



2014 CAPER Consolidated Annual Performance and Evaluation Report

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CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

Cincinnati and its neighborhoods has been strengthened by the strategic efforts to increase the quality and diversity of housing, reduce crime and blight, and improve the vitality of small neighborhood business districts as well as large employment centers.

The City's overall development goal was to develop and support comprehensive efforts to expand choices and opportunities for individuals and families to enjoy decent housing, a suitable living environment, and expanded economic opportunities. Decent housing is affordable, safe, and accessible. A suitable living environment is safe, livable, free from blighting influences, and economically integrated.

Overall, the City of Cincinnati met or exceeded the 2010-2014 Consolidated Plan and 2014 Annual Action Plan goals and objectives. In some cases, goals have been adjusted to account for cuts in funding; however, the City has demonstrated measurable progress in nearly all of our Consolidated Plan programs and projects.

The City has completed many projects throughout 2014 in each of the four entitlement grant programs. Several highlights include:

Alston Park: The Alston Park project consisted of the total rehabilitation of two multi-family buildings that were vacant and blight in the Avondale neighborhood. Alston Park consists of 39 housing units (34 two bedrooms and 5 three bedrooms). The building originally contained 66 units; however taking into account the wishes of the neighborhood and long-term project viability, the developer decided to demolish some of the units and incorporate the square footage into the redesigned 39 units. The units have been designed with amenities to enhance quality of life for the tenants including: high speed internet wiring, washer and dryer hookups, garbage disposals, programmable thermostats, a recreation room, and a tot lot. The project is LEED certified and was approved for 12 year tax abatement. The total project cost was \$7,142,778 and the City provided a HOME loan of \$200,000 along with the tax abatement. Other funding sources for this project include funding from the Low Income Housing Tax Credit (LIHTC) program and Neighborhood Stabilization Program (NSP) funds from the State.

Salvation Army Catherine Booth Residence: In June 2013, construction started on the new Salvation Army Catherine Booth Residence. The development includes 96 one bedroom units in two 3 story buildings of senior housing as part of the Salvation Army's Center Hill campus senior community. On-site service coordination to include health, transportation, and recreation as well as educational, volunteer and employment opportunities. This is the second phase of their successful senior development at this location. Completion is expected in the spring of 2015.

Haddon Hall Senior Apartments: The Haddon Hall project consisted of the refinance and moderate rehabilitation of a predominantly senior project located in a historic four-story building. Residents are aged 62 or older with some exceptions to the age limit for disabled households. The buildings were originally constructed in 1910 as a high-end apartment complex. In 1982 the buildings underwent a substantial rehabilitation and were converted to affordable senior housing. However, by 2010, the properties were again in great need of updating and investment. The project included rehabilitation of 114 residential units for very low-income and low-income persons, including six HOME units. The HOME Units will have a 10-year affordability period. The total project cost was \$12,080,896 and the City provided a HOME loan of \$200,000.

Integra Life Sciences Expansion: Demolition of a blighted/abandoned building provided 3 acres of land for development. The land provided parking for a growing company to expand and hire new employees at its existing location in the Madisonville neighborhood. Integra's employment has increased approximately 67%. The project utilized \$150,000 of CDBG funding. Integra Life Sciences has invested approximately \$3.0 million into their existing facility to accommodate the growth, as well as approximately \$350,000 into improvements for the new parking lot.

The Gantry Mixed Use Development/Former Myron Johnson Site: The City removed contamination and rebuilt the sewer and storm water infrastructure on a 2.5 acre of former industrial property at the high-traffic intersection of Hamilton Avenue and Blue Rock Street in the Northside neighborhood. These improvements made the site attractive for development, resulting in a sale and development agreement between the City and Milhaus Development. The agreement will allow for the construction of a mixed-use infill development at this site which will fill a long-empty section in the middle of the Northside business district. The \$11 million private investment will result in 130 high-quality apartments, 8,000 square footage of new retail space on Hamilton Avenue, and a reuse of a vacant historic building. The project utilized a CDBG grant in the amount of \$445,000.

Findlay Market Area Redevelopment – Elder Street Storefronts: Structural stabilization, lead remediation, and “white-boxing” occurred in three historic buildings that front Findlay Market (129, 131, 133 West Elder) in the Over-the-Rhine neighborhood. Buildings will be leased to small businesses by the Corporation for Findlay Market. Since the historic Findlay Market house is full, these surrounding buildings will extend the urban market and allow additional small businesses to open and service the low/mod area. Source of funds include a CDBG grant in the amount of \$280,000, leveraging \$250,000 in private funds.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)
Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals

Consolidated Plan Goals and Accomplishments 2014

Goal	Programs	Category	Source: Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
1 Homeownership Housing Development	Strategic Housing Initiatives; Homeowner Rehab Loan Program; and Single Family Homeownership Development	Affordable Housing	CDBG: \$420,000 \$40,000 HOME: \$561,731	Homeowner Housing Added	Household Housing Unit	2,113	546	26%	19	New: 31 Rehab: 17	253%
2 Rental Housing Development	Rental Rehabilitation Program	Affordable Housing	CDBG: \$100,000 HOME: \$580,277	Rental units rehabilitated	Household Housing Unit	247	378	153%	50	153	306%
3 Renters Supportive Services	Code Enforcement Relocation; Tenant Representation; Section 8 Mobility Program	Affordable Housing	CDBG: \$100,000 \$147,000 \$40,375	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	10,894	11,796	108%	730	697	95%
	Tenant Based Rental Assistance	Affordable Housing	HOME: \$400,000	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	425	445	105%	145	73	50%

Goal	Programs	Category	Source: Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
4 Homeowner Supportive Services	Emergency Mortgage Services	Affordable Housing	CDBG: \$98,000	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	225	342	152%	120	106	88%
	Housing Repair Services; Compliance Assistance for the Elderly	Affordable Housing	CDBG: \$1,868,685 \$131,245	Homeowner Housing Rehabilitated	Household Housing Unit	6,585	6,461	98%	1,420	1,375	97%
	Downpayment Assistance Initiative	Affordable Housing	HOME: \$203,125	Direct Financial Assistance to Homebuyers	Households Assisted	203	215	106%	43	34	79%
5 Promote Fair Housing	Fair Housing Services	Affordable Housing	CDBG: \$167,060	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	4,904	5,626	115%	806	1,468	182%
6 Promote Commercial and Industrial Development	Neighborhood Business District Improvement Program	Non-Housing Community Development	CDBG: \$920,000	Facade treatment/business building rehabilitation	Business	313	575	183%	58	58	100%
7 Industrial Site Redevelopment	Strategic Program for Urban Redevelopment (SPUR)	Non-Housing Community Development	CDBG: \$555,000	Brownfield acres remediated	Acre	9	17	188.89%	2	0	0%

Goal	Programs	Category	Source: Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
8 Promote Business Development Opportunities	Financial and Credit Union Services; Earned Income Tax Credit Outreach and Financial Literacy; Corporation for Findlay Market*	Non-Housing Community Development	CDBG: \$55,000 \$1,700 \$196,000	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	47,995	38,396	80%	9,599	9,599	100%
	Small Business Loan Fund	Non-Housing Community Development	CDBG: \$126,000	Jobs created/retained	Jobs	22	20	91%	3	0	0%
	Small Business Services and Technical Assistance	Non-Housing Community Development	CDBG: \$90,000	Businesses assisted	Businesses Assisted	400	358	90%	16	78	488%
	Neighborhood Capacity Building and Technical Assistance	Non-Housing Community Development	CDBG: \$320,000 HOME: \$110,000	Other	Other	73	95	130%	32	32	100%
9 Job Training Services	Blueprint; Youth Employment	Affordable Housing	CDBG: \$82,875 \$960,000	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2,242	2,959	132%	386	525	136%

Goal	Programs	Category	Source: Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
10 Slum and Blight Elimination	Mill Creek Greenway Restoration; Future Blooms	Non-Housing Community Development	CDBG: \$78,000 \$185,000	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	25,305	69,122	273%	48,878	48,878 Future Blooms: 165	100%
	Lead Hazard Testing Program	Non-Housing Community Development	CDBG: \$495,000	Households Tested	Household Housing Unit	1,150	790	69%	140	140	100%
	Hazard Abatement - Demo and Barricade	Non-Housing Community Development	CDBG: \$1,150,000	Buildings Barricaded Or Demolished	Buildings	2,364	3,391	143%	355	527	149%
	Concentrated Code Enforcement; Historic Stabilization of Structures	Non-Housing Community Development	CDBG: \$575,000 \$167,093	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	19,417	23,332	120%	3,881	5,483	141%
11 Citizen Safety	Drug Elimination Program	Non-Housing Community Development	CDBG: \$72,250	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	35,495	36,396	103%	7,099	8,000	113%
12 Homeless Shelters & Other Homeless Housing Support	Emergency Shelters	Homeless	ESG: \$450,000	Homeless Person Overnight Shelter	Persons Assisted	22,189	22,177	99%	4,441	5,915	133%
	Homeless to Homes Program – Permanent Supportive Housing**	Homeless	HOME: \$169,007	Housing for Homeless added	Household Housing Unit	221	0	0.00%	10	0	0%

Goal	Programs	Category	Source: Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
13 Homeless Prevention	Homeless Prevention	Homeless	ESG: \$397,281	Homelessness Prevention	Persons Assisted	577	498	86%	150	191	127%
14 Operating Support for HIV/AIDS Housing Facilities	Operating support	Homeless	HOPWA: \$215,000	HIV/AIDS Housing Operations	Household Housing Unit	200	193	97%	50	33	66%
15 Supportive Services for Persons with HIV/AIDS	Includes Caracole, CRC, and NKHD	Homeless	HOPWA: \$101,813	HIV/AIDS Housing Operations	Household Housing Unit	600	715	119%	124	175	142%
16 Housing Assistance for Persons with HIV/AIDS	Tenant based rental assistance	Non-Homeless Special Needs	HOPWA: \$167,823	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	60	141	253%	27	41	152%
	Short-term rent/mortgage and utility assistance STRMU	Non-Homeless Special Needs	HOPWA: \$167,824	HIV/AIDS Housing Operations	Household Housing Unit	1,130	1,157	104%	250	170	68%

Table 1 - Accomplishments – Program Year and Strategic Plan to Date (Con Plan Goals and Accomplishments)

IDIS NOTES:

*The 2013 Action Plan lists 16,698 households for Promoting Business Development Opportunities, non-housing low moderate income benefit. It should be 9,599 households.

** The “number of homeless households to be provided affordable housing units” is related to our permanent supportive housing project, Homeless to Homes. There have been many delays in the proposed development of permanent supportive housing

throughout all four years of the Con Plan. A current LIHTC project is on hold pending review from a new City Council. The Continuum of Care, Strategies to End Homelessness (STEh), reports that other permanent supportive housing (PSH) (funded primarily through Shelter Plus Care) has increased in the City by 500 beds since 2009. The agencies providing PSH are included on the website for STEh at this link: <http://www.strategiestoendhomelessness.org/wpbdm-category/supportive-housing/>

Assess how the jurisdiction's use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

The City allocated resources based upon community needs, the success of a program at addressing those needs and input from citizens through the Community Development Advisory Board (CDAB) and the public hearing process. The CDAB is a volunteer citizen group appointed by the Mayor and approved by City Council. The CDAB advises the City Manager on the Consolidated Plan, Annual Action Plans, related resource allocations and other matters related to the administration of the Consolidated Plan. The major obstacle for addressing the City of Cincinnati needs is a lack of funding.

Although the City of Cincinnati did not prioritize certain goals or programs in the 2010-2014 Consolidated Plan; overall, progress related to the goals of all of the 2010-2014 Consolidated Plan activities was very strong. Some projects, such as remediating Brownfields and redeveloping land to create new businesses and new jobs, can take many years to complete.

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).
91.520(a)

	CDBG	HOME	HOPWA	ESG
White	947	42	68	1,485
Black or African American	3,749	225	69	4,553
Asian	20	0	0	23
American Indian or American Native	8	0	3	52
Native Hawaiian, Other Pacific Islander	5	0	1	13
Mixed	3,355	6	0	0
Total	8,084	273	141	6,126
Hispanic	237	5	0	64
Not Hispanic	7,847	268	0	6,062

Table 2 – Table of assistance to racial and ethnic populations by source of funds (HUD Form 40110, PR-23)

Generally the CDBG, HOME and ESG programs serve the entire City of Cincinnati in accordance with the program requirements of each grant because there is a need for services throughout the City's 52 neighborhoods. The listed ethnic and racial populations assisted with these funds represent the at-risk population served throughout the neighborhoods.

Based on Homeless Management Information System (HMIS) data for 2014, the Shelter Diversion Program served a total of 683 individuals, of whom, 213 were adults and 470 were children. 62% of the persons served in Shelter Diversion were female and 38% were male. 93% of participants in the Shelter Diversion Program identified as Black or African American; 10% identified as white; and less than 1% identified as American Indian and/or Native Hawaiian/other Pacific Islander. Note that some may have identified as more than one race. Less than 1% of the individuals served identified as Latino or Hispanic.

HMIS data for the emergency shelters indicates that of the 5,270 individuals served, 62% were adults and 38% were children. 45% of the persons served in emergency shelter were female; 55% were male; and less than 1% identified as transgender. 72% of residents at emergency shelters identified as Black or African American; 24% identified as white; and less than 1% identified as American Indian and/or Native Hawaiian/other Pacific Islander. Note that some may have identified as more than one race. Approximately 1% of the individuals served identified as Latino or Hispanic and approximately 1% identified as Appalachian.

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	Public – Federal	\$12,359,989	\$ 8,667,521
HOME	Public – Federal	\$ 2,249,044	\$ 906,688
ESG	Public – Federal	\$ 915,979	\$ 482,966
HOPWA	Public – Federal	\$ 672,639	\$ 520,362

Table 3 – Resources Made Available (PR-02)

The amount expended in calendar year 2014 is made up of unexpended ESG funds from FY 2012 and FY 2013.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
Avondale NRSA		1%	Projects included street improvements along the intersection of Reading, Rockdale and Forest Avenues in the neighborhood of Avondale and a new permanent stone gateway for the new Avondale and Hauck botanical gardens gateway sign.
College Hill NRSA		1%	Project included a storefront facade improvement for a restaurant.
Empowerment Zone	12%	2%	Projects included new residential construction in the Pendleton neighborhood and the Corporation for Findlay Market to promote and grow an urban garden program.
Laurel Homes and Lincoln Court		0%	There were no completed projects in this area for 2014
Madisonville NRSA		3%	Neighborhood capacity and operating support
Walnut Hills NRSA			There were no completed projects in this area for 2014
City-wide	88%	93%	City-wide

Table 4 – Identify the geographic distribution and location of investments (PR-14)

For the CDBG program, the City of Cincinnati currently has five active Neighborhood Reinvestment Strategy Areas (NRSA). These are: Avondale; College Hill; Lincoln Court and Laurel Homes area in the Westend neighborhood; Madisonville; and Walnut Hills. The City also has an Empowerment Zone designation which encompasses several neighborhoods, including portions of Avondale, Evanston, Corryville, Mt. Auburn, Over-the-Rhine, West End, CUF, Downtown Business District, and Queensgate.

The HOPWA program serves the Cincinnati Eligible Metropolitan Statistical Area (EMSA), which covers 15 counties in the area. Although the three agencies that currently receive HOPWA funding are located in the Greater Cincinnati area, collectively they offer HOPWA assistance to persons in any of the 15 counties included in the EMSA. The HOPWA Advisory Committee allocates funding based on statistical information on number of cases of HIV/AIDS by county and state to ensure that each geographic area is receiving funding commensurate with need.

The HUD programs are not allocated to specific areas and serve the entire population of the City. This is due to program design and general need throughout most city neighborhoods. The City's Neighborhood Enhancement Program (NEP) provides concentrated City services for a 90-day time period to address blight, crime and other nuisances, and its goal is to serve as a kick-start to long-term neighborhood revitalization and reinvestment. New neighborhoods are chosen each year. During 2014, the neighborhoods selected were College Hill and East Price Hill, both Tier 1 Neighborhoods. Funding for the Concentrated Code Enforcement program is utilized in the NEP. Two CDBG programs are concentrated in the Over-the-Rhine Neighborhood, which is part of the Empowerment Zone: Drug Elimination and Future Blooms. Additionally, the City provides CDBG funds to the Corporation for Findlay Market to manage Findlay Market which is located in Over-the-Rhine, but the market serves all city residents.

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

All of the City's Consolidated Plan programs generate leverage and meet the required match standards. Federal resources are an important element of many of the housing and economic development projects funded by the City. These projects require a variety of sources including, federal, state, local, and private dollars.

Of the City's 25 CDBG programs, 10 of the programs generate leverage. The City projected approximately \$16 million in leveraged resources in 2014 from CDBG. Of the City's six HOME programs, four of the programs generate leverage. The City projected approximately \$19 million in leveraged resources in 2014 from HOME. For both CDBG and HOME, the leveraged resources include private investment, state and federal grants, volunteer hours, and in-kind donations. Leverage varies from year to year based in part on the projects that are funded.

Strategies to End Homelessness (STEH) has developed policies and procedures for monitoring recipients of Continuum of Care (CoC) funding, which include reviewing documentation of matching funds.

Dollar-for-dollar match is verified for all Emergency Solutions Grant funds. Shelter providers must define their match upon submission of ESG budgets, prior to contracts being awarded, and prior to expenditures. During the annual monitoring visit, sub-recipients must verify their match and provide Strategies to End Homelessness (STEH) with a copy of the match certification. Sub-recipients are also asked at the end of each year to document the leverage for their programs. The Department of Trade and Development reviews all of the information gathered from STEH. Strategies to End Homelessness also manage the Shelter Diversion program and provide the required match for the remaining funds.

Additionally, STEH manages the CoC program including Shelter Plus Care and Supportive Housing Program funding. During the annual prioritization process, each sub-recipient must submit a budget on a standardized template, demonstrating the required match for the program. Commitment letters with the source of the funds are required for cash or in-kind match. Commitment letters for cash match must be from the recipient of CoC funds; commitment letters for in-kind match must be submitted from the agency providing the service/item and the letter demonstrate commitment to a Memorandum of Understanding.

Finally, HOPWA funds match the 100 Shelter Plus Care units designated to serve homeless persons with HIV/AIDS within the Cincinnati/Hamilton County Continuum of Care. HOPWA supportive services dollars provide a portion of the required “plus care” match. These 100 Shelter Plus Care subsidies increase the availability of safe, decent, and affordable housing options to low-income persons living with HIV/AIDS. Strategies to End Homelessness monitors HOPWA sub-recipients for leveraged funds to be included in the Consolidated Annual Performance and Evaluation Report.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	\$5,100,905
2. Match contributed during current Federal fiscal year	\$ 148,964
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	\$5,249,869
4. Match liability for current Federal fiscal year	\$ 246,448
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	\$5,003,420

Table 5 – Fiscal Year Summary - HOME Match Report (PR-33)

The City currently has an excess of match requirement in the amount of \$5,003,420.

Match Contribution for the Federal Fiscal Year							
Project No. or Other ID	Date	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
3441	2014				\$ 7,510		\$ 7,510
3309-3311	2014				\$25,880		\$25,880
ADDI Tax Abatements	2014		\$27,029				\$27,029
Single Family Support Fund	2014		\$ 6,831				\$ 6,831
Loth Street Builds	2014		\$41,999				\$41,999
Habitat Abatements	2013-2014		\$39,715				\$39,715

Table 6 – Match Contribution for the Federal Fiscal Year, HUD Form 40107-A

HOME Program Income Report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period	Amount received during reporting period	Total amount expended during reporting period	Amount expended for TBRA	Balance on hand at end of reporting period
\$	\$	\$	\$	\$
\$0.00	\$289,588.45	\$289,588.45	\$98,021.38	\$0.00

Table 7 – Program Income (PR-09)

HOME MBE/WBE report

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Number	93			26		67
Dollar Amount	11,524,874			2,498,132		9,026,742
Sub-Contracts						
Number	85			17		68
Dollar Amount	9,196,331			1,081,765		8,114,566
	Total	Women Business Enterprises	Male			
Contracts						
Number	93	9	84			
Dollar Amount	11,524,874	751,382	10,773,492			
Sub-Contracts						
Number	85	14	71			
Dollar Amount	9,196,331	1,761,124	7,435,207			

Table 8 – Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native American Indian	or Pacific Islander	or Black Non-Hispanic	Hispanic	
Number	0					
Dollar Amount	0					

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition			
Parcels Acquired	0		
Businesses Displaced	0		
Nonprofit Organizations Displaced	0		
Households Temporarily Relocated, not Displaced	215		

Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native American Indian	or Pacific Islander	or Black Non-Hispanic	Hispanic	
Number	0					
Cost	0					

Table 10 – Relocation and Real Property Acquisition (PR-23)

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of homeless households to be provided affordable housing units (Homeless to Homes)	3,385	0*
Number of non-homeless households to be provided affordable housing units (Downpayment Assistance, Emergency Mortgage Assistance, Housing Repair Services, Rental Rehab Program, Strategic Housing, Single Family Homeownership Development)	1,099	1,716
Number of special-needs households to be provided affordable housing units (HOPWA Programs)	460	419
Total	4,944	2,135

Table 11 – Number of Households (Con Plan Goals and Accomplishments)

	One-Year Goal	Actual
Number of households supported through rental assistance (Tenant Based Rental Assistance, Code Enforcement Relocation, Tenant Representation, Section 8 Mobility)	512	770
Number of households supported through the production of new units (Strategic Housing, Single Family Homeownership Development)	10	48
Number of households supported through the rehab of existing units (Housing Repair Services, Rental Rehab)	995	1,528
Number of households supported through the acquisition of existing units	0	0
Total	1,517	2,346

Table 12 – Number of Households Supported (Con Plan Goals and Accomplishments)

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

*The “number of homeless households to be provided affordable housing units” is related to the City’s permanent supportive housing project, Homeless to Homes. There have been many delays in the proposed development of permanent supportive housing throughout all four years of the Con Plan. The Continuum of Care, Strategies to End Homelessness (STEH), reports that other permanent supportive housing (PSH) (funded primarily through Shelter Plus Care) has increased in the City by 500 beds since 2009. The agencies providing Permanent Supportive Housing are included on Strategies to End Homelessness’ website at this link: <http://www.strategiestoendhomelessness.org/wpbdm-category/supportive-housing/>

The Strategic Housing Initiatives Program and Single Family Homeownership Program provided housing assistance in the form of new and rehabbed units to non-homeless beneficiaries to 48 households. The ESG Shelters and Homeless Prevention project provided shelter and housing to 5,915 persons. The Homeless to Homes – Permanent Supportive Housing future projects will provide new units (10 households) to 3,385 homeless households. Rental assistance was provided to 475 non-homeless and special-needs households through the following programs: HOME Tenant Based Rental Assistance (TBRA) (73 households), ESG Homelessness Prevention (191 households), HOPWA Short-term Mortgage/Rent and Utility Assistance (STRMU) (170 households), and HOPWA Tenant Based Rental Assistance (TBRA) (41 households). The Housing Repair Services and Compliance Assistance Repairs for the Elderly (CARE) assisted 1,375 households and the Rental Rehab (153 households) projects provided 1,528 non-homeless households with rehabilitated units. The City did not acquire any existing units.

Discuss how these outcomes will impact future annual action plans.

The City has developed the new 2015 – 2019 Consolidated Plan based on the outcomes from the 2010 – 2014 Consolidated Plan. Needs analysis, community surveys and market analysis also determined the future action plans and related goals, objectives and programs.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Persons Served	CDBG Actual	HOME Actual
Extremely Low-income (0-30%)	1,650	175
Low-income (31%-50%)	964	34
Moderate-income (50%-80%)	127	64
Total	2,741	273

Table 13 – Number of Persons Served (PR-23)

The City focuses HOME Investment Partnership dollars for affordable (extremely low-income) housing projects.

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

The City of Cincinnati, Hamilton County, Homeless Clearinghouse (CoC Board) and Strategies to End Homelessness (CoC Collaborative Applicant) have consistently utilized the Consolidated Plan as the primary documentation of the strategies, planning, and services being used to address homelessness, particularly chronic homelessness, in the City of Cincinnati and Hamilton County. The Homeless Section of the Consolidated Plan has been developed for both the City of Cincinnati and Hamilton County, Ohio as part of the local HUD Continuum of Care for the Homeless (CoC) program of the combined jurisdictions. Pursuant to HUD's guidance and the communities method of conducting planning and facilitating processes for homeless, the jurisdictions have standardized elements contained in the Consolidated Plan and the Continuum of Care Plan housing and services, linking the two documents and plans, and thereby reducing duplication of effort and mainstreaming resources.

In addition to the Consolidated Plan, in 2008 Cincinnati City Council directed Strategies to End Homelessness to address the inadequacy of the current provision of services for single homeless individuals, and develop and implement a comprehensive plan to improve such services. City Council also requested that the plan ensure that as a critical segment of the homeless community, single homeless men and women, will have access to safe, appropriate shelter facilities and that such facilities will provide comprehensive services necessary for homeless individuals to obtain and maintain housing. As a result of this request, the Homeless to Homes plan was completed in 2009 and adopted by both Cincinnati City Council and Hamilton County Board of County Commissioners. Pursuant to the plan's recommendations, the City and County administration originally incorporated Homeless to Homes plan recommendations into the Homeless/Special Needs section of the 2010 – 2014 Consolidated Plan. Implementation of the Homeless to Homes Plan is ongoing.

The Homeless Clearinghouse (CoC Board) oversees CoC planning and gaps analysis, coordinates project outcomes review, priority setting, funding allocation, and monitors elements of the Consolidated Plan. The Homeless Clearinghouse also annually reviews program performance in relation to HUD outcome priorities, and uses such outcomes data to propose changes to the local CoC program prioritization process, and presents these outcome performance measures to CoC membership. Such performance-based prioritization is accompanied by community input to select projects to be included in the annual CoC application. The Homeless Clearinghouse also oversees allocation and planning processes for ESG funds and the monitoring of ESG-funded program performance.

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Homeless Outreach Group (HOG) is a group of outreach providers who meet monthly to discuss best practices. Representatives from both the Cincinnati Police Department and Hamilton County Sheriff's department attend the group. Currently there are four agencies with five programs listed below that provide outreach services to those living on the street:

- Lighthouse Youth Services targets homeless youth;
- Greater Cincinnati Behavioral Health's PATH Team targets the homeless suffering from mental illness;
- Greater Cincinnati Behavioral Health's Path's to Recovery Team targets homeless chronic public inebriates;
- Block by Block works specifically with the homeless living in downtown Cincinnati; and
- Cincinnati Union Bethel's Off the Streets Program targets women engaged in prostitution.

Housing and supportive services are marketed to homeless people through these street outreach programs, a centralized intake service (CAP) which works to connect homeless people to appropriate services, and eleven different shelter diversion and emergency shelter programs. The HOG group members collaborate at monthly meetings ensure that each person living on the streets is being engaged by outreach services, and is then connected to appropriate resources and programs.

Strategies to End Homelessness currently operates the Central Access Point (CAP) as the intake and assessment point for the Shelter Diversion Program as well as emergency shelters. CAP will continue to expand as the Coordinated Assessment System is implemented in 2015. Strategies to End Homelessness, along with CoC housing providers identified the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) as the tool to be used for our community's coordinated assessment for housing programs. The tool was introduced to the community through the CoC workgroups. The tool was programmed into the community's Homeless Management Information System (HMIS) at the end of 2014. Trainings and implementation of the coordinated assessment system will begin in 2015.

The City of Cincinnati and Hamilton County are moving forward with the recommendations and strategies articulated in the Homeless to Homes plan, including significantly increasing the level of services available within shelter for single individuals. Shelter capacity is being reconfigured into smaller facilities that will have adequate space to provide a higher level of services to residents; provide more intensive case management services that support individual

development; and provide comprehensive on-site daytime services instead of forcing residents to exit during the day.

Addressing the emergency shelter and transitional housing needs of homeless persons

The Homeless to Homes plan recommends maintaining existing capacity in the Emergency Shelters serving single men and women, but reconfiguring them to better serve the homeless population. Two of the recommended facilities have already opened – the Lighthouse Sheakley Center for Youth, and the Parkway Center which is operated by Talbert House. The following shelters continue to be developed:

- **Drop Inn Center Single Women’s Shelter** – The current 42 bed shelter for single women will be relocated into a free-standing, 60 bed women-only facility. Currently, the Drop Inn Center shelters women in the same facility with men. While they are housed in a separate area of the shelter, they do enter through the same entrance and share the same common areas. The Drop Inn Center will build and operate a new separate shelter for single women, which will offer a significantly higher level of services targeted toward meeting women’s needs. Construction has begun and the facility is anticipated to open in June of 2015.
- **Drop Inn Center Men’s Shelter** – The current 180 shelter beds for single men will be relocated into a men-only facility with 150 beds. This new facility will operate using a step-up model, offering 50 low-threshold basic “safe shelter” beds to those who are not yet willing to engage in services, and also offer 100 beds in step-up dorms to residents who are engaged in services targeted toward assisting them out of homelessness. Construction on the new facility has begun and it is anticipated to open in September of 2015.
- **City Gospel Mission** has secured a new site to increase the number of faith-based beds from 35 to 74, while also adding daytime and case management services. They anticipate opening the new facility at the corner of York Street and Dalton Avenue in the spring of 2015.

The Homeless to Homes Shelter Collaborative continues to raise capital and operating funds for the collaborative.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The local homeless services system is working to reduce homelessness by simultaneously pursuing three strategies: 1) Homelessness Prevention/Shelter Diversion, 2) Improving services available to people who are homeless so that they can exit homelessness quickly, 3) Developing and offering housing resources so that households can access housing and exit homelessness.

Homelessness Prevention/Shelter Diversion:

Prior to 2009, homelessness prevention resources were largely absent in the community due to a lack of availability of funding for such activities. However, under the American Recovery and Re-investment Act (ARRA), stimulus funding was made available for homelessness prevention. While such stimulus funding expired in 2012, more focused shelter diversion activities have continued:

- ESG and United Way funding are being used to divert households at imminent risk of entering shelter back into housing and services. The Shelter Diversion program is being run in partnership between the City of Cincinnati, Hamilton County, United Way of Greater Cincinnati, three Emergency Assistance agencies, and Strategies to End Homelessness. Risk factors considered for inclusion in this program include immediacy of need for shelter placement, a prior history of homelessness, a household having already lost their own housing and now relying on others for a place to stay (doubled-up), and household income below 30% AMI.
- Talbert House and Goodwill Industries have been awarded Supportive Services for Veteran Families (SSVF) funding to implement programming which prevents homelessness for veterans and their families.

Improved Services:

The recommendations and improvements for emergency shelter services that are being implemented as a part of the Homeless to Homes initiative (described above) will significantly raise the level of daytime and case management services being offered to single individuals within the shelter system.

Similar improvements targeted toward homeless families are overseen by the Family Housing Partnership and Homeless Clearinghouse.

Housing:

- Rapid Re-Housing (RRH) is a nationally recognized best practice for quickly ending episodes of homelessness in a cost efficient and effective way. RRH has become a high priority in our community:
 - 13 CoC-funded programs operate with a RRH model.
 - State of Ohio Housing Crisis Response Program (HCRP) and ESG funding are also supporting two new RRH programs in the community.
 - County ESG money is being utilized for RRH in the five family shelters.
 - Talbert House and Goodwill Industries are receiving Supportive Services for Veteran Families (SSVF) funding to implement programs which rapidly transitions Veterans and their families that are experiencing homelessness back into permanent housing.

- Coordination of Housing Resources: the following are all high-priority initiatives geared toward making better, more strategic use of housing resources:
 - Coordinated Assessment: the CoC work groups are also in the process of developing an implementation plan for the Coordinated Assessment System, unique to our community, to ensure that homeless individuals and families are referred to the program that best meets their needs and can quickly become stably housed. Housing the chronically homeless remains a high priority in our community.

 - Housing Prioritization: as a result of the HEARTH Act and its subsequent proposed regulations, the local CoC workgroups and Homeless Clearinghouse have implemented policies for prioritizing households that are most in need of transitional housing, RRH, or permanent supportive housing. The CoC workgroups developed and implemented these policies and procedures in 2013. Strategies to End Homelessness monitors compliance with these policies in annual monitoring visits.

 - Targeting PSH to the Chronically Homeless: all Permanent Supportive Housing Programs applying for funding in the FY 2014 CoC Competition demonstrated that they will prioritize available housing for chronically homeless individuals and families. New projects have beds dedicated to only serving the chronically homeless.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Discharge Planning activities are coordinated with State level departments. The following outlines protocol for each discharge plan area:

Foster Care

Each public children's service agency (PCSA) shall provide services and support to former foster care recipients that complement the young adult's own efforts and shall be available until the young adult's 21st birthday. Independent living services available to young adults aged 18 to 21 include: daily living skills, assistance with education or training, career exploration, vocational training, job placement and retention, preventative health activities, financial, housing, employment, education and self-esteem counseling, drug and alcohol abuse prevention and treatment. An agency may use up to 30% of its federal allocation for room and board for the emancipated youth up to age 21, which includes assistance with rent, deposit, utilities, or utility deposits.

Ohio requires that if a child is 16 years or older and is likely to remain in care the agency must have a written independent living plan to achieve self-sufficiency developed within 30 days of the completion of an assessment. The plan should be based upon the assessment and include input from the youth, the case manager, the caregiver, and significant others. The independent living plan should be reviewed at least every 90 days until the agency's custody is terminated. A review of the state protocol at the local level (Cincinnati/Hamilton County) through the Hamilton County Department of Job and Family Service (HCJFS) indicates that assessments are completed on all foster teens at age 16 or as they come into custody, using the Daniel Memorial Assessing and Contracting with Youth tool which provides for the assessments and the follow-up planning. The HCJFS After Care Worker is responsible for devising an individual plan for each emancipated youth, including housing plans. HCJFS is the PCSA responsible for the implementation of the policy at the local level.

Health Care

The Ohio General Assembly enacted laws governing the transfer and discharge of residents in nursing homes (NHs) and residential care facilities (RCFs) [Ohio Revised Code (ORC) section 3721.16], adult care facilities (ACFs) [ORC section 3722.14], and community alternative homes (CAH)[ORC section 3724.10]. The Ohio Department of Health (ODH) promulgated Chapter

3701-16 of the Ohio Administrative Code (OAC) that further expounds on the transfer and discharge rights of NH and RCF residents and OAC rules 3701-20-24 (ACF) and 3701-16, 23 (CAH). ODH ensures that these provider types follow the appropriate regulations regarding transfer, discharge, or both, by reviewing documentation that the facility has initiated discharge planning and that alternatives have been explored and exhausted prior to discharge.

ODH as the State Survey Agency for Medicare, surveys hospitals for compliance with Medicare certification regulations related to resident discharge rights 42 CFR 482.13 and discharge planning, 42 CFR 482.43 which establish hearing rights for premature discharge and requirements for planning for patients' needs after discharge.

Locally, the hospitals have joined together to fund the Center for Respite Care, which is for homeless individuals who need medical support. The Admission to Respite requires: a) the hospital social worker to provide referral information to Respite; b) Respite staff evaluates patient data to determine if respite care is appropriate; c) hospital staff provides relevant medical background documentation; d) hospital discharges to Respite with a 30 day supply of all prescribed medications and transports the patient to Respite. Respite works with the patient to secure income and housing.

Mental Health Care

It is the policy of Ohio Department of Mental Health (ODMH) that homeless shelters are not appropriate living arrangements for persons with mental illness. Patients being discharged from ODMH Behavioral Health Organizations/Hospitals (BHO) are not to be discharged to a shelter or to the street. Community Support Network (CSN) programs are required to have appropriate emergency housing plans in place in the event their clients undergo unexpected residential change. These entities, in conjunction with the responsible or contracting Board or agency, must exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to homeless shelters and clients in an ODMH CSN program shall not be relocated from community housing options to homeless shelters unless the responsible board or contract agency has been involved in the decision making process and it is the expressed wish of the affected person and other placement options have been offered to the affected person and refused. When a discharge or relocation to a homeless shelter occurs under these guidelines, the reasons shall be documented in the person's chart and reviewed via the BHOs quality improvement process. Persons may not be discharged or relocated to homeless shelters for the convenience of staff, as a punitive measure, or for expediency. ODMH BHO policies shall be consistent with this directive.

The Hamilton County Mental Health Board is in compliance with this directive. Locally, a system of "quick access" beds, within apartments has been developed to support the above

policy and protocol. The Quick Access beds are shown on the Housing Inventory as a method of tracking persons and ensuring discharge to shelters does not occur.

Homeless Prevention

Strategies to End Homelessness collaborates with three partner agencies for the homeless prevention program, known as Shelter Diversion. When households contact Central Access Point (CAP) for shelter, they are also screened for Shelter Diversion. If the household meets the eligibility criteria (imminent risk of entering a shelter, household income below 30% AMI, no other housing options or financial resources to prevent homelessness) they are referred to a case manager at one of the partner agencies. The case manager, along with a housing specialist, will assist the household in obtaining housing while the case manager works with the household to develop a case plan. The case plan addresses housing, income and other resources needed to stabilize the household. While working on their case plan, the household is eligible to receive financial assistance for utility and rental deposit, rental and utility arrears, along with current rental and utility payments for an average of six months. City and County ESG funds along with United Way funds provide the direct financial assistance to support the program.

CAP also screens Veterans for the VA's Supportive Services for Veteran's Families (SSVF) grant operated by Talbert House and Goodwill Industries. Both of these programs serve Veteran's and their households who are at risk of becoming homeless. Both case management and short-term financial assistance is provided for the household to increase stability and prevent homelessness.

All of the Shelter Diversion and SSFV agencies utilize the HMIS system (VESTA). When CAP screens callers, all of the client's information is entered into VESTA then an electronic referral is completed to the appropriate program. The Shelter Diversion case managers also use VESTA to submit financial requests.

CR-30 - Public Housing 91.220(h); 91.320(j)

Actions taken to address the needs of public housing

The Cincinnati Metropolitan Housing Authority (CMHA) has the ability to assist nearly 11,200 families through administration of the Housing Choice Voucher (HCV) Program. CMHA also owns and manages a portfolio of 4,800 public housing units with a budget of approximately \$37.5 million, which includes both the operating and capital subsidies as well as rental income.

In 2012, CMHA hired a new executive director who set several goals to transform CMHA into a Hamilton County asset. During the past two years, CMHA has worked to increase efficiency and open communication throughout Cincinnati and Hamilton County. CMHA is also striving for excellence in all agency operations with initiatives such as the Good Neighbor Agreement between CMHA and local community organizations. CMHA is also implementing employee Six Sigma training to further open communication and operational efficiency.

The Cincinnati Metropolitan Housing Authority (CMHA) currently has approximately 2% of its Vouchers invested in Project-Based Vouchers throughout Hamilton County. The goal over the next 5 years is to increase that number up to 10%. CMHA will use the conversion of Housing Choice Vouchers to Project-Based Vouchers to meet the housing needs of special-needs populations through financially supporting the collaboration of private and non-profit partnerships that result in specific and comprehensive housing and service provisions.

The additional Project-Based Vouchers (PBV) will provide avenues for partnership with the City of Cincinnati and/or Hamilton County to support the preservation of vital housing communities that are pivotal to the local jurisdictional area and/or the submarket of the community's locality. Further, this transition to PBV's could have a decidedly positive impact on the de-concentration of very, very low-income housing (incomes less than 30% of AMFI) in Hamilton County. Such households comprise more than half of housing units in seven City of Cincinnati neighborhoods. The expansion of Project-Based Vouchers will continue to promote the expansion of quality affordable housing opportunities for low and moderate-income families.

The City of Cincinnati will continue to assist CMHA in performing the environmental reviews for CMHA including the Request for Release of Funds for the agency.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The City's Down Payment Assistance Program is available to all income-qualified residents, including public housing residents, to encourage homeownership. In addition, the Financial and

Credit Union Services project assists low-income individuals, including public housing residents, in obtaining banking services. This project also funds workshops on financial literacy, credit counseling and mortgage savings accounts – all of which are key elements in the path to homeownership.

Actions taken to provide assistance to troubled PHAs

The Cincinnati Metropolitan Housing Authority (CMHA) is not designated as troubled.

CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The Cincinnati Metropolitan Housing Authority (CMHA) is looking for opportunities to purchase properties in low-poverty neighborhoods that currently have few assisted units. While these policies are consistent with the goal of creating a more suitable living environment for lower income families and individuals, creation of housing units in higher income communities will cost more to develop due to land prices and will likely take longer to develop due to community opposition or hesitancy to house lower income individuals and families.

The City of Cincinnati and Hamilton County jointly requested that Housing Opportunities Made Equal (H.O.M.E.), a Fair Housing Agency, conduct an Analysis of Impediments to Fair Housing (AI) update for the City and County jurisdictions.

The AI was completed in May 2009, and in the AI, 18 recommendations were made to respond to the issues of 1) NIMBYism (Not In My Backyard) based on stereotypes, 2) Improving choice in the Housing Choice Voucher Program, 3) Predatory Lending and Lending Discrimination, 4) Discrimination Against People with Disabilities, 5) a Lack of Accessible Housing, 6) Discrimination Against Families with Children, and 7) Sexual Harassment. The City and County then began a series of meetings with a working group made up of staff from the Department of City Planning and Buildings, the Department of Trade and Development, and the Hamilton County Department of Community Development, to address the report and its recommendations. A Fair Housing Committee was formed in early 2010 and continues to meet on a quarterly basis. This committee works to more fully vet the recommendations, and advise the City and County on ways to address the recommendations of the AI.

Additional information is included in the Attachment A: Analysis to Impediments to Fair Housing and Actions Taken and Planned To Date

Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

The need for housing, community development, and quality of life services in order to assist low- and moderate-income individuals, families, and neighborhoods is tremendous. The greatest obstacle to meeting underserved needs is funding. While the City has programs to address the full range of underserved needs, the amount of funding available for those programs is insufficient to produce outcomes that ensure the basic statutory goals of providing

decent housing, a suitable living environment, and expanded economic opportunities are met for all Cincinnati residents and businesses, especially those with the most need.

The lack of permanent supportive housing and funding to provide adequate services to move persons out of homelessness remain obstacles to meeting the needs of the underserved.

Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The Department of Trade and Development has integrated HUD's lead-based paint regulations into its housing programs requiring risk assessments and lead hazard reduction work on rehabilitation projects completed with Federal assistance on structures built before 1978. Since 2000 through 2012, over 3,000 dwelling units have been assessed and over 1,800 dwelling units have been inspected and deemed lead safe (several of these units were identified as having no lead-based paint present from the lead risk assessment). During 2014, 145 units were addressed with CDBG funding: 3 abatements, 11 interim controls, and 131 lead safe work practices.

The Department of Trade and Development in conjunction with the Cincinnati Health Department Childhood Lead Poisoning Prevention Program administer separate HUD Office of Lead Hazard Control and Healthy Homes grant funding. These funds are offered on a competitive basis. The typical award is \$3 million for 3 years to address lead based paint hazards in privately owned eligible units, with a focus on preventing childhood lead poisoning. The funds are also spent on contractor training and community outreach efforts. The City has received and administered five of these HUD Lead Hazard Control grant programs.

Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City of Cincinnati primarily focused on programs that promote business development and provide employment training in its efforts to reduce the number of poverty level families. The Consolidated Plan included three goals to address community development needs and reduce the number of poverty level households:

Economic Development Goals

Economic Development Goal 1: Promote commercial and industrial development and redevelopment.

Economic Development Goal 2: Improve the economic conditions of people and organizations in order to promote business development and employment opportunities.

Quality of Life Goal

Quality of Life Goal: Promote sustainable neighborhoods through elimination of blighting influences and improved health and safety.

The City accomplished these goals and objectives through programs such as Blueprint for Success, Youth Employment Programs, Neighborhood Capacity Building and Technical Assistance, and the Neighborhood Business District Improvement Program. These programs were the primary way the City strived to expand economic opportunities, principally for low- and moderate-income persons.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

Several organizations are involved in the development of the Consolidated Plan/Action Plan. In addition, the majority of Consolidated Plan programs are implemented by private organizations which use City funding (including the General Fund) for programs that support Consolidated Plan objectives.

Historically, the City has partnered with a Community Development Advisory Board (CDAB) which evaluated program requests and made recommendations in coordinating City programs with service providers. The CDAB is a volunteer citizen group appointed by the Mayor and approved by the City Council. The City Council and the Administration worked to revise the CDAB from 2009 through 2012. In 2012, the CDAB was re-established and was utilized in the 2012 Action Plan process, as well as the 2013 and 2014 Action Plan process. In 2014, the City Administration worked with the CDAB in preparing the 2015 – 2019 Consolidated Plan.

Audits conducted by the HUD Office of Inspector General (OIG) of the HOME Program in 2007 and 2008 led the City to review its practices and procedures. The City formalized its' Processes and Procedures. The document provides direction for basic processes in the administration of the Consolidated Plan programs for the following departments: Budget and Evaluation; City Planning and Buildings; Office of Contract Compliance; Citizen Complaint/Internal Audit; Accounts and Audit; Treasury; Law Department; and Trade and Development.

HUD expanded the Integrated Disbursement and Information System (IDIS) for development of the Consolidated Plan, Action Plan, and Consolidated Annual Performance and Evaluation Report processes. The City will continue to utilizing these functions to the best of its ability and will ensure the policies are coordinated within the City-wide processes and procedures. The City also formed an Integrated Disbursement and Information System (IDIS) working group that focuses on the close out of projects. The IDIS team has made significant progress in closing

older projects, projects remaining open following final draw of funds, and projects closed following completion but during rent up without complete beneficiary data.

The City will continue its efforts to increase training, execute better written agreements, and have frequent and regular meetings on improving performance.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

The City coordinates with public and private housing agencies and social service agencies through the citizen participation process, the Fair Housing Committee, and Continuum of Care (CoC), and the Community Development Advisory Board (CDAB). Additionally, beneficiaries of the City's Rental Rehabilitation Program are referred to the Cincinnati Metropolitan Housing Authority (CMHA) to investigate the availability of Section 8 Housing Vouchers.

The City partnered with Hamilton County to update the Impediments to Fair Housing study for the 2010 – 2014 Consolidated Plan. The update was received in May 2009 and a joint committee representing Hamilton County Community Development, City of Cincinnati Community Development, City Planning and Buildings, City of Cincinnati Budget and Evaluation, Cincinnati Metropolitan Housing Authority, Housing Opportunities Made Equal, and the Center for Independent Living met regularly throughout 2012 through 2014 to continue to evaluate the findings in the Update, and develop various strategies to implement solutions to the findings. In addition, a citizen's advisory committee provided guidance on addressing the impediments. On July 20, 2010, the City Manager submitted the City's Fair Housing Action Plan which will drive the City's fair housing efforts during the next few years. The joint committee between County and City staff continue to meet regularly to work to resolve each of the 18 identified impediments.

The CoC is organized on a year-round basis to include a number of working groups whose role is to coordinate services and housing for their specific group of homeless persons, improve access to mainstream resources and benefits, and facilitate improvements in systems needed by the homeless. Each of the working groups meets quarterly. These working groups are divided as follows: Family Housing Partnership, HMIS Advisory Committee, Homeless Outreach Group, Permanent Supportive Housing Group, Transitional Housing Group, Rapid Rehousing Group, and Homeless Veteran's Group. A representative of each group, the homeless education liaison, Healthcare for the Homeless, the VA, the homeless coalition, ESG subrecipients, four Homeless Coalition agency directors, plus a City and County representative are seated on the Homeless Clearinghouse, which meets monthly to oversee planning, coordinate efforts and monitor progress on the goals of the consolidated plan.

The Cincinnati/Hamilton County CoC uses an inclusive, community process to set local priorities and allocate HUD funding for new and renewal programming. This process has been inclusive of social service agencies serving the homeless or addressing related issues (e.g. poverty), Hamilton County Job and Family Services (Adult Protective Services, Child Protective Services, etc.), all local Family Shelters which serve homeless households with children, agencies which provide Permanent Supportive Housing (to those who are homeless and disabled), and local HIV services organizations (Cincinnati Health Network, Caracole, etc.)

As stated previously, the CDAB is a volunteer citizen group appointed by the Mayor and approved by the City Council. Its membership consists of representatives from the following areas: Community Council leadership, human services, labor, low-income advocates, small business, corporate entities, lenders, developers, real estate, Community Development Corporations (CDCs), and City staff. Its role is to advise the City Manager on the Consolidated Plan Budget and other matters related to the administration of the City's Consolidated Plan.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

The City's updated 2014 Analysis to Impediments to Fair Housing is located in Attachment A.

CR-40 - Monitoring 91.220 and 91.230

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements.

ESG and HOPWA grants are monitored by Strategies to End Homelessness, Inc. (STEH), a contractor for the administration of these grants with the City of Cincinnati.

- Monthly ESG and HOPWA invoicing includes a remote monitoring of dollars expended by provider agencies, matching spending to the approved budget allocations and to HUD allowable expenditures.
- ESG providers submit to the STEH, via HMIS reports, a Universal Demographic report that details persons served to IDIS data standards and provide proof of contracted service delivery.
- HOPWA providers submit annual reporting to STEH, with specific excerpts from the HOPWA CAPER report according to activity funded.
- Annual on-site monitoring visits are conducted of each ESG and HOPWA program by STEH and Department of Trade and Development staff. Monitoring tools used are calibrated annually with the HUD field office monitoring tools to ensure consistency with HUD requirements.
- Department of Trade and Development staff will include its review of STEH monitoring as part of the overall Compliance Strategy and incorporate changes accordingly.

The HOPWA Advisory Committee convenes annually to provide oversight to the HOPWA funding allocation process. The Advisory Committee provides diverse perspectives on HIV/AIDS issues and is a collaborative of key stakeholders in the community, including members from ODSA, HIV/AIDS drug programs, Ryan White service providers, care programs and homeless programs. In 2014, representatives from IDC and Planned Parenthood joined the Committee.

The City's Monitoring Division in the Department of Trade and Development has an annual internal review of each HUD-funded program, which is outlined in an internal Compliance Strategy Document. In addition to conducting ongoing monitoring of long-term affordability requirements and annually monitoring subrecipients, the City now conducts a systematic evaluation of its own programs and management systems to verify eligibility and compliance with applicable HUD regulations. When conducting these internal reviews, the Monitoring Division utilizes IDIS reports, HUD Monitoring Exhibits, and HUD training materials. The

Compliance Strategy Document also describes the monitoring processes, checklists, databases, and reports required for each program.

As a result of a new requirement in the updated HOME Final Rule, a risk-based component was added to the City's existing monitoring strategy. Using training materials from HUD's "Monitoring HOME" course, staff developed the framework for the risk analysis and is currently applying it to HOME rental projects with 10 or more units that are in their long-term monitoring phase. To ensure compliance with all aspects of the new HOME Final Rule, the Monitoring Division carried out a systematic review and developed an action plan based on HUD's "Section by Section Summary" document.

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

The Citizen Participation advertisement attached to this report demonstrates that a 15 day comment period was provided. The ad was published in the City's bulletin during the month of March 2015 and will continue to run through April 2015. All comments that will be received will be forwarded to Columbus HUD. A formal presentation was conducted for the CDAB members, which took place on March 16, 2015. Copies of the advertisement and CDAB sign-in sheet are provided in Attachment E.

All documents the City made available to the public are included in the CAPER submission and posted on the Department of Trade and Development website. They are also available for viewing at City offices.

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

No changes were made to programs or to program objectives in 2014. The City of Cincinnati followed the 2014 Annual Action Plan as submitted and approved by HUD.

CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

HOME Projects Requiring Inspection	Inspection Date	Issues Discovered and Corrective Actions Taken	Passed Inspection Date
Community Manor	05/30/2014	None	
1725-33 Garden Lane	Owner unresponsive		
OTR Revitalization	05/28/2014	Housekeeping	07/15/2014
Burnet Place	05/30/2014	Housekeeping	07/15/2014
Avonview	05/30/2014	None	
Woodburne Point	06/06/2014	None	
Savannah Gardens	12/18/2014	None	
Fairview Estates	12/02/2014	Housekeeping	03/12/2015
Navarre-Garrone	10/28/2014	None	
Wesley Estates	12/31/2014	Housekeeping	01/29/2015
Jimmy Heath House	11/21/2014	None	
Fay Apartments	11/5/2014; 11/7/14; 11/11/14	None	
Commons on Main	Owner unresponsive		
Magnolia Heights	12/31/2014		Pending; scheduled 3/17/15

Gateway Plaza	11/20/2014	Cabinets; housekeeping	01/08/2015
McHenry House	Owner unresponsive		
North Rhine Heights	12/31/2014	Housekeeping	01/29/2015
Booth Residence	11/19/2014	None	
Forest Square	Owner unresponsive		
Nanny Hinkston/McMicken Transitional	11/21/2014	None	
Washington Park	12/02/2014	Walls, cabinets loose	12/29/2014
Terri Manor	12/02/2014	Housekeeping	01/06/2015
Pendleton Estates	12/02/2014	Bldg door faulty; vent covers, gutters	12/29/2014
City West	12/05/2014	Housekeeping	Pending; dates in March 2015
Alexandra Senior Apartments	11/20/2014	None	
Kerper & Melbourne	12/05/2014		Pending; scheduled 3/17/15
St. Paul Village	Owner unresponsive		
Baymiller	Owner unresponsive		
St. Pius	11/19/2014	None	
Elberon	06/06/2014	None	

Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

All Consolidated Plan programs follow HUD’s requirements for affirmatively marketing. For HOME programs, developers and real estate agencies reach out to the broad community to rent and sell HOME housing units. The City requires an accounting of sales and outreach including details on open houses held; Multiple Listing Service (MLS) listings published; electronic outreach completed (Facebook, Twitter, emails, etc.); and formal advertising online or in the newspaper. Additionally, the City contracts with Housing Opportunities Made Equal (H.O.M.E.) for fair housing services. H.O.M.E. specifically advertises in media outlets which reach minority audiences.

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

The City allocates program income annually as part of all estimated HOME resources. Program income is expended as soon as it is available in IDIS. The following IDIS activity numbers used program income in 2014 as outlined in the PR-09 Report:

IDIS Number	Activity Name	Amount Drawn	Owner Characteristics	Tenant Characteristics
3235	Rental Rehab Program – Alston Park	\$33,164.23		39 units will be made available to households at or below 60% AMI; 6 units will be identified as HOME assisted units, reserved for households at or below 50% AMI.
3227	Rental Rehab Program – Abigail Apartments	\$\$19,114.79		All tenants are African Americans and Non-Hispanic; 94% of residents are 30% or less AMI; 1% is 30% to 50% AMI; 82% are single parents; and 18% are single, non-elderly.
3317	Single Family Support Fund Program under Strategic Housing Program – 4267 Fergus	\$2,125.84	60-80% AMI, non-Hispanic, family mixed African and Caucasian	

3386	Strategic Housing Program – 3007 Montclair	\$21,976.00	60-80% AMI, non-Hispanic African, single, non-elderly	
3378	Tenant Based Rental Assistance	\$69,402.29		43 units assisted, all 0-30% AMI, 36 African, 7 Caucasian, 41 single, 2 married, 2 elderly
3373	Strategic Housing Program – Catherine Booth Salvation Army	\$1,312.50		All 95 units will be affordable and rented to households at or below 60% AMI for seniors
3303	Rental Rehab Program – Beasley Place	\$3,792.04		All 13 units will be rented to households at or below 80% AMI
3014	Anna Louis Inn – CHDO Reserve	\$85,700.41		Permanent supportive housing with 85 units
3370	Single Family Support Fund Program under Strategic Housing Program – 2552 Homestead	\$787.50		Single family unit to be sold to family below 80% AMI

Other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)

The following actions were taken to foster and maintain affordable housing:

Active participation in Affordable Housing Advocates (AHA) includes representatives of housing providers, nonprofit organizations, advocates and consumers dedicated to ensuring good, safe, accessible and affordable housing for all people in Southwest Ohio. This group was formed to share the expertise and information gathered by its members over decades of affordable housing service and to initiate and support plans of action that will further the creation, retention and accessibility of affordable housing in our community.

The City reviews all LIHTC applications being submitted to the Ohio Housing Finance Agency (OHFA) and supports three projects annually. The Department of Trade and Development partners with development teams and elected officials to coordinate resolutions of support, mayor support letters, and local development priority letters.

Local collaboration points are critical in the awarding of LIHTC's and the City plays an important role in providing support that will preserve and/or create affordable housing. OHFA will award five (5) points to each proposal that is identified by the Mayor of a city. OHFA will survey each applicable locality after the application deadline for this information.

The City of Cincinnati scores applications based on the 10 Priority Principles listed below:

- Priority Principle
- Ten (10) or more contiguous housing units
- Energy Efficiency Design
- High leverage of funds
- Consistency with Plan Cincinnati goals and objectives
- Demonstrated Developer Capacity with LIHTC projects
- MBE/SBE/WBE/Section 3 Inclusion in Development Team
- Mutually Benefiting Focus Area (MBFA) Score
- Elimination of Blight, code violations, or involving a foreclosed property
- Preservation of Existing Housing Stock (Rehab)
- Demonstrated Community Outreach/Community Support

CR-55 - HOPWA 91.520(e)

Identify the number of individuals assisted and the types of assistance provided

Table for report on the one-year goals for the number of households provided housing through the use of HOPWA activities for: short-term rent, mortgage, and utility assistance payments to prevent homelessness of the individual or family; tenant-based rental assistance; and units provided in housing facilities developed, leased, or operated with HOPWA funds.

Number of Households Served Through:	One-year Goal	Actual
Short-term rent, mortgage, and utility assistance payments	250	73
Tenant-based rental assistance	27	41
Units provided in transitional housing facilities developed, leased, or operated with HOPWA funds	50	33
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	25	34
Total	352	215

Table 14 – HOPWA Number of Households Served

HOPWA funds were used in 2014 to provide: short term rent/mortgage/utility (STRMU) assistance to 73 households, an operating subsidy for congregate living facilities that served 33 individuals, a tenant-based rental assistance (TBRA) program that served 41 people, a Permanent Housing Placement Program (PHP) that served 34 people, and supportive services for 175 persons.

Of those receiving STRMU, 59% had an outcome of “stable/permanent housing” (an increase of 17% from 2013) and 38% had an outcome of “temporarily stable, with reduced risk of homelessness.” No clients exited to an “unstable arrangements” outcome. Two clients (3%) passed away during the operating year. Of the 33 individuals living in the congregate living facility, 82% remained stably housed in the program or exited to stable housing (an increase of 6% from 2013). 12% exited to temporary housing, and 6% exited to unstable living arrangements. Of the 41 clients served in the TBRA program, 96% remained stably housed in the program or exited to stable living arrangements (an increase of 3% from 2013). One client (2%) exited to jail or prison, and one client (2%) passed away. 34 clients were served in the PHP program and 100% of them exited to permanent housing.

This housing stabilization translates into other benefits as well. Of the 141 primary clients who received HOPWA services and/or housing, 92% had contact with case manager/benefits

counselor consistent with the schedule specified in client's individual service plan; 89% had contact with a primary health care provider consistent with the schedule specified in client's individual service plan; and 92% had a housing plan for maintaining or establishing stable, on-going housing.

Generally speaking, the overall percentage of clients achieving stable housing outcomes increased considerably from 2013, but the overall number of clients served decreased. The HOPWA Advisory committee convenes annually to provide oversight to the HOPWA funding allocation process, and takes EMSA geographic needs and past performance/spending by subrecipients into account to inform funding decisions. STRMU, TBRA and Housing Placement first became available in mid-2011, and both the number of agencies providing HOPWA services and the activities administered by subrecipients varied from 2011 to 2012, making it difficult to recognize trends and make accurate projections. The Advisory Committee and project sponsors are still learning the patterns of needs. Additionally, most targets for 2014 should have been lowered based on project performance in 2013. Funding distribution among project sponsors and between HOPWA activities remained relatively consistent from 2013 to 2014, which will improve the ability to make more accurate projections moving forward.

Other challenges surround the availability of affordable housing. Section 8 vouchers are limited, wait lists for subsidized housing are long, and housing costs often exceed what clients can afford. Partner agencies often run out of funds to assist with housing costs before the end of the program year. Additionally, affordable housing for people with criminal records or substance abuse problems is limited.

Project sponsors continue to improve their management of HOPWA funds, regularly evaluating spending and outcomes and making adjustments to service delivery to utilize funds as efficiently as possible and maximize outcomes.

In 2014, three sponsor agencies received HOPWA funds through the City of Cincinnati:

Center for Respite Care, Inc.

The Center for Respite Care (CRC) provides shelter combined with medical care to homeless persons who are too sick for a traditional shelter and need stabilization before moving to transitional or permanent housing. Clients have access to medical care and a case manager who assists in obtaining stable housing upon exit. HOPWA funds are used for supportive services for persons with HIV/AIDS. Referrals into the program come from local hospitals and Dr. Bob Donovan, co-founder of the center. CRC provides services to clients with HIV from the following counties in Cincinnati's Eligible Metropolitan Statistical Area: Hamilton, Warren, and Butler counties in Ohio; Boone, Campbell, and Kenton in Kentucky. Dr. Donovan has dedicated his medical career to treating the medical needs of homeless clients. CRC maintains a wait list

for services. Referrals are accepted in real time, and individuals with the most immediate health needs (as determined by Dr. Donovan and local hospital staff) are taken into the program first.

The Center for Respite Care's Medical Recovery Program provided 213 bed nights of medical care for 10 HIV-positive client admissions (duplicated client count) during this reporting period. One client was admitted twice for separate medical episodes; therefore, the unduplicated HIV-positive client count totaled 9 admissions. The Center's Medical Recovery Program services include appropriate education, medication, and treatment for HIV-positive clients for their primary, admitting diagnosis, as well as any other medical problems and/or HIV-related complications they may have experienced during their stay.

The Center routinely coordinated with community partners to identify and facilitate access to resources for its HIV-positive clientele. Examples of these efforts included consultations with Caracole, Inc., Cincinnati Health Network, and the Infectious Disease Center (IDC) at UC Medical Center. Clients were educated regarding their medical condition and treatment options, assisted with self-advocacy and transportation needs, and encouraged to assume an active role in monitoring their overall health and well-being. Medical and case management service delivery efforts maintained a shared focus on promoting positive outcomes intended to prevent homelessness. HIV-positive clientele at the Center for Respite Care were provided with semi-private rooms (2-3 roommates) to help protect weakened immune systems. They self-administered their medications with staff oversight to ensure treatment compliance. Finally, clients received three, nutritionally-balanced meals daily, including accommodations for restricted or otherwise special dietary needs.

Caracole, Inc.

Caracole, Inc. was founded in 1987 to provide housing and services for persons with HIV/AIDS and their household members. Since then, Caracole has grown and evolved in response to the changing needs of clients and increase in HIV infections, serving approximately 10.2 new clients per month on average for the last three years. Caracole provides medical case management to clients with HIV in 8 counties in Ohio, and HOPWA-funded services to clients with HIV from Brown, Clermont, Hamilton, Warren, and Butler counties in Cincinnati's Eligible Metropolitan Statistical Area.

Caracole provides transitional, facility-based housing for persons with HIV/AIDS at two facilities: Caracole House, a congregate facility for single adults, and the Recovery Community, a congregate residence specifically designed for persons dually diagnosed with HIV/AIDS and substance abuse. They also provide HOPWA-funded supportive services for clients in their Shelter Plus Care program. In 2011, Caracole began HOPWA TBRA, Permanent Housing

Placement, and STRMU programs in response to the changing needs of the community.

Caracole provides medical case management for all clients, funded largely by Ryan White Part B funds, awarded through the Ohio Department of Health. All clients with housing needs get housing assessments. Case managers and housing staff work together closely to determine the best program fit and to help the client develop and adhere to Individual Service Plans.

Caracole provided HOPWA services to 166 clients in 2014. An additional 13 household members also benefited from HOPWA assistance. Late in 2014, Caracole reduced capacity in their transitional housing program to respond to decreased needs in the community and emerging trends indicating an increased need for substance abuse treatment to help clients with chemical dependencies stabilize in their recovery and their medical adherence. As a result, Caracole has shifted its focus to who are addicted, in a program using a peer to peer model. With the growth of the heroin epidemic, it is likely the need for dual medical and substance abuse services will be ongoing.

Northern Kentucky Independent District Health Department

The Northern Kentucky Health Department (NKHD) provides a variety of public health services to the community, including HIV case management and prevention/testing services. The case management program receives Ryan White Part B funding from the Kentucky State HIV Branch to assist clients with core and support service, including health insurance payments, medication and medical bill assistance, medical transportation, dental, and housing assistance. NKHD provides HOPWA services to clients with HIV from the following counties in Cincinnati's Eligible Metropolitan Statistical Area: Boone, Kenton, Campbell, Grant, Gallatin, Bracken, and Pendleton in Kentucky, and Ohio, Dearborn, and Franklin Counties in Indiana.

NKHD is the only agency at this time providing HIV specific case management services to the Northern Kentucky area. NKHD received STRMU to assist clients with housing needs. STRMU funds were used for direct client housing assistance and case management. Clients were limited to 21 weeks of HOPWA assistance as outlined in the HUD guidelines. No annual cap was put on these funds in 2014; however, clients were required to provide documentation of need for assistance. Additionally, if any community resources for housing assistance were available to clients they were advised to seek those resources first. STRMU funds for case management were used to pay for staff time (split among 4 case managers) doing housing related activities such as home visits, housing plans, applications, contact with landlords/utility companies, and processing housing assistance requests.

NKHD provided HOPWA assistance to 47 clients in 2014. An additional 36 household members also benefited from HOPWA assistance. Those receiving HOPWA assistance were able to maintain their housing arrangements and keep utilities on as a result of this funding.

These local agencies play major roles in the provision of case management and housing services to the population of persons with HIV/AIDS. Other members of the case management network include the Infectious Diseases Clinic, the Cincinnati Health Network, and The Greater Cincinnati AIDS Consortium, a regional clearinghouse for HIV/AIDS information and services continue to play a key role in helping coordinate efforts to combat HIV/AIDS across the region.

CR-60 - ESG 91.520(g) (ESG Recipients only)

ESG Supplement to the CAPER in *e-snaps*

For Paperwork Reduction Act

1. Recipient Information—All Recipients Complete

Basic Grant Information

Recipient Name	CINCINNATI
Organizational DUNS Number	043325158
EIN/TIN Number	316000064
Identify the Field Office	COLUMBUS
Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance	Cincinnati/Hamilton County CoC

ESG Contact Name

Prefix	
First Name	Aisha
Middle Name	
Last Name	Tzillah
Suffix	
Title	Interim Community Development Administrator

ESG Contact Address

Street Address 1	805 Central Avenue Suite 700
Street Address 2	
City	Cincinnati
State	Ohio
ZIP Code	45202
Phone Number	513-352-6146
Extension	4982
Fax Number	513-352-6123
Email Address	Aisha.tzillah@cincinnati-oh.gov

ESG Secondary Contact

Prefix	
First Name	Oscar
Last Name	Bedolla
Suffix	
Title	Director
Phone Number	513-352-1948
Extension	1951
Email Address	Oscar.bedolla@cincinnati-oh.gov

2. Reporting Period—All Recipients Complete

Program Year Start Date	01/01/2014
Program Year End Date	12/31/2014

3a. Subrecipient Form – Complete one form for each subrecipient

Subrecipient or Contractor Name	Strategies to End Homelessness
City	Cincinnati
State	Ohio
Zip Code	45206
DUNS Number	826936051
Is subrecipient a victim services provider	No
Subrecipient Organization Type	Non-profit
ESG Subgrant or Contract Award Amount	397,281

CR-65 - Persons Assisted

4. Persons Served

4a. Complete for Homelessness Prevention Activities

Number of Persons in Households	Total
Adults	213
Children	470
Don't Know/Refused/Other	0
Missing Information	0
Total	683

Table 15 – Household Information for Homeless Prevention Activities

4b. Complete for Rapid Re-Housing Activities

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 16 – Household Information for Rapid Re-Housing Activities

4c. Complete for Shelter

Number of Persons in Households	Total
Adults	3,270
Children	1,998
Don't Know/Refused/Other	0
Missing Information	0
Total	5,268

Table 17 – Shelter Information

4d. Street Outreach

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 18 – Household Information for Street Outreach

4e. Totals for all Persons Served with ESG

Number of Persons in Households	Total
Adults	3,471
Children	2,444
Don't Know/Refused/Other	0
Missing Information	0
Total	5,915

Table 19 – Household Information for Persons Served with ESG

5. Gender—Complete for All Activities

	Total
Male	3,166
Female	2,739
Transgender	10
Don't Know/Refused/Other	0
Missing Information	0
Total	5,915

Table 20 - Gender Information

6. Age—Complete for All Activities

	Total
Under 18	2,444
18-24	710
25 and over	2,761
Don't Know/Refused/Other	0
Missing Information	0
Total	5,915

Table 21 – Age Information

7. Special Populations Served—Complete for All Activities

Number of Persons in Households

Subpopulation	Total	Total Persons Served – Prevention	Total Persons Served – RRH	Total Persons Served in Emergency Shelters
Veterans	218	1	0	217
Victims of Domestic Violence	1,045	44	0	1,001
Elderly	119	0	0	119
HIV/AIDS	48	1	0	47
Chronically Homeless	874	0	0	874
Persons with Disabilities:				
Severely Mentally Ill	1,314	58	0	1,256
Chronic Substance Abuse	1,051	4	0	1,047
Other Disability	1,443	133	0	1,310
Total (unduplicated if possible)	6,112 (duplicated)	241	0	5,871 (duplicated)

Table 22 – Special Population Served

CR-70 – ESG 91.520(g) - Assistance Provided and Outcomes

10. Shelter Utilization

Number of New Units – Rehabbed	0
Number of New Units – Conversion	0
Total Number of bed - nighths available	189,070
Total Number of bed - nights provided	174,901
Capacity Utilization	92.5%

Table 23 – Shelter Capacity %

11. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s)

Project outcomes measured for the ESG programs are in line with the Annual Performance Report outcomes measured for the CoC programs. The ESG Shelter Diversion Program is evaluated on: % of persons exiting to Permanent Housing; % of persons returning to homelessness; % of adults who maintain or increase employment at exit; % of adults who maintain or increase income at exit.

The % of persons with positive housing exits from shelter; length of stay in shelter; and % of persons returning to homelessness are the outcomes evaluated for the shelters. The allocation process for ESG shelter funds is a community process that uses both outcomes information and community input to determine final funding amounts. Those programs with the highest outcomes start with a greater allocation of ESG Shelter funds and the amount may be adjusted based on community feedback.

CR-75 – Expenditures

11. Expenditures

11a. ESG Expenditures for Homelessness Prevention

	Dollar Amount of Expenditures in Program Year		
	2012	2013	2014
Expenditures for Rental Assistance	\$60,866	\$189,830	\$3,846
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	\$30,814	\$ 44,527	\$ 800
Expenditures for Housing Relocation & Stabilization Services - Services	\$ 7,043	\$ 76,083	\$9,400
Expenditures for Homeless Prevention under Emergency Shelter Grants Program	0	0	0
Subtotal Homelessness Prevention	\$98,723	\$310,440	\$14,046

Table 24 – ESG Expenditures for Homelessness Prevention

11b. ESG Expenditures for Rapid Re-Housing

	Dollar Amount of Expenditures in Program Year		
	2012	2013	2014
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	0
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Assistance under Emergency Shelter Grants Program	0	0	0
Subtotal Rapid Re-Housing	0	0	0

Table 25 – ESG Expenditures for Rapid Re-Housing

11c. ESG Expenditures for Emergency Shelter

	Dollar Amount of Expenditures in Program Year		
	2012	2013	2014
Essential Services	0	0	\$ 44,290.56
Operations	0	0	\$405,709.44
Renovation	0	0	0
Major Rehab	0	0	0
Conversion	0	0	0
Subtotal	0	0	\$450,000

Table 26 – ESG Expenditures for Emergency Shelter

11d. Other Grant Expenditures

	Dollar Amount of Expenditures in Program Year		
	2012	2013	2014
Street Outreach	0	0	0
HMIS	0	0	0
Administration	0	\$25,641	\$42,600

Table 27 - Other Grant Expenditures

11e. Total ESG Grant Funds

Total ESG Funds Expended	2012	2013	2014
	\$98,723	\$336,081	\$506,646

Table 28 - Total ESG Funds Expended

11f. Match Source

	2012	2013	2014
Other Non-ESG HUD Funds	0	0	\$ 70,344
Other Federal Funds	0	0	\$ 8,202
State Government	0	0	0
Local Government	\$31,418	0	\$ 63,425
Private Funds	\$67,305	\$336,081	\$160,125
Other	0	0	\$204,550
Fees	0	0	0
Program Income	0	0	0
Total Match Amount	\$98,723	\$336,081	\$506,646

Table 29 - Other Funds Expended on Eligible ESG Activities

11g. Total

Total Amount of Funds Expended on ESG Activities	2012	2013	2014
	\$197,446	\$672,162	\$1,013,292

Table 30 - Total Amount of Funds Expended on ESG Activities