

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 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 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 2026 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.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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 County

1B. Coordination and Engagement–Accountable 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:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	0

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	0
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.	Local Government/Public Agency	Yes	1
47.	Community Legal Aid	Yes	0

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care (SCCoC) maintains a publicly accessible "Become a Member" webpage at <https://summitcoc.org/new-members> that invites organizations and community partners to join the CoC throughout the year. The webpage states that membership is open to service providers, nonprofits, businesses, faith-based organizations, and other community partners and provides publicly available membership applications and member policies. SCCoC publicly communicates membership opportunities through its "Become a Member" webpage, which includes membership information, application materials, governance documents, and participation expectations. This open invitation is continuously available to organizations, agencies, community partners, and individuals interested in preventing and ending homelessness.

At least annually, SCCoC reviews membership participation and actively encourages new organizations and individuals to become involved through CoC meetings, committee meetings, workgroups, community events, training opportunities, email communications, and other outreach activities. Organizations and individuals may join at any time and participate in planning, system coordination, performance evaluation, policy development, and other CoC activities.

The CoC seeks broad representation from stakeholders involved in housing, homelessness response, healthcare, behavioral health, public housing, local government, education, workforce development, victim services, faith-based organizations, veteran services, youth-serving organizations, businesses, and individuals with lived experience. SCCoC regularly assesses participation and identifies gaps in representation to encourage involvement from organizations and community members whose perspectives may strengthen the community's response to homelessness.

To support transparency and accessibility, membership information, applications, governance documents, meeting materials, and other key resources are publicly available through the CoC website. New members receive information regarding CoC governance, participation opportunities, and the coordinated community approach to preventing and ending homelessness. This process ensures that membership opportunities are openly communicated, publicly accessible, and available to all interested stakeholders on an ongoing basis.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care maintains a transparent public process for soliciting and considering input regarding the SCCoC's performance, strategies, and priorities. Through its website, the SCCoC publicly shares strategic planning information, meeting materials, action plans, workgroup opportunities, and contact information, and invites stakeholders to participate in community planning activities, receive updates through mailing lists, and engage in workgroups and committees. The SCCoC's strategic planning process specifically incorporates input from service providers, community leaders, partner agencies, subject matter experts, and individuals with lived experiences of homelessness and housing instability.

The CoC engages housing and service providers, individuals with lived experience, local government, behavioral health and healthcare organizations, victim service providers, youth-serving organizations, faith-based and grassroots organizations, law enforcement, courts, education, workforce development, and other community stakeholders through CoC meetings, committees, workgroups, training opportunities, community forums, and targeted planning activities.

The CoC also reviews Point-in-Time Count and Housing Inventory Count information, HMIS data, System Performance Measures, housing capacity, utilization, waitlist information, project performance, and other available information to identify system gaps and areas requiring improvement.

Community input and data are used to inform priorities related to housing access, coordinated entry, emergency shelter, rapid rehousing, permanent supportive housing, outreach, behavioral health coordination, youth homelessness, domestic violence, encampment response, system performance, resource allocation, and community partnerships.

Feedback is considered by CoC leadership, committees, staff, and the Board of Directors when developing strategies, establishing priorities, evaluating performance, and making resource and system-planning decisions.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care maintains an open process for organizations that have not previously received CoC Program funding, including faith-based, grassroots, and community-based organizations, nonprofit agencies, and other eligible entities. The CoC publicly invites participation through its website, stakeholder communications, public meetings, community outreach efforts, and membership recruitment activities. Information regarding membership, governance, committee participation, funding opportunities, competition timelines, application requirements, and local competition procedures is made publicly available to ensure broad access and participation. Eligible organizations are provided opportunities to submit proposals in accordance with HUD requirements and the CoC's approved local competition procedures.

New applicants are evaluated using the established local competition requirements and objective criteria applicable to participating applicants. The CoC's review process considers project performance, community need, system priorities, project quality, outcomes, compliance, and alignment with the CoC's strategies for preventing and ending homelessness.

Beyond the annual competition, the CoC encourages organizations that have historically operated outside the formal homeless services system, including faith-based and grassroots organizations, to participate in CoC meetings, committees, workgroups, training, community engagement, and strategic planning. This broad participation allows the CoC to identify additional community resources and strengthen the overall homelessness response system.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The SCCoC identified a gap in access to PSH and RRH placement. Analysis of HMIS System Performance Measures, Coordinated Entry data, Point-in-Time Count trends, By-Name List data, and stakeholder feedback found that permanent housing exits declined from 28% to 23% between 2024 and 2025, while the average length of time homeless increased substantially. At the same time, 96% of participants in PH projects remained housed or exited to another PH destination, indicating the primary challenge is housing access rather than housing retention.

To address this gap, the CoC will implement a strategy using interventions authorized under 42 U.S.C. §11386b(d), including Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), Coordinated Entry, supportive services, and outreach. Strategies include expanding landlord participation, increasing housing navigation, improving Coordinated Entry, conducting case conferencing, and prioritizing permanent housing resources.

Targeted interventions will address key subpopulations. PSH will be prioritized for chronically homeless individuals and persons with disabilities. RRH and housing navigation will support families, veterans, and households experiencing housing crises. Youth-focused housing resources will assist youth and young adults. Survivor-centered services will support individuals and families fleeing domestic violence. Outreach, behavioral health services, and supportive housing interventions will target unsheltered individuals and persons with behavioral health conditions.

The CoC will expand housing stabilization services and strengthen connections to healthcare, behavioral health, employment, diversion, eviction prevention, and discharge-planning resources.

Implementation will be overseen by the CoC Board, Coordinated Entry Committee, System Performance Committee, housing providers, housing authorities, and behavioral health partners. Funding sources include HUD CoC, ESG, Housing Choice Vouchers, Medicaid, local government, behavioral health funding, and philanthropy.

By December 2028, the CoC will increase exits to permanent housing from 23% to 30%, increase permanent housing placements by 15%, reduce average time homeless by 15%, reduce referral-to-placement time by 20%, increase housing retention from 96% to 98%, reduce returns to homelessness from 21% to 18%, reduce chronic and unsheltered homelessness by 10%, increase youth housing placements by 15%, and maintain zero veteran homelessness

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes

3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

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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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	13%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

We are not a rural CoC, therefore this does not apply.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care coordinates with behavioral health and substance use disorder treatment providers throughout Summit County to connect people experiencing homelessness with appropriate outpatient treatment and recovery services. CoC-funded housing and homeless service providers assess participant needs through Coordinated Entry, case management, ongoing service planning, and participant engagement. When behavioral health or substance use disorder needs are identified, providers facilitate referrals and connections to outpatient mental health treatment, substance use disorder treatment, medication management, recovery supports, peer services, crisis intervention, suicide prevention resources, and other clinically appropriate levels of care.

The CoC emphasizes coordination and warm hand-offs so that participants are not required to navigate behavioral health systems independently. Housing providers work with behavioral health and healthcare partners to facilitate appointments, referrals, follow-up, continuity of care, and access to psychosocial interventions that support recovery and housing stability.

The CoC recognizes that mental health and substance use disorder services are important components of housing stability and works to integrate these services with housing rather than treating them as separate systems. Services are coordinated according to participant needs, eligibility, consent, confidentiality requirements, and clinical appropriateness, helping ensure individuals and families experiencing homelessness receive access to treatment and recovery supports needed to obtain and maintain permanent housing.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care partners with behavioral health, substance use disorder treatment, recovery, and community-based organizations to provide access to peer recovery specialists and other peer support services for individuals experiencing homelessness. Peer recovery specialists are available through Oriana House, ADM-funded behavioral health providers, and community recovery organizations, creating multiple access points for individuals with substance use disorders, mental health conditions, and co-occurring disorders.

Peer recovery specialists assist participants with recovery coaching, treatment engagement, navigation of behavioral health and recovery services, transportation and appointment support, harm reduction education, recovery planning, housing stabilization, and long-term recovery support. Peer support services complement traditional case management by providing encouragement, mentorship, and practical guidance from individuals with lived experience in recovery.

CoC-funded housing and homeless service providers assess participant needs through Coordinated Entry, case management, and ongoing service planning. When appropriate, providers connect participants to peer recovery specialists through coordinated referrals and warm hand-offs to increase engagement in treatment, recovery supports, and housing services. Peer specialists help participants overcome barriers to accessing care, maintain connections to recovery resources, and strengthen long-term housing stability.

The CoC recognizes the value of lived experience in supporting recovery and housing outcomes and will continue to strengthen opportunities for peer recovery specialists and individuals with lived experience to participate in direct service delivery, system planning, and continuous improvement efforts throughout the homelessness response system.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care identifies individuals experiencing Serious Mental Illness (SMI) through Coordinated Entry assessments, behavioral health screenings, street outreach engagements, shelter assessments, referrals from hospitals and criminal justice partners, crisis response encounters, case management, and ongoing participant engagement. Housing and homeless service providers continuously assess behavioral health needs and coordinate with community treatment providers to ensure individuals receive appropriate services and supports.

When an individual is identified as needing intensive behavioral health intervention, CoC providers facilitate referrals and connections to evidence-based treatment and supportive services, including Assertive Community Treatment (ACT), Community Psychiatric Supportive Treatment (CPST), intensive case management, psychiatric care, medication management, crisis intervention, peer support, mobile outreach, and integrated treatment for co-occurring mental health and substance use disorders.

Key partners providing intensive behavioral health services include Community Support Services (CSS), Portage Path Behavioral Health, Coleman Health Services, OhioGuidestone, and other providers supported through the Summit County ADM Board. These partnerships allow individuals with SMI to access comprehensive treatment, care coordination, medication support, and community-based services designed to promote recovery and housing stability.

The CoC emphasizes coordination between housing and behavioral health systems through referrals, care coordination, multidisciplinary case conferencing, and ongoing communication among providers, consistent with participant consent and confidentiality requirements. When individuals experience a behavioral health crisis or require a higher level of care, providers coordinate with crisis response and treatment systems to facilitate stabilization and reconnect individuals to housing and supportive services. Through this coordinated approach, the CoC helps individuals with SMI access intensive treatment and supports that reduce hospitalization, prevent institutionalization, and promote long-term housing stability.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Summit County CoC partners with the Summit County ADM Board through a shared chronic homelessness by-name list and coordinated case conferencing. ADM collaborates with specialty courts, including New Day Court (Assisted Outpatient Treatment), and serves as the legal custodian for individuals under civil commitment. This partnership helps connect individuals experiencing homelessness and behavioral health disorders to treatment, housing, and supportive services.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The Summit County CoC coordinates closely with the Summit County ADM Board through a shared chronic homelessness by-name list, case conferencing, and referrals among outreach, housing, and behavioral health providers. Individuals connected to specialty courts, Assisted Outpatient Treatment (AOT), or civil commitment programs are linked to housing resources through Coordinated Entry while receiving treatment and case management from ADM-funded providers such as Community Support Services and Portage Path Behavioral Health. Housing Specialists coordinate with treatment teams to support compliance with court-ordered services, address barriers to housing, and promote long-term stability. SOAR staff assist eligible participants with SSI/SSDI and Medicaid applications, increasing access to income, healthcare, and supportive housing resources that foster greater independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC coordinates with Portage Path, ADM Board, PES, and SCOUT. CoC-funded programs connect participants experiencing behavioral health crises to appropriate clinical and emergency services, coordinate referrals and follow-up, and support continuity of care while maintaining pathways to shelter, housing, and permanent housing.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	6
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The Akron/Barberton/Summit County CoC has a letter of support from Community Support Services (CSS), a community behavioral health provider. CSS coordinates with the CoC to connect individuals experiencing homelessness to behavioral health treatment, crisis services, case management, and housing supports. Through coordinated referrals and warm handoffs, CSS and CoC partners promote housing stability and continuity of care. Furthermore, our goal for 2027 will be to secure an MOU.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC does not currently fund any project that operates sober housing in accordance with 24 CFR 578.93(b)(5). Individuals seeking recovery housing may be connected through Coordinated Entry to community-based resources, including CHC Addiction Services and other recovery support providers.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC promotes and facilitates warm hand-offs among housing, behavioral health, healthcare, substance use disorder, crisis response, and other community-based service providers to help individuals obtain and maintain stable housing and prevent entry into or returns to homelessness. Community partners include, but are not limited to, ADM Crisis Center, Portage Path Behavioral Health, and Community Support Services, with connections tailored to each household's needs, circumstances, and preferences.

CoC-funded programs go beyond providing a referral and asking participants to navigate services independently. Staff assist with making referrals, scheduling appointments, completing applications, addressing eligibility requirements, arranging transportation when available, and maintaining contact until the connection to the receiving provider is established. When appropriate and with participant consent, providers coordinate directly with receiving agencies and share relevant information consistent with confidentiality requirements.

Through Coordinated Entry and ongoing cross-system collaboration, street outreach teams, emergency shelters, housing providers, healthcare organizations, behavioral health and substance use disorder providers, crisis services, peer recovery supports, and other community partners work together to identify households experiencing or at risk of homelessness and connect them to housing stabilization, treatment, benefits, and other supportive services.

These warm hand-offs reduce gaps between systems, strengthen continuity of care, support service engagement, and help individuals remain safely housed or access stable housing as quickly as possible.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$7,528,166
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$2,271,685
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	30%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$389,956
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	35%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care maintains ongoing consultation with Emergency Solutions Grant (ESG) recipients to ensure ESG-funded activities and CoC-funded programs operate as a coordinated homelessness response system. The City of Akron serves as both the Collaborative Applicant for the CoC and the recipient of local ESG funds, creating a strong framework for ongoing coordination and alignment between ESG and CoC activities.

The City of Akron, CoC Executive Committee, Board of Directors, ESG recipients, and other CoC members meet regularly to review system performance, community needs, and HUD requirements. ESG recipients participate in planning discussions, Coordinated Entry implementation and evaluation, system performance review, and community efforts to address homelessness. The City consults and collaborates with the CoC Executive Committee in developing policies and procedures for ESG implementation, including performance standards for ESG-funded programs and CoC-funded projects.

To inform planning and funding decisions, the CoC and ESG recipients review HMIS data, Point-in-Time Count results, Housing Inventory Count data, Coordinated Entry trends, shelter utilization data, System Performance Measures, provider feedback, and identified service gaps. This collaborative process helps identify priorities related to homelessness prevention, emergency shelter operations, rapid rehousing, housing stabilization services, and other strategies to reduce homelessness.

The City of Akron issues an annual ESG funding competition and reviews applications in consultation with the CoC Executive Committee. Recommendations for ESG funding are subsequently presented to the CoC Board of Directors, ensuring ESG allocation decisions are informed by community data, system performance, provider expertise, and CoC priorities.

The CoC will continue consulting with ESG recipients through governance meetings, annual planning activities, Coordinated Entry evaluation, performance reviews, funding discussions, and ongoing communication to ensure ESG investments remain aligned with community needs and support an effective, coordinated homelessness response system.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care coordinates closely with emergency shelter providers to ensure individuals and families experiencing homelessness are connected to CoC assistance and permanent housing opportunities. Emergency shelters serve as a primary access point to the Coordinated Entry system and are integral partners in the CoC's housing-focused response.

Individuals and families entering emergency shelter are assessed through Coordinated Entry and evaluated for available housing interventions, including Rapid Re-Housing, Permanent Supportive Housing, Transitional Housing when appropriate, and other community resources. Shelter providers complete assessments, collect required documentation, identify housing barriers, and work collaboratively with housing navigators, case managers, and housing providers to facilitate referrals and housing placement.

The CoC coordinates with shelter providers through HMIS, case conferencing, regular provider communication, and housing referral processes. Providers share information regarding participant needs, service barriers, housing vacancies, and available resources to support timely movement from shelter to permanent housing. Warm hand-offs between shelter providers and housing programs help ensure continuity of care and reduce delays in accessing housing assistance.

The CoC monitors shelter inflow, length of stay, housing referrals, and exit outcomes through HMIS and Coordinated Entry data to evaluate system performance and identify opportunities for improvement. Data are used to address bottlenecks, strengthen referral processes, and improve coordination among shelter, outreach, and housing providers.

Through these coordinated efforts, the CoC seeks to ensure that emergency shelter functions as a temporary intervention connected to a clear pathway to permanent housing, supportive services, and long-term housing stability.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care uses Point-in-Time (PIT) Count, Housing Inventory Count (HIC), Homeless Management Information System (HMIS), and System Performance Measure (SPM) data to support community planning, performance management, resource allocation, and system improvement. The CoC regularly shares data and analysis with state and local government partners to inform policy decisions, housing investments, and strategies to prevent and end homelessness.

PIT, HIC, HMIS, and SPM data are shared with Summit County leadership, municipal governments, public housing authorities, the Summit County Department of Job and Family Services, behavioral health partners, and other public agencies through CoC Board meetings, committee meetings, planning processes, stakeholder presentations, reports, dashboards, and funding discussions. Data are used to identify trends in homelessness, assess housing inventory and shelter capacity, evaluate system performance, identify service and housing gaps, and prioritize resources.

The CoC uses PIT and HIC data to monitor unsheltered homelessness, emergency shelter utilization, and housing inventory. HMIS and SPM data are used to assess housing outcomes, lengths of time homeless, exits to permanent housing, returns to homelessness, inflow and outflow trends, and the effectiveness of housing and service interventions. These analyses help inform local plans, housing development priorities, homelessness prevention efforts, supportive service investments, and cross-system coordination among housing, behavioral health, healthcare, and human service partners.

The CoC will continue sharing data with state and local government partners to support data-driven decision-making, improve system performance, strengthen interagency collaboration, and ensure resources are directed toward strategies that most effectively reduce homelessness and increase permanent housing outcomes. All data sharing is conducted in accordance with HMIS Data Standards, applicable privacy requirements, and approved data-sharing agreements.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care utilizes data from healthcare, behavioral health, and justice-system partners, in addition to HMIS, to better understand service utilization, identify needs, improve care coordination, and strengthen housing outcomes for individuals experiencing homelessness. Data is not shared, but instead used to coordinate services.

Healthcare partners provide information regarding emergency department utilization, hospital admissions and discharges, care transitions, and frequent service utilization patterns. These data help the CoC identify individuals who may benefit from intensive housing and supportive services, strengthen discharge planning efforts, improve connections to housing resources, and reduce avoidable returns to homelessness.

The CoC works closely with the Summit County Alcohol, Drug Addiction and Mental Health (ADM) Board and behavioral health providers to better understand mental health and substance use trends, treatment utilization, crisis service needs, and barriers to housing stability. Information from behavioral health partners helps inform planning for supportive housing, crisis response services, treatment engagement strategies, care coordination, and housing stabilization supports for individuals with serious mental illness, substance use disorders, and co-occurring conditions.

The CoC also collaborates with justice-system partners to improve discharge and reentry planning for individuals exiting incarceration. Information related to incarceration, community supervision, and reentry trends helps identify opportunities to connect individuals to housing resources and supportive services prior to release, reducing both homelessness and recidivism.

When permitted through data-sharing agreements, privacy requirements, and participant consent, these data sources are used alongside HMIS information to identify service gaps, coordinate interventions, target resources, support multidisciplinary case conferencing, and improve system-wide responses to homelessness. By integrating information from multiple systems, the CoC strengthens care coordination, promotes housing stability, and improves outcomes for individuals and families experiencing homelessness.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The Summit County Continuum of Care (OH-506) maintains a partnership with the Summit County Department of Job and Family Services, Ohio Means Jobs, Summit County- Workforce Development Division and the American Job Center network to support individuals and families experiencing homelessness in accessing employment, training, and income-building opportunities that promote housing stability.

Through coordinated referrals and collaboration between workforce and housing providers, CoC participants are connected to job readiness training, career exploration, resume development, interview preparation, job placement assistance, occupational skills training, and employer engagement opportunities. Housing providers work closely with workforce development staff to address barriers to employment, including transportation, documentation, benefits navigation, and access to supportive services.

Workforce development services are integrated into CoC housing interventions, including Rapid Re-Housing and Permanent Supportive Housing. Individuals may be referred through Coordinated Entry or during participation in housing programs based on employment goals, interests, and readiness. Employment planning is incorporated into housing stabilization efforts to support increased earned income, economic mobility, and long-term self-sufficiency.

The CoC also coordinates with adult education providers, vocational rehabilitation services, apprenticeship and skills-training programs, and other community-based workforce partners to expand career pathways and employment opportunities for households experiencing homelessness.

Through these partnerships, the CoC aligns workforce development resources with housing interventions to strengthen economic stability, increase employment and earned income, improve housing retention, and reduce returns to homelessness.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care's Street Outreach providers work closely with local law enforcement, emergency medical services (EMS), behavioral health crisis providers, and other first responders to increase positive interactions with individuals experiencing unsheltered homelessness and connect them to housing and services. Key partners include the Akron Police Department, Barberton Police Department, Summit County Sheriff's Office, EMS providers, mobile crisis response teams, and behavioral health organizations.

Rather than relying solely on enforcement-based responses, these partnerships emphasize relationship-building, trauma-informed engagement, crisis de-escalation, and voluntary connection to shelter, housing, behavioral health treatment, substance use services, and other community resources. First responders frequently serve as an initial point of contact for individuals residing in encampments, vehicles, public spaces, and other locations not meant for human habitation.

Through established referral pathways, law enforcement officers, EMS personnel, and crisis response teams connect individuals directly with Street Outreach providers. Outreach staff conduct housing-focused engagement, complete Coordinated Entry assessments, address documentation and transportation barriers, and facilitate referrals to emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, behavioral health services, and other supports. Warm handoffs between first responders and outreach staff help increase service engagement and reduce barriers to accessing care.

Outreach teams also coordinate with first responders during encampment responses, welfare checks, and behavioral health crises to ensure individuals are offered housing and service options whenever possible. These collaborative efforts support diversion from unnecessary criminal justice involvement, improve trust between unsheltered individuals and community responders, and increase connections to housing and supportive services.

The CoC further coordinates outreach efforts with Coordinated Entry, emergency shelters, behavioral health providers, mobile crisis teams, and the 988 Suicide & Crisis Lifeline to ensure timely assessment, referral, and placement. Through this collaborative approach, the CoC promotes positive interactions with first responders while increasing housing and service engagement among individuals experiencing unsheltered homelessness.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care incorporates family reunification and reconnection to natural support networks as a diversion, housing stabilization, and homelessness resolution strategy across Coordinated Entry, Street Outreach, Emergency Shelter, Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH) programs. Reunification efforts are pursued only when they are safe, voluntary, and appropriate and are used to prevent homelessness, reduce shelter utilization, and shorten episodes of homelessness.

CoC-funded providers assess family connections, support networks, and potential reunification opportunities as part of Coordinated Entry, case management, housing planning, and diversion conversations. When reunification is desired by the participant and determined to be safe and feasible, providers assist with reconnecting individuals to family members or other supportive individuals who may provide housing, support, or stability.

Assistance may include communication and mediation with family or support persons, coordination of reunification plans, transportation planning, assistance with travel arrangements when resources are available, referrals to housing and supportive services in another community, and coordination with receiving service providers to support a successful transition. Providers may also help participants gather documentation, access benefits, and connect with community resources needed to support reunification efforts.

Reunification is considered one potential housing solution and is never required. Providers consider participant choice, safety, family circumstances, available resources, and the individual's needs before pursuing reunification. When reunification is not appropriate or desired, providers continue to assist participants through Coordinated Entry and other housing and supportive service interventions to identify alternative pathways to permanent housing and housing stability.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC coordinates with local government, law enforcement, emergency response, behavioral health providers, street outreach teams, housing providers, and other community partners regarding situations involving individuals experiencing homelessness and public safety concerns.

CoC-funded providers work to connect individuals with appropriate shelter, housing, behavioral health treatment, substance use disorder services, crisis response, healthcare, and other community resources. When an emergency or immediate public safety concern exists, providers coordinate with the appropriate first responder or public safety agency.

The CoC does not interfere with lawful public safety activities or attempt to replace the responsibilities of law enforcement, emergency medical services, or behavioral health crisis systems. Instead, the CoC seeks to ensure that public safety partners have pathways for connecting individuals experiencing homelessness with appropriate services.

Through coordinated outreach, housing navigation, Coordinated Entry, and community partnerships, the CoC seeks to reduce the number of individuals who remain disconnected from housing and supportive services.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care recognizes that local policies, housing market conditions, and community practices affect both encampment prevalence and the ability to connect unsheltered individuals to housing and services. Effective community practices include Coordinated Entry, integration with the 988-crisis response system, street outreach, housing navigation, and strong partnerships among municipalities, the Summit County ADM Board, behavioral health providers, emergency shelters, and housing providers.

Community Support Services (CSS), the CoC's primary street outreach provider, maintains a system for identifying and tracking encampments and uses evidence-based practices including Motivational Interviewing, Intensive Case Management, and Harm Reduction to engage unsheltered individuals and support housing placement.

The primary barriers to reducing encampments are limited affordable housing, insufficient permanent supportive housing capacity, rising rents, low vacancy rates, and landlord screening requirements. These challenges often delay housing placements even when individuals are engaged and willing to accept assistance.

To address these barriers, the CoC provides housing navigation and housing search assistance, engages landlords, utilizes incentives when available, prioritizes unsheltered households through Coordinated Entry, and conducts housing-focused outreach. The CoC also coordinates with municipalities, behavioral health providers, emergency shelters, and outreach teams to connect individuals affected by encampment resolution activities to transportation, shelter, treatment, Coordinated Entry, and housing resources.

The CoC continues to collaborate with community partners to identify service gaps, strengthen housing pathways, improve system coordination, increase housing placements, and reduce unsheltered homelessness despite ongoing housing inventory challenges.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care monitors tents and encampments throughout Summit County through coordinated street outreach, community reports, municipal notifications, and ongoing field engagement. Community Support Services (CSS), the CoC's primary street outreach provider, works in collaboration with Homeless Outreach Charity and community partners to identify and track locations where individuals are staying outdoors. Recent outreach efforts documented more than 55 locations where people were actively residing, ranging from isolated sites occupied by a single individual to larger encampments.

Encampments remain an ongoing challenge throughout Akron and other municipalities. While individual encampments are regularly resolved through outreach and housing interventions, new encampments continue to emerge due to limited affordable housing, increasing housing instability, behavioral health needs, and economic pressures affecting vulnerable households.

The CoC uses Point-in-Time (PIT) data to help measure trends in unsheltered homelessness, including individuals residing in encampments and other places not meant for human habitation. PIT data indicate measurable progress in reducing unsheltered homelessness. The number of unsheltered individuals declined from 211 in 2024 to 138 in 2025 and remained at 138 in 2026, representing a 34.6% reduction between 2024 and 2026.

CSS and partner outreach teams conduct ongoing engagement with individuals residing in encampments and other unsheltered locations. Through Coordinated Entry and collaboration with municipalities, behavioral health providers, emergency shelters, and housing programs, outreach staff connect individuals to shelter, housing navigation, transportation assistance, behavioral health treatment, substance use disorder services, benefits, and other supports. When encampment resolution activities occur, outreach teams conduct advance engagement and work to connect individuals to available housing and services whenever possible.

Although encampments continue to exist throughout the CoC's geographic area, coordinated outreach, active encampment identification, and housing-focused interventions have contributed to sustained reductions in unsheltered homelessness.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care coordinates with behavioral health providers, substance use disorder treatment providers, street outreach teams, crisis services, law enforcement, EMS, and other community partners to connect individuals using illicit drugs in public spaces with appropriate services and treatment.

Several local practices support these efforts, including access to the 988 Suicide & Crisis Lifeline, mobile crisis response teams, Medication-Assisted Treatment (MAT) providers, peer recovery support services, specialty court programs, and treatment and recovery services funded through the Summit County Alcohol, Drug Addiction and Mental Health (ADM) Board. These resources allow outreach workers, first responders, and community partners to rapidly connect individuals to treatment, recovery supports, crisis stabilization services, and housing resources.

Outreach providers engage individuals in public spaces through relationship-based, trauma-informed outreach and seek to connect them to behavioral health treatment, substance use disorder services, peer recovery supports, healthcare, emergency shelter, and housing. When public safety concerns exist, providers coordinate with law enforcement, EMS, mobile crisis teams, and other first responders to ensure an appropriate response.

The primary barriers to reducing public drug use include co-occurring mental illness and substance use disorders, limited treatment capacity, transportation barriers, housing instability, and the increasing complexity of fentanyl and polysubstance use. These challenges can make engagement, treatment participation, and housing placement more difficult.

To address these barriers, the CoC will continue expanding coordinated street outreach, strengthening partnerships with treatment and recovery providers, utilizing peer recovery specialists, supporting mobile crisis response, providing transportation assistance when available, and increasing connections to housing and supportive services. The CoC will also continue coordination among behavioral health providers, healthcare systems, law enforcement, EMS, specialty courts, and housing providers to improve access to treatment, reduce barriers to engagement, and support long-term housing stability and recovery.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Illicit drug use and overdose remain significant concerns within the Akron/Barberton/Summit County Continuum of Care geographic area. According to local public health data, Summit County recorded approximately 1,166 overdose-related emergency department visits in 2025. Substance use disorders, particularly involving opioids, fentanyl, and polysubstance use, continue to affect many individuals experiencing homelessness and housing instability.

Public drug use is observed most frequently in areas with higher concentrations of unsheltered homelessness, including encampments, parks, transportation corridors, vacant properties, and other public spaces. Community stakeholders, behavioral health providers, outreach teams, law enforcement, healthcare providers, and local governments consistently identify substance use disorders, mental health challenges, and housing instability as interconnected issues affecting community health and safety.

Street outreach teams and community partners regularly encounter individuals experiencing homelessness who are actively using substances or at elevated risk of overdose. The continued presence of fentanyl and polysubstance use contributes to increased overdose risks and presents ongoing challenges for engagement, treatment participation, and housing stabilization.

While the CoC has observed progress in reducing unsheltered homelessness, public drug use and overdose remain ongoing concerns that require coordinated responses involving behavioral health treatment, substance use disorder services, peer recovery supports, crisis response systems, healthcare providers, housing resources, and other community-based interventions. The CoC continues to monitor available public health, behavioral health, outreach, and homelessness data to better understand trends and inform community planning efforts related to homelessness and substance use.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care coordinates with behavioral health providers, crisis services, emergency medical services, law enforcement, the 988 Crisis Line, mobile crisis teams, emergency departments, psychiatric stabilization facilities, Mental Health Court, Drug Court, and other community partners when individuals experiencing homelessness present a danger to themselves or others.

Ohio's emergency hospitalization and involuntary commitment laws, along with established behavioral health crisis response systems, help ensure individuals experiencing serious behavioral health crises can be connected to appropriate evaluation, stabilization, and treatment services when clinically and legally appropriate. These systems provide a framework for addressing immediate safety concerns while promoting access to ongoing behavioral health treatment and supportive services.

Housing and outreach providers are not substitutes for emergency, clinical, or public safety systems. When circumstances exceed the scope of homeless services, providers coordinate with appropriate crisis, medical, behavioral health, or law enforcement responders to facilitate intervention, assessment, stabilization, and connection to treatment.

Challenges include limited behavioral health treatment capacity, workforce shortages, delays in accessing inpatient and community-based behavioral health services, and difficulties maintaining engagement after crisis stabilization. To address these barriers, the CoC will continue strengthening partnerships with crisis response providers, behavioral health organizations, healthcare systems, and public safety agencies; improve referral and care coordination processes; support connections to community-based treatment and recovery services; and prioritize housing stability following crisis intervention.

Following stabilization, CoC providers work to reconnect individuals with appropriate housing, supportive services, behavioral healthcare, and community resources to reduce the likelihood of future crises and homelessness. The CoC's approach emphasizes coordination, appropriate referral, continuity of care, and the least restrictive intervention necessary to promote individual safety, recovery, and long-term housing stability.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care complies with all applicable federal, state, and local Sex Offender Registration and Notification Act (SORNA) requirements. Beneficial practices include the availability of publicly accessible sex offender registry information, established registration and notification procedures, and ongoing coordination among housing providers, law enforcement agencies, courts, and community supervision partners. These practices allow providers to identify registration requirements, understand residency restrictions, assess program eligibility when required, and support compliance with applicable laws.

The primary barriers affecting housing placement for registered sex offenders are residency restrictions, landlord screening policies, limited availability of affordable housing options that meet legal requirements, and reduced willingness of some landlords or housing providers to accept applicants with sex offense histories. These factors can limit housing options and increase the difficulty of identifying appropriate housing placements.

To address these barriers, CoC providers work closely with housing providers, public safety agencies, community supervision partners, and individuals seeking housing to identify housing options that comply with applicable laws and program requirements. Providers utilize publicly available registry information, verify eligibility requirements, assist with housing searches, and coordinate referrals to available community resources and supportive services. When legally permissible, providers share necessary information with housing and public safety partners to support housing placement, compliance, and community safety.

Information sharing is conducted in accordance with HUD confidentiality requirements, privacy protections, federal regulations, Ohio registration laws, and applicable data-sharing agreements. The CoC will continue strengthening coordination among housing providers, law enforcement agencies, and community partners to improve access to appropriate housing opportunities while maintaining compliance with SORNA and supporting both community safety and housing stability.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care (CoC) implements a coordinated outreach strategy to identify, engage, assess, and connect individuals and families experiencing homelessness to housing and supportive services throughout Summit County. The CoC serves individuals experiencing unsheltered homelessness, emergency shelter residents, households at risk of homelessness, persons exiting institutions, and individuals who frequently interact with healthcare, behavioral health, crisis response, and criminal justice systems.

The CoC uses multiple outreach pathways to provide broad geographic coverage and timely identification. Street Outreach teams engage individuals in encampments, transportation corridors, parks, service hubs, and other locations where unsheltered homelessness is identified across urban, suburban, and rural areas. Key outreach partners include Community Support Services, United Way of Summit & Medina, Haven of Rest, Peter Maurin Center, Family Promise of Summit County, Battered Women's Shelter, Akron Metropolitan Housing Authority, and ACCESS, Inc. The CoC also coordinates with the City of Akron, Summit County, law enforcement, healthcare, behavioral health, schools, faith-based organizations, and grassroots partners.

Referrals are received from hospitals and emergency departments, including Summa Health and Akron Children's Hospital, behavioral health and crisis response providers, correctional facilities, shelters, and community organizations. Outreach emphasizes relationship building, immediate needs assessment, basic resources, Coordinated Entry, housing navigation, emergency shelter, healthcare, behavioral health services, substance use disorder treatment, and other supports. Persistent engagement is used because some individuals require multiple contacts before accepting services or housing.

Emergency shelters provide additional engagement points by completing Coordinated Entry assessments, identifying housing barriers, facilitating referrals, and connecting households to housing interventions and mainstream resources. Outreach coverage is informed by HMIS data, Point-in-Time Count results, Coordinated Entry trends, provider feedback, community reports, and emerging needs. The CoC will continue strengthening coordination among outreach, Coordinated Entry, shelter, healthcare, behavioral health, and permanent housing providers to quickly connect households to appropriate housing and services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes

4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Summit County Continuum of Care (CoC) has established written policies and procedures to ensure individuals and families who recently begin experiencing homelessness are informed of their educational rights and available services. These policies support prompt identification of educational needs, continuity of enrollment, and connection to appropriate educational resources.

Consistent with the McKinney-Vento Homeless Assistance Act, the CoC supports procedures to help children and youth experiencing homelessness remain enrolled in their school of origin when appropriate, regardless of changes in housing status. Families are informed of their educational rights and available services through shelter and community-based settings. Public notices are displayed in locations frequently accessed by families and unaccompanied youth, including schools, emergency shelters, public libraries, and meal sites. Shelters also provide information regarding the educational rights of children, youth, and families.

The CoC coordinates with Project RISE, the local educational liaison program, to connect families and youth with educational resources and supports. Project RISE participates in the CoC's monthly Youth By Name List meetings, where youth-serving providers case conference and coordinate services for youth and young adults experiencing homelessness. Educational needs identified through this process can be incorporated into the individual's overall service plan and coordinated with appropriate educational partners.

Families and youth are also informed of available educational programs and services for which they may be eligible, including Head Start, Early Head Start, early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA), and other preschool and educational programs administered by the local educational agency. Parents and guardians receive information regarding available educational opportunities and are encouraged to participate in their children's education.

Through its written policies, procedures, outreach materials, and coordination with educational partners, the CoC works to ensure that children, youth, and families experiencing homelessness are informed of their educational rights and connected to the services necessary to support educational stability.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Summit County Continuum of Care (CoC) collaborates with Summit County Children Services and the Akron Metropolitan Housing Authority (AMHA) to ensure housing planning is incorporated into transition plans for youth preparing to exit foster care. Through this partnership, housing needs, barriers, and available resources are identified prior to discharge, helping youth establish stable housing plans and avoid homelessness as they transition to independent adulthood.

CoC staff participate in monthly Family Unification Program (FUP) and Foster Youth to Independence (FYI) voucher meetings with Summit County Children Services and AMHA. These meetings serve as a case conferencing forum where partners review the needs of youth preparing to age out of foster care, coordinate referrals, identify barriers to housing, and monitor progress toward housing placement and stability. AMHA administers FUP and FYI housing assistance for eligible youth who have exited or are preparing to exit foster care and are at risk of or experiencing homelessness.

Through this coordinated process, youth are connected to the CoC's Coordinated Entry System, housing navigation, case management, employment supports, educational resources, and other community-based services that promote long-term stability. Partners also ensure youth understand available housing and support options before leaving care.

In addition, the CoC and child welfare partners actively connect eligible youth to Ohio's Bridges program, which provides ongoing case management and supportive services for young adults who have aged out of foster care. CoC partners coordinate with Bridges staff to support youth in securing and maintaining housing while pursuing educational, employment, and independent living goals.

By integrating housing into discharge and transition planning, conducting regular case conferencing, and coordinating access to housing and supportive services, the CoC and its partners work to prevent homelessness among youth exiting foster care and support successful transitions to stable, independent living.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

In Summit County, Shelter Care, Inc. is the community's primary provider of Runaway and Homeless Youth (RHY)-funded services. The Summit County Continuum of Care (CoC) maintains an ongoing partnership with Shelter Care to ensure youth and young adults experiencing or at risk of homelessness are connected to appropriate housing, crisis response, outreach, and supportive services.

Shelter Care operates specialized youth programs, including Safe Landing, an emergency shelter and crisis intervention program; The Highlands, serving pregnant and parenting teens; and the Street Outreach Services (SOS) program and youth drop-in center. These programs complement the CoC's homeless response system by providing specialized services for minors, youth, and families. Because RHY programs have distinct eligibility and service requirements, referrals occur through multiple pathways, including the youth drop-in center, community partners, youth-to-youth connections, and cross-system coordination. CoC providers coordinate with Shelter Care to connect youth to emergency shelter, outreach, housing assistance, and supportive services.

Formal coordination occurs through monthly Youth By Name List meetings, case conferencing, cross-system referrals, and coordination with the CoC's Coordinated Entry system. Shelter Care shares resources, coordinates referrals, and helps youth access housing, employment, education, behavioral health, and other supportive services. Youth engaged through RHY-funded programs are connected to CoC resources when longer-term housing or additional support is needed, while CoC providers refer youth to Shelter Care for specialized youth services, emergency shelter, and outreach.

The CoC's Youth Advisory Board (YAB) works closely with Shelter Care's SOS program and regularly hosts meetings at the youth drop-in center. This partnership strengthens engagement with youth and young adults with lived experience and helps ensure youth perspectives inform system planning, service delivery, and resource development.

When appropriate and consistent with confidentiality requirements, participating providers coordinate participant information through HMIS and other approved information-sharing processes to support continuity of care and reduce duplication of services.

Through ongoing coordination, case conferencing, referrals, youth engagement, and system planning, the CoC and Shelter Care integrate RHY and CoC resources to reduce barriers.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Humility of Mary Housing also known in the community as H.M. Life is one of housing providers that have rapid rehousing programs that specifically serve single parents and families. H.M. Life has RRH programs such as Scattered Sites for Families and Project Based Sites for Families (Access Home) that exclusively serves homeless families with children. Both of these programs are listed as PSH but follow the RRH model of not being able to stay in the program longer than 12 months.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Summit County CoC collaborates with Humility of Mary Housing, Inc. (HMHI) to provide supportive services that improve income, employment outcomes, and long-term self-sufficiency for families with children experiencing homelessness. Through its transitional housing and Caring Compass programming, HMHI serves homeless single-parent families and transitional-age youth using a personalized, strengths-based approach that combines housing stabilization with economic mobility services.

HMHI assigns dedicated case managers who work one-on-one with participating families to develop individualized service plans focused on employment, financial stability, and long-term housing success. Case managers help residents identify career goals, overcome barriers to employment, and connect with community resources that support income growth and self-sufficiency. This individualized support ensures that families receive services tailored to their specific needs and circumstances.

To strengthen economic outcomes, HMHI provides life-skills development, educational support, and job-readiness services designed to prepare participants for sustainable employment. Families receive assistance with budgeting, financial management, household stability, communication skills, and other competencies necessary to maintain housing and increase independence. Educational and workforce development opportunities help participants build marketable skills, improve employability, and pursue career advancement opportunities.

Recognizing that specialized workforce training is often delivered through community partners, HMHI also connects residents to external education, workforce development, vocational training, and apprenticeship opportunities. These referrals expand access to employment pathways that can lead to increased earnings and long-term financial stability. By coordinating housing services with employment-focused supports, HMHI helps families move beyond crisis and build the resources necessary to remain stably housed.

Through this collaboration, the Summit County CoC leverages HMHI's comprehensive service model to ensure that families with children receive coordinated housing, life-skills, education, and employment supports that promote self-sufficiency, increase household income, and reduce the likelihood of future homelessness. This integrated approach helps families achieve greater economic security and long-term housing stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The project actively leverages Temporary Assistance for Needy Families (TANF) and other mainstream family-serving systems to supplement CoC-funded housing assistance and strengthen family stability.

Eligible families are connected to:

TANF cash assistance;

Ohio Works First employment services;

Prevention, Retention, and Contingency (PRC) assistance where available;

Transportation assistance;

Childcare subsidies;

Supplemental Nutrition Assistance Program (SNAP) benefits;

Women, Infants, and Children (WIC) services;

Medicaid coverage;

Other public benefits and family stabilization resources.

The project coordinates closely with Summit County Job and Family Services and other public benefit agencies to ensure families access all available supports that can improve financial stability while reducing barriers to housing retention.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Humility of Mary Housing (HMHI) project combines housing assistance with comprehensive family supports designed to promote family stability, child well-being, and long-term self-sufficiency. Through its Caring Compass framework, participants receive individualized case management that integrates housing stabilization with parenting support, healthcare coordination, education, and workforce development.

Each household works with a case manager to develop an individualized service plan that addresses housing, family functioning, health, education, and economic stability goals. Parents receive parenting education, life skills training, and coaching focused on child development, healthy family relationships, and creating a stable home environment.

The project serves homeless single-parent families, transition-age youth, and pregnant individuals, including pregnant women in their third trimester. Case managers coordinate access to prenatal care, postnatal care, behavioral health services, pediatric healthcare, developmental screenings, and other healthcare resources to support both parents and children. Families are also connected to Medicaid and other healthcare benefits when eligible.

To support employment, education, and participation in services, HMHI assists families in accessing childcare resources and early childhood education opportunities. Parents receive assistance identifying childcare providers, applying for childcare subsidies, and enrolling young children in programs such as Head Start and other early learning opportunities.

The project also promotes educational advancement and economic self-sufficiency by connecting parents to GED preparation, post-secondary education, certificate programs, vocational training, employment supports, and career development services. Case managers work with participants to identify educational and employment goals and connect them with appropriate community resources.

By combining stable housing with parenting support, childcare assistance, pregnancy-related and child healthcare services, educational opportunities, and individualized case management, HMHI addresses the needs of the entire family. This integrated approach helps parents maintain housing, strengthen family stability, improve health outcomes, increase income, and build the skills necessary for long-term independence.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The Summit County Continuum of Care (OH-506) partners with the VA Northeast Ohio Healthcare System, HUD-VASH, and Supportive Services for Veteran Families (SSVF) providers. Through coordinated outreach, referrals, and warm hand-offs, veterans identified through Coordinated Entry, shelters, or street outreach are connected to housing, healthcare, benefits, case management, and supportive services to promote rapid housing placement and long-term stability.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The Akron/Barberton/Summit County CoC partners with Hope & Healing Survivor Resource Center, our designated victim service provider, to assist individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, and human trafficking. Through this partnership, survivors access confidential emergency shelter, housing assistance, safety planning, victim advocacy, Rapid Re-Housing, housing navigation, and supportive services that promote long-term safety and stability.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The Summit County CoC partners with the Summit County Sheriff's Office Jail Division, Summit County courts, and Oriana House to prevent homelessness among individuals transitioning from incarceration and court-ordered programs. Through pre-release identification, discharge planning, housing assessment, referrals, and connections to Coordinated Entry, behavioral health, employment, and reentry services, individuals are linked to housing and supports before release whenever possible.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Community Support Services, and ADM Board-funded providers to serve individuals experiencing homelessness with complex medical and behavioral health needs. Through hospital discharge planning, care coordination, treatment referrals, Medicaid enrollment assistance, and connections to Permanent Supportive Housing, partners improve health outcomes and housing stability.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The Summit County CoC partners with Direction Home Akron Canton Area Agency on Aging, Summa Health, and Cleveland Clinic Akron General to serve older adults experiencing homelessness. Through coordinated assessment, hospital discharge planning, benefits enrollment, healthcare coordination, referrals to assisted living, residential care, medical respite, and Permanent Supportive Housing, elderly individuals are connected to age-appropriate housing and services that promote stability and health.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Summit County CoC prioritizes individuals experiencing chronic homelessness through several PSH projects. The Commons at Madaline Park reserves 30 units for chronically homeless individuals, while Blue Heron and Safe Haven prioritize an additional 26 participants. Referrals are coordinated through Street Outreach and Central Intake to connect those with the greatest needs to housing quickly.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The PSH projects identified in 1C-19, including The Commons at Madaline Park, Blue Heron, and Safe Haven, provide on-site behavioral healthcare to support individuals experiencing chronic homelessness. Residents have access to psychiatry, nursing, case management, peer support, and supported employment services within their housing environment. Behavioral health professionals and social workers work directly with residents to address mental health and substance use challenges, support medication management, build independent living skills, and connect participants to income and employment opportunities. Delivering services on-site reduces barriers to treatment, increases engagement, and promotes housing stability. Funding for these services is supported through Medicaid, local levy funds, Ohio disability and vocational programs, HUD resources, and community foundation support. The goal is to help residents maintain permanent housing, improve health outcomes, and achieve greater self-sufficiency.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Participants in the programs mentioned above are required to complete a treatment plan every six months which establishes goals and looks at progress made on previous goals. Several additional assessments are completed to guide the development of the treatment plan. These assessments include a depression screening, a suicide assessment, and a housing assessment. The housing assessment is designed to look at the housing needs of the individual and does the current setting meet their needs. The goal is to identify changes in need over time and develop a plan to address current and future needs as it relates to housing. There are several community resources available to complete assessments that help identify when an individual needs a higher level of care. The Direction Home agency and Community Support Services both complete these types of assessments. The PSH projects identified in 1C-19 assess participant needs through treatment planning and standardized assessments. Participants complete a treatment plan every six months that establishes goals and reviews progress on previous goals. Additional assessments, including depression screenings, suicide assessments, and housing assessments, help guide the treatment planning process. The housing assessment evaluates whether the participant's current housing setting continues to meet their needs. The purpose of these assessments is to identify changes in need over time and develop plans that address current and future housing needs. Community partners, including Direction Home and Community Support Services, conduct assessments that help identify when a participant may require a higher level of care, such as assisted living or residential treatment.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The projects identified have a built-in move-on strategy that begins at program entry and is incorporated into each participant's individualized housing plan. Program staff work with participants throughout their enrollment to assess housing stability, readiness, preferences, and long-term housing goals.

The completion and ongoing review of the participant's housing plan serves as a key gateway for discussing future housing options and identifying the supports needed to successfully transition to unsubsidized or other permanent housing. Staff assess factors such as housing stability, ability to maintain a lease, income and benefits, budgeting and household needs, connection to mainstream resources, supportive service needs, and the participant's willingness and ability to live independently.

Participants who are in good standing and demonstrate readiness for greater housing independence may be assisted in transitioning to a Housing Choice Voucher or other permanent housing opportunity when available. The local housing authority's voucher availability and funding capacity are considered as part of the transition process. Staff assist participants with applications, housing searches, documentation, landlord engagement, and connections to community-based services as appropriate.

Participants are not required to move solely because they have demonstrated readiness. Rather, staff use a person-centered approach to encourage and prepare participants for greater housing independence while respecting each participant's housing goals and individual circumstances. The availability of a defined move-on pathway can also help engage individuals who may initially be hesitant to accept longer-term housing by demonstrating that permanent housing does not have to mean remaining in the program indefinitely.

This approach allows the projects to continuously identify participants who may be ready to transition while ensuring that move-on decisions are individualized, voluntary, and supported by a realistic plan for long-term housing stability.

1D. 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	06/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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.	06/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 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.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	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.	08/06/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, 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)

The SCCoC maintains Board-approved Ranking, Review, and Reallocation policies that provide a transparent process for identifying lower-performing or less-needed projects and reallocating funds to projects that better advance HUD priorities and community needs.

As part of the annual local competition, the Ranking and Review Committee evaluates all renewal projects using objective performance and compliance measures, including APR outcomes, housing retention and permanent housing placement rates, HMIS participation and data quality, income outcomes, expenditure rates, financial stability, monitoring results, participation in Coordinated Entry, cost effectiveness, and overall contribution to CoC and HUD goals. SCCoC also considers community needs assessments, gaps analyses, and system performance data to determine whether existing projects continue to effectively address local needs.

Following HUD's release of the annual NOFO, SCCoC conducts an open competition for renewal and new project applications. Projects are scored using a Board-approved rubric and ranked according to performance, outcomes, compliance, organizational capacity, and alignment with identified community priorities. SCCoC's Reallocation Policy permits reduction or reallocation of funding from projects that demonstrate poor performance, low utilization, compliance concerns, ineffective outcomes, or reduced community need in order to support higher-performing projects or new projects that better address identified system gaps.

The SCCoC did not reallocate funds during this grant year as all projects demonstrated that they were providing services to the chronically homeless population including rental assistance and supportive services.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; 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.(limit 75 characters)	Well-Sky
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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.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

For the 2026 PIT Count, the Summit County CoC (OH-506) implemented several enhancements to its unsheltered count methodology and data quality processes compared to 2025. During advance planning, additional potential encampments and unsheltered locations were identified and targeted for visitation, expanding geographic coverage of the count. Particular attention was given to northern areas of the county where reports of unsheltered homelessness have increased. As a result, more identified camps and counting locations were included in the 2026 unsheltered count strategy than in 2025.

The CoC continued to utilize a specialized web-based PIT counting application to conduct interviews, capture observations, and support data collection. The application strengthens data quality through real-time data entry, location mapping, and enhanced de-duplication capabilities. Combined with HMIS verification, these tools contributed to consistently low duplication rates and increased confidence in the accuracy of the 2026 PIT count results.

Despite the expanded coverage and identification of additional potential encampments, extremely cold weather conditions on the night of the count significantly affected where individuals were staying. Many locations identified during planning were found to be vacant on count day, as unsheltered individuals sought refuge in temporary emergency overnight warming centers and other shelter resources. As a result, the unsheltered count decreased by eight individuals compared to 2025, and fewer unsheltered interviews were completed.

The weather-related shift had a corresponding impact on sheltered count results. More than 125 temporary emergency shelter and warming center beds were available on the night of the count, resulting in an increase of approximately 142 sheltered individuals compared to the previous year. Therefore, while the enhanced methodology improved coverage, expanded geographic reach, and increased confidence in data accuracy, the extreme weather conditions influenced where people were counted, contributing to a decrease in the unsheltered count and a significant increase in the sheltered count for 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

SCCoC has made reducing unsheltered homelessness and improving the community's response to encampments a strategic priority. Community Support Services (CSS), the CoC's primary street outreach provider, coordinated outreach throughout Summit County and collaborated with Homeless Outreach Charity and other partners to identify, document, and monitor more than 55 locations where individuals were residing outdoors.

The CoC partnered with street outreach providers, local governments, law enforcement, behavioral health organizations, housing providers, shelters, healthcare partners, and others to engage individuals residing in encampments and connect them to housing and services. Outreach teams conducted regular field-based engagement, including early morning and after-hours outreach, completed Coordinated Entry assessments, and facilitated shelter, housing, treatment, healthcare, and benefits connections. CSS used Motivational Interviewing, Intensive Case Management, and Harm Reduction practices to engage individuals who were reluctant to accept services.

SCCoC also strengthened coordination with the City of Akron, Akron Police Department (APD), fire services, and community providers to support housing-focused encampment response efforts. When encampment concerns were identified, outreach teams conducted advance engagement, provided transportation assistance, coordinated referrals, and worked to connect individuals with shelter, treatment, and housing before cleanup activities occurred. APD and City departments coordinated information sharing, safety assessments, required notifications, and site planning, emphasizing communication and voluntary service engagement whenever possible.

The CoC further expanded multidisciplinary outreach through the SCOUT Team, which brings together law enforcement, fire personnel, and a mental health professional to engage individuals experiencing behavioral health or substance use challenges and connect them to community-based services.

These coordinated efforts contributed to measurable reductions in unsheltered homelessness. PIT Count data show unsheltered homelessness declined from 211 individuals in 2024 to 138 in 2025 and remained at 138 in 2026, representing a 34.6% reduction during the evaluation period. Through coordinated outreach, early intervention, encampment engagement, and cross-system collaboration, SCCoC reduced encampment impacts while increasing connections to housing and supportive services.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	40
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	146
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2. Enter the reduction in the number of people in encampments during your evaluation period.	0
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

While SCCoC has not yet achieved a measurable reduction in encampments and the number of persons residing in encampments, the CoC has implemented and will continue strengthening a coordinated strategy to address unsheltered homelessness. Community Support Services (CSS), local governments, housing providers, behavioral health organizations, emergency shelters, healthcare partners, the City of Akron, Akron Police Department (APD), and fire services work collaboratively to identify encampment locations, engage unsheltered individuals, and connect them to housing and supportive services.

The CoC plans to continue proactive identification and monitoring of encampments, early outreach engagement, and housing-focused interventions before encampments become larger and more difficult to resolve. Outreach teams will conduct Coordinated Entry assessments, assist with shelter and housing referrals, provide transportation assistance, and connect individuals to behavioral health treatment, substance use disorder services, healthcare, and benefits. CSS will continue utilizing evidence-based practices including Motivational Interviewing, Intensive Case Management, and Harm Reduction to engage individuals who may be reluctant to accept services.

SCCoC will also continue coordination with the City of Akron and APD when encampment concerns are identified. Prior to encampment resolution activities, outreach teams will conduct advance engagement and service connections, while City departments and public safety partners coordinate notification, safety planning, and communication. The CoC's approach emphasizes voluntary connection to services and housing whenever possible.

In addition, the CoC plans to expand and strengthen multidisciplinary outreach through the SCOUT Team, which combines law enforcement, fire personnel, and a mental health professional to engage individuals experiencing behavioral health or substance use challenges and connect them to community-based services.

Through continued collaboration, early intervention, housing-focused outreach, and coordinated resource deployment, SCCoC seeks to reduce both the number of encampments and the number of individuals residing in encampments while increasing connections to permanent housing and supportive services.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Akron/Barberton/Summit County Continuum of Care (CoC) will reduce first-time homelessness by strengthening prevention, diversion, housing problem-solving, and connections to mainstream resources. Despite ongoing housing affordability challenges, the CoC reduced first-time homelessness from 2,209 individuals in 2023 to 1,943 in 2025, a 12% decrease.

HMIS data indicate that first-time homelessness remains a significant challenge, with approximately 71% of individuals entering homeless services in 2025 experiencing homelessness for the first time. To address this trend, the CoC will expand diversion and problem-solving strategies, strengthen partnerships that provide eviction prevention, rental and utility assistance, legal advocacy, landlord mediation, and housing stabilization services, and improve access to mainstream benefits and community resources.

The CoC will continue coordinating with emergency shelters, Coordinated Entry, healthcare and behavioral health providers, schools and McKinney-Vento partners, child welfare agencies, justice-system partners, domestic violence providers, workforce development agencies, and local governments to identify households at risk of homelessness and connect them to assistance before a housing crisis results in homelessness.

HMIS, Coordinated Entry, PIT data, provider feedback, and HUD System Performance Measures will be used to identify trends, target prevention resources, and evaluate outcomes. Progress will be measured through reductions in first-time homelessness, successful diversion and housing stabilization outcomes, and decreases in returns to homelessness. Findings will inform continuous improvement efforts and resource allocation to ensure prevention strategies are responsive to documented community needs.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Summit County Continuum of Care (OH-506) will reduce the length of time individuals and families remain homeless by strengthening Coordinated Entry (CE), housing navigation, street outreach, landlord engagement, rapid rehousing, permanent supportive housing, and system-wide performance management. Although length of time homeless increased in 2025 due to housing shortages, rising rents, landlord barriers, and increasing household acuity, the CoC has strengthened performance through enhanced HMIS monitoring, CE oversight, and provider accountability.

The CoC utilizes an evidenced-based approach that prioritizes rapid connection to permanent housing while offering supportive services tailored to participant needs. CE serves as the primary mechanism for matching households to appropriate housing interventions through standardized assessment, prioritization, and coordinated referrals.

Street outreach providers, housing navigators, and multidisciplinary case conferencing teams work together to resolve barriers, complete documentation early, and assist households experiencing prolonged homelessness.

The CoC collaborates with landlords, affordable housing developers, public housing authorities, healthcare organizations, behavioral health providers, veteran service organizations, domestic violence providers, youth-serving agencies, and local governments to increase access to housing opportunities and strengthen service coordination.

During FY2026, the CoC will focus on accelerating housing placements, expanding housing resources, and improving system efficiency by reducing the time between CE assessment, referral, and enrollment; increasing housing navigation capacity; recruiting and retaining landlords; connecting eligible households to mainstream benefits and healthcare resources; and conducting regular multidisciplinary case conferencing for households experiencing prolonged homelessness to resolve barriers and expedite housing placement.

Progress will be measured through HMIS, CE analytics, and HUD System Performance Measures, including length of time homeless, referral timelines, housing placement rates, utilization rates, and permanent housing outcomes. Data will be reviewed regularly to identify system bottlenecks, guide resource allocation, and support continuous quality improvement. Through these efforts, the CoC seeks to reduce the time households spend homeless and increase access to permanent housing as quickly as possible

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	20.00%	

Describe how you calculated the data for this response.**(limit 2,500 characters)**

The Summit County CoC utilized the HMIS Annual Performance Report (APR) reporting group for Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects for the operating period of October 1, 2025 through September 30, 2026. The CoC calculated the percentage by dividing the number of participants who exited TH, RRH, and PSH projects during the reporting period to permanent unsubsidized housing by the total number of participants who exited those project types during the same period, resulting in 28.3%. The CoC monitors housing outcome data through HMIS and provider performance reviews to identify strategies that improve permanent housing outcomes, including housing-focused case management, landlord engagement, income growth strategies, and connections to mainstream benefits and employment resources that support long-term housing stability.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

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Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	363	119	350	72.61%
2. Safe Haven (SH) beds	22	0	22	100.00%
3. Transitional Housing (TH) beds	181	7	86	45.74%
4. Rapid Re-Housing (RRH) beds	187	159	346	100.00%
5. Permanent Supportive Housing (PSH) beds	868	0	686	79.03%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, 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)

SCCoC will increase Emergency Shelter (72.61%) bed coverage by implementing the Strategic Plan's Crisis Response strategies. The CoC has prioritized expanding shelter capacity and improving countywide access through development of additional emergency shelter and transitional housing resources, particularly for populations not well served by the current system. SCCoC will strengthen provider coordination, develop a countywide outreach and coverage plan, ensure individuals experiencing homelessness are included on the by-name list, evaluate barriers to shelter access, review utilization patterns, provide staff training, and explore year-round and geographically distributed shelter options. The CoC will also review current shelter inventory to ensure all eligible beds are identified and reported in the Housing Inventory Count (HIC).

SCCoC recognizes that Transitional Housing (45.74%) has the lowest bed coverage rate and will prioritize identifying, inventorying, and expanding TH resources. The CoC will work with providers to identify existing TH resources not currently participating in HMIS or included in the HIC and conduct outreach to increase participation. SCCoC will review Coordinated Entry and by-name list processes to ensure households are appropriately matched to available TH resources. The CoC will continue pursuing youth-focused TH-RRH, shared housing, and other interim housing models while strengthening provider coordination and performance monitoring. These efforts will increase both TH capacity and the percentage of beds reported through the HIC.

To increase PSH bed coverage (79.03%) to at least 85%, SCCoC will implement Rehousing strategies outlined in the Strategic Plan. The CoC will continue expanding Permanent Supportive Housing capacity, particularly for single adults and couples experiencing chronic homelessness. Planned activities include expanding dedicated permanent housing options, strengthening landlord engagement through mitigation funds and master leasing strategies, improving housing navigation services, and enhancing coordination within PSH programs. SCCoC will also support transitions for residents who no longer require intensive services, creating additional capacity for households with the highest needs. Finally, the CoC will review PSH inventory and provider participation to ensure all eligible beds are accurately included in HMIS and the HIC. Efforts will increase available PSH capacity and bed coverage reporting.

3A. Policy Initiatives

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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

4A. Attachments Screen For All Application Questions

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked 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
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	Question 1C_1 Lis...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Question 1C_f CoC...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Question 1C_3 sup...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Question 1C_10 Co...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local compet...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D 2C Final Compe...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b OH 506 HDX ...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A_1 OH 506 Oppor...	09/27/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No	Opportunity Zones...	09/29/2026

Attachment Details

Document Description: Question 1C_1 List of TH/RRH/PSH on site substance use treatment

Attachment Details

Document Description: Question 1C_f CoC projects require substance abuse treatment

Attachment Details

Document Description: Question 1C_3 supportive service language

Attachment Details

Document Description: Question 1C_10 Coordination Non-Interference to advance Public Safety

Attachment Details

Document Description: 1D-1 Local competition scoring tool OH 506

Attachment Details

Document Description: 1D 2C Final Competition Results

Attachment Details

Document Description: 2A-8b OH 506 HDX competition report

Attachment Details

Document Description: 3A_1 OH 506 Opportunity Zone map

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Opportunity Zones Layout

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

CONSENT DECREE
AND
SETTLEMENT AGREEMENT AND RELEASE

This SETTLEMENT AGREEMENT AND RELEASE (the “Agreement”) is made and entered into this 6TH day of September, 2016, by and among WILLIAM BUKER, NICOLE GOULD, CARL LYNCH, PATRICK MOE, MELVIN THOMPSON, and CODY USNER (collectively, the “Plaintiffs”), whose address for purposes of this agreement is c/o Rebecca J. Sremack, Sremack Law Firm LLC, 2745 South Arlington Road, Akron, Ohio 44312, and CITY OF AKRON (the “Defendant” or “City”), whose address is 161 South High Street #202, Akron, Ohio 44308 (collectively, the “Parties”).

I. **Background.**

A. The Plaintiffs, current and former homeless individuals, filed their Complaint as a proposed class action alleging that the Defendants, the City of Akron, Mayor Donald Plusquellic, Police Chief James Nice, John Moore, Douglas Sandor, and John Eaton had violated the Plaintiffs’ federal and state constitutional rights protecting against unlawful seizure, as well as violations of substantive and procedural due process and Ohio Rev. Code § 737.29, by executing homeless campsite cleanups that entailed seizing and immediately destroying their personal belongings or items (the “Claims” or “Incident”).

B. The Complaint, which sought declaratory, economic, and injunctive relief, was filed in the United States District Court of Ohio as case No. 5:14-02197 and captioned as *Moe et al. v. City of Akron et al.* (the “Lawsuit” or “Complaint”).

C. The Parties agree that all homeless individuals in Akron are intended beneficiaries of this Agreement.

D. The Parties agree that, notwithstanding the Agreement, the Parties are bound by applicable city, state, and federal laws or other rules as may presently exist or may be adopted in the future. The Parties have agreed to settle all remaining issues in this matter in lieu of engaging in any further litigation.

E. In consideration of the mutual covenants, promises and conditions contained in this Agreement, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties mutually agree to the following terms.

II. **Payment, Fees, and Costs.**

The City agrees to pay to the Plaintiffs a sum that has been agreed upon, but which is not disclosed herein, in the form of one check, made payable to Sremack Law Firm LLC and delivered to Rebecca J. Sremack of Sremack Law Firm at 2745 South Arlington Road, Akron, Ohio 44312. The City shall deliver the above check within a reasonable period of time, but no later than 30 days after the Plaintiffs' delivery of an executed copy of this Agreement to the City's counsel. Attorney Rebecca J. Sremack shall be responsible for distributing the settlement funds to the individual Plaintiffs.

This sum is the entire amount of monetary consideration to be paid by Defendant as a result of this Agreement.

Defendant agrees to pay United States District Court costs associated with the Lawsuit. The Parties to this Agreement agree to bear their own attorneys' fees and costs, and any other expenses for all matters related to or arising from the Incident and/or the Lawsuit.

III. **Release.**

A. The Parties to this Agreement intend hereto to effect a final resolution and settlement of any and all existing disputes and claims between the Parties regardless of their nature or basis, which arose, may have arisen, or hereinafter can arise by reason of any manner, cause of action, or thing whatsoever which occurred prior to the date of this Agreement, including, but not limited to, all of those claims which are or could have been asserted in the Lawsuit, and any future claims or damages which might arise from the acts, circumstances, conduct, contractual arrangements, or occurrences which were or could have been the subject of said Lawsuit arising from the incident.

B. Plaintiffs, on behalf of themselves, their heirs, executors, administrators, successors, attorneys, agents and/or assigns, hereby settle with, release and forever discharge Defendants along with Defendants' agents, and all other officers, employees, attorneys, insurers and representatives of any of them from any, all and every claim, action, cause of action, or administrative or other proceeding of whatever kind of nature, including, but not limited to, any claims for injuries, loss of consortium, property damage, costs, expenses, attorney fees, and/or other damages, whether known or unknown, which Plaintiffs now have or may have or later discover, arising from or in any way related to the Incident which gives rise to the Lawsuit.

C. This Agreement is a full and final release applied to all known, unknown and unanticipated injuries, claims or damages arising out of or in any way connected with or resulting from the Incident and/or the Lawsuit more fully described above. All Parties understand and agree that this Agreement is intended to cover, and does cover, not only all known economic losses, non-economic losses, damages and expenses incurred, but any future losses, damages, and expenses not known or anticipated, but

which may later develop or may be discovered, including all the effects and consequences thereof. It is further expressly understood and agreed that this Agreement is intended to cover, and does cover all claims which have been set forth or which could have been set forth by the Plaintiffs against Defendant in any way related to the Incident that is the subject of Lawsuit.

IV. **No Admission of Wrongdoing.**

Liability for the Incident and the Lawsuit are disputed by the Defendant and this Agreement constitutes the compromise of disputed claims, and shall not be construed as an admission of liability whatsoever by any party to this Agreement. The Parties to this Agreement intend hereby solely to avoid further litigation and buy their peace.

V. **No Assignment.**

Plaintiffs have not heretofore assigned, transferred, or granted, or purported to assign, transfer or grant, any of the claims, demands, or causes of action disposed of by this Agreement, with the exception of Nicole Gould and Cody Usner, who have each assigned a portion of their anticipated settlement to Prime Case Funding, LLC, under a non-recourse purchase agreement. Mr. Gould and Ms. Usner represent that Defendants and their attorneys have no obligation toward Prime Case Funding, LLC, or the repayment of the purchase price.

VI. **Understanding and Acceptance of Consideration.**

The Parties acknowledge and declare that they have been represented by counsel in this matter, and that they have read this Agreement, and that they fully understand its terms and voluntarily accept the consideration set forth herein for purposes of making a full and complete compromise, adjustment and settlement of all claims and potential damages.

VII. **Applicable Law.**

This Agreement shall in all respects be governed by, construed and enforced in accordance with the laws of the State of Ohio, the Ohio Constitution, and the United States Constitution without giving effect to any choice or conflict of law provision or rule that would cause the application of laws of any jurisdiction other than those of the State of Ohio.

VIII. **Severability.**

In the event that any one provision or portion of this Agreement is later determined by a court of competent jurisdiction to be void or voidable, the Parties agree that any such language or provisions shall be severable, and that any such provisions so severed shall not affect the validity of the remainder of the Agreement subsequent to such severance.

IX. **Integrated Agreement.**

The consideration contained in the Agreement is the sole and only consideration contained in the Agreement and no other representations, promises or inducements have been made by Defendant other than as appear in this instrument. No modification shall be made to this Agreement except in a writing signed by the Parties.

X. **Drafting.**

This Agreement is deemed to have been prepared jointly by the Parties, and any uncertainty or ambiguity shall not be interpreted against either party, but shall be interpreted according to the application of rules of interpretation for arm's length agreements.

XI. **Counterparts.**

This Agreement may be executed by the Parties in separate counterparts, each of which when so executed and delivered shall be an original, but all such counterparts shall together constitute one and the same instrument. For evidentiary purposes, faxed or electronically mailed counterparts of this Agreement shall be deemed to be originals.

XII. **Policy.**

The City's obligations concerning notice, storage, and affording homeless individuals an opportunity to reclaim personal property vary based on whether the homeless campsite is located on real public property or real private property.

A. **Real Public Property.** The City and anyone acting on its behalf shall not immediately dispose of any personal property located on real public property. The personal property to which this provision applies includes, but is not limited to, tents, tarps, children's toys, suitcases, laundry basket, crates, backpacks, electronic equipment like phones and computers, bicycles, clothing, bedding, sleeping bags, household goods, jewelry, eyeglasses, photographs, government identification and documents, and furniture. The City shall not remove the above personal items unless it provides written notice of no less than 48 hours. Any personal property that is removed by the City will be stored for no less than 30 days.

1. **Notice.** The City shall attach written notice to all personal property or post written notice in a conspicuous location, within the general vicinity (no more than 20 feet) of the campsite for a period of no less than 48 hours before removal. The City will also provide oral and written notice to a local homeless advocacy organization ("Homeless Group") agreed upon

by the Parties, with the contact information of the organization provided to the City, at least 48 hours prior to removal.

- a. **Form of notice.** The written notice shall be laminated or weather resistant and measure at least 6 in. x 9 in.
- b. **Content of notice.** The written and oral notice will indicate (i) the reasons the personal property will be removed; (ii) the date and time of the removal; (iii) that any removed personal property will be stored for 30 days from the date of removal; (iv) that the personal property may be reclaimed at a specific address, and that arrangements may be made by calling a specific phone number; (v) that a person must provide a description of the items removed and of where the items were last located; and (vi) that after 30 days in storage the City may destroy or dispose of the personal items.
- c. **Exceptions to notice.** The City will follow the procedures set forth above for removal of personal property, except as set forth in this section. The City will not be required to provide notice of removal if: (i) it reasonably concludes that the property is abandoned; (ii) presents an immediate threat to public health or safety; (iii) is evidence of a crime; or (iv) that exigent circumstances exist. For purposes of this Agreement, "abandoned property" means "unattended to personal property that is in a condition clearly demonstrating that the owner has no intention of returning to claim it."

d. **Exigent circumstances.** Exigent circumstances requiring the City's removal of personal property will permit the City's noncompliance with the 48-hours-notice requirement. However, the City shall provide oral notice to the Homeless Group and post written notice of the fact of removal in as close proximity to the location where the property was maintained and shall follow all other procedures concerning storage and affording an opportunity to reclaim items. The following examples of exigent circumstances are intended to be illustrative: an item is preventing access to the site of an emergency; the area is being flooded; the area's infrastructure has become unsafe; the area must be secured for a special event where it is not feasible to provide advance notice. Prior to such removal, the City will afford each homeless person who is present the opportunity to remove his or her items, to the extent that such removal is feasible and that the items are not the cause of the exigent circumstance.

2. **Removal of items.** In the event that homeless individuals do not remove their items after the 48 hours of notice, all personal property will be removed and stored with an identifying sticker. The sticker shall include the date of removal and location from which the items were removed. Tents, tent poles, and other large items may be disassembled for storage. Reasonable care shall be used to store the items in a manner that avoids damages to those items. To

the extent reasonably practicable, the City will store each homeless campsite's items together.

3. **Removal and storage notification.** Notification will be left at the place from which the property was removed. This notice will specifically identify where the removed property is stored.

a. **Documentation.** Prior to the removal of personal property, the City will document the condition of the items through such means as photographs and/or video. The City will also document the condition of any items deemed suitable for immediate disposal.

b. **Immediate disposal of items.** The City may immediately dispose of or confiscate personal property in the following categories: (i) perishable items requiring refrigeration; (ii) flammable or otherwise hazardous items, or similarly dangerous items that, if stored, could cause fire, explosion, identifiable disease, or pose a threat to life, health, or property; (iii) property that is wet, soiled, dirty, sharp or odorous only if such items are hazardous or are contaminated by mold or infested with insects, roaches, bedbugs, etc.; or (iv) property that the City reasonably concludes is abandoned, as defined in (XII)(A)(1)(c).

4. **Storage.** The City shall store all personal property removed from homeless campsites on public property in a manner that is likely to protect the items from harm, in a location that is reasonably secure, and in a location that is reasonably accessible to the location where the property was found.

5. **Reclaiming property.** The City shall develop procedures by which people may retrieve their items. The City may require that persons seeking return of personal property call in advance and make an appointment to retrieve their items. The City may require a person to identify the property and/or describe the location, approximate cleanup date, and the removed items in reasonable detail to assure ownership. The City shall document the items returned; the name of the claiming party; and the form of identification (if available) confirming the identity of the claiming party.

6. **Unclaimed property.** The City may dispose of all unclaimed property after the 30-day period elapses. At the City's option, the City may elect to release unclaimed property to the Homeless Group or a social services agency or other homeless advocate organization, if that entity releases the City from liability.

B. Real Private Property. The City and anyone acting on its behalf shall not immediately dispose of any personal property located on real private property in compliance with Ohio and Akron municipal law, including, but not limited to Ohio Rev. Code § 737.29 and Akron Code Ord. §§ 94.19; 94.31; 95.12; 95.13; 95.17; and 131.08. The personal property to which this provision applies includes, but is not limited to, tents, tarps, children's toys, suitcases, laundry basket, crates, backpacks, electronic equipment like phones and computers, bicycles, clothing, bedding, sleeping bags, household goods, jewelry, eyeglasses, photographs, government identification and documents, and furniture.

1. **Trespass**. In the event that a homeless person's campsite constitutes a trespass on real private property, the City's obligations concerning the homeless person's belongings are subject, but not limited, to Ohio Rev. Code § 737.29 and Akron Code Ord. § 131.08, and are not limited by the terms of this Agreement. To the extent practicable, the City will provide oral and written notice to the Homeless Group that it plans to remove a homeless person's belongings. In the event that a private landowner does not request that the trespasser's personal property be removed, and the personal property does not constitute litter or a nuisance, the City will not remove it.

2. **Litter and Nuisance**. In its enforcement of litter and nuisance abatement ordinances, the City's obligations concerning the personal property at a homeless encampment site are subject, but not limited, to Akron Code Ord. §§ 94.19; 94.31; 95.12; 95.13; and 95.17.

a. **Notice and Order to Comply**. Akron Code Ord. §§ 94.31 and 95.17 require that the City provide written notice via personal service, or if personal service is not accomplished, then by posting in a conspicuous location at the property affected and mailing, by regular mail to both to the real property owner and the occupant, that the litter or nuisance must be removed or corrected ("Order to Comply"). The notice will inform the recipient of the right to appeal the Order to Comply.

b. **Additional Notice**. The City will provide written and oral notice of the Order to Comply to the Homeless Group. The City

also will make reasonable efforts to notify the homeless individuals by posting a notice of the Order to Comply in a conspicuous location near the homeless encampment site. The City will provide the notice contemporaneously, or as soon as practicable, with the issuance of the Order to Comply.

c. **Right to Appeal the Order to Comply.** Akron Code Ord. §§ 94.31 and 95.17 require that the City afford real property owners and “anyone else affected” the right to appeal the Order to Comply within seven days. The City will hear the appeal of any real property owner or personal property owner. If there is no appeal, and the items constituting litter or a nuisance remain, the City may remove the items.

d. **Notice of Removal.** The City will post notice of the planned removal of personal property in a conspicuous location near the homeless encampment site no less than 24 hours in advance of the removal. The City also will provide oral and written notice to the Homeless Group no less than 24 hours in advance of the removal.

C. **Training and Procedure.** The City will provide instruction on all new procedures contained in this Agreement, as appropriate.

XIII. **Dispute Resolution.**

The parties agree that the Court will not be asked to supervise the implementation of this Agreement or to enforce its terms until Plaintiffs’ counsel promptly notifies counsel for Defendants, in writing, of the specific grounds on which

non-compliance is alleged. Within seven days after receipt of the notice from Plaintiffs' counsel, Defendant's counsel shall notify Plaintiffs' counsel of Defendant's position and any action it has taken or intends to taken in connection therewith. The parties shall negotiate in good faith in an effort to resolve any remaining disputes. If such negotiations fail to resolve the disputes, Plaintiffs' counsel may pursue any and all remedies available at law, including seeking to enforce this Agreement by action in Court.

XIV. Dismissal of Lawsuit Subject to Right to Enforcement of Agreement.

Upon execution of the Agreement and receipt of the Payment, the Parties shall submit to the Court a mutually agreed-upon judgment entry of dismissal of the Lawsuit, identical in form to Exhibit A. The agreed-upon judgment entry shall ask the Court to retain jurisdiction to enforce this Agreement and any disputes that may arise hereunder. This Agreement recognizes that all homeless individuals in Akron are intended beneficiaries of the Agreement and that any homeless person may seek enforcement of this Agreement. Plaintiffs may seek enforcement of this Agreement on behalf of any homeless individual in the Akron area.

The Parties acknowledge their agreement by signing this Agreement on the date first set forth above.

By: William Buker
William Buker

By: Nicole Gould
Nicole Gould

By: Carl Lynch
Carl Lynch

By: 
Patrick Moe

By: 
Melvin Thompson

By: 
Cody Usher

CITY OF AKRON

By:  DJS

Print: Eric Belfanu

Title: Director of Law

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Summit County Opportunity Zones
with Continuum of Care Sites
September 2026

