnold, Director of Member Engagement





*Buckeye Health Plan In Kind Service Letter*

*September 11, 2023*

*Marquette Boddie, Executive Director  
Summit County Continuum of Care  
23 South Main Street, Suite 302  
Akron, OH 44308*

*RE: Match for OH-506 CoC Planning Grant*

*Please accept this letter as certification that Buckeye Health Plan commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care*

*ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, etc.)*

*Services will be provided by a Health Equity Coordinator II with an average hourly cost of \$30: Collection of member information, administrative support, strategic planning, meeting planning and preparation, stakeholder collaboration, and training.*

*Source: Buckeye Health Plan  
Government or Private: Private  
Amount: \$5,760.00 6.*

*TOTAL CASH AMOUNT: \$5760.00*

*The above TOTAL amount commitment includes \$5,760.00 an*

*Sincerely,*

*Corazon Eaton, Health Equity Director  
Buckeye Health Plan*

*Corazon Eaton*

---



## Summit County Continuum of Care (SCCoC)

*a collaboration of agencies working together for the homeless*

*Each person is a branch of  
strength within the community.  
Strong branches make  
a strong community!*

# Summit County Continuum of Care and Buckeye Health Plan Memorandum of Understanding

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and Buckeye Health Plan have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

### **A. Purpose**

This MOU governs the duties, assignments, and responsibilities of the SCCoC and Buckeye Health Plan outlined in Section C of this MOU.

### **B. Terms**

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.

### **C. Responsibilities**





Both parties will participate in Monthly, strategic planning meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

MCOs will designate a Point-Of-Contact (POC) to be the recipient of weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

**Contact Information**

**YOUR CONTACT INFORMATION**

Corazon Eaton  
Corazon Eaton, Director of Health Equity

Date: 9-11-2023

Mar-quetta Boddie  
NAME AND TITLE OF SIGNER

Date: 09/25/22



## Summit County Continuum of Care (SCCoC)

*a collaboration of agencies working together for the homeless*

*Each person is a branch of  
strength within the community.  
Strong branches make  
a strong community!*

### **Summit County Continuum of Care and AmeriHealth Caritas Ohio Memorandum of Understanding**

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and AmeriHealth Caritas Ohio have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

#### **A. Purpose**

This MOU governs the duties, assignments, and responsibilities of the SCCoC and AmeriHealth Caritas Ohio outlined in Section C of this MOU.

#### **B. Terms**

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.

#### **C. Responsibilities**



Both parties will participate in Monthly, strategic planning meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

MCOs will designate a Point-Of-Contact (POC) to be the recipient of weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

**Contact Information**

YOUR CONTACT INFORMATION

John E. Arnold  
NAME AND TITLE OF SIGNER

Date: 08/31/2023

Marguetta Boddie  
NAME AND TITLE OF SIGNER

Date: 09/22/23



IN-KIND SERVICES LETTER Anthem Blue Cross and Blue Shield

September 20, 2023,

Marquetta Boddie, Executive Director  
Summit County Continuum of Care  
23 South Main Street, Suite 302  
Akron, OH 44308

RE: Match for OH-506 CoC Planning Grant

Please accept this letter as certification that Anthem Blue Cross and Blue Shield commits to providing the following otherwise non-obligated, eligible match support for the entire duration of the grant term for the following OH-506 CoC Planning Grant as part of the FY2023 HUD CoC Program Notice of Funding Availability. The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding between the Summit County Continuum of Care and MCO for the OH-506 CoC Planning Grant TERM: December 1, 2024 - November 30, 2025, PROJECT APPLICANT: Summit County Continuum of Care

ELIGIBLE COC ACTIVITIES -Services- FUNDED BY INKIND Project Administration & General Management (supervision, planning, budgeting, trainings, direct program meetings, care coordination, utilization management, outreach and member services, housing coordination, employment and education coordination, and transportation services. Services will be provided by RN, BSN, LPN, MSW, LISW, LPC, LPCC, Trained Others, Bachelor Level. Estimated cost is \$1,500 per member for Care Coordination.

5. Source: Government: Medicaid Medicaid Breakdown of Services:

- Housing Activities: \$25,000
- Employment/workforce development: \$15,000
- Care Coordination: \$15,000
- Transportation: \$5,000
- Member Services – \$5,000
- Utilization Management – \$5,000
- Total number of members served in a year: 10
- The above TOTAL amount commitment includes \$70,000

Sincerely,

*Gregory A. LaManna*

Greg LaManna, MPH  
Plan President  
Anthem BCBS Ohio Medicaid  
330-610-1312  
Gregory.LaManna@Anthem.com



## Summit County Continuum of Care (SCCoC)

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Strong branches make  
a strong community!*

# **Summit County Continuum of Care and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid Memorandum of Understanding**

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

### **A. Purpose**

This MOU governs the duties, assignments, and responsibilities of the SCCoC and Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield Medicaid outlined in Section C of this MOU.

### **B. Terms**

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.





## Summit County Continuum of Care (SCCoC)

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Strong branches make  
a strong community!*

# Summit County Continuum of Care and Buckeye Health Plan Memorandum of Understanding

The Summit County Continuum of Care (SCCoC) is a membership-based organization comprised of a variety of stakeholders from service providers, government entities, research institutions, etc., who are committed to preventing and ending homelessness through the design and implementation of plans, which are consistent with local, state, and federal policies. In the spirit of collaboration, the SCCoC and Buckeye Health Plan have agreed to enter into this Memorandum of Understanding (MOU) to document each party's duties and responsibilities with regard to SCCoC Clients and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies, in the completion of tasks necessary to ensure efficient and effective operations of the SCCoC and the HMIS Lead.

### **A. Purpose**

This MOU governs the duties, assignments, and responsibilities of the SCCoC and Buckeye Health Plan outlined in Section C of this MOU.

### **B. Terms**

Project Applicant can use the value of services reimbursed through Medicaid as match if the Medicaid services are contributed to the project directly (e.g., if the project has one or more staff persons who provide services to program participants and those services are funded through Medicaid). To count the value of such services as match the applicant must be able to demonstrate that the services are being contributed directly to the project. This can be done through a Memorandum of Understanding (MOU) or contract in place with a partner organization that provides services reimbursed through Medicaid to program participants. The Project Applicant should attach the MOU or commitment letter to application on Screen "7A. In-Kind MOU Attachment," if available at the time of project application.

### **C. Responsibilities**



Both parties will participate in Monthly, strategic planning meetings that will focus on increased consumer connection to healthcare services and expansion of data-sharing capacity.

MCOs will designate a Point-Of-Contact (POC) to be the recipient of weekly report that identify consumers that have been assessed by OH-506 Centralized Intake (CI) as Housing unstable and a member of a specific insurance carrier. Consumers will give consent for the sharing of name and current contact information only.

OH-506 CI will send a weekly report listing consumers to the designated POC at any MCO with a signed MOU with the Summit County Continuum of Care.

**Contact Information**

**YOUR CONTACT INFORMATION**

Corazon Eaton  
Corazon Eaton, Director of Health Equity

Date: 9-11-2023

Mar-quetta Boddie  
NAME AND TITLE OF SIGNER

Date: 09/25/22



**Memorandum of Understanding**  
**Between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield and**  
**CHC Addiction Services**

**This Memorandum of Understanding ("MOU")** is entered into as of — — — by and between Community Insurance Company d/b/a Anthem Blue Cross and Blue Shield ("Company") and CHC Addiction Services ("Organization"), a not-for-profit based in Akron, Ohio. Each Party named above shall be individually referred to in this MOU as "Party" or collectively, as "Parties."

**ARTICLE I- Obligations of Organization**

1.1 **Overview of MOU.** Company will provide Organization with Funds, as defined in attached and incorporated "Exhibit A, Description of Program" (the "Exhibit") for the program described in the Exhibit (the "Program"). Organization agrees as a condition of receipt of said Funds to adhere to the Terms and Conditions of this MOU including the Exhibit, as set forth below.

1.2 **Program Parameters and Non-Discrimination.**

a. Organization will be solely responsible for the identification of relevant requirements and parameters of eligibility for the Program.

b. In developing the parameters, Organization shall not discriminate against any person, applicant or participant of the Program on the basis of age, sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, handicap, health status, or any other unlawful basis. Organization will comply with all applicable laws prohibiting discrimination.

c. Organization acknowledges and agrees that the Program must be designed for a community benefit or need. Organization acknowledges and agrees that the Program cannot target or be designed solely for Company's members.

1.3. **Use, Monitoring and Returning of Funds.**

a. Organization agrees that no more than 10% of the Funds may be used for administrative costs.

b. Organization will begin distributing the Funds as soon as possible and on an ongoing basis, Organization shall (i) monitor and track use of Funds and performance of services under Program, and (ii) comply with all applicable state and federal laws related to use of Funds and services performed under Program. Organization agrees to report to Company promptly any suspected misuse of Funds. Organization acknowledges and understands that should any misuse of Funds be determined; Organization will be required to return Funds to Company immediately.

c. In the event this MOU terminates for any reason and Funds have not been used for Program, Organization shall return all unused, unapplied or unassigned Funds remaining to Company within thirty (30) days of receiving or giving notice of a termination as provided herein.

1.4 **Reporting and Record Keeping.**

a. Any reporting requirements are set forth in the Exhibit.

b. Organization will participate in regular conference calls with Company during the Term hereof to discuss Program outcomes and progress.

c. Organization will keep systematic records of all expenditures relating to this MOU. Such records, including bills, invoices, canceled checks, and receipts, will be retained by Organization for five (5) years after this MOU terminates or expires and will be available for Company inspection during that period.

1.5 **Insurance.** Organization represents and warrants that throughout the Term it shall maintain commercially reasonable and sufficient insurance, including for indemnification, in respect of any potential liability for loss or damage under this MOU. For the purposes of this Section, the indemnification language in the insurance policies and endorsements of "per written contract" is sufficient and neither Party is required to list the other as an additional insured on their insurance policies.

## **ARTICLE II - Obligations of Both Parties**

2.1 **No sharing of PHI.** Parties agree that there will be **no exchange** of Protected Health Information ("PHI") or Personal Identifiable Information ("PII") in the fulfillment of the Program described in this MOU and Exhibit. Any information that could include PHI or PII must be de-identified and/or aggregated prior to sharing.

2.2 **Use of Brands and Intellectual Property.** Each Party recognizes and acknowledges that the other Party owns or may own certain intellectual property that was not developed or funded specifically for the Program, but which may be used in connection with the services contemplated under this MOU, ("Independent Intellectual Property"), and agrees that all such Independent Intellectual Property shall, as between the Parties, remain the sole property of the originating Party. Each Party acknowledges and agrees that, except as required by this MOU, no Party is obtaining rights to any other Party's Independent Intellectual Property as a result of this MOU, unless expressly agreed to by the Party owning such Independent Intellectual Property.

2.3 **Information Uses: Communications: Publicity: Publication.** Subject to 2.1 above, The Parties agree that neither Party shall make any public statement or release that relates to this MOU or the Program described herein without the prior written approval of the other Party. All sponsorship or joint marketing activities arising under this MOU are subject to Company's policies and procedures and applicable law. If applicable, the Parties will work together to provide key Program success stories, including public relations or media events promoting this Program.

## **Article III - Indemnification and Limitation of Liability**

3.1 **Indemnification.** Organization agrees to indemnify, defend, and hold harmless Company and its officers, employees and agents from and against any and all liability, loss, claim, damage or expense, including defense costs and legal fees, incurred in connection with (i) Organization's breach of any representation and warranty made by Organization in this MOU, and (ii) claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury or property damage arising from Organization delivery of Program services or Organization's performance or failure to perform Organization's obligations hereunder.

3.2 **Limitation of Liability.** In no event will Company or any of its agents, officers, employees or affiliates be liable under or in connection with this MOU or its subject matter under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, for any: (a) loss of production, use, business, revenue, or profit, or loss of data or diminution in value, or (b) consequential, incidental, indirect, exemplary, special, enhanced, or punitive damages, regardless of whether such persons were advised of the possibility of such losses or damages or such losses or damages were otherwise foreseeable, and notwithstanding the failure of any agreed or other remedy of its essential purpose. Moreover, in no event will the collective aggregate liability of Company and its agents, officers, employees, or affiliates under or in connection with this MOU or its subject matter, under any legal or equitable theory, including but not limited to breach of contract, tort (including negligence), warranty, strict liability, and otherwise, exceed the fees due and payable by Company under this MOU. The foregoing limitation applies notwithstanding the failure of any agreed or other remedy of its essential purpose. A party bringing a claim in connection with this MOU must do so within one (1) year of the date of the incident of the facts or event which gave rise to a claim or dispute.

#### **Article IV -Term and Termination**

4.1 **Term.** This MOU shall become effective as of the Program Start Date, as identified in the Exhibit (the "Effective Date") and continue until Parties fulfill their obligations under this MOU (the "Term") as described within the Exhibit.

4.2 **Termination Without Cause.** This MOU may be terminated during the Term by either Party acting in its sole discretion, and for any reason or no reason whatsoever. Notice of said termination stating the Party's intent to terminate and the effective date of such termination shall be delivered in writing to the other Party not less than thirty (30) days prior to the effective date of such termination.

#### **Article V - General Provisions**

5.1 **No Third-Party Rights.** This MOU is made solely for the benefit of the Parties and does not and shall not be construed to grant any rights or remedies to any other person or entity other than as expressly provided for in this MOU.

5.2 **Amendment.** Neither this MOU nor any of its provisions may be amended, supplemented, modified, or waived except by a writing duly executed by the duly authorized representative of each of the Parties.

5.3 **Governing Law.** This MOU, and all claims arising out of, relating to or in connection with this MOU, are governed by and construed in accordance with the laws of the State of Ohio, without regard to its provisions concerning the applicability of the laws of other jurisdictions.

5.4 **Waiver.** Either Party's waiver of any breach or violation of this MOU by the other Party shall not, nor shall it be construed to, constitute a waiver of any subsequent breach or violation of this MOU by the other party.

5.5 **Assignment.** No Party shall have the right to assign this MOU or any of its rights or obligations hereunder without the written consent of the other Party.

5.6 **Notices.** Except as otherwise expressly provided in the MOU, any notice required under this MOU shall be in writing and shall specifically refer to this MOU. Notices shall be sent via one of the following means and will be effective (a) on the date of delivery, if delivered in person; (b) on the date of receipt, if sent by a email (with delivery confirmed); or (c) on the date of receipt, if sent by private express courier or by first class certified mail, return receipt requested. **Notices shall be sent to the other Party at the addresses set forth in the Exhibit.** A Party may change its addresses for purposes of this Notice section by sending written notice to the other Party.

5.7 **Entire MOU.** This MOU (and all appendices and/or exhibits attached hereto, which are hereby incorporated by this reference) constitutes the entire understanding between the Parties and replaces and supersedes any and all prior agreements and understandings, whether oral or written, express or implied, between the Parties with respect to the subject matter hereof.

5.8 **Construction.** The Parties mutually acknowledge that they have participated in the negotiation and preparation of this MOU. Ambiguities, if any, in this MOU shall not be construed against any Party, irrespective of which Party may be deemed to have drafted the MOU or authorized the ambiguous provision.

5.9 **Compliance.** All Parties hereby expressly state that it is each Party's intent to expressly comply with state and federal law, and as amended, whether or not such law is specifically called out in this MOU. Organization and Company agree that this MOU is not intended to steer state or federal health care beneficiaries to join Company.

5.10 **Severability.** If any of the provisions of this MOU, including but not limited to structure of Program, distribution of Funds or otherwise, are held to be void or unenforceable, then such void or unenforceable provisions shall be replaced by valid and enforceable provisions that will achieve as far as possible the business intentions of the Parties, to the extent doing so is possible. Should such replacement not be possible, the Party's may terminate the MOU in accordance with the terms herein.

5.111 **Independent Parties.** Organization and its employees, agents, and representatives are independent parties and are not Company employees or agents.

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**CBC Addiction Services**

  
**Signature**

  
**Printed Name**

---

**Community Insurance Company  
d/b/a Anthem Blue Cross and Blue  
Shield**

  
**Signature**

**Gregory A. LaManna**  
**Printed Name**

CEO

Title

Title

9/20/23

Date

Date

**Exhibit A  
Description of Program**

Organization	Company
<b>Contact</b> Melissa Massey-Flinn	<b>Contact</b> Benjamin Sears
<b>Address</b> 838 Coburn St Akron, Ohio 44311 330-315-3730	<b>Address</b> 8940 Lyra Drive Columbus, OH 43240 419-460-4599
<b>Email</b> : melissa.massey- flinn@chcaddiction.org	<b>Email</b> : Ben.Sears@anthem.com
<b>Program Start ("Effective Date") Date:</b>  10/1/2023	<b>Program End Date:</b>  12/31/2024

**I. Description of Program:**

- a. The mission of Organization is to treat, inspire, support and empower individuals and families impacted by the disease of addiction. The Organization is dedicated to addressing community needs through The New Genesis Health Home Project by housing homeless individuals with chronic health conditions identified as "overutilizers" of hospitals and nursing homes as a result of experiencing homelessness.

To help combat homelessness, shared housing is the concept of housing multiple people or families in one house. This Program will include the development and implementation of shared housing that will consist of six (6) permanent supportive housing units in a six (6) bedroom house managed by Organization. The Program will target individuals with chronic health conditions and prioritize referrals from hospital discharge and nursing homes. Each resident will receive intensive case management services with the goal of maintaining stable housing and achieving improved health outcomes.

To support Organization in their efforts, Company will provide Organization with the Funds described herein, to provide for the development and implementation of a shared housing program in Akron, Ohio ("Program") including providing the following services.

1. Employing and training staff to provide case management, life skills, and resident supports.
  11. Office and program space on site for staff and resident support programming.
  111. Ensuring the house is ready for occupancy by providing furnishings, moving support, and other needed household items.
  - 1v. Resident supports to overcome SDOH barriers such as transportation, education, employment, and food.
  - v. In accordance with Section 1.2, Organization is fully responsible for the parameters of the Program.
- b. Organization is required to register with the Find Help website, a community resource link that connects individuals with no cost social service resources in their communities. In addition, Organization is required to attend trainings and meetings geared towards understanding the Find Help website. After registering, Organization will maintain accurate and up to date organizational information, specifically regarding services to "close the loop" for individuals served.
  - c. Notwithstanding the foregoing, Organization shall not use any of the Funds described in this MOU for the purpose of funding rent or mortgage payments.

## **II. Funds Disbursement:**

- a. Within (30) thirty days of the execution of this MOU, Company will provide Organization with a lump sum payment of Seventy-Five Thousand Dollars (\$75,000.00) ("Funds") as a one-time payment to support the Program described above.

## **III. Reporting and Expected Outcomes:**

- a. Organization will provide the following reporting to Company on a quarterly basis, including information such as: the progress of the Program, implementation milestones, people successfully housed and their length of stay, resident exit destination, change in employment status and income, change in education status, connection to community resources, and healthcare utilization and access. If available, the CBO will provide the demographics of individuals served, (age, race, disability, language spoken, gender, insurance plan), and any other mutually agreed upon metrics related to performance under this MOU. In addition, Organization at the end of the Term will provide Company with a final accounting and reporting of use of Funds. Any reporting shall be in compliance with the MOU terms and conditions, including but not limited to Section 2.1.
- b. The expected outcomes of the Program are to reduce homelessness by increasing accesses to affordable shared housing that is safe, cost effective and accessible.





**HOUSING SERVICES COLLABORATION AGREEMENT**  
**MR00192656**

**THIS HOUSING SERVICES COLLABORATION AGREEMENT** (this "Agreement") is made and entered into effective as of June 1, 2022 regardless of the execution date hereof (the "Effective Date"), by and between **United HealthCare Services, Inc.**, a Minnesota corporation with offices at 9900 Bren Road East, Minnetonka, MN 55343, on behalf of itself and its Affiliates ("United") and Ohio Multi-County Development Corporation, 838 Coburn Street, Akron, Ohio 44311("Collaborator") for the purpose of setting forth the terms and conditions under which Collaborator agrees to provide services for United hereunder. For services provided on or after its Effective Date, this Agreement supersedes and replaces any and all other agreements, whether written or oral, between the parties regarding the subject matter contained herein.

**Recitals**

United owns and manages healthcare companies. Those entities include health plans that participate in the Medicaid program. One of United's initiatives is the Housing+Health Pilot Program, which is a pilot program that assists medically complex individuals who are homeless or at risk for homelessness.

The Housing+Health Pilot Program (defined hereunder in section 1.3) subsidizes housing assistance and/or case management services for eligible Members (as that term is defined in Section 1.2) of United managed Medicaid plans. The purpose of those services is to help the Members develop the life skills, financial resources, and coordination with healthcare resources necessary to allow them to have better adherence with medical treatment plans, have improved health, support themselves in long-term housing arrangements. The Housing+Health Pilot Program generally provides housing assistance and/or case management for wrap-around services for up to {12 months}.

Collaborator is an organization that specializes in providing housing assistance and/or case management for wrap-around services to individuals like Members. Collaborator operates its organization using the Rapid Re-housing model. Collaborator has experience with providing case management for wrap around services while training people to support themselves in long-term living arrangements, and with placing people in long-term supportive housing arrangements.

This Agreement is a contract whereby Collaborator has agreed to provide housing assistance services and/or case management for wrap-around services to Housing+Health Pilot Program Members, and United has agreed to compensate Collaborator for those services. These services will be offered as value-added services not paid for using Medicaid capitation dollars. The goal of the Housing+Health Pilot Program is for each Member to have the opportunity to live in a housing arrangement on a long-term basis following his or her successful completion of the program. Collaborator has agreed to facilitate that goal by offering the Member who successfully exit the Housing+Health Pilot Program the opportunity remain in the housing units that Collaborator has provided, or through placing the Housing+Health Pilot Program Participants in another similar housing arrangement.

Collaborator and United therefore agree as follows:

**SECTION 1**  
**DEFINITIONS**

1.1 **"Affiliate"** means any entity directly or indirectly controlled by, controlling or under common control with United.

1.2 **"Member"** is a person eligible and enrolled to receive coverage from an Affiliate, or is enrolled in a program being administered by United for which the Member may be referred to Collaborator for Housing Assistance Services (as defined in Section 2.1) hereunder.

1.3 **"Housing+Health Pilot Program"** is a pilot program that assists medically complex individuals who are experiencing homelessness or at risk of homelessness. The Housing+Health Pilot Program subsidizes housing assistance and case management services for its program participants on a short-term basis, and according the general principles of a Rapid Re-housing approach to program design. The purpose of those services is to help the program participants develop the life skills, financial resources, and coordination with healthcare resources necessary to allow them to support themselves in long-term housing arrangements.

## **SECTION 2 COLLABORATOR SERVICES**

2.1 **Services and Fees.** Collaborator shall perform the Housing Assistance Services as described and outlined, and at the locations identified, in Exhibit A (the "Housing Assistance Services Addendum"). All fees payable by United to Collaborator in connection with the provision of the Housing Assistance Services shall be as outlined in the Housing Assistance Services Addendum. Collaborator shall invoice United on a monthly basis in arrears, unless otherwise set forth in the Housing Assistance Services Addendum. Undisputed invoices will be due and payable by United within ten (10) business days after United's receipt of the invoice. United may withhold payment of particular charges that United disputes in good faith, pending the resolution of such dispute, provided that United provides Collaborator with written notice of the amounts being withheld and the reason for withholding such amounts.

2.2 **Collaborator Personnel.** United and Collaborator acknowledge that Collaborator may assign certain of its personnel or volunteers (or that of its affiliates) to perform Housing Assistance Services under this Agreement. Collaborator is solely responsible for any payment of compensation and provision of benefits to its personnel assigned to perform Housing Assistance Services and shall otherwise be solely responsible for its personnel and volunteers performing Housing Assistance Services hereunder. Collaborator shall be solely responsible for ensuring that the personnel or volunteers assigned to perform Housing Assistance Services have been appropriately screened so as to ensure that Collaborator does not assign any individual to perform a service that would pose a threat of harm to Members in the care and support of such Member or to United property.

2.3 **Timely and Satisfactory Performance.** Each of United and Collaborator shall be responsible for the timely and satisfactory performance by any and all of its personnel.

2.4 **Representation and Warranties of Collaborator.** Collaborator, by virtue of its execution and delivery of this Agreement, represents and warrants as follows: (a) Collaborator is a duly organized and validly existing legal entity in good standing under the laws of its jurisdiction of organization; (b) Collaborator has all requisite corporate power and authority to conduct its business as presently conducted, and to execute, deliver and perform its obligations under this Agreement; (c) the execution, delivery and performance of this Agreement by Collaborator does not and will not violate or conflict with (i) any material agreement or instrument to which Collaborator is a party or by which Collaborator or any material part of its property is bound, or; (ii)

applicable law; and, (d) Collaborator has obtained and holds all registrations, permits, licenses, and other approvals and consents, and has made all filings that it is required to obtain from or make with all governmental entities under applicable law in order to conduct its business as presently conducted and to enter into and perform its obligations under this Agreement. Collaborator also represents and warrants that the Housing Assistance Services will conform with all applicable laws, industry standards and in conformance with this Agreement.

**2.5 Nondiscrimination.** Collaborator shall not discriminate against any Member, with regard to quality of Housing Assistance Services or accessibility of the Housing Assistance Services, on the basis that person receiving the services is a Member (e.g., it shall provide the same quality and accessibility of Housing Assistance Services to a Member as it would to any other person seeking its services). Additionally, Collaborator shall not discriminate against any Member with regard to status such as protected veterans, and prohibited discrimination based upon that individual's race, color, national origin, religion, sex, sexual orientation, gender identity or disability.

**2.6 Insurance.**

- a. **Required Coverage.** During the term of this Agreement, Collaborator will obtain and maintain, at its sole cost and expense, the insurance in the types and amounts outlined below or as required by applicable law, whichever is greater, and any such additional insurance necessary to insure against claims that may arise from or in connection with its obligations under this Agreement, whether such obligations are performed by or on behalf of Collaborator.

Coverage Type	Minimum Limits of Liability
Commercial General Liability	Amounts should be customary and consistent with industry standards for the Housing Assistance Services being provided by Collaborator, and should cover the actions of any employees or volunteers of Collaborator who may perform Housing Assistance Services.
Business Automobile Liability <sup>1</sup>	\$1,000,000 combined single limit per accident
Worker's Compensation	In accordance with the laws of the country, state, province, or territory exercising jurisdiction over employees
Umbrella Liability	\$5,000,000 each occurrence/aggregate

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<sup>1</sup> This coverage is only required if Collaborator is providing transportation of Members as part of its Housing Assistance Services, or if Collaborator will otherwise be providing transportation to Members in connection with the Housing Assistance Services.

Coverage Type	Minimum Limits of Liability
Professional Liability/ Errors & Omissions Liability <sup>2</sup>	\$1,000,000 each claim or occurrence, and \$3,000,000 aggregate
Third-Party Crime <sup>3</sup>	\$500,000 aggregate

- b. **Insurance Ratings.** Insurance shall be issued by insurance companies with a minimum A.M. Best rating of A-VII.
- c. **Additional Insurance Requirements.** In the event that any insurance required by this Agreement is written on a claims-made basis, such insurance will (i) have a policy retroactive date that coincides with or predates the Effective Date and (ii) be carried for a period of three years after the obligations of this Agreement have been completed, or an extended reporting period of three years shall be purchased (commonly referred to as 'Tail' coverage). Commercial general liability will include United and its Affiliates as additional insured(s) and where applicable, Collaborator shall maintain products and completed operations coverage for a minimum of three years past the end of this Agreement.
- d. **Certificates of Insurance.** Prior to the effective Date of this Agreement and upon written request, Collaborator shall submit to United, in writing, evidence of insurance coverage. Collaborator shall give United thirty (30) days written notice in the event of any termination, or cancellation in such insurance.

2.7 **Non-Exclusivity.** United reserves the right to obtain from any other sources any services that may be or comparable to the Housing Assistance Services provided by Collaborator. United does not guarantee Collaborator any particular amount of work under this Agreement.

### SECTION 3 INFORMATION; BOOKS AND RECORDS

3.1 **Confidential Business Information.** Each Party acknowledges that, in connection with this Agreement, it (the "Receiving Party") may become aware of or come into possession of certain confidential or proprietary information and documents of the other party (the "Disclosing Party"). For purposes of this Agreement, "Confidential and Proprietary Information" means all information furnished or made available by a party in connection with this Agreement, whether prior or subsequent to the signing hereof, including, but not limited

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<sup>2</sup> This coverage is only required if the performance of the Housing Assistance Services requires Collaborator to exercise professional/technical knowledge or training, so that if Collaborator fails to properly exercise its skills, it could be liable for such failure.

<sup>3</sup> This coverage will provide coverage for any loss sustained by United as a result of any dishonest act by any party directly or indirectly employed by or working on behalf of Collaborator (whether acting alone or in collusion with others), including but not limited to theft, forgery, fraud, alteration, and transfer of funds (electronically or otherwise) where Collaborator has control of or access to premises, tangible property, computer systems, accounts, money or securities; such policy will name United as loss payees.

to, protected health information ("PHI") of Members; trade secrets; business projections/forecasts and documents; marketing studies; sales methods; costs; pricing; discounts; business plans; technical and non-technical data; computer programs and software; methods, techniques, computer code and all other materials, whether written or oral, tangible or intangible with respect to this Agreement and the obligations of the respective parties and the services provided hereunder, whether or not such Confidential and Proprietary Information is designated as being confidential and which has not been publicly disclosed. Confidential and Proprietary information may be disclosed to the Receiving Party orally, in writing, by samples, by inspections, or in a tangible medium.

The Receiving Party agrees as follows:

- (a) To maintain the confidentiality of the Disclosing Party's Confidential and Proprietary Information, including, but not limited to, providing the same degree of care to avoid disclosure or unauthorized use of the Confidential and Proprietary Information as the Receiving Party provides to its own confidential and proprietary information, and retaining the Confidential and Proprietary Information in a secure place with access limited to only those persons who have a need to know such information in connection with performance under this Agreement;
- (b) To direct its personnel to maintain such confidentiality of the Disclosing Party's Confidential and Proprietary Information;
- (c) To not disclose to any third party, including but not limited to subcontractors, any of the Disclosing Party's Confidential and Proprietary Information without the Disclosing Party's prior written permission;
- (d) To not copy any of the Disclosing Party's Confidential and Proprietary Information without the Disclosing Party's prior written permission;
- (e) To not use the Disclosing Party's Confidential and Proprietary Information for any purpose other than performing services under this Agreement without the Disclosing Party's prior, written permission;
- (f) To return all copies of any Confidential and Proprietary Information upon any request by the Disclosing Party to do so;
- (g) To indemnify and hold harmless the Disclosing Party from any and all loss which may result from unauthorized disclosure of the Confidential and Proprietary Information; and
- (h) To immediately notify the Disclosing Party of any information which comes to the Receiving Party's attention which indicates that there may have been a loss of confidentiality or unauthorized use of such Confidential and Proprietary Information.

All Confidential and Proprietary Information shall remain property of the Disclosing Party. The parties agree that should this Agreement be breached, money damages alone would be inadequate compensation. Accordingly, in addition to any other remedies available by law or in equity, any court of competent jurisdiction may also enjoin the disclosure or use by Receiving Party of any Confidential and Proprietary Information.

The Receiving Party shall have no obligation to keep confidential information which: (a) on the date hereof is generally known to the public; (b) subsequent to disclosure hereunder is lawfully received from a third party having rights therein without restriction of dissemination; (c) prior to disclosure hereunder was within the legitimate possession of the Receiving Party and which can be confirmed by contemporaneous written documentation; (d) the release of which is authorized previously in writing by the Disclosing Party; or (e) is ordered to be produced by a court of competent jurisdiction, but provided that the Receiving Party gives the Disclosing Party ten (10) days written notice prior to such production.

This section shall survive any termination or expiration of this Agreement.

3.2 **Records.** Collaborator shall maintain books and records that are usual and customary for the Housing Assistance Services provided under this Agreement. All such books and records shall be maintained in accordance with prudent standards of insurance industry recordkeeping and all applicable laws and regulations. Collaborator shall preserve such records as required by applicable law or regulation.

3.3 **Request of Records.** Upon reasonable notice, during normal business hours and at a reasonable time and place, United or its designee shall have the right to request and receive copies of any records of Collaborator that relate to Collaborator's obligations under this Agreement.

3.4 **Government Access to Records.** Federal, state, and local government agencies including, but not limited to, the U.S. Department of Health and Human Services, the U.S. Comptroller General, other state and federal officials, or their designees shall have the right to inspect, evaluate and audit, and United and Collaborator are authorized to release all information and records or copies of such within the possession of United or Collaborator that are pertinent to and involve transactions related to this Agreement if such access is necessary to comply with statutes, regulations or accreditation standards applicable to United or Collaborator. Said government agencies may also evaluate, through inspection or other means, the quality, appropriateness and timeliness of services provided under this Agreement and compliance herewith.

#### **SECTION 4 REGULATORY COMPLIANCE**

4.1 **HIPAA Compliance.** United will be responsible for obtaining Member authorization and consent to refer Members to Collaborator, and to continue to have Collaborator and United exchange information about the Members, including information that may constitute Protected Health Information ("PHI") as such term is defined under the Health Insurance Portability and Accountability Act ("HIPAA"), and regulations promulgated thereunder. Any Member information exchanged between Collaborator and United shall be treated by Collaborator as Confidential and Proprietary Information and shall be held by the other party under the privacy rules and policies applicable to such party with respect to the handling of the information under which the Member is providing authorization and consent to have United share with Collaborator. Collaborator shall ensure that all program activities involving PHI or other protected information shall adhere to state and federal privacy laws and regulations, including but not limited to Collaborator's agreement that it will not disclose PHI to any individual within its organization except for the minimally necessary information on a need-to-know basis in support of the program and shall require all such individuals working with or on behalf of Collaborator to comply with these privacy requirements. Collaborator shall not disclose the PHI of any Member without the Member's prior written authorization, and in accordance with the Member authorization obtained by United from such referred Member. The privacy obligations set forth herein shall survive expiration or termination of this Agreement. To the extent the Member's consent is found to be

invalid, for any reason, the parties shall enter into a Business Associate Agreement, as necessary to comply with applicable law.

4.2 **Regulatory Appendices.** Contract provisions that are necessary to comply with the legal or regulatory requirements of certain jurisdictions or regulatory agencies will be set forth in individual appendices attached to this Agreement and made a part hereof (the "Appendices"), including but not limited to, the Master Community and State Appendix attached hereto as Exhibit B. Collaborator shall comply and shall require its personnel to comply with the applicable terms and conditions of such Appendices. In the event of a conflict between the provisions of the main body of this Agreement and an Appendix, the terms of the Appendix will control.

4.3 **Compliance with Laws.** Collaborator and United agree to comply with all applicable federal, state and local laws, orders, rules, ordinances, regulations and codes (collectively "Laws") in connection with the performance of their obligations under this Agreement. Without limiting the generality of the foregoing, Collaborator will be responsible for compliance with all (a) Laws applicable to Collaborator and Collaborator's business (i.e., Laws under which Collaborator would be liable in the case of non-compliance) that affect the provision or receipt of the services, (b) Laws applicable to the performance or delivery of the services, and (c) privacy and security Laws to which any Member or United information is subject. Collaborator agrees not to seek payment in any form, directly or indirectly, from a federal health care program, including but not limited to Medicare or Medicaid, for items or services covered by this Agreement, except as otherwise permitted by 42 C.F.R. § 1001.952. Collaborator warrants and represents that in no event shall Collaborator advertise or market the Housing Assistance Services provided under this Agreement to any Member or individual, nor shall Collaborator recommend that any Member receive health care services that are reimbursable by Medicare or Medicaid from any particular provider, practitioner or supplier.

## SECTION 5 TERM; TERMINATION

5.1 **Term.** This Agreement shall become effective on the Effective Date specified in the introductory paragraph of this Agreement, and shall be effective for a period of 12 months thereafter. This Agreement shall automatically renew for successive periods of 12 months each on the same terms and conditions contained herein, and in any exhibit hereto, unless sooner terminated pursuant to the terms of this Agreement.

5.2 **Termination.** This Agreement may be terminated as follows:

- (a) By mutual written agreement of the parties;
- (b) By either party, without cause, upon ninety (90) days' advance written notice to the other party;
- (c) By either party, upon at least thirty (30) days prior written notice to the other party in the event of a material breach of this Agreement by the other party, unless the material breach has been cured or a reasonable corrective action plan has been developed and approved by the other party, such approval shall not be unreasonably withheld, before the end of the thirty (30) day notice period.
- (c) By either party, immediately upon written notice to the other party in the event either party becomes insolvent or is adjudicated as a bankrupt entity, or its business comes into possession or

control, even temporarily, of any trustee in bankruptcy, or a receiver is appointed for it, or it makes a general assignment for the benefit of creditors, unless the other party elects in writing to forego termination of this Agreement;

(d) By United immediately if (i) any governmental agency or authority (including Medicare or Medicaid) sanctions Collaborator, or (ii) Collaborator loses applicable licensure, permit or other approval required to provide services under this Agreement; or

(e) Automatically upon cessation of operations of United or Collaborator. Notice of cessation of operations shall be provided to the other party as soon as practical.

5.3 **Effect of Termination.** Notwithstanding anything in this Section 5, Collaborator shall continue to actively service any referred Members after the termination of this Agreement, in accordance with Collaborator's normal operating procedures and the terms of this Agreement, until United has transferred such Member to another collaborator.

## **SECTION 6 MISCELLANEOUS**

6.1 **Relationship of Parties.** The sole relationship of the parties is that of independent contractors and nothing in this Agreement or otherwise shall be deemed or construed to create any other relationship, including one of employment, joint venture, or agency. Collaborator shall be solely responsible for any taxes of any type, including social security taxes, workers' compensation taxes or costs, unemployment compensation taxes or costs, or any other similar taxes, costs, or charges or any other taxes or charges related to Collaborator's or Collaborator's personnel's receipt of compensation and performance of services under this Agreement, and shall indemnify and hold United harmless against any such taxes or charges. This section shall survive any termination of this Agreement.

6.2 **Disputes.** United and Collaborator shall work together in good faith to resolve any disputes about their business relationship. If the parties are unable to resolve the dispute within thirty (30) days following the date one party sent written notice of the dispute to the other party and if United or Collaborator wishes to pursue the dispute, it shall be submitted to binding arbitration in accordance with the rules of the American Arbitration Association. In no event may arbitration be initiated more than one (1) year following the sending of written notice of the dispute. The arbitrators may construe or interpret but shall not vary or ignore the terms of this Agreement, and shall be bound by controlling law. The decision of the arbitrator(s) on the points in dispute will be binding, and judgment on the award may be entered in any court having jurisdiction thereof. The parties acknowledge that because this Agreement affects interstate commerce, the Federal Arbitration Act applies.

In the event that any portion of this section or any part of this Agreement is deemed to be unlawful, invalid or unenforceable, such unlawfulness, invalidity or unenforceability shall not serve to invalidate any other part of this section or Agreement. In the event any court determines that this arbitration procedure is not binding or otherwise allows litigation involving a dispute to proceed, the parties hereby waive any and all right to trial by jury in, or with respect to, such litigation. Such litigation would instead proceed with the judge as the finder of fact.

This section shall govern any dispute between the parties arising before or after execution of this Agreement and shall survive any termination of this Agreement.



6.3 **Severability.** If any provision of this Agreement shall be held invalid by any court of competent jurisdiction, such provision shall be modified to the extent necessary to make it enforceable or, if necessary, shall be inoperative, and the remainder of this Agreement shall remain binding upon Collaborator and United.

6.4 **Counterparts.** This Agreement may be executed in several counterparts, each of which shall be an original, and all of which together shall constitute but one and the same instrument. Delivery of an executed Agreement by one party to the other may be made by facsimile transmission.

6.5 **No Third Party Beneficiaries.** This Agreement confers no rights whatsoever upon any persons, other than Collaborator and United.

6.6 **Waiver.** The waiver of any full or partial provision, term or condition of this Agreement shall not constitute a waiver of any other or later breach of the same.

6.7 **Governing Law and Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the state in which Collaborator provides the Housing Assistance Services, without giving effect to conflicts of law principles. Collaborator and United also consent to personal jurisdiction over them in the courts of that same state.

6.8 **Notices.** All notices, demands or other communications hereunder shall be in writing and may be sent by: (i) personal delivery; (ii) commercial messenger service overnight delivery; or (iii) United States Postal Service. Irrespective of the manner of delivery or transmission used, all such notices shall be properly addressed and directed with postage or delivery charges prepaid (if any) to the party at its respective address or facsimile number set forth below or to such other address which any party may designate in writing in accordance with the provisions of this section. Notwithstanding the foregoing, all notices of termination of this Agreement by either party must be sent by certified mail, return receipt requested. Notices sent by personal delivery shall be deemed given upon independent written verification of receipt. Notices sent via overnight delivery shall be deemed given on the next business day. All other notices sent by either registered or certified mail shall be deemed given three (3) business days from mailing. Notwithstanding any other part of this Agreement, a party may use the DocuSign software platform to send notices of amendments to this Agreement to the other party.

Notices to United:

Attn: Legal Department  
UnitedHealth Group  
9900 Bren Road East  
MN008-T502  
Minnetonka, MN 55343

Notices to Collaborator:

Attn: Janet Wagner, CEO  
838 Coburn Street  
Akron, OH

With copies to:

Attn: Enterprise Sourcing & Procurement  
UnitedHealth Group  
9900 Bren Road East  
**MN008-W240**

Minnetonka, MN 55343

Routine operational communications (which will not constitute legal notice) related to administration of the Agreement, including invoices, may be sent to the parties using any contact information provided below or in the course of performance.

Notices to United:

Attn: Stacy Lome  
Email: stacy\_lome@uhc.com

Phone: 952-237-3311

Notices to Collaborator:

Attn: Melissa Massey-Flinn  
Email: melissa.masseyflinn@chcaddic  
on.org

Phone: 330-315-3730

**6.9 Headings.** The section headings contained in this Agreement are not part of this Agreement, are for the convenience of reference only, and shall not affect the meaning, construction or interpretation of this Agreement.

**6.10 Assignment.** This Agreement may not be assigned by either Collaborator or United without the prior written consent of the other party, which consent may not be unreasonably withheld.

**6.11 Amendment.** United may amend this Agreement by providing Collaborator with a copy of the amendment at least 30 days' prior to the effective date of any such amendment. If Collaborator does not execute and return the amendment within 30 calendar days of receipt of the amendment, the amendment shall be deemed to be executed by Collaborator. Notwithstanding the foregoing, if Collaborator does not want to be bound by such an amendment, Collaborator may terminate this Agreement by providing written notice to United prior to the effective date of the amendment. The termination of the Agreement shall be effective 90 days after United receives Collaborator's notice of rejection of the amendment and desire to terminate the Agreement. The terms and conditions of the proposed amendment will not bind Collaborator during the 90-day period. The parties acknowledge and agree that amendments may entered into using the DocuSign software platform, and that all such amendments shall constitute valid and binding amendments to this Agreement.

**6.12 Agreement as Confidential.** Collaborator shall treat this Agreement as confidential and shall not disclose its terms to any third party.

**6.13 Remedies.** The parties acknowledge that the other party's remedies at law for any breach of Section 3 under this Agreement would be inadequate. Therefore, each party agrees that in the event of a breach or threatened breach of any of its obligations under Section 3 of this Agreement, the other party shall be entitled to injunctive relief compelling specific performance of, or other compliance with, the terms of this Agreement. Such relief shall be in addition to all other remedies available to such party at law, in equity or otherwise.

**6.14 Indemnification.** Each party (the "Indemnified Party") shall indemnify and hold the other party (the "Indemnifying Party") harmless from and against any and all liabilities, including, but not limited to losses, penalties, fines, costs, damages, claims, causes of action, and expenses incurred by the Indemnified Party, including reasonable attorneys' fees arising out of (i) Indemnifying Party's performance of the services hereunder, (ii) Indemnifying Party's, or any of its employee's, volunteer's, or subcontractor's willful misconduct or negligent, or grossly negligent, acts or omissions, (iii) Indemnifying Party's, or any of its employee's, volunteer's, or

subcontractor's violations of applicable law, (iv) Indemnifying Party's breach of its obligations under this Agreement, including but not limited to breaches of its obligations under the regulatory compliance provisions in Section 4 above, and (v) any act or omission by Indemnifying Party that results in unauthorized access into any of the Indemnified Party's system, network, data or other technology.

**THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.**

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective as of the Effective Date.

**UNITED HEALTHCARE SERVICES, INC.**

**OHIO MULTI COUNTY DEVLEOPMENT CORPORATION**

By: *Barb Avery*  
Barb Avery (Jun 23, 2022 13:59 CDT)  
(Authorized Signature)

Name: Barb Avery  
(Print or Type)

Title: Associate Director  
(Print or Type)

By: *Janet L. Wagner*  
Janet L. Wagner (Jun 23, 2022 13:35 EDT)  
(Authorized Signature)

Name: Janet L. Wagner  
(Print or Type)

Title: CEO  
(Print or Type)

## EXHIBITS

Exhibit A: Housing Assistance Services Addendum  
Exhibit B: Master Community & State Appendix

**EXHIBIT A**  
**HOUSING ASSISTANCE SERVICES ADDENDUM**

The term "Housing Assistance Services" shall mean the housing assistance and or case management services provided to a Member by Collaborator, and shall include, but not be limited to, the housing and case management services described in sections 3 and 4 of this Exhibit A.

1. **Compensation and Cost Reimbursements.** United shall pay Collaborator the following amounts as payment for the Housing Assistance Services provided to Members, subject to the terms and conditions described below.

(a) Per Member Per Month Fees. United shall pay Collaborator \$736 per Member participating in the Housing+Health Pilot Program per month for subsidized units, \$1006 for non-subsidized units, and \$892 for each of the four bedrooms in the congregate living model; and to include rent, utilities, non-benefit transportation, and case management for wrap around services as payment for the Housing Assistance Services provided to Members.

(b) Start-up Cost Reimbursement. In addition to the fee described in l(a) above, United will reimburse Collaborator up to \$1000 per Member residing in a unit for one-time start-up costs to include furniture, bedding, linen, toiletries, personal hygiene items, kitchen items, cleaning supplies, a one month supply of food, and security deposits; and \$250 per Member residing in the congregate living model to include linens, toiletries, personal hygiene items, cleaning supplies, and one month of food associated with the Housing Assistance Services. Start-up costs are non-recurring costs needed to support a Member during their participation in the Housing+Health Pilot Program. Collaborator will provide United with a detailed list of the start-up expenses associated with a Member, and provide documentary support for those expenses upon United's request.

2. **Duration of the Housing Assistance Services.** Collaborator shall provide each Member with the Housing Assistance services on a short-term basis for the following durations:

(a) Standard Term. Collaborator shall provide the Housing Assistance Services to each Member until the earlier of the Member exiting the Housing+Health Pilot Program or 12 months, subject to the extension process described below.

(b) Extensions. The parties acknowledge that there are circumstances in which a Member may not be ready to transition out of the Housing+Health Pilot Program within 12 months. If United determines that a Member is not ready to support him or herself in a long-term housing arrangement after receiving the standard 12 months of Housing Assistance Services, then United shall have the right to extend the Housing Assistance Services for up to two extensions, with each extension lasting up to three months.

3. **Housing Assistance.** Collaborator shall provide each Member with housing that meets or exceeds the specifications described below, and on the following terms and conditions.

(a) Units. Collaborator shall make available up to 10 units of one and two bedroom, and one congregate living model with four bedrooms to house four members transitional and supportive housing, in Summit County, Ohio

(b) Requirements. All units shall be in Class B buildings or better. The units shall be compliant with the Americans with Disabilities Act, and the living conditions shall be conducive to a healthy, safe lifestyle. {The units shall be operated under the Housing First and Rapid Re-housing models.} All units shall be supplied with the following items: furniture, bedding, linen, toiletries, personal hygiene items, kitchen items, cleaning supplies, a one month supply of food. If applicable, Collaborator shall modify a unit to make it handicap accessible to accommodate a Member's needs, or otherwise address environmental modifications that a Member may need.

(c) Member Transition to Self-Supported Long-Term Housing. The parties acknowledge that the goal of the Housing+Health Pilot Program is to prepare Members to support themselves in long-term housing arrangements. As such, Collaborator agrees to offer each Member the opportunity to continue to live in the unit that the Member occupied during his or her participation in the Housing+Health Pilot Program after the Member successfully exits the program (to "transition in place"). Alternately, if the unit is unavailable for a longer-term housing arrangement, then Collaborator will secure a placement for the Member in another supportive housing arrangement of like kind and quality that can meet the Member's needs. Members who successfully exit the program will be required to follow Collaborator's operating procedures, such as application and leasing procedures, before Collaborator will be required to offer a housing unit to a Member.

4. **Case Management.** Case management services including tenancy support are the services provided by Collaborator to a Member for the purpose of helping the Member develop the life skills, financial resources, and coordination with healthcare and social resources necessary to allow the Member to support their self in long-term housing arrangements while successfully managing their own healthcare needs. The case management services shall include, but not be limited to, the following:

(a) Individualized Service Plan. Collaborator shall design an individualized service plan for each Member. The purpose of the plan is to prepare the Member to live in a long-term housing arrangement following his or successful completion of the Housing+Health Pilot Program. The plan shall address each Member's needs with regard to housing, life skills training, and coordination with healthcare resources. Collaborator will design the plan in consultation with each Member, and if applicable, with United, a Member's medical provider(s), and any other resources that may be relevant to a Member.

(b) Assisting with Care Coordination Activities. Collaborator shall help each Member coordinate his or her health care needs with United's care coordination team and the Member's healthcare providers. Care coordination shall include activities such as: helping Members schedule medical and behavioral health appointments, acting as a liaison between the Member and their health plan, assisting Members with communications to and from their health care providers, working with United's care coordination team to ensure that the Member is accessing their benefits properly, and teaching Members how to access the health care system.

(c) Life Skills Training. Collaborator shall provide each Member with life skills training to achieve self-sufficiency including, but not limited to: grocery shopping, meal planning, managing finances, housekeeping, and the skills needed to maintain a residence in a housing unit; and vocational and employment training, including training to gain skills needed to manage the challenges of work (such as attention, focus, and social skills).

(d) Transportation Assistance. Collaborator shall provide transportation assistance to Members for needs related to the Member's individualized service plan. Transportation assistance may be provided in the form of daily and/or monthly bus passes, taxicabs, ride sharing services, or direct transportation facilitated by Collaborator's staff. Collaborator's case manager, in consultation with the Member, will determine the appropriate level of transportation assistance required.

(e) Assistance Qualifying for Government Benefits. Collaborator shall help each Member apply for and maintain public benefits such as Social Security Disability Insurance, Supplemental Security Income, Medicare, and/or other relevant programs that a Member may be eligible to participate in.

5. **Reports and Meetings.** Collaborator shall provide the following information to United at the intervals described below.

(a) 90-day Assessments. Collaborator shall meet with United every 90 days to evaluate the Housing Assistance Services, or at such other intervals that the parties agree to.

(b) Monthly Reports. Collaborator will provide United with a monthly report, the content and form of which shall be determined by United. The report is due on the last day of each month.

(c) Weekly Case Management Meetings. Collaborator shall participate in weekly case management meetings with United.

6. **Member Disenrollment.** In the event that a Member disenrolls from a United health plan while receiving Housing Assistance Services hereunder and is no longer a participant in the Housing+Health Pilot Program, United shall pay Collaborator \$270 per month, which represents the portion of the per Member per month fee referenced in section I(a) that United has allocated housing costs, for a period not to exceed four months. During that period, both United and Collaborator will work in good faith to transition the individual to self-sufficiency or to another organization that provides housing assistance and/or case management services.

7. **Subcontracting.** The parties acknowledge that Collaborator may use subcontractors to provide the Housing Assistance Services described herein. All such subcontractors shall be subject the subcontracting rules described in the regulatory appendices that are made a part of this Agreement pursuant to section 4.2.

8. **Staffing.** Collaborator shall maintain the following minimum staffing levels.

- (a) Case Manager: 1 FTE
- (b) Housing Director: .20 FTE

**EXHIBIT B**  
**MASTER COMMUNITY & STATE APPENDIX**

THIS MASTER COMMUNITY & STATE APPENDIX {this "Appendix"} supplements and is made part of the Agreement. This Appendix applies with respect to the provision of services Collaborator provides for any Affiliate administering a Medicaid or other state-specific {"State"} government funded and regulated program ("State Program"). In the event of a conflict between this Appendix and other appendices or any provision of the Agreement, the provisions of this Appendix shall control except with regard to benefit plans outside the scope of this Appendix or unless otherwise required by law or applicable State regulatory agency. Collaborator will comply with the following requirements to the extent applicable to Collaborator's performance of services under the Agreement. Capitalized terms used but not defined in this Appendix shall have the meaning assigned to them in the Agreement or other applicable appendix.

**1. Regulatory Approval and Filing.** In the event United is required to file the Agreement with federal, state or local governmental authorities, United shall be responsible for filing the Agreement with such authorities as required by any applicable law or regulation. If following any such filing, the governmental authority requests changes to the Agreement, Collaborator agrees to cooperate with United in preparing the response to the governmental authority.

**2. Compliance with Law and Government Contracts.** Collaborator and United agree to comply with all applicable federal, State and local laws, rules and regulations in connection with the performance of their obligations under the Agreement. All tasks under the Agreement also must be performed in accordance with the requirements of applicable contracts between any Affiliate and State and/or federal regulatory agencies. United will provide or otherwise communicate such requirements to Collaborator. Collaborator shall ensure all agents, employees, assigns and subcontractors, if any, that are involved in providing services under the Agreement also comply with this Section.

**3. Delegation and Oversight.** In compliance with the delegation and oversight obligations imposed on Affiliates under their contracts with State and/or federal regulatory agencies, United reserves the right to revoke any functions or activities delegated to Collaborator under the Agreement, if in the reasonable judgment of United or an applicable Affiliate, Collaborator's performance under the Agreement does not comply with obligations under applicable government contracts. This right shall be in addition to United's termination rights under the Agreement.

**4. Use of Name and Publicity.** In accordance with the UnitedHealth Group, Inc. Non-endorsement Policy, Collaborator will not have any right to use the names, logos, trademarks, trade names, or other marks of United or any of its Affiliates, including in connection with any advertising, sales promotions, press release and other publicity matters.

**5. Offshoring.** Unless previously authorized in writing by the appropriate United health plan Affiliate and State governing agency, if required, all work performed under the Agreement shall be performed from location(s) in the fifty (SO) United States. If Collaborator receives authorization pursuant to this Section 5 to offshore certain obligations under the Agreement, United will provide, and Collaborator shall comply with, all applicable offshoring regulations, requirements or restrictions, including any applicable security controls. The parties agree that any offshoring restrictions or requirements may be updated at any time to comply with applicable law and any other requirements.



**6. Subcontracts.** To the extent required by any regulatory agency governing any Medicare or Medicaid or other governmental benefit plans (or as may be set forth in an appendix) or any accrediting agency, Collaborator shall provide advance notice to United and obtain United's consent prior to any subcontracting of any of its responsibilities under the Agreement.

**7. Regulatory Amendment.** United may unilaterally amend this Appendix to comply with applicable regulatory requirements required under law. Upon United's notification of such changes, United will provide notice to Collaborator. If such regulatory amendment materially affects the position of either party or renders it illegal for a party to continue to perform under the Agreement in a manner consistent with the parties' intent, then the parties shall negotiate further amendments to this Appendix or the Agreement as necessary to correct any inequities, to the greatest extent possible.

**8. Excluded Individuals and Entities.** Collaborator agrees to immediately notify United in the event Collaborator is or becomes debarred, suspended or excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act. Collaborator shall not employ or contract for the provision of services under the Agreement, with or without compensation, with any individual or entity that is or becomes debarred, suspended or excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act. Collaborator shall review: (1) the Department of Health and Human Services Officer of Inspector General List of Excluded Individuals and Entities; (2) the System for Award Management (SAM), a portal for the Federal Procurement System and (3) the applicable State Programs exclusion lists, (and any successor lists) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member or subcontractor for the provision of services under the Agreement. Collaborator must continue to review these lists on a monthly basis thereafter to ensure that none of these persons or entities are or become debarred, suspended, or excluded from participation in federal programs of State Programs.

**9. Effect of Termination or Expiration.** Within thirty (30) days after the expiration or termination for any reason (or to any extent) of the Agreement and/or this Appendix, Collaborator shall return or destroy all applicable PHI, if feasible to do so, including all applicable PHI in possession of Collaborator's agents or subcontractors. To the extent return or destruction of the PHI is not feasible, Collaborator shall notify United in writing of the reasons return or destruction is not feasible and, if United agrees, may retain the PHI subject to this section. Under any circumstances, Collaborator shall extend any and all protections, limitations and restrictions contained in this Appendix to Collaborator's use and/or disclosure of any applicable PHI retained after the expiration or termination (to any extent) of the Agreement and/or this Appendix, and shall limit any further uses and/or disclosures solely to the purposes that make return or destruction of the PHI infeasible.