

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) VA-521 - Virginia Balance of State CoC

Collaborative Applicant Name: Virginia Department of Housing and Community Development

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Virginia Balance of State CoC

How often does the CoC conduct open meetings? Bi-monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

The Balance of State is separated into nine different local planning groups. These groups meet at least every other month. Invitations to these meetings are sent out through email and announcements at other local community meetings. Outreach to new members is on-going and specific emphasis has been placed on including substance abuse providers, corrections, veterans groups, and individuals and organizations involved in mainstream resources and services.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Volunteer

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The CoC has established a Committee to develop a planning group-based coordinated assessment for the all of the Balance of State. Currently, two planning groups of the Balance of State have a fully implemented coordinated assessment system. The plan is to replicate these systems for the rest of the BOS.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The CoC Steering Committee Chair develops agendas for each meeting and emails these out prior to all meetings. ESG monitoring occurs at least on a yearly basis by staff at DHCD and may be monitored more often based on findings and concerns. A letter is sent to the Executive Director outlining any findings and concerns with a timeline of when concerns and/or findings need to be resolved.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Balance of State Steering Committee	The CoC Steering Committee is the lead decision-making body responsible for planning for the use of US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction. Specific responsibilities include but are not limited to: • Setting overall direction and leadership of the process • Making all formal decisions of the CoC • Strategic planning and goal setting • Approving the selection of the Monitoring and Selection Committee • Establishing priorities for and making decisions about the allocation of COC resources • Receiving reports and recommendations from sub-committees and ad-hoc task groups • Guiding the annual CoC Consolidated Application	Monthly or more
HMIS, Data, and Performance Committee	Specific responsibilities include: • Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures • The developing, assessment, and monitoring of performance measures by different program type and CoC as a system. • Reviewing the quarterly data quality, point-in-time, and demographic reports • Assessing the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level. • Organizing the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted accurately	quarterly (once each quarter)
Uniformed/Coordinated Assessment System Committee	Specific responsibilities include: • The development of the uniformed/coordinated assessment form • Quarterly assessment of the uniformed/coordinated assessment form • The development of a system to track information collected for the assessment of needs in each community	quarterly (once each quarter)
Services Coordinating Committee	Specific responsibilities include: • The development and annual assessment of the Balance of State Common Standards-policies and procedures • The assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care • The assessment of current gaps in services • The engagement and accessing of other mainstream resources (veterans, dv, DSS, etc.). -Will coordinate with coordinated assessment training offered through partnerships with the Freddie Mac Foundation/NAEH/VCEH/DHCD.	quarterly (once each quarter)

Monitoring and Selection Committee	Specific responsibilities include: • Evaluating the renewal projects • Reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition • Assessing, monitoring, and evaluating of compliance and performance of ESG and state funded balance of state projects f. Ad hoc Work Groups-These committees will be formed on an ad-hoc basis as needed and decided by the Steering Committee	quarterly (once each quarter)
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If any group meets less than quarterly, please explain (limit 750 characters)

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	5	15	2	2	6	3	3

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	7	0	2	0	1	0
Substance abuse	1	7	0	2	0	1	0
Veterans	1	6	1	2	1	1	0

HIV/AIDS	0	3	0	2	0	2	0
Domestic violence	1	4	0	2	0	2	0
Children (under age 18)	0	8	0	2	1	2	0
Unaccompanied youth (ages 18 to 24)	0	7	0	2	1	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	0	2	0	1	0	1	0
Authoring agency for consolidated plan	0	0	0	0	0	1	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	1	0	1	0
Attend consolidated plan focus groups/public forums during past 12 months	0	2	0	1	0	1	0
Lead agency for 10-year plan	0	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	3	8	1	2	1	1	0
Primary decision making group	0	2	0	1	0	1	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	0	7	0	2	45	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	0	0	2	3	0
Substance abuse	0	0	0	0	6	0
Veterans	0	0	0	1	9	0
HIV/AIDS	0	0	0	1	2	0
Domestic violence	0	1	0	0	11	0
Children (under age 18)	0	1	0	0	25	0
Unaccompanied youth (ages 18 to 24)	0	1	0	0	1	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	0	0	0	0	25	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	1	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	24	0
Lead agency for 10-year plan	0	0	0	0	0	0

Attend 10-year planning meetings during past 12 months	0	0	0	3	30	0
Primary decision making group	0	0	0	0	15	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
 Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	1	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0

HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	1	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	1	0

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, g. Site Visit(s), n. Evaluate Project Presentation, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, o. Review CoC Membership Involvement, r. Review HMIS participation status, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The Monitoring and Selection Committee review pre-applications in addition to Project applications. If Renewal Project, the committee review APR's to ensure program is meeting goals and CoC objectives. The majority of the organizations that submit projects have been funded by DHCD through ESG, state homeless services funds, and/or the HOME program. The program administrators make up the Monitoring and Selection committee and review capacity through these grant applications. They are also responsible for monitoring of these programs through a combination of on-site and remote monitoring on at least a quarterly basis. HMIS participation is assessed through running reports through our HMIS as far as usage and data quality.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

DHCD holds meetings both in-person and via conference call/webinar to provide background on the CoC and eligible projects. The CoC solicits potential projects through a letter of intention. Additional technical assistance is provided based on the results of the letter of intent process. Full applications are then submitted based on technical assistance. All projects submitted in this process will be reviewed and scored by the Monitoring and Selection Committee based on CoC priorities.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

NA

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

The reduction in emergency shelter beds was primarily due to a shelter of 43 beds being closed due to financial issues. The shelter also had a history of being underutilized. Another underutilized shelter decided to shift its scope from on site emergency shelter to voucher beds in an effort to minimize financial issues within the agency and to increase utilization of beds. A few other shelters had minor shifts in beds resulting from the reconfiguration of beds to improve utilization and re-purposing beds towards rapid re-housing if suitable.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

HPRP beds decreased due to the fact that most HPRP funds were expended by the end of 2011.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

NA

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

Virginia state policy recently shifted focus to emphasize rapid re-housing and permanent supportive housing. This policy shift influenced a reduction in transitional housing beds. Service providers have responded by shifting some underutilized beds from transitional housing to either rapid re-housing or permanent supportive housing.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 60

Permanent Housing: No

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

NA

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters) NA

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

NA

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Housing inventory, HUD unmet need formula

Specify "other" data types:

NA

If more than one method was selected, describe how these methods were used together (limit 750 characters)

DHCD conducts input sessions on a yearly basis to gather feedback from organizations and individuals in the broader homeless and social services network. This data is used along with bed utilization rate, unsheltered count, and individual survey from the PIT counts to assess the needs of the Balance of State. DHCD mapped PIT data and bed utilization using GIS to assess the specific needs of the the different planning groups since the Balance of State consists of 50 counties. In addition, the CoC has increased the capacity of using HMIS data to assess needs of the different planning groups within the Balance of State CoC through quarterly HMIS reports.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS (select all that apply): VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC, VA-517 - Danville/Martinsville CoC, VA-509 - Petersburg CoC, VA-513 Harrisonburg, Winchester/Western Virginia CoC, VA-521 - Virginia Balance of State CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

NA

Does the HMIS Lead Agency have the following plans in place? Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Service Point

What is the name of the HMIS software company? Bowman

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 10/29/2007

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inadequate resources, Inadequate staffing

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

NA

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The CoC has implemented a minimal user fee for HMIS licenses. This resulted in improved utilization of licenses and has provided funding to increased access to data and reports on a local level. The increased access to reports by users will enable HMIS administration staff to focus more heavily on analysis of data and on providing training. The CoC hopes that providing more access to reports and focusing on data analysis will help encourage non-HMIS users to start using HMIS.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	January	2012
Operating End Month/Year	December	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$87,105
ESG	\$33,061
CDGB	\$0
HOPWA	\$0
HPRP	\$0
Federal - HUD - Total Amount	\$120,166

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

Funding Type: State and Local

Funding Source	Funding Amount
City	\$0
County	\$0
State	\$82,934
State and Local - Total Amount	\$82,934

Funding Type: Private

Funding Source	Funding Amount
Individual	\$0
Organization	\$10,000
Private - Total Amount	\$10,000

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$3,250

Total Budget for Operating Year	\$216,350
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Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

In the 2012, the CoC implemented a nominal user fee and anticipate that as more agencies use HMIS, more funds will be available. DHCD also applied for an expansion to further focus on data analysis and quality.

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

NA

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency Shelter (ES) beds	76-85%
* HPRP beds	86%+
* Safe Haven (SH) beds	No beds in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

NA

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? No

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	88%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	11
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	2%	8%
Date of birth	1%	1%
Ethnicity	1%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	1%
Gender	1%	0%
Veteran status	4%	2%
Disabling condition	6%	1%
Residence prior to program entry	4%	1%
Zip Code of last permanent address	4%	1%
Housing status	7%	1%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

Data quality and demographic reports are sent to agencies on a quarterly basis. This data is rolled up for each of the planning groups within the CoC. Trainings are focused on resolving data quality issues and addressing the root causes of the problems. Additionally, data collection for the PIT is done through HMIS, so emergency shelter and transitional providers receive reports documenting the number of people served. Service providers work to correct any missing or incorrect data prior to aggregation at the CoC level. Agencies get firsthand experience with their data through participation in the CoC application process and the AHAR.

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

NA

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** Never
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** Never
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Quarterly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Semi-annually
* Secure location for equipment	At least Semi-annually
* Locking screen savers	At least Semi-annually
* Virus protection with auto update	At least Semi-annually
* Individual or network firewalls	At least Semi-annually
* Restrictions on access to HMIS via public forums	At least Semi-annually
* Compliance with HMIS policy and procedures manual	At least Semi-annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Semi-annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 12/20/2012

**If 'Yes', does the manual include a glossary of
terms?** No

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):** 01/18/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Semi-annually
* Data security training	At least Semi-annually
* Data quality training	At least Semi-annually
* Using data locally	At least Semi-annually
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Semi-annually
* Policy and procedures	At least Semi-annually
* Training	At least Semi-annually
* HMIS data collection requirements	At least Semi-annually

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/26/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

NA

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	90%	76%
Transitional Housing	0%	100%	90%	85%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The sheltered PIT count decreased between 2011 and 2012 primarily due to an increase in rapid re-housing on the state level and the effects of HPRP that served the Balance of State two years prior.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	affordable housing, permanent supportive housing, Section 8 vouchers
* Services	mental health, substance abuse
* Mainstream Resources	TANF, disability insurance

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

NA

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The CoC provided training and technical assistance to agencies and local planning groups in preparation for the 2012 PIT. This included a webinar, instruction, and technical assistance where needed. Each shelter agency (seasonal, emergency, and transitional) within the nine local CoC planning groups collected data for the night of the count. This was done through survey and/or HMIS. Data is aggregated at the agency level and submitted to the local planning group PIT coordinator where data quality is reviewed. Each local planning PIT coordinator submits the PIT data and surveys to the CoC lead agency. Data quality checks are performed at the CoC level against HMIS, housing inventory, and survey data. The CoC lead agency aggregates all data for the nine local planning of the CoC.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

NA

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The CoC provided a PIT training webinar to local planning groups and agencies and detailed instructions about the survey, methodology, and specific guidance on homeless and sub-population definitions. Individuals in shelter completed the two-page survey with assistance from shelter staff. The survey data was compared with the HMIS sub-population data to ensure accuracy.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

NA

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

The CoC provided webinar training and instructions to shelter providers a month prior to the PIT count. The PIT coordinator of the local planning group organized all shelter providers to ensure the count was conducted on same night and reminders were sent weekly prior to the count. The CoC collected the location of survey, date of birth, and gender through the survey of sheltered homeless persons to prevent duplication. All survey data was cross-referenced with HMIS and housing inventory data in an effort to prevent duplication.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The CoC provided webinar training and instructions to shelters agencies and local planning groups outlining data collection methodology one month prior to the PIT . HUD homeless and sub-population definitions were included in the instructions. A designated PIT Coordinator for each planning group assisted in verifying data quality and providing technical assistance to shelters in their Balance of State planning group. Homeless individuals completed a two-page survey form with the assistance from shelter staff and shelter agencies completed a bed count form. Non-HMIS shelter providers verified data with the local PIT coordinator for accuracy. HMIS Shelter providers verified data with the HMIS lead, Homeward, for accuracy. Homeward compiled all survey data and cross referenced with the aggregated bed count data.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/26/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

NA

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Due to the increase in state rapid re-housing resources and some funding available for HPRP, the unsheltered count decreased significantly. Training also made a impact in the decrease by ensuring that the HUD definition of homelessness was being applied and those in double up situations were not included in the PIT. Designated PIT coordinators for each planning group also provided technical assistance in counting individuals accurately.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

NA

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The CoC provided agencies, local planning groups, and volunteers training and technical assistance in preparation for the 2012 PIT. This training included a webinar, instructions, definitions, and technical assistance. Local communities conducted the unsheltered count typically on the morning following the designated night and determined where individuals slept the previous night. The CoC used a two-page survey to collect data and determine homelessness. A few planning groups used a service-based count, usually hosting a luncheon and service fair, to collect data for the unsheltered individuals and families.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

NA

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:
 NA

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

All local planning groups and volunteers were provided webinar training and instructions a month prior to the PIT count. The PIT coordinator of the local planning group organized all those participating in count to ensure count was conducted for the same night and reminders were sent weekly prior to the count. The CoC collected the location of survey, date of birth, and gender of unsheltered homeless persons through the survey form and cross references them to prevent duplication. The PIT coordinator also organized those canvassing the unsheltered to ensure coverage was sufficient and no duplicated.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

The local planning groups of the Balance of State coordinated with the Project HOPE coordinators that work within the school system, as well as members from DSS. These planning groups meet on a monthly basis. DHCD, the CoC lead agency, funds a Child Services Coordination Grant for homeless children to planning groups of the Balance of State CoC. This grant supports a system to ensure homeless children are identified and connected to needed services. Through a collaboration between the Freddie Mac Foundation, National Alliance to End Homelessness (NAEH), Virginia Coalition to End Homelessness (VCEH), and DHCD training and technical assistance was provided to the CoC . The goal of this training was reducing family homelessness in Virginia and focusing on a rapid re-housing approach. The Freddie Mac Foundation also granted several agencies technical assistance grants to combat family homelessness through rapid re-housing approaches.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

Many of the local planning groups of the BOS frequently engage with individuals on the streets through outreach programs. The local planning groups have collaborated with local law enforcement to identify these individuals in an effort to connect them to services.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

- How many permanent housing beds are currently in place for chronically homeless persons?** 12
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 25
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 50
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 75

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The Balance of State CoC has recently re-purposed HOPE, Inc. Transitional Housing Leasing program to a permanent supportive housing program for the chronically homeless. This will be reflected in the 2013 HIC. The CoC Steering and Project Review Committee prioritized permanent supportive housing projects serving the chronically homeless in the 2012 CoC Competition. The CoC is submitting over 75 new PSH beds, 20 designated specifically for chronically homeless, in the 2012 CoC Competition . If funded, these beds would be made available within a year.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

People, Inc is in the process of a development project that would create new PSH units at Vint Hill with beds for the chronically homeless. DHCD has prioritized PSH for the the State HOME program. In addition, there will be at least one organization in the BOS that will be applying for the new state PSH program. The BOS is also working with the Veterans Affairs and public housing authorities to access HUD VASH vouchers designated specifically for homeless veterans.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

The CoC has prioritized increasing permanent supportive housing in the strategic plan. The CoC will add over 75 new beds in the next few years if all projects are funded in the 2012 Competition. The CoC has aligned its priorities with the Virginia Homeless Outcomes Advisory Committee goals of increasing permanent supportive housing beds and will leverage some of the new state resources available for PSH. The CoC will continue to explore efforts to develop more PSH leasing beds which has been a cost effective approach in the Balance of State. The local planning groups of the CoC will continue to build the network of landlords to assist in creating new PSH leasing opportunities.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 88%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 89%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 92%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC increased this goal from 69 percent last year to 88 percent this year. The HMIS and Data Committee took a more active role in reviewing APR and HMIS data and providing technical assistance to help improve outcomes. Case managers will continue to provide the support needed and make the appropriate referrals to help persons remain in permanent housing. The case managers assist the individuals with life skills training including financial literacy, budgeting and job training through the Workforce Development Program. Programs also provide clients the resources and needed transportation to assist them identifying, applying for, and obtaining health and human service benefits. The programs will refer clients to the SOAR program when appropriate.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC will continue to facilitate the coordination among service providers and mainstream resources to help clients obtain and maintain permanent housing. The HMIS, Data, and Performance Committee will continue to place emphasis on outcomes by assessing performance quarterly . The CoC will provide technical assistance and training to those programs that struggling meet performance measures. In addition, the SOAR program will be expanded in the CoC in the next year in order to ensure that appropriate referrals are made to this program. The Monitoring and Selection Committee will also provide project oversight to help ensure clients successfully remain in permanent housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 76%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 79%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 81%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 85%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Case managers will assist clients to access essential mainstream resources and provide the necessary referrals that will enhance the clients ability to obtain and maintain permanent housing. In the last year, there has been a dramatic increase in rapid re-housing resources in the CoC as state and federal funding has increased emphasis on rapid re-housing. The Balance of State CoC has prioritized rapid re-housing resources. Rapid re-housing has been an important resource in moving clients from shelter to permanent housing. In addition, the HMIS, Data, and Performance Committee evaluated the performance quarterly through HMIS data. The CoC has adopted the Virginia Homeless Outcomes Advisory Committee goals of increasing funding for rapid re-housing for individuals and families. The CoC will also continue to participate in rapid re-housing training's provided by the Freddie Mac foundation through the National Alliance To End Homelessness, in partnership with DHCD.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC will continue increasing rapid re-housing resources to help clients move from transitional housing to permanent supportive housing. DHCD, both the lead CoC agency and administer of state homeless assistance and ESG funds, will continue to create more rapid re-housing resources. The CoC and local planning groups will continue building relationships with landlords and provide the much needed case management resources to move individuals from shelter to permanent housing. The CoC will assess performance through the HMIS, Data and Performance Committee on a quarterly basis. The CoC will further its efforts in working with public housing authorities and the VA in expanding access to Section 8 and VASH vouchers dedicated towards homeless populations.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 37%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 39%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 45%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

Programs will provide employment related services and life skills training to the participants. Case managers will help individuals with securing and sustaining employment. Job training is available to all participants in the Adult Workforce Development Program. Programs will develop relationships with employers and local community colleges to assist clients in building necessary skills. The HMIS, Data, and Performance Outcomes Committee will assess performance on a quarterly basis through HMIS data. The Services Coordinating Committee will provide outreach to new resources that may be available to increase employment for clients of programs.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

The Service Coordinating Committee will continue to assess the percentage of participants employed at program exit. The HMIS, Data, and Performance Committee will assess quarterly HMIS data regarding employment and provide technical assistance if needed. The CoC will enhance the relationships with the Adult Workforce Development Programs and community colleges.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 42%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 44%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 46%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 48%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The Services Coordinating Committee is responsible for monitoring performance of CoC funded project ability to assist participants in accessing mainstream benefits. In addition, the committee will work with the engagement of organizations providing mainstream benefits to make these resources more available to participants of projects. The CoC now has a SOAR trainer and we anticipate expanding the number of SOAR trained staff throughout the CoC. The CoC has worked with Latasha Howlett, the state SOAR coordinator, to expand SOAR projects throughout the CoC. The SOAR expansion would include additional training and technical assistance to coordinate with DDS and SSA in the goal of increasing access to SSI/SSDI for clients. The Services Coordinating Committee will meet on a quarterly basis and will assess project performance of increasing access to mainstream resources. The CoC has several staff SOAR trained, including a staff member of a CoC funded project.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The Services Coordinating Committee will assess performance and provide outreach to mainstream resources and encourage CoC participation from the local DSS offices. Four additional SOAR projects will be created to further the reach of the SOAR program into other areas of the CoC. Coordination will continue with the state SOAR coordinator to increase the number of SOAR trained staff in the CoC. The CoC will work with Veterans Affairs, specifically with the Veterans Health Administration, to increase access to services for homeless families and individuals. The CoC will provide data to the HUD-VASH administrators to help make the case for increasing the number of vouchers set aside for homeless veterans.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 141%
- In 12 months, what will be the total number of homeless households with children?** 130%
- In 5 years, what will be the total number of homeless households with children?** 90%
- In 10 years, what will be the total number of homeless households with children?** 0%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

Currently the CoC has nine Homeless Prevention Program (state funded) providers that assist at-risk individuals and families with rental assistance and prioritize families with children. The CoC will continue to emphasize the increase in developing rapid re-housing and prevention resources for families with children through both state programs and ESG. The CoC will continue to participate in training's by NAEH and funded by the Freddie Mac Foundation that are focused on rapid re-housing for families with children. The CoC plans to expand permanent supportive housing leasing units in the coming year. Many of these PSH are specifically dedicated for families with children. In addition, the CoC has a state funded Child Services Coordination Grants to support a referral system to ensure homeless children are identified and connected to the appropriate services.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The Balance of State will continue to prioritize prevention and rapid re-housing funds for families with children. The prioritization includes a state funded prevention program targeted at diverting family households from shelter. In addition, the CoC plans to increase rapid re-housing resources designated for families with children. The HMIS, Data, and Performance Committee will assess number of homeless children in programs on a quarterly basis and map this data in order to better understand the needs of services and programs in different areas of the Balance of State CoC.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

All projects funded are of high performers. No reallocation is required at this time.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

All projects funded are of high performers. No reallocation is required at this time.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Department of Social Services has developed a pre-discharge protocol requiring that all youth have a discharge plan that : specifies an appropriate housing arrangement; guarantees access to supportive services; and connects them to education. DSS requires that all youth have a pre-discharge plan prior to release.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

NA

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Governor's Homeless Outcomes Coordinating Committee is addressing discharge policies for the state of Virginia through the Discharge Policies Sub-Committee. The following organizations have representation on this committee:

Department of Veteran Services
Homeward
Virginia Coalition to End Homelessness
Dept. of Behavioral Health and Developmental Services
Department of Social Services
Department of Corrections
Department of Juvenile Justice
Department of Corrections
Department of Rehabilitative Services

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Streets, family/friends

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State's Homeless Outcomes Advisory Committee has a work group focused on discharge planning for health care that will include discharge planning beginning on admission. They have evaluated current policies and are updating them as well as providing training and outreach to hospitals and other health care providers and discharge planners, including the state 2-1-1 system. Department of Veteran Services has developed educational programs to inform discharge planners about services related to veterans.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The State's Homeless Outcomes Advisory Committee has a work group focused on discharge planning for health care that will include discharge planning beginning on admission. They have evaluated current policies and are updating them as well as providing training and outreach to hospitals and other health care providers and discharge planners, including the state 2-1-1 system. Department of Veteran Services have developed educational programs to inform discharge planners about services related to veterans.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Governor's Homeless Outcomes Coordinating Committee is addressing discharge policies for the state of Virginia through the Discharge Policies Sub-Committee. The following organizations have representation on this committee:

- Department of Veteran Services
- Homeward
- Virginia Coalition to End Homelessness
- Dept. of Behavioral Health and Developmental Services
- Department of Social Services
- Department of Corrections
- Department of Juvenile Justice
- Department of Corrections
- Department of Rehabilitative Services

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Streets, family/friends

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State's Homeless Outcomes Advisory Committee has a work group focused on discharge planning and policy for mental health that includes discharge planning beginning on admission. They are evaluating and updating current policies and providing training and outreach to hospitals, community service boards and other mental health providers and discharge planners, including the state 2-1-1 system. Department of Veteran Services has developed educational programs to inform discharge planners about services related to veterans. The Homeless Outcomes Coordinator has presented before the Behavioral Health Forum and CSB's to inform discharge planners of the goals and objectives of the Homeless Outcomes Initiative and to get feedback on challenges of discharging patients. Department of Behavioral Health and Disability Services is also documenting the number of patients discharged into shelters.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The State's Homeless Outcomes Advisory Committee has a work group focused on discharge planning and policy for mental health that includes discharge planning beginning on admission. They are evaluating and updating current policies and providing training and outreach to hospitals, community service boards and other mental health providers and discharge planners, including the state 2-1-1 system. Department of Veteran Services has developed educational programs to inform discharge planners about services related to veterans. The Homeless Outcomes Coordinator has presented before the Behavioral Health Forum and CSB's to inform discharge planners of the goals and objectives of the Homeless Outcomes Initiative and to get feedback on challenges of discharging patients. Department of Behavioral Health and Disability Services is also documenting the number of patients discharged into shelters.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Governor's Homeless Outcomes Coordinating Committee is addressing discharge policies for the state of Virginia through the Discharge Policies Sub-Committee. The following organizations have representation on this committee:

Department of Veteran Services
Homeward
Virginia Coalition to End Homelessness
Dept. of Behavioral Health and Developmental Services
Department of Social Services
Department of Corrections
Department of Juvenile Justice
Department of Corrections
Department of Rehabilitative Services

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

streets, family/friends

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Department of Corrections (DOC) Procedure 820.2 Reentry Planning updated and issued effective August 2012. It clearly spells out a process for prison and community corrections staff to follow in release planning and home plan confirmation. The procedure includes the following:

- Process for seeking housing for geriatric/medical/mental health offenders
- Community resource guidance
- Medical discharge summaries
- Mental health appraisal and coding system
- Interstate compact release checklist
- Process to identify veterans and apply for benefits
- Job Proficiency exit report
- Mandatory Reentry programs and offender program history records
- Pre-Release Benefit Application
- DOC Memorandum of Agreement with SSA

In addition, starting in August 2011 the DOC Community Release Unit manually documents cases released without a home plan and this is in the process of being automated in the DOC electronic offender management system in order to assess and address reasons for discharge without a home plan.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

not applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Governor's Homeless Outcomes Coordinating Committee is addressing discharge policies for the state of Virginia through the Discharge Policies Sub-Committee. The following organizations have representation on this committee:

Department of Veteran Services
Homeward
Virginia Coalition to End Homelessness
Dept. of Behavioral Health and Developmental Services
Department of Social Services
Department of Corrections
Department of Juvenile Justice
Department of Corrections
Department of Rehabilitative Services

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

streets, family/friends

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Increasing affordable, accessible housing for special needs populations is consistent with the CoC's goal to increase permanent supportive housing.

Supporting local efforts to assure that households in a housing crisis are able to obtain and/or maintain housing stability is consistent with the CoC shift towards an emphasis on flexible solutions including shelter, prevention, and rapid re-housing.

DHCD is currently in the last year of its Consolidated Plan and is in the process of updating the plan. It is anticipated that goals for the Consolidated Plan will include increasing special needs housing, particularly permanent supportive housing, and to focus on flexibility in funding for homeless assistance including an emphasis on rapid re-housing and prevention.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

DHCD is the CoC lead agency, state grantee for ESG, and administering agency of state homeless assistance funds. Both ESG and the state's homeless assistance funds include prevention and rapid re-housing as eligible activities. The CoC leadership has worked closely with providers to assist them in accessing rapid re-housing funds and using them appropriately. In addition, through a Freddie Mac grant, DHCD has collaborated with Virginia Coalition to End Homelessness (VCEH) and the National Alliance to End Homelessness (NAEH) to provide rapid re-housing training and technical assistance. CoC providers have participated extensively in these trainings and several CoC agencies have received technical assistance grants to move their communities and organizations homeless system towards a more rapid re-housing approach.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

DHCD is both the lead agency for the CoC and state grantee for HOPWA, CDBG, Neighborhood Stabilization Program, and ESG. The Steering Committee Chair works closely with the HOPWA and ESG program regarding program design and allocation of funds. DHCD also provides technical assistance and monitoring of these programs, particularly ESG and HOPWA to Balance of State CoC providers. CDBG goals and objectives are aligned with CoC goals to increase job opportunities and affordable housing. DHCD has coordinated with the Veterans Administration in Roanoke and Bristol regarding the use of HUD-VASH vouchers in the past year. Discussions have focused on data collection for veterans in order to access HUD-VASH vouchers. People Inc., a CoC provider, received a Support Services for Veteran Families (SSVF) grant. Currently the Balance of State CoC has two organizations receiving NSP funds from DHCD. People Inc. has used NSP funds to increase homeownership and has submitted a project in this CoC application leveraging property acquired through NSP.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: All homeless service providers within the Balance of State are required to ensure that children are enrolled in school and connected to services within the community. Service providers must coordinate with the Project HOPE liaison to ensure school enrollment. Each planning group receives a state grant (Child Services Coordinating Grant) to assure that children in shelter are referred to needed education, health, mental health, and support services.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

All CoC providers are required to communicate regularly with the Project HOPE coordinator with the school system and ensure they are directly involved with the local planning groups of the CoC. The Child Services Coordination Grant also supports a system to ensure homeless children's education needs are being appropriately assessed and supported. Members of the school systems also actively participate in the CoC local planning groups.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The lead agency of the CoC is the entity that administers ESG, HOPWA, and state homeless assistance resources and has implemented policies in each of these programs that explicitly prohibits such activities.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The CoC has worked extensively in the past year to collaborate with veterans organizations, specifically with Veterans Affairs, Veteran Services, and the Wounded Warrior program. A member of the steering committee is a Virginia Wounded Warrior case manager and provides insight into Veterans programs and services. Another CoC service provider, People Inc., received a \$1 million SSVF grant to serve veterans families with rent, rental arrears, utilities, car repair, case management. In addition, the CoC HMIS , Data, and Performance Committee has worked with state Veterans groups to improve veteran data collection efforts. Ending veterans homelessness is a priority in the CoC strategic plan.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Currently the CoC has not made youth homelessness a priority considering that data has not supported this being a significant issue for the CoC. We will continue to assess this through the HMIS, Data, and Performance Committee and Services Coordinating Committee.

Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

The CoC is implementing a coordinated assessment system. The system is planning group-based. Two planning groups systems are fully implemented and work is underway to fully implement in the remaining groups. One of the planning groups has a state funded intake staff that manages the coordinated assessment system. Clients can access any program (ESG, state homeless assistance, CoC programs, support services, etc) through any organization, although intake is typically coordinated by one central organization. A common assessment is used to determine eligibility for services for all individuals and families accessing the system. The local planning group has policies and procedures determining prioritization of assistance and length and amount of assistance. The system ensures everyone has equal access and deters against any side door admission to local programs. The system is also closely connected to local mainstream resources such as DSS and the SOAR program.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

DHCD is both the CoC lead agency and the state grantee of ESG funds. CoC Chair of Steering Committee assists in ESG program design, including determining how ESG funds are distributed.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

CoC homeless assistance providers and DHCD funded programs must comply with the fair housing requirements.

(1) Grantees must comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a). (2) If the grantee: (a) Has been charged with an ongoing systemic violation of the Fair Housing Act; or (b) Is a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination; or (c) Has received a letter of findings identifying ongoing systemic noncompliance under Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, or section 109 of the Housing and Community Development Act of 1974, and the charge, lawsuit, or letter of findings referenced in subparagraphs (a), (b), or (c) above has not been resolved before the application deadline, then the grantee is ineligible to apply for Homeless assistance funds.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC has a Services Coordinating Committee that responsibilities include:

- The development and annual assessment of the Balance of State Common Standards-policies and procedures
- The assessing of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care
- The assessing of current gaps in services
- The engagement and accessing of other mainstream resources (veterans, dv, DSS, etc.)

The Committee's overall goal is to ensure clients are receiving appropriate and effective services and that these services are consistent throughout the CoC.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

DHCD is both the lead for the BOS and the HUD grantee responsible for completing the consolidated plan. Staff share responsibilities for both processes therefore, both processes are fully integrated and coordinated.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC has adopted the Governor's Housing Policy Framework, and specifically adopted the Homeless Outcomes Committee Strategic Plan that was established in 2011 as the Balance of State 10 year Plan. The progress will be reviewed and updated annually.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC has incorporated goals of the Federal Strategic Plan, "Opening Door" into the CoC's plan. The CoC has prioritized measures to increase access to and availability of permanent supportive housing. These measures include prioritization of new permanent supportive housing projects in the 2012 CoC application. It also includes the provision of technical assistance related to the development of these units, the transition of underutilized units to permanent supportive housing, and training on using a leasing model for these units.

The CoC is working on improving access to mainstream resources through several means. First, the CoC coordinates with state programs to require service providers maximize mainstream resources. Second, DSS, mental health, substance abuse, and other resources are included in communication and encouraged to participate in CoC planning. Third, the CoC participated in SOAR training and expanding access to this resource in efforts to increase participant access to mainstream resources.

The CoC has also worked closely with the state funding resource to divert households from homelessness. These efforts include establishing formalized coordination between prevention providers and homeless service providers. It also includes the implementation of a coordinated assessment system designed in part to divert where possible and maximize the use of prevention resources to reduce the number of households experiencing homelessness.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

DHCD is both the lead for the CoC and the HUD ESG grantee for the state of Virginia. Staff share responsibility for both. ESG program design, policies and procedures, performance measures, are developed by staff directly involved with CoC planning. Staff are involved in the evaluation of outcomes and project monitoring for both ESG and CoC projects.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? No

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

not applicable

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

not applicable

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	6	Beds	0	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	78	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	67	%	76	%
Increase the percentage of homeless persons employed at exit to at least 20%	30	%	37	%
Decrease the number of homeless households with children	130	Households	141	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Although the CoC did not reach its goal to increase PSH for the chronically homeless in 2012 HIC, it has added 25 new PSH beds for the chronically homeless through re-purposing a transitional housing project to PSH that will be included in the 2013 HIC. The CoC did decrease the number of homeless households with children but did not reach its goal. Many areas of the Balance of State are still struggling with high unemployment. The HPRP was mostly expended by the end of 2011 and state rapid re-housing funds was not fully get implemented until July 2012.

How does the CoC monitor recipients' performance? (limit 750 characters)

The HMIS, Data, and Performance Committee reviews HMIS/APR data on a quarterly basis . If projects do not meet goals for two consecutive quarters, monthly assessments are required. In addition, DHCD leverages the state homeless services staff for on-site monitoring particularly with ESG recipients. These staff serve on the CoC Monitoring and Selection Committee.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The HMIS, Data, and Performance Committee's reviews quarterly performance, particularly the HUD-established performance goals. The CoC provides technical assistance. This technical assistance is provided by leveraged DHCD program staff through on-site monitoring and remote technical assistance. The CoC lead agency has also provided training and technical assistance opportunities through a collaboration between Freddie Mac Foundation, NAEH, VCEH, and Commonwealth of Virginia. Homeward, the CoC's HMIS provider, is expanding webinar training's to assist in monitoring and improving performance goals.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The Monitoring and Selection Committee provides technical assistance, both off-site and on-site. If projects are consistently not meeting performance measurements through the quarterly review, the CoC requires monthly reviews to assist in increasing capacity. DHCD, the lead agency, also provides other training opportunities to assist in improving organization capacity and to better align projects to meet state and federal goals.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	NA	\$0
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC lead (VA DHCD) has implemented CoC based funding for federal and state homeless assistance programs requiring reporting on length of homelessness for all its federal and state homeless assistance funds. The CoC has also participated with the state's Homeless Outcomes Advisory Committee Data Collection workgroup to formalize standards to measure length of homelessness on a CoC and statewide level. Members of the CoC are active participants in this workgroup.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The CoC lead (VA DHCD) has implemented CoC based funding for federal and state homeless assistance programs requiring reporting on recidivism for all its federal and state homeless assistance funds. The CoC has also participated with the state's Homeless Outcomes Advisory Committee Data Collection workgroup to formalize standards to measure recidivism on a CoC and statewide level. Members of the CoC are active participants in this workgroup.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

The CoC has developed a Uniformed Coordinated Assessment Committee that is focused on expanding the current coordinated assessment to the rest of the CoC. A key factor of this system is to engage with non-homeless assistance providers, particularly local DSS offices, to be included in the system so that there is no wrong door. The Services Coordinating Committee is also instrumental in engaging other services and marketing the homeless assistance services throughout the CoC. This is especially critical considering the rural nature of the CoC and geographic challenges this poses. The CoC focused heavily on engaging other non-homeless service providers to participate in the CoC planning and meetings.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

DHCD, the CoC lead, administers the state homeless prevention programs in the CoC. In FY 2012, DHCD redesigned the program to lower the income threshold and to better focus the program as a homeless diversion program.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

NA

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

NA

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	70	12
2011	65	12
2012	30	12

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Interviews at in-take determines the chronically homeless status using 2013 HUD PIT recommended question methodology guidance. Case managers for each program collects verification. All verification and status results are tracked in the HMIS.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

not applicable

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	4
b. Number of participants who did not leave the project(s)	12
c. Number of participants who exited after staying 6 months or longer	14
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	88

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	41
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	31
TOTAL TH (%)	76

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 45

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	17	38%
Unemployment insurance	1	2%
SSI	2	4%
SSDI	4	9%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	3	7%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	1	2%
Child support	1	2%
Alimony (Spousal support)	0	0%
Other source	8	18%
No sources (from Q25a2.)	17	38%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 45

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	14	31%
MEDICAID health insurance	9	20%
MEDICARE health insurance	0	0%
State children's health insurance	0	0%
WIC	0	0%
VA medical services	0	0%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	0	0%
No sources (from Q26a2.)	0	0%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? Yes

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply):**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

The Services Coordinating Committee will be reviewing HMIS data on a quarterly basis to determine how effective projects are improving access to mainstream programs

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

The Committee was recently formed during CoC wide meeting in November and plans to have first meeting in February. Meetings will occur on a quarterly basis.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: No

If 'Yes', specify the frequency of the training:

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

NA

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

-SOAR Stepping Stones to Recovery Train the Trainer Program on Nov. 13-16 in Denver. --Virginia SOAR training in May 2011 (Roanoke).

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	80%
Case managers assess clients upon intake and help access applications for eligible and necessary benefits. Because of the rural nature of the CoC, most organizations are closely coordinated and in many cases share facilities with organizations providing mainstream services . HMIS is also used as a resource in identifying direct contacts for each mainstream resource	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	75%
SSI, SSDI, food stamps, TANF, social security, Veterans benefits	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	75%
4a. Describe the follow-up process:	
Case managers provide direct services at least monthly and systematically follow-up with clients through interviews or phone calls	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	cert. of consiste...	01/11/2013
CoC-HMIS Governance Agreement	No	Governance Charter	01/16/2013
Other	No		

Attachment Details

Document Description: cert. of consistency with conplan

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/14/2013
1D. Member Organizations	01/15/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/15/2013
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	01/16/2013
2C. HMIS Bed Coverage	01/10/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	11/28/2012
2F. HMIS Data and Technical Standards	01/15/2013
2G. HMIS Training	11/28/2012
2H. Sheltered PIT	01/15/2013
2I. Sheltered Data - Methods	01/16/2013
2J. Sheltered Data - Collections	01/15/2013
2K. Sheltered Data - Quality	01/16/2013
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/15/2013
2N. Unsheltered Data - Coverage	11/19/2012
2O. Unsheltered Data - Quality	01/16/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
Objective 3	01/16/2013
Objective 4	01/16/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	11/19/2012
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/15/2013
4C. Housing Performance	11/19/2012
4D. CoC Cash Income Information	12/20/2012
4E. CoC Non-Cash Benefits	01/03/2013
4F. Section 3 Employment Policy Detail	01/10/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: HOPE, Inc _____

Project Name: HOPE Permanent Supportive Housing _____

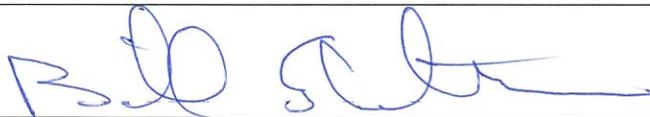
Location of the Project: Wythe -Virginia _____

Name of the Federal
Program to which the
applicant is applying: SHP _____

Name of
Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC _____

Certifying Official
of the Jurisdiction
Name: Bill Shelton _____

Title: Director _____

Signature:  _____

Date: 1/11/2013 _____

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: HOPE, Inc

Project Name: HOPE Permanent Supportive Housing Expansion

Location of the Project: Wythe County-Virginia

Name of the Federal
Program to which the
applicant is applying: SHP

Name of
Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official
of the Jurisdiction
Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: People, Inc.

Project Name: Kings Mountain Permanent Supportive Housing

Location of the Project: Bristol- Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia- Balance of State Coc

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: DHCD

Project Name: HMIS Renewal

Location of the Project: Balance of State -Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: DHCD

Project Name: Balance of State Planning Project

Location of the Project: Balance of State CoC- Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia- Balance of State Coc

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Rappahannock-Rapidan Regional Commission

Project Name: Foothills Housing Network Permanent Supportive Housing Leasing

Location of the Project: Culpeper County-Virginia Fauquier County, Virginia
Madison County-Virginia Rappahannock County, Virginia
Orange County-Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: People, Inc.

Project Name: Vint Hill Permanent Supportive Housing

Location of the Project: Warrenton-Virginia (Fauquier County)

Name of the Federal
Program to which the
applicant is applying: SHP

Name of
Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official
of the Jurisdiction
Name: Bill Shelton

Title: Director

Signature:  _____

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Accomack-Northhampton Regional Housing Authority

Project Name: Eastern Shore Rapid Re-housing Program

Location of the Project: Accomack County- Virginia
Northhampton County-Virginia

Name of the Federal
Program to which the
applicant is applying: SHP

Name of
Certifying Jurisdiction: Commonwealth of Virginia- Balance of State Coc

Certifying Official
of the Jurisdiction
Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: People, inc

Project Name: Bristol Scattered Site Permanent Supportive Housing

Location of the Project: Bristol-Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Accomack-Northampton Regional Housing Authority

Project Name: Eastern Shore Permanent Supportive Housing

Location of the Project: Accomack County-Virginia
Northhampton County-Virginia

Name of the Federal
Program to which the
applicant is applying: SHP

Name of
Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official
of the Jurisdiction
Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: DHCD

Project Name: HMIS Expansion

Location of the Project: Balance of State-Virginia

Name of the Federal Program to which the applicant is applying: SHP

Name of Certifying Jurisdiction: Commonwealth of Virginia-Balance of State CoC

Certifying Official of the Jurisdiction Name: Bill Shelton

Title: Director

Signature: 

Date: 1/11/2013

Virginia Balance of State Continuum of Care Charter

1. Purpose of the Charter

This Charter sets out the composition, roles, responsibilities and committee structure of the Virginia Balance of State Continuum of Care (CoC)

2. Purpose of Continuum of Care

The Virginia Balance of State Continuum of Care (CoC) is a collaborative and inclusive community-based process for planning and managing homeless assistance resources and services effectively and efficiently to end homelessness in the 51 localities that make up the Balance of State CoC.

The purpose of the CoC is to assist in the coordination, development, and evaluation of services and housing for homeless and at-risk of homeless persons with housing needs through planning, education and advocacy. To achieve this purpose the CoC will seek to:

- Increase access to permanent housing through rapid re-housing and permanent supportive housing
- Identify housing needs of those at risk of facing homelessness
- Evaluate performance of services within the Balance of State through data collection and analysis
- Increase access to other mainstream sources to promote housing stability

3. Organization of the Continuum of Care

The Continuum of Care is comprised of nine geographically dispersed local planning groups and four primary decision making committees that have various roles and responsibilities. Below is a list of the planning groups and committees.

Planning Groups

- Lenowisco
- Cumberland Plateau
- HOPE Interagency Council on Homelessness
- Housing Partnership for the New River Valley
- Foothills Housing Network
- Southside
- Heartland

- Northern Neck/Middle Peninsula Housing Partnership
- Community Partners of the Eastern Shore

Decision-Making Committees

- Steering Committee
- HMIS, Data, and Performance Committee
- Uniformed/Coordinated Assessment System Committee
- Services Coordinating Committee
- Monitoring and Selection Committee

4. Committee Roles, Responsibilities and Members

- a. *Balance of State Steering Committee* - The CoC Steering Committee is the lead decision-making body responsible for planning for the use of US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

Specific responsibilities include:

- Overall direction and leadership of the process
- Making all formal decisions of the CoC
- Strategic planning and goal setting
- Approves the selection of the Monitoring and Selection Committee
- Aligning and coordinating CoC and other homeless assistance and mainstream resources
- Establishing priorities for and making decisions about the allocation of COC resources
- Monitoring and evaluating both system wide and individual program performance on established goals
- Receiving reports and recommendations from sub-committees and ad-hoc task groups
- Guides the annual CoC Exhibit 1 Application
- Ensure that all necessary activities (eg. Point-time-count) are being implemented by local planning groups
- Disseminates information to all members of the local planning groups

Members of the CoC Steering Committee include:

- Two representatives designated by each planning group

- One representative from the lead agency/collaborative applicant, Department of Housing and Community Development (DHCD)
 - Two consumer representatives (homeless or formerly homeless)
- In total, there are 21 seats on the Steering Committee as outlined above
 - The representative from DHCD will serve as the Chairman of the Steering Committee
 - A Co-Chairman will be appointed from the one of the representative of the local planning groups.
 - Terms are two years (exception being representative from DHCD)
 - The Steering Committee can add new members by a majority vote of the existing members
 - Steering Committee meetings will be held by teleconference on a bi-monthly basis. There will be one meeting held annually at the Governor's Housing Conference.
 - The vote of a majority of members present and voting at a meeting at which quorum is present is enough to constitute an act of the Steering Committee
 - Members that fail to attend regularly scheduled meetings (without an alternative) shall be subject to removal from the Steering Committee by vote of the Committee if they attend less than 75% of meetings. The Steering Committee will require a planning group to appoint a substitute in the event of the removal of a member of the Steering Committee.

b. HMIS, Data, and Performance Committee-

Specific responsibilities include:

- Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures annually
- The development, assessment, and monitoring of performance measures by different program type and CoC as a system.
- Reviewing the quarterly data quality, point-in-time, and demographic reports
- The assessment of the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level.
- The organization of the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted accurately

c. Uniformed/Coordinated Assessment System Committee

Specific responsibilities include:

- The development of the uniformed/coordinated assessment form
- Quarterly assessment of the uniformed/coordinated assessment form
- The development of a system to track information collected for the assessment of needs in each community

d. Services Coordinating Committee

Specific responsibilities include:

- The development and annual assessment of the Balance of State Common Standards-policies and procedures
- The assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care
- The assessment of current gaps in services
- The engagement and accessing of other mainstream resources (veterans, dv, DSS, etc.)

e. Monitoring and Selection Committee

Specific responsibilities include:

- Annually evaluating the renewal projects
- The reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition
- The assessment, monitoring, and evaluating of compliance and performance of ESG and state funded balance of state projects

f. Ad hoc Work Groups-These committees will be formed on an ad-hoc basis as needed and decided by the Steering Committee

5. DHCD Role and Responsibilities

The Department of Housing and Community Development is the lead support agency (collaborative applicant) providing staff to the various committees and work groups that constitutes the Balance of State CoC and performing a variety of necessary functions such as HMIS administration, performance monitoring, engagement and education of stakeholders and submission of the funding applications.

Specific responsibilities include:

- Staffing of committees
- Produce planning materials
- Coordinate Needs/Gaps Assessments
- Collect and report performance data
- Monitor program performance
- Coordinate resources, integrate activities and facilitate collaboration
- Prepare collaborative application for CoC funds (Exhibit 1)
- Build awareness of CoC related issues
- Recruit Stakeholders
- Manage the HMIS grant

6. Homeless Management Information System (HMIS)

7. DHCD is the primary lead for the Balance of State HMIS system. DHCD will collaborate with Homeward, HMIS sub-recipient, to ensure all HMIS activities are carried out in accordance with the HEARTH Act. All agencies within the Balance of State must comply with HMIS requirements for CoC funding as well as all state homeless service funds (HMIS is a requirement for all non-domestic violence providers accessing these funds.) HMIS policies and procedures will be reviewed and updated on an annual basis in accordance with HMIS data standards and HEARTH act. The policies and procedures can be accessed at : http://homewardva.org/sites/default/files/pdfs/HGIS/hcis-docs/HGIS_Policies_and_Procedures.pdf

8. Reporting

- Proceedings of all Steering Committee meetings are documented in minutes.
- Minutes of all meeting are circulated and approved at the subsequent meeting
- Resolutions are first put out in draft form (as a “Board Paper”) and, once passed, are recorded in the minutes of meetings or a Resolutions Register.

9. Conflicts of Interest

No member of the Primary Decision Making Group (Steering Committee) shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions.

10. Review of Charter

The Steering Committee will review this charter annually to ensure it remains consistent with the CoC’s objectives and responsibilities.

Before Starting the CoC Project Listings

Collaborative Applicants must rank or reject all Project Applications submitted through e-snaps prior to submitting the CoC Project Listings. Detailed instructions can be found in the left-hand menu bar.

Additional training resources are available online on the CoC Training page of the HUD HRE.

Things to Remember

- All new and renewal projects must be ranked or rejected by the Collaborative Applicant. Ranking numbers can only be used once among the four project listings.
- Collaborative Applicants are strongly encouraged to list all project applications on a spreadsheet in rank order to ensure a ranking number is used only once. The rank order spreadsheet will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must have a reason listed. Additionally, Collaborative Applicants are required to notify any project applicants that are rejected of the reason for rejection no later than 15 days prior to the submission of the CoC Consolidated Application to HUD.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must rank the amended project once it is returned to the Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.

Beginning with this FY2012 application process, the Collaborative Applicant **MUST** submit both this Project Listing **AND** the CoC Consolidated Application by the HUD submission deadline. Collaborative Applicants must ensure both parts of this application have been submitted.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

Collaborative Applicant Name: Virginia Department of Housing and Community Development

Continuum of Care (CoC) New Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all New project applications that have been submitted to this CoC Consolidated Application, click on the "Update List" button. This process may take a few minutes based upon the number of new projects that need to be located in the e-snaps system. The Collaborative Applicant should continue to the next Project Listing to update or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Balance of State ...	2012-12-14 11:26:...	1 Year	DHCD-BOS	\$31,153	P11	HMIS
Bristol Scattered...	2012-12-14 15:56:...	1 Year	People Incorporat...	\$156,330	P9	PH
Vint Hill Permane...	2012-12-14 15:59:...	3 Years	People Incorporat...	\$679,296	P7	PH
Foothills Housing...	2013-01-08 16:10:...	1 Year	Rappahannoc k-Rapi...	\$284,634	P6	PH
Eastern Shore Per...	2013-01-16 15:06:...	1 Year	Accomack-Northamp...	\$59,449	P8	PH
Eastern Shore of ...	2013-01-16 15:34:...	1 Year	Accomack-Northamp...	\$103,443	P10	PH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Renewal project applications that have been submitted to this CoC Consolidated Application, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant should continue to the next Project Listing to update or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Bristol Permanent...	2012-12-14 16:01:...	1 Year	People Incorporat...	\$24,751	W3	PH
Balance of State ...	2013-01-08 16:22:...	1 Year	DHCD-BOS	\$87,901	W4	HMIS
SHP Expansion 2013	2013-01-14 10:18:...	1 Year	Helping Overcome ...	\$71,198	W2	PH
SHP Renewal 2013	2013-01-14 10:19:...	1 Year	Helping Overcome ...	\$77,874	W1	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

To upload all CoC Planning Costs project applications that have been submitted to this CoC Consolidated Application, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant should continue to the next Project Listing to update or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder.

As a reminder, the Collaborative Applicant can submit only 1 CoC Planning Costs Project.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Balance of State ...	2012-12-14 11:55:...	1 Year	DHCD-BOS	\$22,278	C5	CoC Planning Proj...

Funding Summary

Instructions

This page contains the total budget summaries for each of the project listings. The Collaborative Applicant should review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding amount for the CoC that will be submitted to HUD for funding consideration. Remember only 1 UFA Financial Project and only 1 CoC Planning Costs can be submitted.

For additional information, please review the "CoC Project Listing Detailed Instructions" located on the left-menu and the "CoC Project Listing" training module located on the HUD HRE.

Title	Total Amount
Renewal Amount	\$261,724
New Amount	\$1,314,305
Permanent Housing Bonus Amount	\$0
Reallocated Amount	\$0
CoC Planning Amount	\$22,278
Rejected Amount	\$0
TOTAL CoC REQUEST	\$1,598,307

Maximum CoC project planning amount:\$22,278

Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	12/14/2012
2A. CoC New Project Listing	01/16/2013
2B. CoC Renewal Project Listing	01/14/2013
3A. CoC Planning Project Listing	01/10/2013
Submission Summary	No Input Required