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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: OH-501 - Toledo/Lucas County CoC

1A-2. Collaborative Applicant Name: TLC Homelessness Board

1A-3. CoC Designation: CA

1A-4. HMIS Lead: TLC Homelessness Board

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	No	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	No	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	No	Yes
6.	**Disability Advocates**	Yes	No	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	No	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	No	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	No	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Yes	No	Yes
13.	**Law Enforcement**	Yes	No	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	No	Yes
15.	**LGBT Service Organizations**	Yes	No	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	No	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	No	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	No	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	No	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	No	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	No	Yes
25.	**Other homeless subpopulation advocates**	Yes	No	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	No	Yes
28.	**Street Outreach Team(s)**	Yes	No	Yes
29.	**Substance Abuse Advocates**	Yes	No	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	No	Yes
32.	**Youth Service Providers**	Yes	No	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

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

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1. Our CoC has an open invitation to the community for anyone interested in learning more about the CoC or becoming a CoC member. We publish an open invitation in the local newspaper prior to each meeting. Each time our lead agency engages with a new organization, they are invited to participate in the CoC. Once engaging in the broader CoC work, interested community members are then invited to participate in workgroups that are addressing the issues for which they are passionate about. 2. Our CoC outreach is mainly done through e-mail, virtual and face-to-face engagements. All meetings are recorded and available to anyone requesting. 3. During our outreach we have identified persons experiencing homelessness willingness to participate. We continue to encourage participation by providing opportunities for questions to be answered to help them determine their participation. 4. We are intentional about sending CoC related information to organizations whose primary clients are Black, Latino or disabled. We regularly send communications to our local NAACP Housing Committee, Lucas County Board of Developmental Disabilities, Lucas

County Children Services, Toledo Public Schools, and to Adelante (a local Latino/Hispanic Resource Center).

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

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1.The CoC established the Community Advisory Council (CAC) to meet quarterly to address issues facing the homelessness system in Lucas County, and to give the community regular CoC Planning updates. The meetings are held in collaboration with the local housing authority. Presenters will often give presentations on information that CoC members can use to advance our work. This group also reviews the CoC Strategic Plan and provides guidance for services and resource gaps. 2. The CAC uses its expertise in committee work as well as during these meetings to collectively work towards recommendations to provide to the CoC governing board for implementation. The CAC and its committees also provide guidance and feedback on assessment tools. At each CAC meeting new participants are given the option to provide feedback, input and ask questions about ongoing strategies and initiatives. During the pandemic all CAC meetings were virtual to ensure safety and continued participation from the general public and community stakeholders. CAC meetings are promoted via newspaper publishing, e-flyers and on our social media pages for the general public. 3. Feedback received in recent CAC meetings and committee work led to further exploration of housing problem solving models (prevention and rapid resolution) as well as an eviction prevention effort using local COVID response funds. Engaged CAC and CoC members highlighted these two areas as areas that if addressed could help prevent additional individuals from experiencing homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1.The CoC sent a Public Notification for proposals by email, posted it on our website, and shared it on our social media page. The initial notification included Zoom links to attend two competition informational meetings which included training on the competition, overview of it, and the opportunity to ask questions regarding it. Resource links and timelines were also reviewed in these meetings. The meetings were recorded and recordings available to anyone who requested. All notices also included an email address available to applicants and interested applicants to send questions and receive answers. 2. Included in all notices was an invitation for submissions from organizations not currently funded from CoC funds. We also discussed with area partners throughout the year the opportunity to engage with this program by way of a new application. 3. Each notice, training meeting, and subsequent email reminders shared with the general public and existing CoC programs notified applicants that review applications were due in person by the initial deadline and via esnaps by a later deadline. 4. Each notice sent directed individuals to our website's competition page whereby our policy, scoring forms, scorecards, and other helpful resources detailed how project applications would be scored and selected. 5. All competition materials were made available in word and pdf versions to be used with text to speech tools for individuals requiring additional accessibility. Individuals with disabilities were invited to reach out to our organization for other access issues or special needs to ensure effective engagement.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

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

18.		

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

1.The CoC holds quarterly meetings for which ESG and CoC funded agencies participate in and provide feedback during. The CoC regularly engages ESG program recipients through committee work, CAC meetings, COVID response meetings, and meetings with the directors of each shelter and RRH providers. Through these meetings information is gained about current challenges and other gaps in resources/support needs. 2. The CoC is a Third Party Partner with the City of Toledo, and helps manage the ESG applications--soliciting, receiving and reviewing all applications and making recommendations for funding. The CoC receives and reviews ESG recipient's monthly reports, and evaluates them, reporting any findings to the City of Toledo. During the onset of COVID-19, the CoC was the region lead for the ESG CV Collaborative, a joint effort to respond, prevent and reduce the spread of COVID-19. In this capacity, it surveyed and convened interested service providers to determine shared needs and opportunities to maximize resources. The CoC developed a collaborative proposal for ESG-CV funds which it made to the City of Toledo and led its implementation thereafter. The CoC entered into shared services contracts to benefit all participants. It also purchased and equitably distributed resources to all collaborative participants.
2.The CoC provided 2020 PIT and project demographic data and other demographic reports to the City of Toledo for their Consolidated Plan. 4. In addition, the CoC is a contributor and a co-presenter at the two City of Toledo draft Consolidated Plan public hearings. The CoC also provides written drafts on homeless information for both Consolidated Plan and CAPER.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes

3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1/2. Our CoC collaborates informally with local school systems, daycares, and mentoring programs by making connections between homeless service providers and various education providers to allow for referral sources and continuity of care. We do not have a formal partnership with any specific education provider but seek to achieve one in the near future. 3/4. Our CoC has participating members who collaborate closely with the Ohio Department of Education and the local school boards to seek out new programming options to support educational opportunities amongst those experiencing homelessness or housing instability. Examples include relationships with a local community college and local arts school whereby individuals residing in shelter can explore their educational interests. 5. Our CoC members attend and participate in meetings held by the Toledo Public Schools, the largest public school district in Lucas County that is disproportionately impacted by youth homelessness, in comparison to other local school districts. 6. The CoC is also Third Party Partner with the City of Toledo, Department of Neighborhoods for two new Toledo Public School collaborative housing programs. It has worked closely with local school officials and the City of Toledo to develop, implement, and monitor these programs. Both programs give priority for support to families with children facing homelessness, or literally homeless. The CoC engages with these programs by attending monthly program monitor meetings, supporting related assessment work using the coordinated entry assessment tool, managing related HMIS data and providing housing navigation to participants. This is the first a project like this to be piloted in our CoC region. The anticipated outcomes for these two programs are for a total of at least 85 families to be housed.

1C-4a.	**CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.**	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

Our CoC is working with a team of researchers and consultants to conduct a community-wide resource mapping exercise and develop an updated strategic plan based on this assessment.
Included in the plan is a desire to better articulate connections and protocols for referrals of individuals and families engaged in the CoC to local educational services. Currently, direct service providers are making these connections for program participants by referring individuals and families to local school systems, mentoring programs, day care programs and other educational supports here locally.

1C-4b.	**CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**	
	NOFO Section VII.B.1.d.	

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

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

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1.Our CoC promotes DV trainings that are prepared by the YWCA of Northwest Ohio. The YWCA is a partner for trauma-informed and victim centered trainings for DV. The CoC also has worked closely with the Mental Health and Recovery Services Board as well as engaged the local Trauma Informed Care Coalition for assistance in providing CoC members trainings on these topics. The CoC regularly encourages CoC partners to attend local and regional trainings and formally hosts trainings on these topics at least annually at its CAC meetings. The trainings include discussions about trauma's impact, intensify/retriggering trauma factors, and trauma-informed responses. Additionally, CoC staff attended several trainings this year from the National Organization for Victim Assistance and have shared this information with community partners and service providers.
2.The Coordinated Entry staff are trained yearly on trauma-informed and victim-centered care protocols. During these trainings protocols are reinforced whereby staff ask initial screening questions about safety. If persons feel unsafe and attempting to flee or fleeing a DV situation, the staff immediately connects them to the local YWCA DV hotline, who provides immediate assistance, assessment and shelter/housing placements. If it is determined later during service provision that an individual or family has experienced this type of trauma and violence, pathways between non-VSP and VSPs have been created to connect those in need to available resources. Additionally, we recently held a focus group to explore updated ways to screen for safety concerns that are more victim-centered.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The CoC is committed to fully including de-identified aggregate data from comparable databases from Victim Service Providers, and to provide support as necessary to ensure that VSPs have access to all of the tools, data, and assistance they need in order to protect the privacy and safety of survivors of domestic violence, dating violence, sexual assault, stalking, and/or sex trafficking. The CoC works directly with the VSPs to monitor trends and needs relative to this subpopulation and engages them in all CoC discussions so that all decision-making is enlightened by the complexities and specific safety considerations necessary to support survivors.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

Our CoC uses the a survivor empowerment approach, in which a survivor can take the self-led approach to services. The decisions governing their participation in the housing programs and the type of assistance they are looking for from program staff is discussed when entering a program. A survivor empowerment approach is intended to support participants in taking back the power and control over their own lives that their abusive partner sought to rob them of. 1. Our CoC prioritizes safety through the use of confidentiality, deidentified data and the emergency transfer plan. Local VSPs have very restrictive protocols regarding the sharing of addresses of services, visitor access, phone number sharing, and donation drop off. These are all carefully maintained in order to give clients the security and safety they need and desire. 2. Additionally, clients can request a transfer if they believe that there is a threat of imminent harm or further violence if they remain in the same unit. They can also request a transfer if they are victim of a sexual assault, and the sexual assault occurred on the premise. The CoC supported cases this year in which individuals requested a transfer to another service provider and to another county/Continuum and it worked with the associated service providers to ensure client choice, safety, and confidentiality were met during these transfers. 3. The CoC also implemented new procedures during its bi-weekly case conferencing reviews to ensure confidentiality in review for all participants. All clients are referred to using case file numbers; PPI is never shared between providers without an additional, specialized release of information which our VSP use.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

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

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

	Enter the Percent of New Admissions into	Does the PHA have a	Does the PHA have a

Public Housing Agency Name	Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	General or Limited Homeless Preference?	Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Lucas Metropolitan Housing		Yes-Both	No

You must enter information for at least 1 row in question 1C-7.

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

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

(limit 2,000 characters)

1. In 2019, our CoC entered into a cooperative agreement with the local housing authority, LMH. This relationship has grown stronger in the last two years, whereby CoC staff and PHA staff work together regularly to implement and support several special voucher programs, community planning initiatives, funding recommendations and development plans, and other joint ventures. LMH has implemented a homeless admission preference in its administrative plan.

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

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	
1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1. LMH supports our COC by providing Housing Choice Vouchers that are dedicated to the homeless and various sub populations, including programs in collaboration with Neighborhood Properties, Inc. (dedicated to homeless persons diagnosed with a severe and persistent mental illness), Renaissance Senior Apartments (Senior Living 55+ or Disabled), the YWCA of Northwest Ohio (dedicated to homeless women and children), Chestnut Hill (dedicated to homeless and disabled or homeless and re-entry) and Commons at Garden Lakes (dedicated to Veterans). Referrals to most of these programs are made directly from the CoC's coordinated entry system and the mutual relationships are supported in tenant selection plans. 2. The CoC has a formal MOU/cooperative affiliative agreement with the local PHA.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

1. LMH and the CoC completed a joint acknowledgment and MOU in support of the Emergency Housing Voucher program. 2. The application was approved and the vouchers were granted to our community. 3. Through this joint experience, 123 individuals/families experiencing homelessness and housing instability are now eligible to receive housing search assistance and ongoing voucher support. Our CoC is working closely with the PHA to issue and lease up these vouchers. Our CoC also sought a joint project application with the local PHA for FUP vouchers in early 2020 but was not selected for this program. We plan to pursue this again in the future.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Lucas Metropolita...

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

Name of PHA: Lucas Metropolitan Housing

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.**	15
2.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.**	15
3.	**This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.**	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Currently the CoC evaluates projects based on low barriers and/or predetermined conditions to access housing. When evaluating programs, the CoC looks to ensure that housing plans are self-led, the program provides access to mainstream social, health and mental health services, participation in

service plans are not a contingency for tenancy, the program accepts referrals from Coordinated Entry, and the agency policies and procedures includes Housing First principles.

This year, the CoC used the help of our HUD Region 5 TA to conduct a Housing First training for our community to reintroduce and reinforce concepts discussed in our regular evaluations and program reviews. We also worked closely with service providers to review and train on the Housing First Assessment tool. We began this work by completing the tool in groups of providers based on project type to begin the objective analysis. Our plan moving forward is to use this tool to complete regular monitoring of specific programs, provide feedback and training on areas for improvement, and measure fidelity to the low barriers model for funding recommendation purposes.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1.Our CoC regularly works with NPI's PATH team for community-wide rapid resolution efforts (encampments, hotels closing, code enforcement). This team proactively and reactively responds to needs by canvassing our geographic area on a daily basis. They interact with individuals on the streets, in encampments, in parking lots/cars, under bridges, behind shopping centers and in many other areas. During engagement, they survey the individual to assess needs and vulnerabilities as well as determine willingness to engage. Wherever possible, they offer immediate needs (food, blankets, hygiene supplies) as well as a connection to temporary shelter, mental heath care and substance abuse support if needed, and ongoing case management. PATH's outreach covers all of Lucas County but often is focused in the urban downtown area given the heavier concentration here. Additionally, our CoC works with Safety Net's outreach team to engage runaway youth in need. We also employed a COVID response coordinator during the height of the pandemic to serve as a liaison between unhoused individuals on the streets and COVID resources and supplies. Our CoC also participates in an annual event called Tent City, where individuals living on the streets can gain access to mainstream resources at one centralized location. This year's event included access to physicians, COVID

vaccines, workforce development options, documentation needs, and many other services. 2/3. All outreach efforts cover 100% of our geographic area and occur on a daily basis. They also seek to proactively intervene in situations of pending evictions and code enforcement situations (condemned homes) whereby engagement is with individuals who may not otherwise request assistance. 4. The CoC partnerships with the local housing court, elected officials and government bodies, code-enforcement department and the PHA provide us with an opportunity to reach all experiencing or at risk of homelessness in the near future who may not otherwise engage with 211 .

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	452	404

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	No	No

4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1/2. The CoC shares up to date information on mainstream resources by working in close partnership with Job and Family Services, Social Security Administration, Mental Health and Recovery Services Board, and other relevant benefit providers. Information gathered from these partnerships is shared with the broader CoC membership via monthly email newsletters, local committee presentations, community advisory council quarterly meetings, and emails notifying members of training opportunities as they arise. For example, our CoC hosted a representative from the Social Security Administration to update CoC members at a TAAEH meeting this year regarding changes to their application process. It also hosted someone from the Ohio Consumers' Council office to share details on winter assistance programs with providers. 3/4. Our CoC works closely with the Mercy Health Care system and their liaison in their social work department to assist individuals in need with access to applying for health insurance/Medicaid where possible. We also work closely with the Hospital Council of Northwest Ohio and make referrals to them for individuals eligible for their special programs related to healthcare and housing.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1.Our CoC's coordinated entry system is facilitated in partnership with United Way of Greater Toledo 211's assistance program. Utilization of this program allows any person within our CoC geographic area to have access at any time from any location regardless of interaction with specialized outreach. UWGT's 211 assistance program has a live chat feature which allows the client to open

an online chat window and chat electronically with a 211 Navigation Specialist. The program also has the capabilities for receiving phone calls 24 hours a day, 7 days a week, email engagement, and call-back servicing. 2. When the CoC learns of an individual or family in need (whether it be because they have called our organization, we see them, or another community partner alerts us to them, we share this information with the CES team so that they may proactively reach out to the individual or family and seek to support them. This includes those who are literally homeless as well as precariously housed. We also heavily involve our PATH street outreach team to develop pathways for connectivity between our CES and those otherwise unlikely to engage. 3/4. When engaging with individuals at the CES intake point, the navigation specialists utilize an initial assessment tool (VI-SPDAT). The VI-SDAT tool is designed to prioritize clients by severity of need, allowing clients with the most severe needs to receive assistance first. UWGT also provides referrals for people facing a housing crisis to access other community resources. The CES intake team is in regular communication with the CoC regarding trends and patterns so that the two teams can effectively respond and conduct appropriate outreach.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	No
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	No
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	Yes
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	Yes
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC and all CoC-supported agency providers have adopted anti-discriminatory policies. CoC agencies will not access denial of admission or separation of any member from other family members or caregivers based on age, sex, gender, LBGT, marital status or disability. Consideration for shelter, transitional, RRH or PSH placement is made without consideration given to a client or family's racial make-up. Diversity in agency-level and CoC-level decision making efforts weigh heavily in funding recommendations for both ESG and CoC programs, and participating agencies are expected to have leadership and management staffing set-ups that are reflective of the populations served. The CoC governing board is planning revisions to its governing policies to require more inclusive and reflective representation in its own Board makeup. The CoC is also planning a full coordinated entry analysis and review in 2022 to discern if the existing assessment tool creates a disparate impact on different races within our system due to implicit biases. It has been in discussions with other area CoCs on how they have implemented new assessment tools that result in a more equitable outcome for minorities within our system. The CoC

has discussed the data in the HUD race equity tool at nearly every CAC meeting this year to begin to familiarize local decision makers with a shared understanding of the existing status. In its work using the Housing First assessment tool, our CoC hopes to work with specific agencies to identify any policies and procedures that may be disproportionately affecting individuals of color. Finally, the CoC has taken every opportunity to engage with HUD tools and resources to address inequities in our system. It has recently engaged in several trainings (for example, a ground water training). Our CoC has partnered with all other Ohio CoCs and was successfully selected to participate in the HUD Coordinated Entry Equity Demonstration and began work with our facilitators this month.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	5	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	0
3.	Participate on CoC committees, subcommittees, or workgroups.	2	3
4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1/2/3. The CoC used hotel/motel funding to reduce shelter capacity and increase available, safe emergency housing options for those in unsheltered or congregate settings (ES or TH). Protocols were developed to isolate and quarantine individuals who were exposed to COVID-19 using a special hotel.. The CoC offered weekly guidance from the CDC to Homeless Services Providers on how to manage the risk of COVID-19 which included advice on and access to PPE, cleaning recommendations, social distancing recommendations, and other safety precautions. The CoC was the region lead for the ESG CV Collaborative, which streamlined access to supplies and equipment and helped shelters respond, reduce and prevent the spread of COVID. The CoC worked with the local Emergency Operations Center, city and county officials, and 8 other agencies to develop an isolation and quarantine site at a designated hotel. Protocol was developed for intake, transportation, food, testing, and related supports during stays. All individuals who were homeless or otherwise would be because of COVID effects had access to this site, whether they were coming from an unsheltered location, or an existing homeless service provider. The CoC worked closely with the local health department to have a nurse on site at the Isolation/Quarantine site for review of active cases and triage needs for escalating cases.

To prevent, reduce exposure and respond to COVID-19 our CoC prioritized private spaces for:
Those with symptoms suggesting infection
Those with infection
Those with highest risk of severe complications were they to be infected

Screen and therefore separate people who may be infected from others
Use testing to determine who IS infected

Having places where people with the infection could go, and who do NOT require
hospitalization:

Decreased stress on hospitals
Protected others in congregant settings
Decreased the likelihood of hospitalizations and mortality

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Our CoC improved the homelessness system readiness for future public health emergencies by implementing a clear communication plan for guidance and updates and serving as a centralized lead for homeless service providers with respect to information and resource deployment. We developed a structure for this communication using daily and weekly guidance from HUD, the CDC, and the local and state Health Departments. We established a strong relationship and presence within the community relative to local emergency management operations, city and county officials, and the health department. Using these relationships and building upon the strength of resource deployment exercised during this emergency, the CoC lead agency is primed to serve in this capacity again should another emergency arise.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1/4/5. The CoC was the centralized coordinator for COVID response funds with ESG-CV recipients. It formed a collaborative group of homeless service providers whereby it surveyed, interviewed and discussed with the group the greatest needs for COVID response. We used this information to develop a proposal for ESG-CV funds that included a shared resource of safety/PPE supplies to be distributed to collaborative members based on their need and size of operations/clients served. It also entered into shared services contracts

for regular disinfecting cleanings completing by a professional cleaner on site at each collaborative member's site weekly. It purchased in bulk and leveraged Emergency Operations Center donations various supplies (face masks, thermometers, cleaning supplies, gowns, shields, hand sanitizer, etc.) to then distribute to recipients. 2. The CoC worked closely with the City of Toledo and Lucas County commissioners to develop an emergency rental assistance program and directed eligible referrals to the program for assistance. 3. The CoC also worked closely with the Housing Court, employing our COVID response coordinator to serve on site for eviction proceedings to assist with referrals to various resources. It joined a Tenant Protections Initiative to advocate for Pay to Stay legislation as well as Source of Income protections to assist with eviction prevention and housing placements. It continues to work with the Lucas County commissioners to develop a network of housing advocates committed to sharing resources in support of eviction prevention work. The Fair Housing Center, ABLE, LISC, and others are joining us in these efforts.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1.The CoC worked closely with Lucas County Health Department, local health networks (ProMedica and Mercy Health), as well as other area organizations (Toledo Fire and Rescue, Mental Health and Recovery Services Board, Lucas Co. Board of Developmental Disabilities, etc.) to stand up and operate a designated Isolation and Quarantine Hotel. Individuals experiencing homelessness or who because of COVID had no place to go had access to this hotel for isolation and quarantine needs. This assisted our community in decreasing the spread of COVID-19 by providing a safe and secluded place for individuals to isolate thereby decreasing additional spread in congregate housing settings and hospitals. 2. The CoC worked closely with the Local Health Department to provide agency-specific assessments and coaching sessions to ensure safety measures were appropriately implemented in the context of each individual agency. This included guidance on social distancing which looked different for each provider given room set-up, congregate area layouts, shared bathrooms, and related facility layouts that presented unique challenges. These coaching sessions allowed each agency to develop a plan specific to its needs to safely ensure measures were appropriately implemented.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**

2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

1/2/3. The CoC served as the lead communicator of COVID-19 updates relative to homeless services by way of daily and weekly communication. The CoC attended daily COVID briefings from the local Emergency Operations Center and used information from these briefings to share daily and weekly updates with the homeless services provider network. These updates conveyed information to ensure partners had the most up-to-date information from the CDC on congregate shelters, mask mandates, safety precaution recommendations, and vaccine updates. The CoC also met virtually with ESG-CV recipients on a monthly basis to discuss the latest guidance and recommendations and to hear and share back partner concerns and challenges with the local health department. The CoC participated in our local Vaccination Initiative and worked with the health department to stand up vaccine clinics in each of our shelters. The CoC also employed health department experts and our COVID response coordinator to conduct education sessions in shelter environments to educate clients on the benefits and availability of vaccines.

1D-6.	**Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.**	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

As an participant of our local vaccination initiative V-Project, our CoC worked closely with the shelters and outreach workers in the CoC to coordinate vaccination opportunities at various sites. Toledo Lucas County Health Department communicated directly with the CoC when a number of vaccinations were allotted specifically to the homeless population in Lucas County. We arranged to host a vaccination site at one of the participating CoC shelters and assigned a percentage of the vaccinations to each of the shelters per capita. Once vaccinations were available at the local level (in walk-in clinics, etc), our CoC arranged transportation to select sites at the request of the participating shelters in the CoC. For individuals who did not reside in a local shelter, we worked with outreach teams in making the same access to transportation available. Finally, our CoC pushed-out all relevant vaccination information from Toledo Lucas County Health Department as it became available to us and continue to do so as it persists.

1D-7.	**Addressing Possible Increases in Domestic Violence.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

DV clients received access to telehealth services during quarantine through a partnership formed by DV shelter providers and one of the local mental health services agencies. While our CoC anticipated a drastic increase in DV calls during the pandemic, we actually saw a decrease for the majority of 2020. We hypothesized that this may be due to individuals being reluctant to enter or seek services from a congregate setting in light of the virus. We supported our local DV shelter in a public information campaign to educate the public on the availability of resources and safety measures in place at the shelter. We encouraged all partners to direct cases of suspected DV to this organization as they were still very much open and safely providing support to these types of cases.

1D-8.	**Adjusting Centralized or Coordinated Entry System.**	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

During the pandemic, individuals seeking out assistance through our CES were asked additional prescreening health and wellness COVID-19 related questions to determine any health-related needs before making referrals to appropriate support services. We integrated the use of hotels and motels, as well as prioritization exceptions for individuals experiencing COVID or who were highly immunocompromised for whom congregate shelter would not be a suitable option for them. We also made allowances in the typical protocol for an individual or family to be considered ready for referral to a RRH and PSH program; waivers were used to allow for documentation exceptions whereby agencies providing documentation were closed or unavailable. We made every effort to keep the flow of referrals within the CES moving despite outside closures, delays in inspections, etc. Several members of the CoC system as well as the CoC itself took advantage of available waivers to continue its work as safely and expeditiously as possible.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/09/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/23/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1.The CoC developed an application that included incentives via point awards to prioritize projects proposing to serve veterans, youth, chronically homeless and families. Reviewers of the applications were also asked to evaluate the level to which project proposals implemented a low barrier approach, thereby rewarding applications which sought to support the hardest to serve populations (for example, if a project would admit participants despite past criminal history, substance abuse disorders, etc.). 2. The CoC also developed an application which awarded more points to PSH units than RRH in an effort to prioritize this much-needed and well-demonstrated need within our geographic area.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1.The CoC engaged input and included a diverse group of individuals when preparing the competition policy and rating factors used to review project applications. The CoC's governing board who ultimately reviewed and approved the rating policies is made up of both individuals with lived experience as well as racial diversity.
2.The CoC engaged review committee members as well as governing board members which included persons of different races, lived experience, culture beliefs and sexual orientation. This review committee was responsible for the review, selection, ranking and recommendation process.
3.Applicants were asked the following questions in the application: Please describe how your agency composition (Board of Directors, Leadership Team, Staff, etc.) reflects the demographics of the population your agency serves; Please describe what intentional efforts your agency has made to address diversity, inclusion, and acceptance within policies, procedures, or other operations; Please describe how your agency includes individuals with lived experience in decision-making activities for your project. Agencies were then evaluated based on replies; many of the questions included were signaling questions to demonstrate to participating projects a renewed and increased focus on racial equity analysis and inclusion work in the year(s) to come.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1.The CoC competition policy places a heavy focus on project performance as part of its overall assessment for reallocation purposes. Built into the application review structure is a scorecard which assigns points to key performance indicators and rewards positive performance in the final funding recommendation and ranking. Scorecard data is combined with narrative review for final point ranking. 2/3/4. This year, the review committee determined that each renewal application was sufficiently performing to remain ranked in Tier 1. The lowest performing projects were given feedback of their status and were put on notice that but-for improved performance their renewals were subject to reallocation in the coming year. This was to allow each applicant time to become accustomed to the new performance scorecard tool and its importance in the overall ranking process. 5. The CoC communicated the policy for reallocation in its competition policy document, shared at each public notice, on our website, and discussed live during competition webinars. Once the review committee had made its final recommendations and our governing board approved these recommendations, the CoC communicated with all applicants that they were selected or rejected. One existing project self-elected not to renew its application. This funding was reallocated to a Coordinated Entry Application, a new activity that will support the entire CoC and improve capacity in the CES.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/29/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

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.	10/29/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1.The DV agency providers collect their information in a comparable database that meet HUD requirements for data elements based on the 2020 HMIS data standards. This has been verified during various report monitorings and submissions, especially in light of ESG-CV reporting. The HMIS Lead worked closely with the VSP to ensure appropriate data elements were collected and reported on. 2. The HMIS lead also works closely with our local DV service providers to submit a report that deidentifies client aggregate data using their comparable database reporting.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	564	44	360	69.23%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	67	44	13	56.52%
4. Rapid Re-Housing (RRH) beds	452	0	452	100.00%
5. Permanent Supportive Housing	1,152	81	901	84.13%
6. Other Permanent Housing (OPH)	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

For Emergency Shelter one major Emergency Shelter does not use HMIS. Cherry Street Mission Ministries has been more closely engaged with our CoC over the last year and has recently agreed to the conversion of its data into our HMIS system. The CoC and CSMM are working closely to build a software “bridge” to convert its data into the broader system to allow us to have a better utilization rate as well as a more comprehensive picture of shelter services and those utilizing them in our community. We expect this to be fully implemented in 2Q 2022.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	28.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

Transitional Housing, Emergency Shelter and Permanent Supportive Housing bed coverage was greatly impacted by COVID-19. Our CoC plans to continue our monitoring procedures and baseline standards for measurements, since the HMIS APR will provide a starting point for measuring the accuracy of the HMIS implementation and performance. The CoC will meet quarterly with CoC funded partners when there is a pattern or trend of underperforming, provide training and coaching as needed. If an agency continues to underperform beyond the COVID 19 crisis, it is likely the agency funds will be reduced or fully reallocated.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1The CoC works collaboratively with community outreach workers, community health workers, and mental health providers to identify clients at risk of becoming homeless for the first time. Through this work trends of substance abuse disorders, unstable employment and chronic illnesses occur as potential risk factors associated with first time homelessness. 2. Our CoC works with our Coordinated Entry system to implement a housing problem solving initiative to help individuals experiencing homelessness resolve it where possible but also to help prevent homelessness when individuals and families present to the system as unstably housed. This initiative was meant to fill in the gaps of resources so that individuals did not "have to get worse to get help." Those at risk of homelessness are presented with flexible resources, diversion and rapid resolution strategies to help prevent a situation of homelessness. 3. This is accomplished through a partnership with the United Way 211 team as well as a Housing Problem Solving Manager on staff at the CoC. These two roles combined with a safety net of flexible resources is meant to give individuals options and solutions prior to becoming homeless.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**

3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1.One issue in Lucas County that drastically affects the length of time individuals and families experience homelessness is an extreme shortage in available and affordable housing stock relative to the need. Our CoC has placed a renewed focus on promoting and advocating for an increase in PSH development to assist with this shortage and thereby decrease the length of time individuals experience homelessness. Our CoC was successful in supporting a new PSH development this year which will bring new units online to help. 2. The TLCHB oversees our referral process to projects and units as they become available and uses a dynamic prioritization process which considers both acuity/disability/chronic status as well as length of time homeless when determining priority for referral. In addition to that work, the CoC secured funding for Risk Mitigation work and has been using these fund to recruit and retain new landlords to help increase our pool of end placement resources. Landlords that have utilized this fund agreed to continue to serving low income households. 3. Toledo Lucas County Homelessness Board is the responsible agency and the Executive Director leads this strategy.

2C-3.	**Exits to Permanent Housing Destinations/Retention of Permanent Housing.**	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1.The CoC develops and oversees the PSH retention policy. Strategies to increase and maintain housing placement include a by name list and biweekly case management reviews to determine destinations that would best suit each individuals' specific needs, thereby leading to more successful outcomes. 2. When CoC-funded agencies present with a situation of instability, the CoC works with the agency to reassess the needs of the individual and seek out other more suitable placement for them with the appropriate support needs to ensure success.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

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

(limit 2,000 characters)

1.The CoC monitors recidivism through HMIS entries and exits as well as case

management review notes within client files. It is also discussed via case conferencing meetings within our system. 2. When people are identified, the CoC strategy is refer to community programs that offer more intensive wrap-around services, and in some cases do a reassessment in effort to identify if a different type of housing will best support their needs. 3. The TLCHB Executive Director and HMIS Administrator work to execute a strategy for monitoring recidivism as well as case-specific discussions related to those who return to homelessness. The housing problem solving manager also assists with these cases by providing more creative, unique solutions to situations where typical programs or approaches have not worked in the past.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,000 characters)

1/2. Our CoC's strategy to increase employment income is to create several pathways for workforce development, employment opportunities, and wrap around supports for partner agencies to engage with and make referrals to. We partner with Ohio Means Jobs for job training and employment opportunities. We also use our TAAEH committee work and CAC quarterly meetings to introduce employment partners to homeless service providers to make pathways for employment for individuals in our system. We recently hosted a training to connect area service providers with the local chamber of commerce workforce initiatives team to allow for open sharing of available employment opportunities. We also partnered this year with Toledo Streets Newspaper, a low barrier path for individuals experiencing or exiting homelessness to do meaningful work and obtain gainful income. 3. The Toledo Lucas County Homelessness Board (TLCHB) is responsible for overseeing these connections and implementing this strategy.

2C-5a.	**Increasing Employment Cash Income–Workforce Development–Education–Training.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1.The CoC connects homeless service providers staff to employment and training opportunities for the clients they serve. The CoC established an email group and email address specifically for cross sharing this type of information

and other resources. Some of the homeless service providers currently employee individuals that are former residents. Other service providers have relationships with the local community colleges and corporations for workforce development and apprenticeship programs. 2. The CoC regularly meets with private employers and community stakeholders to explore opportunities for resource sharing and job training activities. We have a strong relationship with the local chamber of commerce and county workforce development teams to be able to share job training and employment opportunities with CoC service providers. A few of our CoC service providers have formed relationships with apprenticeship programs and community-college training programs, bringing these opportunities on site for opportunities for current clients.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC's strategy to increase non-employment cash income;**
2.	**your CoC's strategy to increase access to non-employment cash sources; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.**

(limit 2,000 characters)

1/2. The CoC strategy to increase non-employment cash income is to continue to offer training to homeless services providers on how to assist their client in accessing non-employment benefits. We monitor success on this by using HMIS data scorecards to determine connectivity to benefits at entry and exit from CoC programs. This year this we worked with the local Social Security Administration to do a presentation at our quarterly Community Advisory Council meeting to discuss troubleshooting access issues in light of the COVID-19 pandemic. The CoC will to continue offering training opportunities that provides guidance for Case Managers with assisting their client in accessing non-employment cash income. 3. The TLCHB is the primary agency responsible for overseeing these connections on behalf of CoC service providers and partners.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	Yes
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	Yes
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Chronic Homelessn...	PSH	19	Both
Housing First	PSH	20	Both

3A-3. List of Projects.

1. What is the name of the new project? Chronic Homelessness Assistance Project

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 19

4. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Housing First

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 20

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/10/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/07/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/07/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/10/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/10/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/10/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/10/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting-CoC A...	11/10/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description: Web Posting-CoC Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/21/2021
1B. Inclusive Structure	11/13/2021
1C. Coordination	11/13/2021
1C. Coordination continued	11/13/2021
1D. Addressing COVID-19	11/13/2021
1E. Project Review/Ranking	11/13/2021
2A. HMIS Implementation	11/13/2021
2B. Point-in-Time (PIT) Count	10/06/2021
2C. System Performance	11/13/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	10/06/2021

3C. Serving Homeless Under Other Federal Statutes	11/07/2021
4A. DV Bonus Application	10/06/2021
4B. Attachments Screen	11/10/2021
Submission Summary	No Input Required

CE Assesment Tool

Service Prioritization Decision Assistance Tool

(SPDAT)

Assessment Tool for Single Adults

VERSION 4.01

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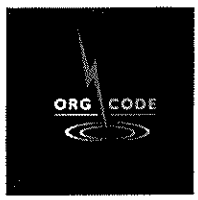

Welcome to the SPDAT Line of Products

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More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

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www.orgcode.com/products/vi-spdat/

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Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever received any help with your mental wellness?* • *Do you feel you are getting all the help you need for your mental health or stress?* • *Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?* • *Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?* • *Do you have trouble learning or paying attention?* • *Have you ever had testing done to identify learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Have you ever hurt your brain or head?* • *Do you have any documents or papers about your mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your mental health?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your health?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?* • *Do you have any documents or papers about your health or past stays in hospital because of your health?*	NOTES

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition disclosed, observed, or suspected ☐ If any minor health condition, they are managed appropriately

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C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING
4	☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

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E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	NOTES

SCORING	
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri
- Joplin/Jasper, Newton Counties CoC

North Carolina
- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

New York
- Yonkers/Mount Vernon/New Rochelle/ Westchester County CoC

Ohio
- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/ Montgomery County CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/ Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

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Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

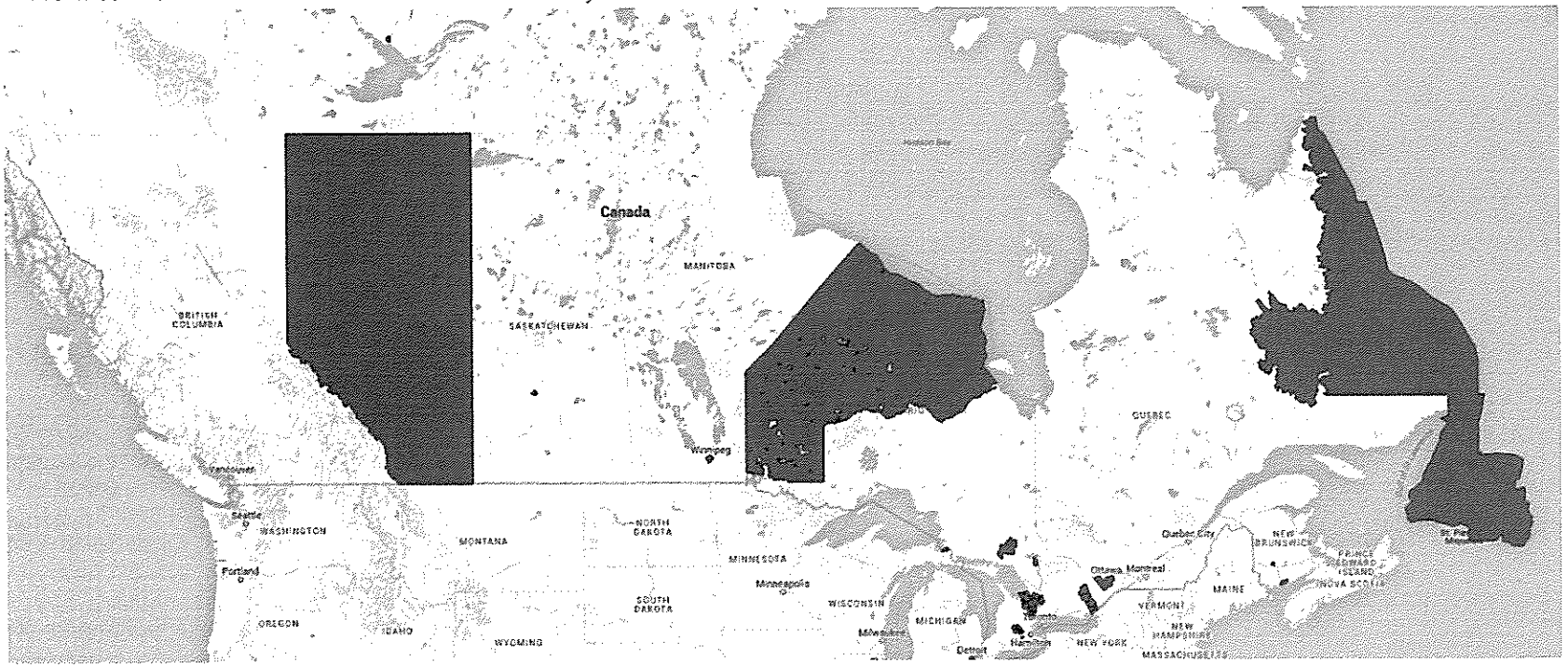
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



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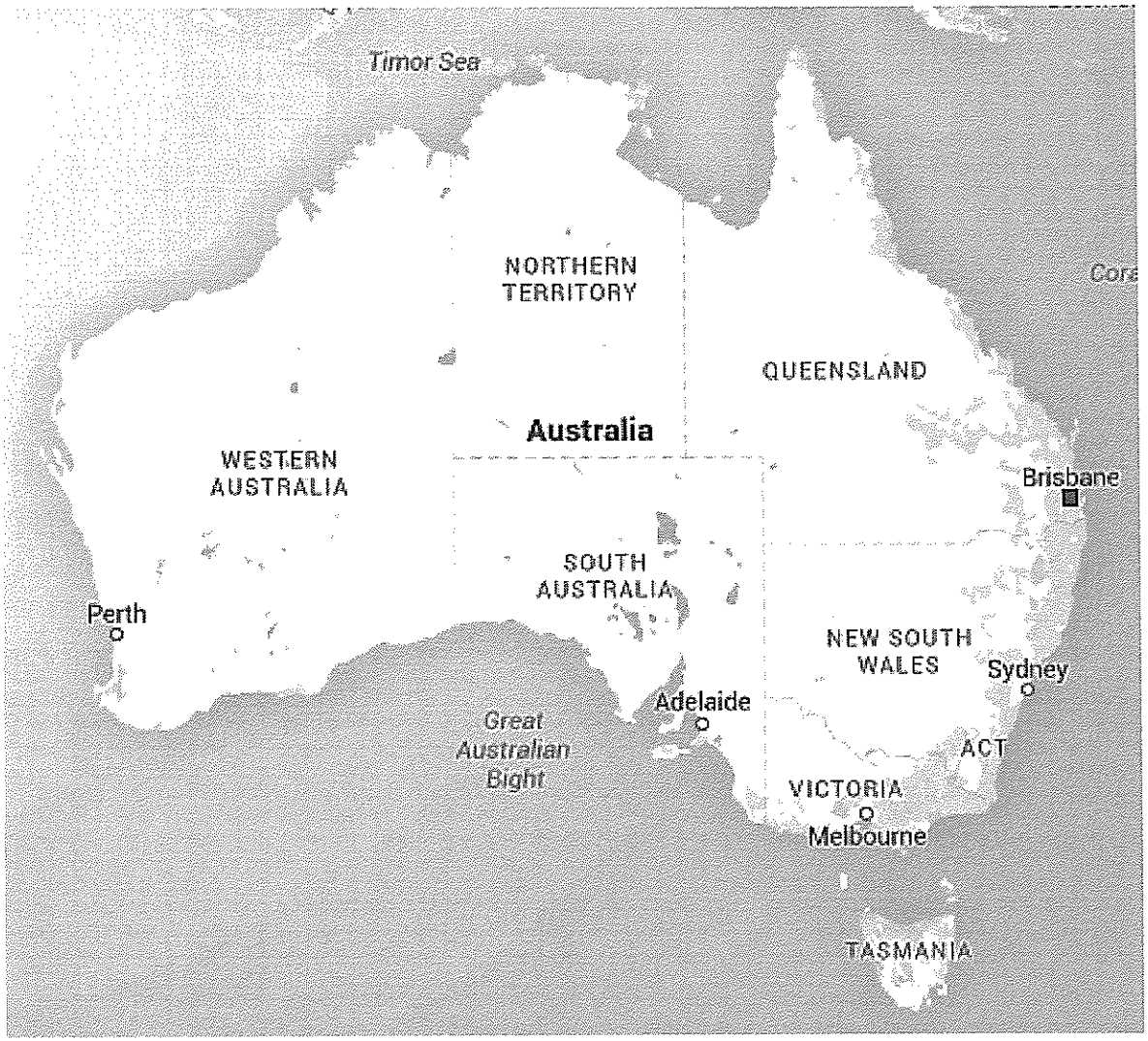
Australia

Queensland
- Brisbane



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Family Service Prioritization Decision Assistance Tool

(F-SPDAT)

Assessment Tool for Families

VERSION 2.01

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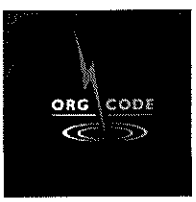

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Has anyone in your family ever received any help with their mental wellness?* • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?* • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?* • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?* • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?* • *Has anyone in your family ever hurt their brain or head?* • *Do you have any documents or papers about your family's mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your family's mental health?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your family's health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your family's health?* • *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?* • *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time anyone in your family saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your family's health?* • *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*	**NOTES**

SCORING	
4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

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D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs? What about the other members of your family?* • *Anything we should keep in mind related to drugs/alcohol?* • *How often would you say you use [substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING
4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**, ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**, ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, ☐ Any family member is under the legal age but over 15 and would score a 2, **or**, ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**, In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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C. Medication

PROMPTS	CLIENT SCORE:
• *Has anyone in your family recently been prescribed any medications by a health care professional?* • *Does anyone in your family take any medication, prescribed to them by a doctor?* • *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?* • *Were any of your family's medications changed in the last month? Whose? How did that make them feel?* • *Do other people ever steal your family's medications?* • *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?* • *How does your family store their medication and make sure they take the right medication at the right time each day?* • *What do you do if you realize someone has forgotten to take their medications?* • *Do you have any papers or documents about the medications your family takes?*	**NOTES**

	SCORING
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

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E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. ***Because this section is self-reported, if there are more than one parent present, they should each be asked individually.*** • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* • *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* • *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*	**NOTES**

	SCORING
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

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G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick people in your family to do things that they don't want to do?* • *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?* • *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

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H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*	**NOTES**

	SCORING
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

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J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Is your family currently homeless?* • *[If the family is housed] Does your family have an eviction notice?* • *[If the family is housed] Do you think that your family's housing is at risk?* • *How is your family's relationship with your neighbors?* • *How does your family normally get along with landlords?* • *How has your family been doing with taking care of your place?*	NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

	SCORING
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you and your family with taking care of money?* • *How are you and your family with paying bills on time and taking care of other financial stuff?* • *Does anyone in your family have any street debts or drug or gambling debts?* • *Is there anybody that thinks anyone in your family owes them money?* • *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?* • *Does your family try to pay your rent before paying for anything else?* • *Is anyone in your family behind in any payments like child support or student loans or anything like that?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your family's friends, extended family or other people in your life.* • *How often do you get together or chat with family friends?* • *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you, or someone else in your family?* • *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of friends or extended family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

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M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself or your family?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Does anyone in your family ever need reminders to do things like shower or clean up?* • *Describe your family's last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your family's clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

	SCORING
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

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N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How does your family spend their days?* • *How does your family spend their free time?* • *Do these things make your family feel happy/fulfilled?* • *How many days a week would you say members of your family have things to do that make them feel happy/ fulfilled?* • *How much time in a week would you or members of your family say they are totally bored?* • *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?* • *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?* • *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*	NOTES

	SCORING
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

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0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long has your family been homeless?* • *How many times has your family experienced homelessness other than this most recent time?* • *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* • *Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that?* • *Has your family ever spent time sleeping in an abandoned building?* • *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

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P. Parental Engagement

PROMPTS	CLIENT SCORE:
• *Walk me through a typical evening after school in your family.* • *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?* • *Does your family have play time together? What kinds of things do you do and how often do you do it?* • *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*	**NOTES**

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

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Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE:
• *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* • *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*	**NOTES**

	SCORING
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

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R. Needs of Children

PROMPTS	CLIENT SCORE:
• *Please tell me about the attendance at school of your school-aged children.* • *Any health issues with your children?* • *Any times of separation between your children and parents?* • *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* • *Have your children ever accessed professional assistance to address that abuse?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

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S. Size of Family Unit

PROMPTS	CLIENT SCORE:
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*	NOTES

	SCORING FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

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T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:
• *Any matters being considered by a judge right now as it pertains to any member of your family?* • *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?* • *Has there ever been an investigation by someone in child welfare into the matters of your family?*	NOTES

	SCORING
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING	0	
PHYSICAL HEALTH & WELLNESS	0	
MEDICATION	0	
SUBSTANCE USE	0	
EXPERIENCE OF ABUSE AND/ OR TRAUMA	0	
RISK OF HARM TO SELF OR OTHERS	0	
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS	0	
INTERACTION WITH EMERGENCY SERVICES	0	

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	

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Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT	0	
STABILITY/RESILIENCY OF THE FAMILY UNIT	0	
NEEDS OF CHILDREN	0	
SIZE OF FAMILY	0	
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT	0	
TOTAL	0	No housing intervention

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Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

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Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

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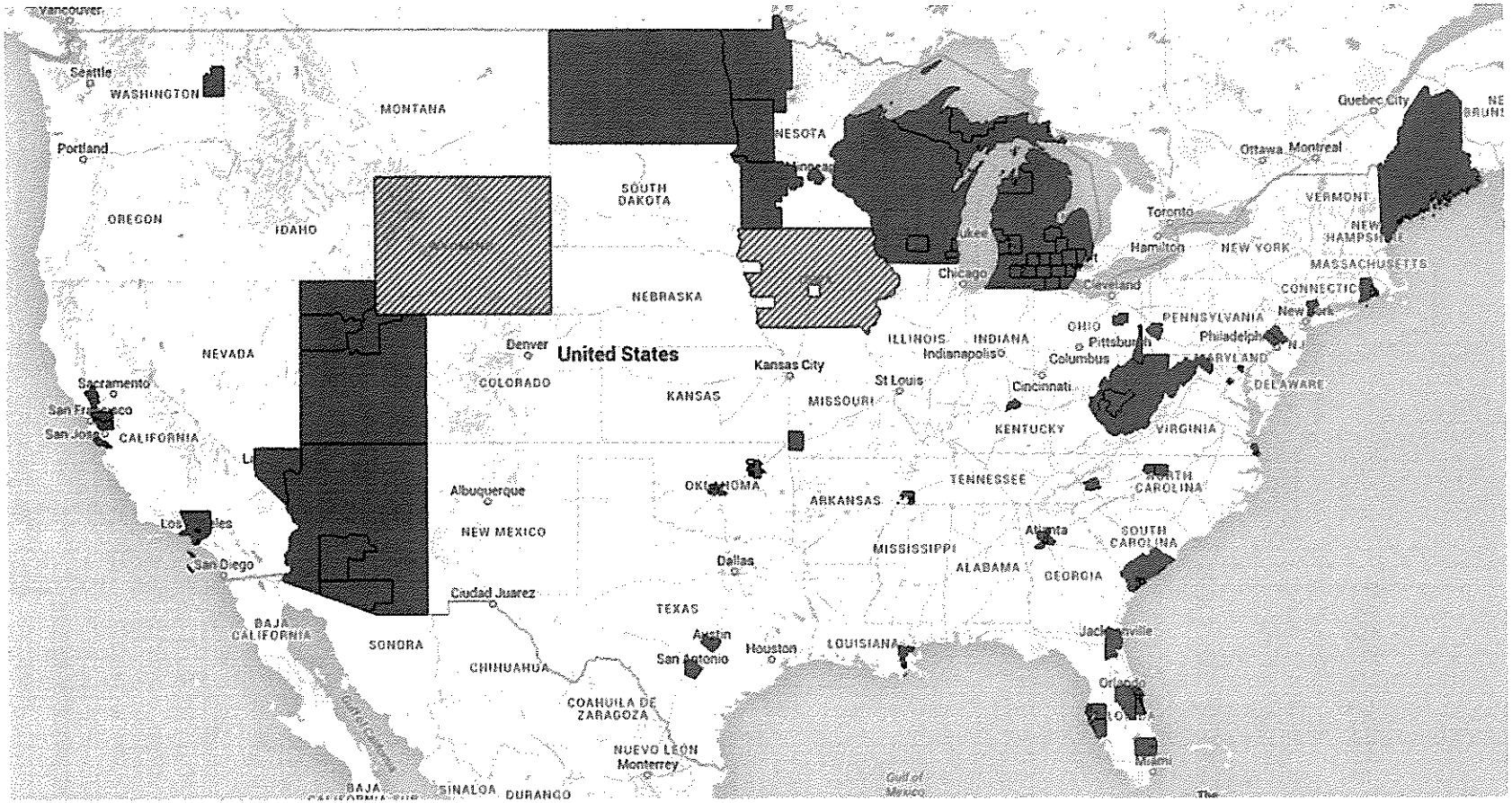
Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



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Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County CoC
- Northwest Minnesota CoC
- Moorhead/West Central Minnesota CoC
- Southwest Minnesota CoC

Missouri
- Joplin/Jasper, Newton Counties CoC

North Carolina
- Winston Salem/Forsyth County CoC
- Asheville/Buncombe County CoC
- Greensboro/High Point CoC

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

New York
- Yonkers/Mount Vernon/New Rochelle/ Westchester County CoC

Ohio
- Canton/Massillon/Alliance/Stark County CoC
- Toledo/Lucas County CoC

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/ Montgomery County CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/ Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

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Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

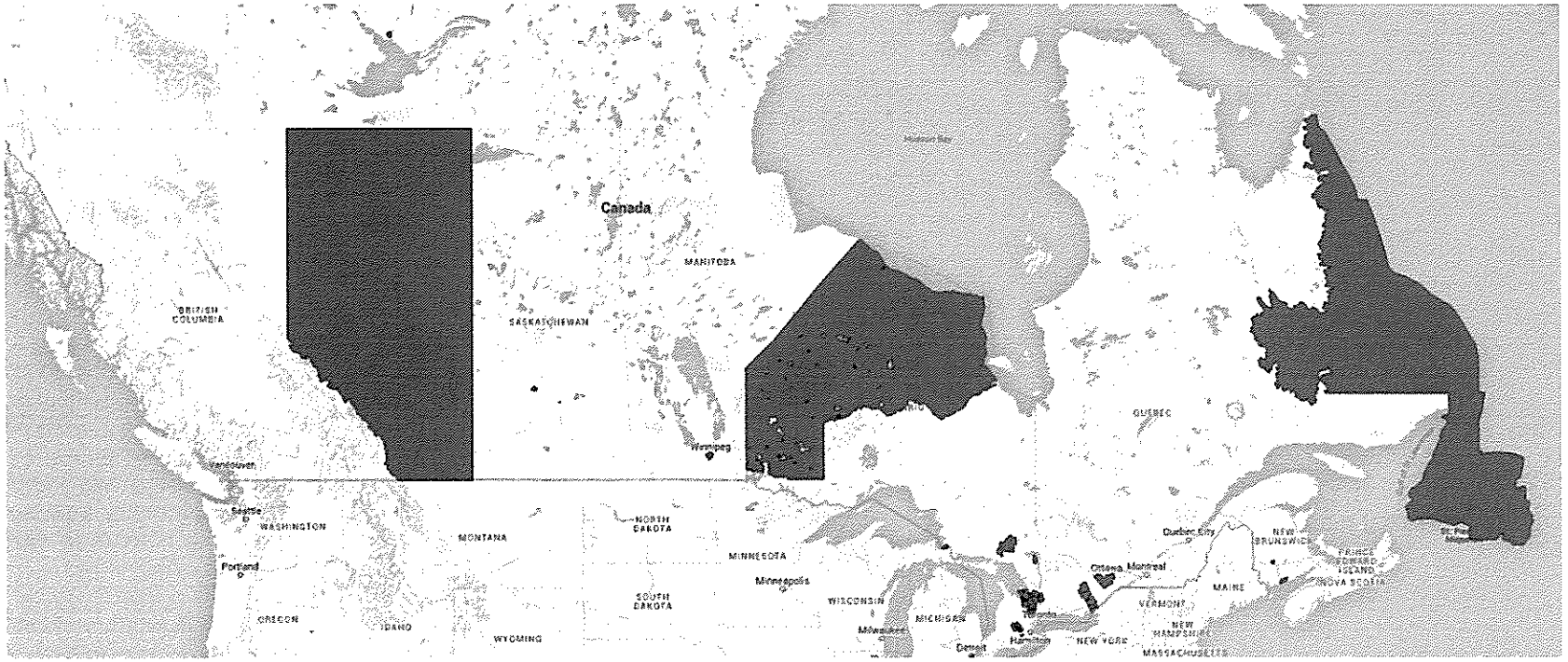
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



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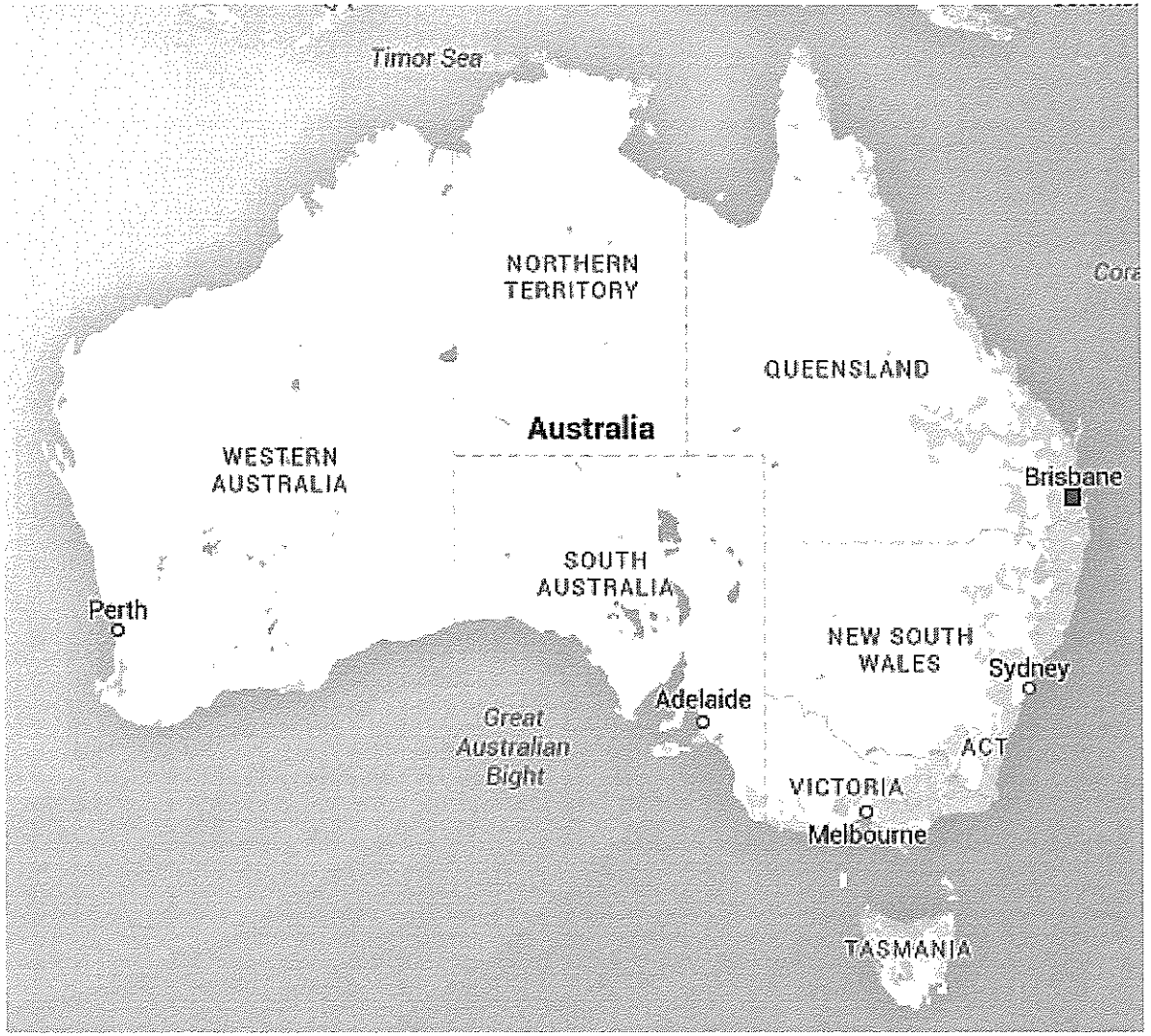
Australia

Queensland
- Brisbane



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Removal from the Waiting List

LMHA Policy

LMHA will remove an applicant family from the waiting list upon request by the applicant family. The request must be in writing including electronic communication. In such cases no informal hearing is required.

If LMHA determines that the family is not eligible for admission (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If a family is removed from the waiting list because LMHA has determined the family is not eligible for admission, a notice will be sent to the family's street address of record as well as to any alternate address, including email address, provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal hearing regarding the LMHA's decision (see Chapter 14) [24 CFR 960.208(a)].

PART III: TENANT SELECTION

4-III.A. OVERVIEW

LMHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. LMHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. LMHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by LMHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

LMHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to its selection policies [24 CFR 960.206(e)(2)]. LMHA's policies must be posted any place where the LMHA receives applications. LMHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. LMHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

LMHA Policy

When an applicant or resident family requests a copy of LMHA's tenant selection policies, it will provide copies to them free of charge.

4-III.B. SELECTION METHOD

LMHA will describe the method it will use for selecting applicant families from the waiting list, including the system of admission preferences.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the LMHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the LMHA plan and the consolidated plan and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

LMHA Policy

The LMHA will use the following local preference:

Veteran's preference. [Ohio Rev. Code §3735.42] Except as provided in any contract for financial assistance with the federal government in the selection of tenants for housing projects, a metropolitan housing authority shall give preference, as among applicants equally in need and eligible for occupancy of the dwelling and at the rent involved, to families of veterans and persons serving in the active military or naval service of the United States, including families of deceased veterans or deceased persons who were so serving at the time of death.

Victims of declared natural disasters or displacement including VAWA. The LMHA defines natural disaster/displacement as applicants who can document that they have been displaced by a federal or state declared natural disaster, displaced, through no fault of their own, by governmental action, such as eminent domain proceedings or by domestic violence. These subcategories are equal.

Upward mobility. The LMHA defines upward mobility to include all applicants with adult members who can document that they are employed or involved in job training, including job training undertaken as a requirement of persons receiving OWF funds. Additionally, persons who cannot work because of age or disability qualify for this preference.

Olmstead Preference. The LMHA defines Olmstead Preference to include disabled persons transitioning from institutions or at serious risk of being institutionalized as defined in PIH Notice 2012-31(HA) and US Supreme Court Case 527 U.S. 581 (1999) Olmstead v L.C. Applications claiming this preference must have the appropriate case management and/or supportive services in place prior to and at the time of admission.

Homeless Admissions Preference. An applicate will be considered homeless if the household meets either of the criteria listed below:

1. An individual or family who **lacks a fixed, regular, and adequate nighttime residence**, meaning:
    - **a.** An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **or**
    - b. An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels

paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); **or**

c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. Any individual or family who is *all* of the following:
   a. Is **fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking**, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
   b. Has no other residence; **and**
   c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
3. An individual or family that will imminently lose primary nighttime residence as defined by *all* of the following:
   a. Primary nighttime residence will be lost within fourteen (14) days of the date of application for homeless assistance; **and**
   b. No subsequent residence has been identified; **and**
   c. Lack the resources or support networks (i.e. family, friends, faith-based organizations or other social networks) needed to obtain other permanent housing.

LMHA will rank preferences accordingly:

Tier I: Homeless

Tier II: Victims of declared natural disasters or displacement including VAWA

Tier III: Olmstead

Tier IV: Veterans

Tier V: Upward mobility

Although the Upward Mobility Preference has several subcategories, the subcategories will not be combined or aggregated in any way. Applicants will be considered for admission based on any one of the subcategories in which they qualify. Thus, an applicant whose family includes two members with Upward Mobility Preferences does not rank any higher than a family that has only one member qualifying for the Upward Mobility Preference. Instead, the family with the older application will rank higher.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the LMHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income. To ensure this requirement is met, the LMHA may skip non-ELI families on the waiting list in order to select an ELI family.

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by LMHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding may also affect the order in which families are selected from the waiting list. LMHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to LMHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically named families living in specified types of units. In these cases, LMHA may admit families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. LMHA must maintain records showing that such families were admitted with special program funding.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

(1) A family displaced because of demolition or disposition of a public housing project or substantial renovation of public housing through the Rental Assistance Demonstration program;

(2) A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;

(3) For housing covered by the Low-Income Housing Preservation and Resident Homeownership Act of 1990, (41 U.S.C. 4101 et seq.):

  (i) A non-purchasing family residing in a project subject to a homeownership program, (under 24CFR 248.173); or

  (ii) A family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract, (as provided in 24 CFR 248.165);

(4) A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term;

(5) A non-purchasing family residing in a HOPE 1 or HOPE 2 project; and

(6) Shelter Plus Care.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a LMHA funding for a specified category of families on the waiting list. LMHA must use this funding only to assist the families within the specified category.

In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

LMHA Policy

LMHA currently administers the following types of targeted funding:

Family Unification Program

Mainstream Vouchers for Persons with a Disability

Mainstream (Section 811) Vouchers

Veterans Affairs Supportive Housing

Non-Elderly Disabled

Money Follows the Person Initiative

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

OTHER ADMISSIONS

Supportive Housing:

Contingent upon funding availability, LMHA will make up to 178 Housing Choice vouchers available for tenant-based assistance through referrals from Toledo Lucas County Homelessness Board (TLCHB), the Toledo Lucas County Continuum of Care, The Ridge Project, and the LHSC Bridge to Independence and Success Program. Agencies, identified by TLCHB or the Ridge Project, must provide ongoing supportive services to the families served. LMHA will make up to 65 Housing Choice vouchers available for either homeless or chronically homeless families through the Housing First model and up to 90 Housing Choice vouchers available for families experiencing homelessness or unstable housing who are either pregnant or have a child(ren) 12 months of age or younger through the Getting to 1 Through Housing project. LMHA will also make up to 20 Housing Choice vouchers available for previously incarcerated citizens participating in a reentry program developed and operated by The Ridge Project, in an effort to reduce recidivism and keep families together after incarceration, as determined and referred by the Coordinator of The Ridge Project (also referred to as Reentry vouchers). LMHA will make up to 3 Housing Choice Vouchers available for the Bridge to Independence and Success Transition Age Youth (TAY) Pilot through LHSC. They will be identified as "Supportive Housing."

When a family is referred to LMHA through "Supportive Housing" they will receive a voucher if they meet all of the eligibility requirements in this plan, and a voucher is available for the program.

Preference will be given to families who are referred, regardless of whether the family is on the regular voucher waiting list, regardless of the family's current waiting list position, and regardless of whether the waiting list is closed. When a family is referred to LMHA through "Supportive Housing", LMHA will search its regular voucher waiting list to determine whether the referred family is on that list. If the referred family's name is on the regular LMHA waiting list, the "Supportive Housing" preference will be added to applicants waiting list preferences, and the family will be counted toward the 178 "Supportive Housing" vouchers.

"Supportive Housing" providers are responsible for referring families to LMHA, via the above identified entities, in the order deemed acceptable by the participating agencies and as specified in the executed MOU. The MOU will specify all other responsibilities of the participating agencies.

Supportive Housing is defined as: "A combination of housing and wrap-around services, provided directly by the proposer or through acquired services providers, aimed at providing supportive services for individuals or families without housing alternatives due to homelessness or unstable housing. Supportive housing can be coupled with social services such as, but not limited to (at LMHA's discretion), as job training, life skills training, alcohol and drug abuse programs, community support services (e.g., child care, educational programs, etc.), and case management to the populations in need of assistance."

Emergency Housing Vouchers:

LMHA will administer 123 Emergency Housing Vouchers (EHV) in partnership with the local Continuum of Care (CoC) the Toledo Lucas County Homelessness Board. EHVs are available for individuals and families who are: homeless; at risk of homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. EHVs will be administered in accordance with the Administrative Plan and operating requirements established in HUD Notice PIH 2021-15 (HA) and subsequent notices and requirements pertaining to EHVs.

Verification that the individual or family meets one of these four eligibility categories is conducted by the CoC that makes direct referrals to LMHA. The CoC must provide supporting documentation to LMHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

LMHA must enter into a Memorandum of Understanding (MOU) with the CoC to establish a partnership for the administration of the EHVs. The MOU is a complete statement of the responsibilities of the parties and evidence of a commitment of resources to the EHV program. The MOU may be subsequently amended to add or change the services that the CoC may provide but must always retain the direct referral responsibility of the CoC.

EHVs are tenant-based vouchers under Section 8(o) of the United States Housing Act of 1937. Unless expressly waived, all statutory and regulatory requirements and HUD directives regarding the HCV program are applicable to EHVs, including the use of all HUD- required contracts and other forms. The administrative policies adopted in LMHA's written administrative plan apply to the EHV vouchers unless such local policy conflicts with the requirements of the American Rescue Plan (ARP), the requirements of applicable PIH notice(s), or other waivers and alternative requirements.

<u>EHV Services Fees</u>
LMHA will use the services fee(s) it receives as part of EHVs in accordance with requirements established in HUD Notice PIH 2021-15(HA) and subsequent notices and requirements pertaining to EHVs, and, where necessary, in consultation with the CoC. LMHA may use the services fee to provide any or all of the defined eligible uses to assist families to successfully lease units with the EHVs.

As described in HUD Notice PIH 2021-15 (HA), the services fees fall into four main components comprised of specific activities:

i. Housing Search Assistance
ii. Security Deposit/Utility Deposit/Rental Application/Holding Fee Uses
    a. Application fees/non-refundable administrative or processing fees/refundable application deposit assistance.

b. Holding fees
c. Security deposit assistance
d. Utility deposit assistance/utility arrears

iii. Owner-Related Uses
a. Owner recruitment and outreach
b. Owner incentive and/or retention payments

iv. Other eligible uses.
a. Moving expenses (including move-in fees and deposits)
b. Tenant-readiness services.
c. Essential household items
d. Renter's insurance if required by the lease

Permissive Prohibitions on PHA Denial of Assistance to an EHV applicant
LMHA will administer EHVs, including mandatory and permissive prohibitions, in accordance with the Administrative Plan, operating requirements established in HUD Notice PIH 2021-15 (HA), subsequent notices and requirements pertaining to EHVs, and the MOU with the CoC.

LMHA may prohibit admission of a family for the grounds stated below. LMHA may choose not to prohibit admission for these grounds or may establish a more permissive policy than LMHA's policy for admission to the regular HCV program. LMHA may not establish a permissive prohibition policy for EHV applicants that is more prohibitive than the policy established for admissions to the regular HCV program. LMHA policy on EHV permissive prohibitions must be described in the PHA's administrative plan.

If LMHA intends to establish permissive prohibition policies for EHV applicants, LMHA must consult with its CoC partner to understand the impact that the proposed prohibitions may have on referrals and must take the CoC's recommendations into consideration. The LMHA policy on EHV permissive prohibitions must be described in the PHA's administrative plan.

Determinations must be made based on an individualized assessment of relevant mitigating information. The permissive prohibitions are:

(1) If the PHA determines that any household member is currently engaged in, or has engaged in within the previous 12 months:
a. Violent criminal activity.
b. Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity.

(2) If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program within the previous 12 months.

(3) If the family engaged in or threatened abusive or violent behavior toward PHA personnel within the previous 12 months.

Moderate Rehabilitation Admissions:

A family may be admitted to the voucher program if they are a family in the Moderate Rehabilitation Program and it has been determined by LMHA that the family must relocate because the family is under housed or the family has a disabled member and there are not available Moderate Rehabilitation units of the appropriate size or type.

Applicants are required to complete an application and be placed on the Moderate Rehabilitation program waiting list. A voucher will be issued to the family immediately upon verifying the family's need for more suitable housing.

Eligible families are placed on LMHA's Moderate Rehabilitation waiting list. When vacancies occur in Moderate Rehabilitation projects, LMHA refers eligible families for participation in the Moderate Rehabilitation program from its waiting list to owners. Owners select families for occupancy of a particular unit after screening each family.

Involuntarily Displaced by Government Action or Natural Disaster:

Involuntarily displaced by government action is limited to the following: Current LMHA housing programs which are not approved for renewal funding, FUP participants (youth aging out of Foster care) who have reached their voucher life limitation, families in the Moderate Rehabilitation Program who must relocate because the family is under housed or the family has a disabled member who needs to relocate due to a reasonable accommodation and there are not available Moderate Rehabilitation units of the appropriate size or type, a project based voucher contract which is terminated, etc.

Involuntarily displaced by natural disaster- With proper documentation, families who are victims of a natural disaster are eligible to be added to the waiting list. Natural disasters include, but are not limited to floods, tornadoes, hurricanes, earthquakes and tsunamis. Proper documentation includes, but is not limited to, written statements from disaster relief agencies such as Federal, State or local Emergency Management Agencies, the Red Cross and other Federal, State or local agencies either within or outside the jurisdiction where the natural disaster occurred. Vouchers will be made available to these families, regardless of whether the family is on the regular voucher waiting list, regardless of the family's current waiting list position, and regardless of whether the waiting list is closed.

VASH Program Graduates:

Under the VASH Program, when the VA determines that the participant family no longer requires case management, this is not grounds for termination of assistance. In such a case, at LMHA's option, and if available, LMHA will offer the family continued voucher program assistance through one of its regular vouchers, to free up the HUD-VASH voucher for another eligible family referred by the VA.

4-III.C. SELECTION METHOD

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

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

LMHA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits LMHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with LMHA plan and the consolidated plan, and must be based on local

housing needs and priorities that can be documented by generally accepted data sources.

LMHA Policy

LMHA will select families based on the following preferences, by priority:

Homeless individuals and families, and Reentry participants to include Supportive Housing (limited to up to 178 vouchers); TLCHB, the Ridge Project (for Reentry), or the LHSC Bridge to Independence and Success Program (for Bridge to Independence and Success TAY Pilot) will refer to LMHA families that meet the above criteria.	1
Involuntarily Displaced Families involuntarily displaced (defined above) due to natural disaster or government action.	2
Insufficient Funding LMHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.	3
Disabled persons and their families.	4

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during LMHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30% of the area median income, whichever is higher. To ensure this requirement is met, LMHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

LMHA Policy

LMHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met. If there are not enough ELI families on the waiting list, LMHA shall conduct special outreach to attract ELI families to the program to meet the statutory requirements.

Continuously assisted is defined as families that reside in and are receiving assistance under a federally subsidized program.

Local Competition Announcement

Hello Toledo Lucas County CoC stakeholders:

The U.S. Department of Housing and Urban Development (HUD) announced the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) for the Fiscal Year 2021 on August 18. The Toledo Lucas County Homelessness Board (TLCHB), as the designated Collaborative Applicant for the Toledo Lucas County CoC, will administer the local application, scoring, and ranking process. Applicants must submit local application materials and an electronic application in HUD's e-snaps system to be eligible. Application materials and further information can be found using the links at the bottom of this email.

As in previous years, each CoC must conduct a local scoring and ranking process. All projects in the Toledo Lucas County CoC will be ranked in accordance with the policy approved by the CoC Board of Directors. A final ranking will be submitted to HUD for funding consideration. Final funding determinations will be made by HUD pursuant to the FY 2021 CoC NOFO.

In addition to funding in the amount of **$3,930,721** available for renewal applications, the Toledo Lucas County CoC is also estimated to have **$341,081** available for new CoC Bonus projects and **$1,023,242** available for DV Bonus projects. Final amounts for renewals and new applications will be determined once project applications are scored and ranked.

All applicants should note the following important dates. A full timeline can be found in the competition policy document on the TLCHB website.

- **Existing grantees that do not intend to submit for renewal should complete the Notice of Intent for Non-Renewal of Project and submit it to TLCHB as soon as possible**
- **September 14, 2021: All of the following Notices of Intent, as applicable, due to TLCHB by 5:00pm**
- **Notice of Intent/Proposal Outline for new projects**
- **Notice of Intent for grant consolidations**
- **Notice of Intent for PSH projects switching classification to DedicatedPLUS**
- **September 17 and 24, 2021, 10am: Informational webinars for applicants**
- **October 1, 2021: All Toledo Lucas County CoC application materials due to TLCHB no later than 3:00pm**
- **October 15, 2021: All applications must be complete and submitted in e-snaps**

- **October 29, 2021: Applicants will be notified of final project ranking**
- **November 5, 2021: E-snaps applications incorporating adjustments based on CoC feedback due in e-snaps**

Applicants should access the resources below to ensure a comprehensive understanding of the application process. Applicants must read both the Toledo Lucas County CoC NOFO Competition Policy and the HUD FY 2021 CoC NOFO in their entirety.

Informational Webinars
TLCHB will host two informational webinars on the dates specified above to present the application process and answer questions. Details on webinars will be posted on the TLCHB website and are listed below. All applicants are encouraged to attend at least the first webinar.

Friday, September 17th at 10am and Friday and September 24th at 10am via Zoom
Join Zoom Meeting
https://zoom.us/j/2976907480
Meeting ID: 297 690 7480
One tap mobile

+13126266799,,2976907480# US (Chicago)
+16465588656,,2976907480# US (New York)

Resources
Toledo Lucas County CoC Information
Toledo Lucas County Homelessness Board Website
https://endinghomelessnesstoledo.org/funding-programs

HUD Information
FY 2021 CoC NOFO and related materials
https://www.hud.gov/program_offices/comm_planning/coc/competition

HUD E-Snaps System
https://esnaps.hud.gov/grantium/frontOffice.jsf

HUD E-Snaps User Guide
https://www.hudexchange.info/programs/e-snaps/

HUD Exchange
https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/

If you have questions or need more information about the application process, please reach out to TLCHB at **communications@tlchb.org**.

Sincerely,

Rachel Gagnon
Executive Director

TLC Homelessness Board | 1220 Madison Ave, Toledo, OH 43604

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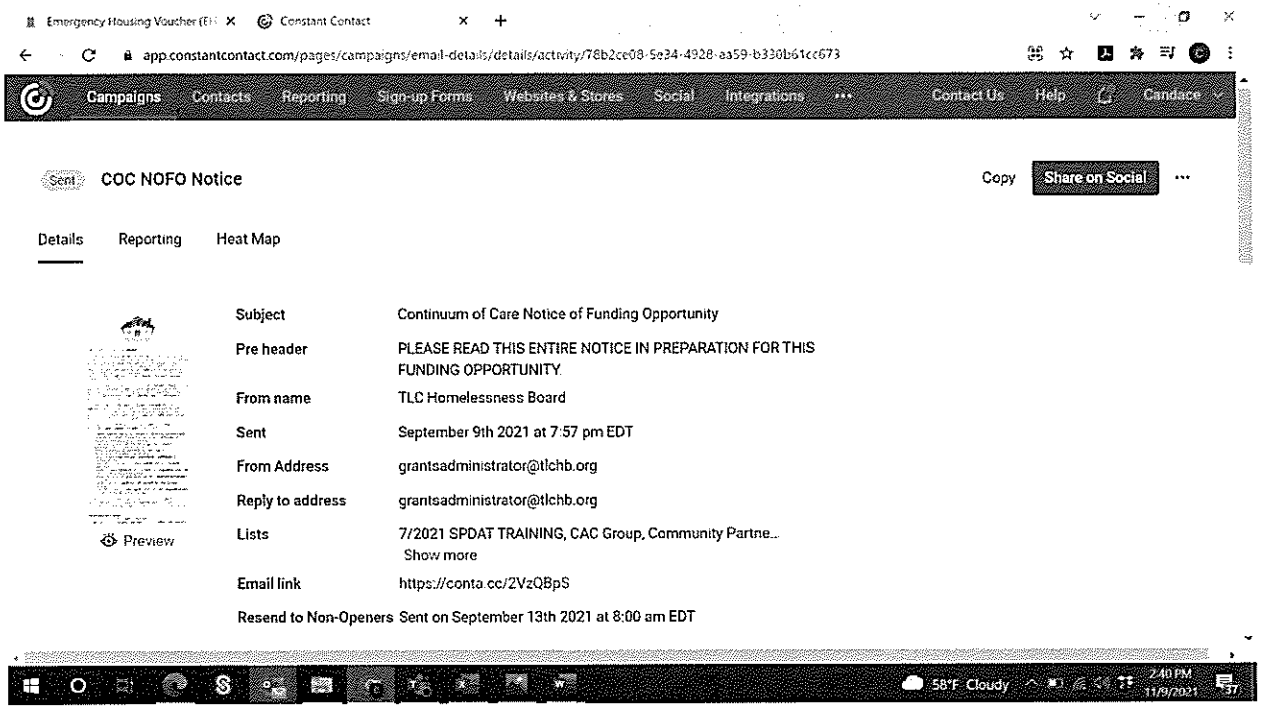
Emergency Housing Voucher (EH
Constant Contact
app.constantcontact.com/pages/campaigns/email-details/details/activity/78b2ce08-5e24-4928-aa59-b330b61cc673
Campaigns
Contacts
Reporting
Sign-up Forms
Websites & Stores
Social
Integrations
Contact Us
Help
Candace
Sent
COC NOFO Notice
Copy
Share on Social
Details
Reporting
Heat Map
Preview
Subject
Continuum of Care Notice of Funding Opportunity
Pre header
PLEASE READ THIS ENTIRE NOTICE IN PREPARATION FOR THIS FUNDING OPPORTUNITY.
From name
TLC Homelessness Board
Sent
September 9th 2021 at 7:57 pm EDT
From Address
grantsadministrator@tlchb.org
Reply to address
grantsadministrator@tlchb.org
Lists
7/2021 SPDAT TRAINING, CAC Group, Community Partne...
Show more
Email link
https://conta.cc/2VzQBpS
Resend to Non-Openers
Sent on September 13th 2021 at 8:00 am EDT
58°F Cloudy
2:40 PM
11/9/2021

ENDING HOMELESSNESS TOLEDO

Toledo Lucas County Homelessness Board

2021 CONTINUUM OF CARE COMPETITION

NOTICE OF FUNDING OPPORTUNITY, Posted 9/9/21:

1. *Notice:* 2021 TLC COC COMPETITION ANNOUNCEMENT
2. HUD COC NOFO FY 2021
3. COC NOFO FY 2021 SUMMARY OF OVERARCHING POLICY PRIORITIES
4. OH-501 COC 2021 NOFO POLICY

TIMELINE, Posted 9/9/21:

1. 2021 TLC COC NOFO TIMELINE FOR COMPETITION
2. *Please note:* Informational webinars will be held on Friday September 17th and Friday September 24th at 10am via Zoom:
    1. https://zoom.us/j/2976907480
    2. Meeting ID: 297 690 7480
    3. +13126266799,,2976907480# US (Chicago) +16465588656,,2976907480# US (New York)

APPLICATIONS, Posted 9/9/21:

1. 2021 TLC COC NEW PROJECT APPLICATION
2. 2021 TLC COC RENEWAL PROJECT APPLICATION

OTHER APPLICATION DOCUMENTATION, Posted 9/9/21:

1. 2021 TLC COC NEW PROJECT PROPOSAL OUTLINE
2. 2021 TLC COC CERTIFICATION POLICY ADDENDUM
3. 2021 TLC COC COORDINATED ENTRY POLICY ADDENDUM
4. 2021 TLC COC NOTICE OF INTENT. GRANT CONSOLIDATION
5. 2021 TLC COC NOTICE OF INTENT. NONRENEWAL OF PROJECT
6. 2021 TLC COC NOTICE OF INTENT. PSH CHANGE TO DEDICATEDPLUS

SCORING DOCUMENTS *(for reference only; to be used by Independent Review Committee)*

1. 2021 TLC COC NEW PROJECT REVIEW COMMITTEE SCORING FORM – Posted 9/9/21
2. 2021 TLC COC RENEWAL PROJECT REVIEW COMMITTEE SCORING FORM SCORING FORM – Posted 9/9/21
3. Scorecard_Criteria_Anonymous – Posted 9/23/21
4. Performance Scorecard Criteria_RRH – Posted 9/23/21
5. Performance Scorecard Criteria_PSH – Posted 9/23/21

Project Ranking Results Posted, 11/1/21:

1. TLC CoC 2021 Ranking

OTHER RESOURCES, Posted 9/9/21:

1. OH-501 TLC CoC WRITTEN STANDARDS
2. Coordinated Entry Policies: https://endinghomelessnesstoledo.org/coordinated-assessment
3. Helpful websites:
   - HUD Information : FY 2021 CoC NOFO and related materials https://www.hud.gov/program_offices/comm_planning/coc/competition
   - HUD E-Snaps System https://esnaps.hud.gov/grantium/frontOffice.jsf
   - HUD E-Snaps User Guide https://www.hudexchange.info/programs/e-snaps/
   - HUD Exchange https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/
4. Toledo Lucas CoC NOFO Training FINAL (002)

Full 2021 Application, posted 11/10/21

CONTACT INFORMATION:

Toledo Lucas County Homelessness Board

1220 Madison Avenue

Toledo, OH 43604

Website: tlchb.org

Email: communications@tlchb.org

Phone: (419) 244-9440

Project Review and Selection Process

TOLEDO/LUCAS COUNTY CONTINUUM OF CARE

2021 CONTINUUM OF CARE COMPETITION POLICY

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I. INTRODUCTION AND OVERVIEW

- The Toledo/Lucas County Continuum of Care (CoC) is issuing the following guidance for the 2021 Notice of Funding Opportunity (NOFO) competition. This announcement is being provided in accordance with the HUD NOFO for the 2021 Continuum of Care Program Competition (Docket No. FR-6500-N-25) at: https://www.hud.gov/program_offices/comm_planning/coc/competition.
- The following document outlines the policy and process for the FY 2021 funding cycle. In addition to the information presented in this document, it is expected that all applicants read the HUD FY 2021 Continuum of Care NOFO, related scoring criteria, and any supplemental materials (https://www.hud.gov/program_offices/comm_planning/coc/competition) in their entirety to ensure there is complete understanding of the information provided.
- This guidance applies to all renewing Continuum of Care grants for permanent supportive housing, rapid re-housing, Homeless Management Information System (HMIS), and Coordinated Assessment projects as well as for new applications

submitted either for rapid re-housing, permanent supportive housing, Joint TH and PH-RRH component, or Domestic Violence bonus projects.

- The HUD NOFO allows for non-competitive renewal and replacement of expiring Youth Homelessness Demonstration Project (YHDP) grants. However, there are currently no expiring YHDP grants in the Toledo/Lucas County CoC. As such, these will not be addressed further in this policy document.
- Funding for new projects is only available through the process of reallocation, the CoC bonus, or the Domestic Violence (DV) Bonus. The CoC may only create new project(s) through the permanent housing bonus up to 5% of the Final Pro Rata Need (FPRN) amount, which is estimated to be $341,081. The CoC may only create new project(s) under the DV bonus up to 15% of the PPRN amount, which is estimated to be $1,023,242. Applications for new projects made available through reallocation will only be considered if an active renewal project does not submit an application for renewal funding or if the application review sub-committees determine the need to reallocate from eligible renewal projects due to those projects not meeting threshold, poor performance, and underspending due to significantly operating under capacity.
- The Toledo Lucas County Homelessness Board (TLCHB), designated as the Collaborative Applicant for the Toledo/Lucas County Continuum of Care (CoC), is responsible for overseeing and managing the application process for the FY 2021 HUD Continuum of Care Homeless Assistance funding process. HUD requires that the CoC develop a process for submitting one consolidated application for the FY 2021 CoC program. The Collaborative Applicant works with its governing Board to develop and recommend the process for approval.
- All agencies submitting an application, whether for a new project or a renewal project, must submit a complete application packet, as described below, in order to be considered for scoring.
- It is the responsibility of the agencies to ensure that all the application materials are complete and received by CoC by published deadline. Applications will be scored and ranked by the CoC and included in the CoC's project listing submitted to HUD. An applicant's failure to meet deadlines may result in the denial of an applicant's request for funds.
- Consolidated Applications:
    i. In FY 2021, eligible renewal project applications will have the ability to consolidate two or more eligible renewal projects (but no more than ten projects) into one project application during the application process as described in Section II.B.6 of the HUD NOFO. To be eligible for consolidation, projects must have the same recipient and be for the same component. Applicants that are eligible must submit separate renewal projects for each of the grants that are proposed to be consolidated (to the CoC for scoring and ranking and in *e-snaps*). Each project application will identify the grant number that will survive

after consolidation, which must be the grant number with the earliest start date in CY 2022.

ii. Project applications for the grants that are proposed to be consolidated will be ranked (individually), and if all those grants are selected, HUD will conditionally award the single surviving grant based on its ranked position to include the amount of funding of all grants included in the consolidation.

- Applicants requesting renewal of grants for rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR), if the actual rent per unit under lease is less than the FMR. If a per-unit amount reduction is requested, applicants must provide copies of the leases to establish the actual rents.
- All renewal project applications must pass a threshold review and will then be scored according to specific criteria. The criteria will consist of current data in the Homeless Management Information System (HMIS) including system performance measures, participation in the CoC's Coordinated Entry System, project performance, cost effectiveness, project commitment to serving the most vulnerable participants with severe needs and vulnerability, the most recent HUD monitoring visit, and the scoring of the review application. This will be scored by an independent review panel that will then consolidate the scores and rank the projects. The independent review panel will submit their results to the Collaborative Applicant who will publish the results with the Toledo/Lucas County CoC Board's approval.
- In line with information presented in the NOFO, the Toledo/Lucas County CoC will seek applications for new permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families, new PSH projects classified as DedicatedPLUS that will serve individuals, households with children and unaccompanied youth, new rapid re-housing (RRH) projects that will serve homeless individuals and families, and new Joint TH & PH-RRH Component that will serve unsheltered homeless and youth. Applications may be submitted for the Expansion of an eligible project, and projects may be assigned reallocated funds or bonus funds as applicable (depending on project type), and as funds are available, in the final ranking.
- All new project applications must pass an organizational threshold review and will then be scored according to specific criteria.
- New project applications that score high enough will be eligible to be included in the prioritization tiering presented to HUD. Please note, however, eligibility does not guarantee funding. The Toledo/Lucas County CoC Board will make the final determination of which projects will be ranked and presented to HUD for funding consideration within the limited funding available.

- The average proposal size for a new RRH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a RRH application to be approximately $250,000.
- The average proposal size for a new PSH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a PSH application to be approximately $250,000.
- The average proposal size for a new Joint TH and PH-RRH Component project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a Joint TH and PH-RRH application to be approximately $250,000. As previously noted, the CoC is not accepting applications for capital costs in this competition.
- As noted in Section III.C.2.j of the NOFO, for project applicants that are expanding a current CoC Program-funded project and combine it with a current eligible CoC Program renewal project, applicants will be required to submit two project applications to include: the renewal project application that will be expanded and a new project application with just the expansion information. If a project applicant intends to expand a project that is currently funded with other sources, the applicant will submit only a new project application for the expansion portion. For expansion of non-CoC funded projects there is a prohibition against replacing state or local funds for that project.
- In addition to the application packet, all renewing and new projects must also complete the HUD application in *e-snaps*. Completing the application in *e-snaps* does not guarantee that the project will be put forth in the HUD application, nor does it guarantee that the project will be funded. Please note that within e-snaps previously submitted renewal applications may be able to import data into the FY 2021 renewal project application.
- The Toledo/Lucas County CoC is required by CoC regulations to operate an HMIS, establish a "centralized or coordinated assessment system," and carry out planning activities in accordance with the Continuum of Care Program Interim Rule. Therefore, all new and/or renewal applications for HMIS and coordinated assessment submitted by TLCHB to directly support such activities on behalf of the Toledo/Lucas County CoC shall be exempt from the scoring process and prioritized for placement in Tier 1.
- TLCHB is committed to providing equal access to all of its programs, services and activities regardless of race, color, national origin, religion, sex, familial status, disability or age. Any individual who needs an accommodation because of a disability or documents in accessible electronic formats (e.g.PDF) should contact TLCHB. Individuals who are hearing- or speech-

impaired should use the Ohio Relay services by calling 711. Further information on Ohio Relay is available at https://ohiorelay.com.

- The Toledo Lucas County Homelessness Board believes that housing is a right, not a privilege. We are committed to creating an accessible and inclusive continuum of care to support housing stability and eliminate homelessness within our community. TLCHB is working to analyze and substantively respond to inequities that are known, and those that are not yet identified within our system and to develop a robust response to these inequities. We value quality service delivery and outcome models that prioritize justice and strongly encourage partners to stand with us in this ongoing movement.
- TLCHB, as the Collaborative Applicant, will post any additional details of the competition and HUD resources as they become available on the Continuum of Care webpage. It is the applicant's responsibility to ensure that they check both the Toledo/Lucas County CoC https://endinghomelessnesstoledo.org/funding-programs and the HUD CoC (https://www.hud.gov/program_offices/comm_planning/coc/competition) websites regularly for the latest updates. Please note that all of HUD's competition and e-snaps materials, notices, and training guides can be accessed on the HUD page.

II. APPLICANT ELIGIBILITY

- Project applicants must:
    i. Agree to enter client data into Toledo/Lucas County Homeless Management Information System and participate in the Simtech Data Warehouse;
        1. In accordance with Section 407 of the McKinney Vento Homeless Assistance Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about a client. Victim service providers must use a comparable database that meets the needs of the local HMIS.
    ii. Participate in the CoC's Coordinated Entry System;
    iii. Participate in the homeless counts in Toledo/Lucas County jurisdiction;
    iv. Participate in Housing First development and implementation;
    v. Attend Community Advisory Council Meetings;
    vi. Not turn away any household because they have previously resided in a different Continuum. However, as these projects are funded to address homelessness in the Toledo/Lucas County Continuum of Care, each project must demonstrate how they are targeting, providing outreach, and participating in local coordinated entry implementation

areas (as applicable) to reduce homelessness in the Toledo/Lucas County CoC;

vii. Register with Dun and Bradstreet to obtain a DATA Universal Numbering System (DUNS) number, if they have not already done so;

viii. Complete or renew their registration in the System for Award Management (SAM) per Section V.A.1 of the FY 2021 HUD NOFO. For more information on DUNS numbers and SAM registration go to: https://portal.hud.gov/hudportal/HUD?src=/program_offices/spm/gmomgmt/grantsinfo. HUD will not enter into a grant agreement with an entity that does not have a DUNS Number or an active SAM registration;

ix. Ensure their organization has a Code of Conduct that complies with the requirements of 2 CFR part 200 and is on file with HUD at: https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conductgrants. If the organization's Code of Conduct does not appear on HUD's website, the project must attach its Code of Conduct that includes all required information to its Project Applicant Profile in *e-snaps*.

x. Maintain a Certification of Consistency from the jurisdiction in which each of the proposed project(s) will be located. This assures the application for funding is consistent with the jurisdiction's HUD-approved consolidated plan as described in the NOFO.

    1. TLCHB staff will work with applicants and the appropriate Consolidated Planning jurisdiction for the required form *HUD-2991 - Certification of Consistency with the Consolidated Plan*, but it is the applicant's responsibility to follow up with respective jurisdictions to ensure those jurisdictions have the project information they need to provide the certification(s) in a timely manner.

xi. Ensure that applications (Review Application and HUD application in the E-Snaps system) are complete and the information within the application is consistent throughout the application. Narratives must be fully responsive to the question being asked, and responses should meet all the criteria for that question as required by the NOFO and the detailed instructions provided in E-Snaps. Applicants must also ensure that proposed program participants are eligible for the program component type selected, and proposed activities are eligible under 24 CFR part 578. Applicants should also ensure that all required attachments correspond to the attachments as required in E-Snaps and contain accurate and complete information.

- New PSH/RRH/Joint TH and PH-RRH Component Applications:
  i. The CoC reserves the right not to review incomplete applications or projects that don't meet eligibility requirements. Applications may receive a threshold denial for any of the following reasons;
     1. Agency does not meet HUD's eligibility criteria.
     2. Agency does not demonstrate adequate capacity to carry out grant.
     3. Application proposes ineligible costs or activities.
     4. Application proposes to serve ineligible populations.
     5. Application does not show required match or insufficient commitments for leveraging.
     6. Proposed project does not have a specific plan to coordinate and integrate with other mainstream health, social, and employment programs to ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).
     7. Compliance or performance issues on current projects.
     8. Project does not demonstrate adequate impact or cost effectiveness.
     9. Project does not meet key federal requirements.
     10. New proposals must be located within Toledo/Lucas County Continuum of Care jurisdiction. Applications proposing projects in the following jurisdictions are not eligible to be submitted under the Toledo/Lucas County CoC application: Cincinnati/Hamilton County, Cleveland/Cuyahoga County, Columbus/Franklin County, Youngstown/Mahoning County, Dayton, Kettering/Montgomery County, Akron, Barberton/Summit County, Canton, Massillon, Alliance/Stark County, Ohio Balance of State Continuum of Care.
     11. Agency submits an incomplete application, which includes not submitting the necessary documents listed above, or certifications/documentation as required in the HUD application.
     12. Agency does not utilize, or commit to utilize, HMIS (or a comparable family violence HMIS alternative) to capture client-level data on all clients in the project.
     13. Agency does not follow, or commit to follow, the CoC's Coordinated Entry System policy and process.
     14. Project does not demonstrate compliance with the Fair Housing Act and 24 CFR 5.105(A)(2) – Equal Access to HUD.
- Additional Threshold Criteria for Joint TH and PH-RRH Component Projects:
  i. Given the large number of sheltered and unsheltered homeless in the Toledo/Lucas County CoC, Joint TH and PH- RRH component projects must

serve people who meet the homeless definition under paragraphs (1), (2), and (4) of the definition of homelessness in 24 CFR 578.3.

ii. Joint component projects must:
    1. Demonstrate that the project will be low barrier and prioritize rapid placement and stabilization in permanent housing.
    2. Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible.
    3. Have low-barriers to entry and accommodate people with possessions, partners, pets, or other needs.
    4. Incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources. Participants will choose when they are ready to exit the crisis housing portion of the project and move to permanent housing, with providers assisting participants with this move.
    5. Provide or connect participants to resources that help them improve their safety and well- being and achieve their goals.
    6. Target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.

iii. Joint component projects must also:
    1. Target people who are living in unsheltered locations or homeless youth in areas in which the PIT demonstrates a need for more housing options for homeless households.
    2. Demonstrate that the proposed service area is not covered by any crisis housing **and** either have a street outreach team or be in a location where Coordinated Entry planning is occurring.
    3. Demonstrate need of high rates of unsheltered homelessness or unsheltered youth homelessness

- Domestic Violence (DV) Bonus Projects
    i. The FY 2021 HUD Appropriations Act provides additional funding for DV Bonus projects for rapid re- housing projects and supportive service projects providing coordinated entry and other eligible activities determined critical in order to assist survivors of domestic violence, dating violence, and stalking. In the FY 2021 CoC Program Competition, the CoC is able to apply for a DV Bonus for PH-RRH projects, Joint TH and PH-RRH component projects, and SSO projects for coordinated entry (SSO-CE). The CoC is only allowed to submit one project application for SSO-CE under the DV Bonus, but there is no limit to the number of PH-RRH and Joint TH and PH-RRH project applications that can be submitted this, which are limited to a 1-year funding request and must demonstrate trauma-informed, victim-centered approaches.
    ii. Allowed project types under the FY 2021 HUD NOFA are:
        1. Rapid Re-housing (PH-RRH) projects that follow a housing first approach

2. Joint TH and PH-RRH component projects as defined in Section III.B.2.q that follow a housing first approach
3. SSO Projects for Coordinated Entry (SSO-CE) (see below for requirements).

iii. The CoC is only allowed to submit one project application for SSO-CE under the DV Bonus. The CoC is able to submit any number of PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least $50,000. For DV Bonus projects submitted, the CoC will rank projects that pass eligibility and quality threshold review according to their application score, as funding allows. DV focused housing projects may be submitted under the DV Bonus, CoC bonus, or utilizing reallocated funds and would then be ranked with any other new projects in the funding area designated An applicant may apply to expand an existing renewal project in accordance with Section III.B.2.j of the NOFA, including one that was previously funded with DV Bonus funding. DV Bonus funding may be used to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that meet the definition of homeless in paragraph (4) of 24 CFR 578.3 so long as the DV Bonus funds for expansion are solely for additional units, beds, or services dedicated to persons eligible to be served with DV Bonus funding.

iv. For projects submitted by the CoC to be considered as part of the DV Bonus, following final submission, HUD will award a point value to each project application combining both the CoC Application score and responses to the domestic violence bonus specific questions in the CoC Application using the following 100-point scale:

1. For Rapid Re-Housing and joint TH and PH-RRH component projects:
    a. *CoC Score*. Up to 50 points in direct proportion to the score received on the CoC Application
    b. *Need for the Project*. Up to 25 points based on the extent the CoC quantifies the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.
    c. *Quality of the Project Applicant*. Up to 25 points based on previous performance of the applicant in serving survivors of domestic violence, dating violence, or stalking, and their ability to house survivors and meet safety outcomes.
2. For SSO Project for Coordinated Entry:
    a. *CoC Score*. Up to 50 points in direct proportion to the score received on the CoC Application.
    b. *Need for the Project*. Up to 50 points based on the extent to which CoC demonstrates the need for a coordinated entry system that better meets the needs of survivors of domestic violence, dating violence, or stalking, and how the project will fit this need.

- Domestic Violence Bonus SSO-CE Requirements
    i. As noted, only one SSO-CE project will be included in the final CoC project ranking submitted to HUD. The CoC will consider proposals submitted by interested agencies who meet organizational threshold and demonstrate ability to:
        1. Implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of people experiencing homelessness who are survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service provider's coordinated entry system where they are different);
        2. Include planning where the centralized or coordinated assessment system will be easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area;
        3. Include a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area;
        4. Utilize a standardized assessment process;
        5. Ensure program participants are directed to appropriate housing and services that fit their needs; and
        6. Cover the entire CoC jurisdiction.
    ii. SSO-CE Applicants interested should submit a proposal to request these funds detailing how listed criteria will be addressed, which includes a budget request itemizing requested funds. The average proposal size is not expected to exceed $150,000. The grant term is limited to 1-year.
    iii. TLCHB applications will receive priority for inclusion in the DV Bonus ranking for SSO-CE. If no application is submitted by TLCHB for SSO-CE under the DV Bonus, the highest scoring application deemed by the application review committee to be consistent with the goals of the CoC will be included.
- Match and Leveraging:
    i. Applications must meet HUD's match requirements and have at least 25% of the amount of the HUD funding request in total match (outside of the amount for leasing). Match may be cash or in-kind, however, the CoC encourages cash match when possible. All match must qualify as eligible program expenses under the CoC Program Interim Rule.
    ii. In addition to HUD's match requirement, applicants are also requested to report up to an additional 125% amount of the HUD funding request in total leveraging.

Bonus points may be awarded to applications that adequately demonstrate leveraging. When bonus points are awarded, maximum bonus points will be awarded to applications adequately demonstrating 25% match and 125% leveraging (150% total match and leveraging). Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served by the proposed project. While leveraging includes all cash and in-kind matching resources, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

iii. Review Application guidelines for New projects state that projects should only report match and leveraging where there are commitment letters on file that are dated July 1, 2021 or later, and documentation should be submitted to HUD if required. New project application packages are required to submit match and leveraging documentation to the Toledo/Lucas County CoC for the scoring and ranking process.

IV. TIMELINE:

Action	Date
NOFA released by HUD	August 18, 2021
CoC Board meeting to approve policy, materials, and process recommended by committee	September 8, 2021
2021 Toledo Lucas CoC NOFA Competition Policy, process, timeline, review applications, scoring criteria, addenda, and other competition materials released	September 9, 2021
Notice of Intent for new projects due at 5:00pm	September 14, 2021
Informational webinars for applicants (mandatory for new applicants), 10am via Zoom	September 17 and 24, 2021
Review and scoring process meeting	September 29, 2021
CoC application materials for all projects due at 3:00pm (MUST be at least 30 days before HUD NOFA deadline)	October 1, 2021
Applications available for review teams	October 5, 2021
All project applications and updated certifications must be entered into e-snaps by 5:00pm	October 15, 2021
Review team scores due	October 19, 2021
Compile review team scores and create ranking	October 21, 2021
CoC Board meeting to approve final ranking	October 27, 2021
Applicants notified of placement in scoring and ranking for CoC application OR rejection	October 29, 2021

from CoC application (MUST be at least 15 days before HUD NOFA deadline)	
E-snaps feedback provided to applicants	No later than November 3, 2021
Final project applications due in e-snaps by 5:00pm	November 5, 2021
Estimated public posting of CoC application (MUST be at least 2 days before HUD NOFA deadline)	November 10, 2021
Estimated TLCHB CoC application submission to HUD	November 12, 2021

V. SUMMARY OF CHANGES AND POLICY PRIORITIES FOR THE FY 2021 FUNDING CYCLE

- Please note that there have been significant changes in the process and method by which local CoCs are being scored under Federal priorities in recent years. All applicants and interested parties are strongly encouraged to read this document, as well as the HUD FY 2021 Continuum of Care NOFO and any supplemental materials (https://www.hud.gov/program_offices/comm_planning/coc/competition) and (https://www.hudexchange.info/programs/e-snaps/) in their entirety to ensure there is complete understanding of the information provided. Some of the major changes and policy priorities include:
    i. Renewing Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) projects will be eligible for ranking and renewal. In addition, renewing PSH projects will have the opportunity to change the classification of project type to DedicatedPLUS where 100% of the beds will be dedicated to serve individuals, households with children, and unaccompanied youth as described in Section III.B.2.g of the FY 2021 HUD NOFO. Additional guidance for DedicatedPLUS projects can be found on the HUD Exchange website at www.hudexchange.info.
    ii. In order to be eligible for renewal in FY 2021, projects must be currently in operation and have an executed grant agreement dated no later than December 31, 2021 and expire in CY 2022 (January 1, 2022 through December 31, 2022). Grant agreements for FY 2020 funds must be executed by December 31, 2021. If a project application is not executed by December 31, 20221, HUD will withdraw any funds conditionally awarded for FY 2021.
    iii. Projects implemented prior to the 2016 competition or transferred prior to 2018 that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than $10,000 at the end

of the grant, that is not deemed to be underperforming or operating under capacity as defined in this policy, will not be in jeopardy of having the grant amount reduced.

iv. As in previous years, HUD will continue the Tier 1 and Tier 2 funding process. Tier 1 is equal to 100 percent of the Annual Renewal Demand (ARD) minus the Annual Renewal Amounts (ARA) of YHDP renewal and YHDP replacement projects. Tier 2 is the difference between Tier 1 and the maximum amount of renewal, reallocation, and CoC Bonus funds that a CoC can apply for, but does not include YHDP renewal or YHDP replacement projects, CoC planning projects, or projects selected with DV Bonus funds. Tier 1 is estimated to be $3,930,721, and the CoC bonus amount is $341,081.

v. Fully operational projects providing permanent housing that were transferred in the last year will be held harmless and automatically included in Tier 1.

vi. Project evaluation of renewal project applications submitted by victim service providers will be completed utilizing data generated from a comparable database where the CoC can review performance on housing stability and other factors to determine the level projects improve safety for the population they serve. Where complete performance data related to the scoring criteria is not provided, the CoC will assign median points for that criteria.

vii. Through this competition the following types of new project applications will be accepted: (a) PSH for chronically homeless individuals and families; (b) PSH where 100% of the beds meet the NOFO requirements of a DedicatedPLUS project for individuals, households with children, and unaccompanied youth; (c) RRH for individuals and families, including under the DV Bonus; (d) Joint TH and PH-RRH component projects, including under the DV Bonus; (e) a SSO-Coordinated Entry project under the DV Bonus, and (f) a SSO-Coordinated Entry project, to be carried out by the Collaborative Applicant, up to $200,000.

viii. New project applications requesting funding for new construction or rehabilitation activities will not be accepted.

ix. Toledo/Lucas County CoC bonus points will be available for permanent housing projects (PSH or RRH) that are currently using, or commit to using, the Housing First model with housing program participants (with a concrete plan of action, to utilize the Housing First model of service delivery). To receive any of these bonus points, applicants should demonstrate that the project is low-barrier, prioritizes rapid placement and stabilization in permanent housing and has minimal service participation requirements and no preconditions to entry. Please note, renewal applicants must meet, or improve, the level committed in a project application submitted in a

previous competition.

x. Toledo/Lucas County CoC bonus points will be available to all project applications that are low barrier projects (or commit to being low barrier projects) and allow entry to program participants that includes: low or no income, current or past substance use, criminal records–with the exceptions of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and history of domestic violence. Please note that renewal applicants must meet, or improve, the level committed in a project application submitted in a previous competition.

xi. Any project application that is reviewed, approved, and ranked by the CoC, and subsequently awarded CoC funds, based on the applicant's indication of commitment to operating with a Housing First and/or low barrier program model, must operate as a Housing First and/or low barrier project. Projects that indicate they will not continue as such in the required Certification Policy Addendum will not receive the bonus points in the area applicable and may be determined out of compliance and placed in the bottom of Tier 2.

xii. Toledo/Lucas County CoC bonus points will be available for new projects that exclusively dedicate units/beds in order to prioritize Veterans, youth 24 and under, families, and/or those experiencing chronic homelessness. Bonus points will be available for PSH renewal projects dedicated to providing housing to people who are homeless with a disability and for renewal projects that increased the number of beds dedicated to serving persons who are chronically homeless. Bonus points will be available for applicants who actively participated in the 2020 Homeless Count in January of 2020, thus assisting the CoC identify people experiencing homelessness.

xiii. All renewal Toledo/Lucas County CoC PSH projects that do not already have 100% of their beds dedicated to people who are chronically homeless will be required to prioritize at least 90% of their non-dedicated beds to people who are chronically homeless*. The Toledo/Lucas County CoC is prioritizing homeless individuals and families experiencing chronic homelessness consistent with *Notice CPD 16-011: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.* Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant

agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. The full notice can be found at: https://www.hudexchange.info/resource/5108/notice-cpd-16-11- prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in- psh/.

*Projects that committed to prioritizing 100% of non-dedicated beds to people who are chronically homeless in previous competitions are required to continue at 100%.

xiv. In order maintain alignment to HUD priorities for this funding and to keep homeless people with disabilities who are residing in PSH projects from becoming homeless, with the exception of HMIS grants and Coordinated Assessment grants, which are critical to the operations of the CoC, and will therefore be placed mid-Tier 1, the Toledo/Lucas County CoC will rank projects within the following groupings:

1. Renewal PSH and RRH projects that are currently housing people who are homeless, without significant capacity, compliance, or performance issues that have been in operation over a year (based on score), operational projects transferred in the last 12-months, HMIS, and Coordinated Assessment projects
2. New RRH and PSH projects that have not been operational for a full year, and do not have data for a complete year to report on (based on score)
3. New PSH, RRH, and Joint TH and PH-RRH Component projects, including expansions, that are designated by the CoC to utilize any reallocated funds, if available (based on score)
4. Renewal PSH and RRH projects determined to be significantly underperforming (based on the degree to which they do NOT improve system performance in the areas of: serving eligible participants less than 75%, have low rates of housing stability, or a high rate of participants returning to homelessness), operating significantly out of compliance, or operating significantly under capacity (projects that are both utilizing 50% or less of the units and returning a significant amount of funds with the exception of projects transferred in the last year).
5. New PH Bonus PSH, RRH, and Joint TH and PH-RRH Component projects (based on score)
6. New DV Bonus RRH and Joint TH and PH-RRH projects (based on score)
7. New DV Bonus SSO-CE project (based on score)

xv. Projects implemented prior to the 2018 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation. Reallocations, if necessary, will be made based on the guidance in the 2021 NOFO. The two lowest scoring renewal RRH and

PSH projects determined to be significantly underperforming, operating under capacity, or found to be operating significantly out of compliance may be subject to replacement by new RRH, PSH, or Joint TH & PH-RRH Component projects, provided the new applications pass threshold review and score highly enough. Project level performance will be further assessed to determine impact on CoC System Performance Measures as part of decisions to reallocate. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC may, at its discretion, work with renewal applicants of projects deemed as high performing to facilitate expansion applications for those high performing projects. The CoC reserves the right to place one or both of the two lowest scoring renewal projects at the bottom of Tier 2.

xvi. HUD will score new and renewal projects ranked in Tier 2 using a 100-point scale (please see full details on page 10 of the NOFO):

1. CoC Score – up to 50 points will be in direct proportion to the score received on the CoC Application;
2. CoC Project Ranking – up to 40 points will be based on the CoC's ranking of the project application(s);
3. Commitment to Housing First – up to 10 points will be based on the project's commitment to follow a Housing First approach.

xvii. More than one project can be submitted for the permanent housing bonus funding. HUD guidance shows that for CoCs to receive grants for new projects, other than through reallocation, CoCs must competitively rank projects based on how they improve system performance as outlined in Section VII.B.2.b of the NOFO.

xviii. HUD is allowing for CoCs to apply for Domestic Violence (DV) Bonus funding again this year. The CoC is only allowed to submit one project application for the SSO-CE project type, but new this year the CoC will be able to submit multiple applications for PH-RRH and Joint TH and PH-RRH housing project types. For the SSO-CE project type, the CoC will submit the highest ranked project that passes eligibility and quality threshold review. Applications for SSO-CE submitted by TLCHB will take priority. For the highest ranked housing projects that pass eligibility and quality threshold review, the CoC will submit as funding availability allows.

xix. Compliance with Violence Against Women Act (VAWA) Rule. On November 16, 2016, HUD published its VAWA final rule (81 FR 80798), which provides various protections to victims of domestic violence, dating violence, sexual assault, and stalking under the CoC Program and other HUD programs. The grants to be awarded under this NOFO must comply with the VAWA rule as provided in 24 CFR 578.99(j). To enable full compliance with this rule, the CoC established an emergency transfer plan

under 24 CFR 578.7(d) and made related updates to the written standards for administering CoC program assistance under 24 CFR 578.7(a)(9)(ii), (iii) and (v). All CoC- funded projects must follow the *Toledo/Lucas County CoC Violence Against Women Act (VAWA) Policies and Procedures* outlined in the Toledo/Lucas County CoC Written Standards. First-time renewal projects should be fully compliant by the time the local CPD Field Office issues the FY 2021 grant agreement for a project in the CoC's geographic area.

xx. The Collaborative Applicant will submit an application for planning funds as allowed by HUD. CoC Planning applications are not required to be ranked, and the funds are not part of the pro rata amounts available for projects.

xxi. The CoC will not reallocate any funding to Transition Projects. While the FY 2021 HUD NOFO is allowing Transition Grants as described in Section III.B.2.z of the NOFO, it would require the CoC to eliminate an eligible renewal project and reallocate the project amount to a new Transition Project that would replace the eligible renewal for a 1-year period.

VI. APPLICATIONS

- ***General Application Instructions for All Projects***
  - i. Applicants should review and follow the steps as outlined herein and in the NOFO to ensure that applications are complete and submitted in a timely manner.
  - ii. For information on accessing HUD's *E-Snaps* system to complete and submit a full Toledo/Lucas County CoC Project Application, please go to: https://www.hudexchange.info/programs/e-snaps/. Note that once the competition begins, there will be a significant time delay if applicants need to register new users on the *E-Snaps* system. All applicants should ensure that they have access to the system immediately.
  - iii. In addition to the *E-Snaps* submission, all applicants must submit a hard copy of the Toledo/Lucas County CoC review application with all supplemental materials described herein. Application materials must be delivered in person to 1220 Madison Ave., Toledo OH no later than the posted deadline.
  - iv. It is the responsibility of the applicant to assure that a hard copy of all the application materials are received by TLCHB, by the established deadline. No late submissions of the project application document will be accepted.
  - v. Late submissions of the supplemental materials to the application package will result in a deduction of points. Applications for which supplemental materials are received more than 24 hours after the established application deadline may be deemed ineligible and excluded from the competition.

vi. All projects must complete and submit the HUD application in *e-snaps,* including any certifications, attachments, or other items required pursuant to HUD's instructions by 5:00 pm on October 15, 2021.

vii. Information regarding scoring criteria will be posted on Continuum of Care webpage at https://endinghomelessnesstoledo.org/funding-programs. Applicants are strongly advised to review the criteria before submitting an application.

viii. For reference, the Continuum of Care Program Interim Rule was published in the Federal Register on July 31, 2012, and was effective on August 31, 2012. This information can be accessed at: https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/.

ix. The Toledo/Lucas County CoC reserves the right to request additional performance and/or threshold eligibility supporting documentation from any applicant to facilitate the scoring and ranking process. The applicant must provide all requested supporting documentation in the timeframe specified by the Toledo/Lucas County CoC at the time of request. Failure of an applicant to provide adequate supporting documentation may result in negative consequences in the scoring and ranking process, up to and including threshold denial of the project application from the final CoC project ranking.

- ***Instructions for Renewal Projects***

i. All applicants for renewing PSH and RRH projects must submit the following for each project no later than October 1, 2021 at 3:00 pm at TLCHB (1220 Madison Ave., Toledo OH, 43604). The following materials must be received for each project in order for an application to be considered complete:

1. Five (5) copies of the 2021 Toledo/Lucas County CoC Renewal Project Review Application for each renewal project;
2. Five (5) copies of the Competition Certification and Policy Addendum document for all projects;
3. Five (5) copies of the Competition Coordinated Entry System Policy Addendum for all projects;
4. One (1) copy of the Notice of Intent - 2021 PSH Change to DedicatedPLUS (if applicable);
5. One (1) copy of the Notice of Intent 2021 Grant Consolidation (if applicable);
6. If HUD monitoring has occurred, one (1) copy of the most recent HUD monitoring report, including corrective action plans and documentation regarding resolution of findings, when applicable; and
7. One (1) copy of supportive documents showing timely draw downs (eLOCCS reports).

ii. For renewal projects that were consolidated under the FY 2019 CoC Competition, the consolidated project replaces the individual projects. As such, the review application and all materials submitted for each consolidated project should represent the combined projects.

iii. All renewal projects will be evaluated and scored for performance using data from the HMIS. It is critical for all renewal projects to have accurate and complete data in the HMIS, as data quality and completeness will have a direct impact on scoring and ranking. The Toledo/Lucas County CoC will only consider modifications to project scores based on data if it is determined that there was an error on the part of the CoC. Project data will be evaluated for the time period of July 1, 2020 through June 30, 2021.

iv. Victim Service Providers funded by HUD are prohibited from entering data in the HMIS. However, they are required by HUD to use a comparable database that is capable of collecting the same information for their program participants and producing HUD reports. Renewal projects for Victim Service Providers will be required to submit deidentified project performance data from the comparable database to facilitate scoring and ranking. The Toledo/Lucas County CoC will not collect any personally identifying information for any program participants at Victim Service Providers. Project data for Victim Service Providers must cover the time period of July 1, 2020 through June 30, 2021.

- ***Instructions for New Projects***
  i. Eligible applicants for new PSH, RRH, Joint TH and PH-RRH Component, and SSO-CE projects include all agencies with existing CoC NOFO grants within the CoC and nonprofits, units of Government, and Housing Authorities that wish to make application for new grants.

  ii. HUD will allow new reallocated projects, DV Bonus projects, and new expansion projects of existing CoC Program-funded projects to request funding limited to 1 year. For projects requesting the regular permanent housing bonus funds, the grant term for new project applications requested should be limited to 1-year. However, as additional funding is available, the review team may allow higher scoring new projects to request a term allowed as defined on pages 32-33 of the HUD NOFO, as match requirements can be met. However, the CoC may elect to decrease the term for any new project that is approved for the final priority ranking list to allow additional projects to be included in the request for funding.

  iii. All agencies interested in applying for a new PSH, RRH, Joint TH and PH-RRH Component, or SSO-CE project should complete and submit a Proposal Outline (Letter of Intent) to alert the Collaborative Applicant of their intent no later than September 14, 2021. The Proposal Outline form is attached to the notice, and it will also be available at: https://endinghomelessnesstoledo.org/funding-programs. Submitting a Proposal Outline will signal staff to forward information regarding CoC webinars, HUD training events, updated CoC policies, updated scoring criteria, notice of CoC changes, and/or any other relevant information.

  iv. Applicants must clearly demonstrate that they have experience and sufficient capacity to serve fragile, chronically homeless, and service resistant clients, and that sufficient services will be provided to clients proposed to be served.

v. Bonus points will be awarded to new projects that commit, with a concrete plan of action, to having a low-barrier to entry project, as well as to utilize the Housing First model of service delivery.

vi. All agencies submitting an application for a new PSH, new RRH, new Joint TH and PH-RRH component, or SSO-CE project must submit a complete application package to TLCHB (1220 Madison Ave., Toledo OH) by October 1, 2021. A complete application package includes:

1. Five (5) copies of the Review Application for new projects;
2. Five (5) copies of the Competition Certification and Policy Addendum document for all projects;
3. Five (5) copies of the Competition Coordinated Entry System Policy Addendum for all projects;
4. Five (5) copies of all match and leveraging documentation;
5. One (1) copy of the agency 501(c)(3), if applicable (copies of the 501(c)(3) for any sub-recipients must also be attached);
6. One (1) copy of a current list of Board of Directors;
7. One (1) copy of the most recent independent financial audit, or equivalent financial statement; and
8. One (1) copy of current IRS Form 990: Return of Organization Exempt from Income Tax, if applicable.

VII. APPEALS

In accordance with *24 CFR part 578.35* and Section X of the NOFO, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal MUST be carried out in the timeframe and process announced by HUD within the NOFO.

VIII. FEDERAL DISASTER AREA NOTIFICATION

Applicants administering projects in counties that have been impacted by a major disaster, as declared under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, that occurred in the 12 months prior to the application deadline of the HUD NOFO should submit a letter indicating this with the supplemental review packages due on October 1, 2021. This would only include a major disaster that resulted in the Collaborative Applicant, the CoC, or its project(s) inability to continue operations due to flooding, destroyed facilities, lack of power for a long duration, etc. News releases related to Ohio can be found at: https://www.fema.gov/disasters. CoCs in impacted areas are required to notify HUD of this prior to the close of this competition.

IX. RELEVANT CONTACT INFORMATION:

Toledo Lucas County Homelessness Board
1220 Madison Avenue
Toledo, OH 43604
Website: www.tlchb.org
Email: communications@tlchb.org
Phone: (419) 244-9440

Public Notice of Project- Reduced or Reject

1. OH-501 TLC CoC WRITTEN STANDARDS
2. Coordinated Entry Policies: https://endinghomelessnesstoledo.org/coordinated-assessment
3. Helpful websites:
   - HUD Information : FY 2021 CoC NOFO and related materials https://www.hud.gov/program_offices/comm_planning/coc/competition
   - HUD E-Snaps System https://esnaps.hud.gov/grantium/frontOffice.jsf
   - HUD E-Snaps User Guide https://www.hudexchange.info/programs/e-snaps/
   - HUD Exchange https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/
4. Toledo Lucas CoC NOFO Training FINAL (002)

Full 2021 Application, posted 11/10/21

- 2021 CoC Application
- 2021 Rank Listing

CONTACT INFORMATION:

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1220 Madison Avenue

Toledo, OH 43604

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Email: communications@tlchb.org

Phone: (419) 244-9440

Rachel Gagnon

From: TLC Homelessness Board <grantsadministrator+tlchb.org@ccsend.com>
Sent: Wednesday, November 10, 2021 4:59 PM
To: Rachel Gagnon
Subject: Important CoC NOFO Updates

HOMELESSNESS BOARD TOLEDO LUCAS COUNTY

Providing leadership for the elimination of homelessness in Lucas County.

Hello Toledo Lucas CoC Members, Stakeholders, and Applicants,

Please be advised the draft versions of our 2021 CoC Application and Priority Listing are now available viewing on our website.

They can be found at: https://endinghomelessnesstoledo.org/2021-continuum-of-care-competition

They will be available for review in draft form until close of business, Friday, November 12, 2021. They will be finalized and submitted at that point and published thereafter.

If you have questions, please contact the Toledo Lucas County Homelessness Board at communications@tlchb.org.

Sincerely,

Rachel Gagnon
Executive Director

Public Notice of Project- Accepted

+

ıelessnesstoledo.org/2021-continuum-of-care-competition

OCEAN | Housing and Urban... | HDX 2.0 Homelessn... | My HUD Exchange... | Citrix Cloud | SHAREFILE | PIT Command Center | Maumee City Scho... | SchoolMessenger | Maumee Parent Por...

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50°F Sunny

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Sincerely,

Rachel Gagnon
Executive Director

Web Posting of CoC Approved Consolidated Application

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