

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: VA-521 - Virginia Balance of State CoC

1A-2. Collaborative Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeward

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Not Applicable	No	Not Applicable
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Department of Social Services	Yes	Yes	Yes
United Way	Yes	Yes	Yes
Comm. Action Agencies/other homeless service providers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The BoS is comprised of 12 geographically dispersed Local Planning Groups (LPG) and 5 committees. Ex: St. Joseph's Villa (SJV), a RRH provider, has provided homeless services for over 25 yrs and RRH services since 2010. In 2015, SJV added youth RRH. The BoS works extensively with CAP agencies that provide ES, RRH, PSH, mental health, Head Start, vocational, and healthcare services. The CA actively participates on the Governor's Coordinating Council on Homelessness and serves on all comm & workgrps. The CA co-chairs the GCCH's Interagency Partnership to Prevent and End Youth Homelessness.

The Steering Committee is comprised of elected LPG members (including DV, DSS, homeless service, affordable housing, advocate, and foundation representatives) and the CoC CA (state agency). The BoS has 4 sub-comm. that have elected membership from the LPGs (DV, PHA, local planning district, homeless services, advocates, and DSS). The Steering Committee has the final vote on comm. recommendations.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
St. Joseph's Villa	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC

**Program funded) who operate within the CoC's geographic area.
 Then select "Yes" or "No" to indicate if each provider is a voting member
 or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Family Crisis Support Services	Yes	Yes
People, Inc	Yes	Yes
Project Horizon	Yes	No
Southside Survivor Response Center, Inc.	Yes	No
The Haven	Yes	Yes
Eastern Shore Coalition Against DV	Yes	No
Women's Resource Center	Yes	Yes
Tri-County Community Action	Yes	Yes
James House	Yes	No
Madelines House/Piedmont Crisis Center	No	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

After the registration is released, but prior to the release of the NOFA, the CA seeks interest from each of the 12 Local Planning Groups (LPGs) to apply for a new project via reallocation or new bonus funds (if available). The CA seeks this information via an email to each of the LPG Steering Committee Members with the instructions to ensure all LPG stakeholders are aware of the opportunity. The instructions for applying for new projects are also posted on the BoS website.

Once a LPG informs the CA of its intent to apply the CA sends a pre-application to the interested agency. This application is used by the CA to ensure the new project is eligible, meets a community need, is Housing First, and is viable. After the project application is reviewed by the CA, the agency is provided feedback on any needed changes or concerns. The agency can then make a decision about submitting a final application to the ranking committee once final applications are due.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	10
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	10
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	10
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Each year when the Department of Housing and Community Development updates State's Con Plan, 2 hr in-person input sessions are held with each Con Plan jurisdiction. In addition, LPGs that have Con Plan jurisdictions provide necessary information and feedback at least annually to participate in the process. Five LPGs (NRV Housing Partnership – 3, West Piedmont – 1, Crater Area Coalition on Housing – 3, Valley -1, and Cumberland Plateau – 1) each work individually with their Con Plan jurisdictions. The CA works with leads of each LPG to establish and coordinate the statewide plan.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The BoS CA (DHCD) administers ESG funding for all of the BoS jurisdictions. Each of the 12 LPGs submit community based applications for ESG, HOPWA, and other state funding through the Virginia Homeless Solutions Program (VHSP) competition. Funded projects must coordinate services with the CoC, use HMIS (unless a DV provider), participate in coordinated assessment, use a housing first model, adhere to CoC service standards, and report outcomes at a program and system level. The CoC Program Coordinator works with VHSP Program Administrators to evaluate performance and spending on a qrtly basis. These funds must be used to achieve the goals of reducing the number of hhs who become homeless, shorten the length of time a hh is homeless, and reduce the number of hhs who return to homelessness. The CoC Program Coordinator is part of the VHSP team that establishes system performance measures and project outcomes that are used for Con Plan development and CAPER reporting.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

When a survivor seeks housing assistance, an assessment for diversion is conducted to include a question as to the person's safety. If safety is an issue, appropriate referrals are made to a DV provider funded by DOJ, HHS, ESG, and/or state funding. All 12 LPGs have DV providers that participate in the CoC. Once a survivor is in a safe location he/she is screened using the VI-SPDAT. Based on the most appropriate and available intervention, survivors are

prioritized with other households for housing assistance. Eight of the 12 LPGs have a DV provider administering ESG/state RRH funds. As with all households seeking assistance, the BoS implements client centered programming to ensure client choice is taken into account for housing placements and ongoing services.

The CA also participates on the DV Action Team, Sexual Assault & DV Advisory Council, and the DV State and Local Partners quarterly meetings. DOJ and HHS participate in the Governor’s Coordinating Council on Homelessness.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Virginia Housing Development Authority	1.00%	Yes-HCV
Danville Redevelopemnt & Housing Authority	0.00%	No
Petersburg Redevelopment & Housing Authority	0.00%	Yes-Public Housing
Wise Co. Redevelopment & Housing Authority	9.39%	Yes-Both
Hopewell Redevelopment & Housing Authority	0.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The CoC receives state funding through the Virginia Homeless Solutions Program and the VA Housing Trust Fund. VHSP provides funding for an emergency crisis response system to include RRH. Through VHSP, the LPGs have housing locators that work directly with landlords. Due to the rural area of the CoC, many of these are landlords that are not connected to corporate realtors and have greater discretion about eligibility requirements. Housing locators are able to build relationships with these landlords creating win/win situations for the landlord, the client, and the homeless assistance organization. The VA HTF contains both a grant and loan pool and grants RRH and PSH services while the loan pool is for acquisition and construction of PSH units. These funds must also be used as part of a coordinated effort to get persons housed quickly by working with area landlords in a similar manner.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
State initiative between Criminal Justice System, Behavioral Health and Housing Providers	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Each of the 12 LPGs has identified one or more points of entry for homeless entry/assessments that coordinate program access and assessment, prioritization, and referral. In addition to access points, each LPG has one phone number where persons can access services. This number is published on the DHCD (CA) website, 211, and throughout each LPG. Access points collect minimal information, assess for diversion, conduct the standardized assessment (VI-SPDAT if homeless or the locally approved prevention tool if imminently homeless), and make the most appropriate referral. Access points have knowledge of all possible referrals, eligibility requirements, and utilization/capacity information. LPGs maintain by-name lists that help prioritize and quickly house those who are most vulnerable. All 12 LPGs have low-barrier ES and RRH resources and 4 of the LPGs have PSH resources. All ES, RRH and PSH resources are filled through the coordinated assessment process.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Action Agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Service Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Departments of Social Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	8
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

System level P&P require all BoS projects use a housing first model, prioritize based on vulnerability (using VI-SPDAT and HUD's order of priority), and make sure there are not barriers to project entry or PH.

To ensure those with the most severe needs and vulnerabilities are being served by CoC funded projects, the ranking comm. reviewed the answers to the following questions provided via a supplemental application: (a)Target Pop. served; (b)Describe how your project addresses family, youth, veteran, and CH; (c)Does your project use a housing first model (explain practices used); (d) What are the client participation requirements for your project. These responses were used to rate - Is the project serving those with the most significant needs on the scoring matrix.

The ranking comm. tiered projects according to the highest quality projects serving the most vulnerable. Final tiering resulted in a new dedicated CH PSH project ranking above a renewal PSH project.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The HUD CoC competition process is part of the BoS System P & P that are approved by and available for all LPGs. Aug. 8, CA posted the competition process that includes ranking and review, and scoring matrix on the BoS website.

Aug. 29, project applicants and Steering Comm. were emailed the project tiering decisions.

Aug. 30, the CA received an appeal from WHDA. The appeal was sent to the ranking committee the same day and voted to modify the tiering decision on Sept 1.

Sept. 2, WHDA, other project applicants, and all committee members were notified of the final tiering order.
The final Collaborative App and attachments are posted to the BoS website as of Sept. 12, 2016.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Projects that receive state and ESG funds submit qrtly and annual reports to the CA and have qrtly conversations to discuss what is working and not working. TA is provided to ensure each LPG is spending funds effectively and serving eligible participants.

Each LPG submits an annual Homeless Outcomes Community Report to evaluate the LPG as a crisis response system. The report uses PIT count, numbers served, coordinated entries, subpopulations, first time homeless, and length of homeless for the evaluation. These reports along with the HUD System Measures are analyzed at the LPG & BoS level.

The CoC program coordinator also works closely with the HUD CPD Rep. and receives a "spend rate" spreadsheet that provides information on CoC project spending, eLOCCS usage, APR submissions, & concerns. The CoC program coordinator mediates issues. CA evaluates CoC funded projects on exits to PH, utilization, housing stability, income and benefits, which is used as part of the CoC ranking.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 7

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Service Point

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Mediware

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Multiple CoCs

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$141,301
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$141,301

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$140,975
State and Local - Total Amount	\$140,975

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$4,500
Other - Total Amount	\$4,500

2B-2.6 Total Budget for Operating Year	\$286,776
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/29/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	608	230	193	51.06%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	182	36	0	0.00%
Rapid Re-Housing (RRH) beds	351	0	351	100.00%
Permanent Supportive Housing (PSH) beds	30	0	30	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The GCCH's performance and impact workgroup includes state employees and CoC reps. including members from the BoS. This workgroup recommended and DHCD (CA) submitted a budget request to the Governor's office for a statewide HMIS system. This was not funded for the FY16 year, but the workgroup continues to advocate for the statewide HMIS system and another budget request will be presented for FY17 and other funding options explored. In July 2016, each LPG was required to submit a Homeless Outcomes Community Report to include HMIS and non-HMIS participant data to DHCD. This report will provide data that will be used to rate performance of each LPG's crisis system and will impact state funding decisions. This requirement is being used by LPGs as leverage to get new HMIS participants on board. In addition, the BoS CA provides guidance and technical assistance on the importance of all homeless services providers, regardless of funding sources, to participate in HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	7%
3.3 Date of birth	2%	0%
3.4 Race	2%	1%
3.5 Ethnicity	2%	0%
3.6 Gender	2%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	4%	1%
3.9 Residence prior to project entry	7%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	1%
3.15 Relationship to Head of Household	19%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	15%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

6

2D-4. How frequently does the CoC review data quality in the HMIS?

Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

BoS does not have GPD or RHY projects.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/29/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Every shelter that is part of the BoS regardless of funding source was asked to complete surveys for each person residing at the shelter the night of 1/27/2016. These surveys were then submitted to the CA. In instances where the shelter

participated in HMIS the surveys were compared against a PIT HMIS report. Any differences in numbers (duplications or exclusions) were addressed with shelter staff and corrections were made. This methodology was selected to obtain demographic information on 100% of homeless persons who were residing in shelter.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

There were not changes in the methodology from 2015 to 2016.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

It was the goal to have all BoS shelters participate in the 2016 PIT. A net of 3 shelters that participated in the 2015 PIT count did not participate or were no longer in operation during the 2016 count. In addition to traditional homeless shelters, two LPGs were working with victims of house fires and floods that were being assisted by the Red Cross. There were 38 persons being sheltered in these two LPGs by the Red Cross.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

As in years past, the CA in collaboration with Homeward (HMIS subcontract recipient), updated the survey tool and recorded a training webinar. The webinar covered the following - what is a PIT count, why participation is important, date of the count, who is counted and not counted, HUD required data elements, defining chronically homeless, how to conduct the survey, how to plan locally for the PIT count, timeline for reporting PIT information to the CA, overview of reporting tools, overview of the survey tool, suggestions for surveying people, and additional HUD and NAEH resources. Prior to the PIT count, the CoC Program Coordinator followed up with each LPG's PIT coordinator to answer questions and to ensure they had the tools and materials needed to conduct the count.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/29/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Each LPG PIT coordinator had a team of homeless service staff and/or volunteers to assist in counting those who were unsheltered. This coordinator worked with homeless service staff, local business owners, and police to identify as many locations where known unsheltered persons resided. During the count, these staff and/or volunteers conducted surveys of these locations. This method was chosen as it provides the most effective count given the BoS's large and rural geographic area.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of

**your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)**

The methodology did not change from 2015 to 2016.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

**2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)**

N/A

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The BoS is comprised of 12 LPG that coordinate local counts. In 2015, the BoS significantly improved outreach methods for the unsheltered PIT count using the media, social media, community volunteers, and university students to increase effective outreach during the count. These efforts continued in 2016. In addition to ongoing efforts, one LPG was able to get new local government support from Buchanan County where 8 individuals were identified as unsheltered that had not been known to the LPG. This same LPG on the border of VA and TN coordinated with service providers in TN more thoroughly. This

enabled a more accurate count of those persons who were unsheltered in VA rather than TN on the night of Jan. 27th.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	773	654	-119
Emergency Shelter Total	542	392	-150
Safe Haven Total	0	0	0
Transitional Housing Total	92	106	14
Total Sheltered Count	634	498	-136
Total Unsheltered Count	139	156	17

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,602
Emergency Shelter Total	1,602
Safe Haven Total	0
Transitional Housing Total	0

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The BoS is working to target prevention funds to those who are most likely to become homeless not those being evicted. LPGs use ES data to determine what criteria to assess when targeting prevention services. LPG's prevention services are part of the coordinated entry system and programs have flexible staff and financial assistance. LPGs look at the following data elements as suggested by the NAEH to develop prevention/diversion assessments that best match local needs.

- Number of and length of previous homeless episodes
- Household income
- Disabilities in the household
- Criminal records
- Past evictions
- Pregnancy
- Benefits received
- Living situation prior to coming to the homeless assistance system
- Employment status
- Household size and membership

State funding through DHCD prioritizes prevention/diversion dollars to those communities using local data to target those most likely to become homeless resulting in a decrease in first time homeless.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

ES and TH programs use housing focused CM that directs homeless households to focus first on obtaining housing from intake. The VI-SPDAT and HUD's PSH priority listing are used to assist providers in determining the best housing assistance to use. If it appears self-resolution is possible, the case mangr. continues to work with the household until housing is obtained or more supports are deemed necessary.

If a household has significant barriers to housing and other vulnerabilities that require RRH or PSH these services are provided. All LPG have RRH and four LPGs have PSH. All RRH and PSH projects employee low barrier access and do not place sobriety, treatment, income, or other barriers to access permanent housing

Analysis of data indicates that 47% of HHs in ES and TH programs (incl. DV) exited to permanent housing and 61% who entered sheltered exited within 60 days and 44% exited in less than 30 days. ES using HMIS have an average 46 days where households remain homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement**

or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
 Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	97
Of the persons in the Universe above, how many of those exited to permanent destinations?	79
% Successful Exits	81.44%

**3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	43
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	35
% Successful Retentions/Exits	81.40%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

BoS is focusing on stabilization services to reduce the rate of those who return to homelessness. All BoS homeless projects have (1) housing stabilization case managers that focus barriers to obtaining and maintaining housing. These case managers use a (2) progressive engagement model of service delivery to ensure the level of service and financial support meet the needs of the client (services may increase or decrease depending on the needs). And (3) case managers focus on connecting clients to natural supports (family, friends, neighbors, school, church, neighborhood groups, etc.) as well as mainstream services (financial and medical benefits, mental health services, employment supports, etc.). In addition, (4) prevention and diversion resources are targeted to those who have experienced homelessness in the past. For projects that use HMIS, data shows that 93% of households remain housed

for 6 months, 89% remain housed for 12 months, and 75% remain housed for at least two years.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

There are multiple strategies used to increase income. Strategies include assistance in applying for and following up with mainstream benefits including SSI/SSDI. Currently, 3 LPGs have staff competing SOAR training and 2 of the PSH projects submitted (Foothills Housing Network and Commonwealth Catholic Charities) have staff SOAR trained. Projects also assist households with employment opportunities. For example, People Inc. (PSH) has a vocational training program for individuals with disabilities that includes job placement, job coaching, supported employment, and internships. St. Joseph's Villa (RRH) has an employment specialist who helps with resumes and applications, job coaching and soft-skills training, transportation, and employer recruitment. This project also has an MOU with Goodwill that provides priority for more intensive employment services to those who are homeless.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The BoS uses two main approaches to working with mainstream employment organizations. First, eleven homeless assistance providers across the BoS are community action agencies that offer mainstream employment programs. If a client is eligible and in need of vocational training, job coaching, or supported employment, these agencies can make internal referrals and prioritize clients for these voluntary services that are not specifically designed for those who are homeless. Second, for communities that do not have this option and for clients who do not meet the eligibility for employment assistance due to a disability, organizations have MOUs with or refer to Goodwill agencies. The GCCH helps coordinate efforts by including reps from employment agencies including DOL, the VA Employment Comm., and the VA Values Veterans program.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

By working with law enforcement, hospitals, EMTs, and other community resources LPGS identify persons who are unsheltered and unengaged. This information is used to survey rural areas for homeless persons for the PIT count

and populate the LPG's by-name list. Once located, persons who are unsheltered are followed up with regularly until permanent housing is obtained or until they enroll in a homeless service program. For example, after the 2015 PIT count, DHCD (CA) provided TA to a LPG with an increase in unsheltered families. The TA included strategies to identify and access alternative housing options, and possible mainstream and funding resources. The LPG lead worked in collaboration with the local Community Service Board (mental health org) to ensure these families were safely housed.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

In extremely rural parts of the state where areas are very mountainous and not populated, the CoC has excluded these areas from the unsheltered PIT count due to the lack of accessibility and safety risks. LPGs work closely with police and conservation officers to identify unsheltered homeless persons in remote areas. If identified officers survey those persons for the PIT count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 07/26/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	90	58	-32
Sheltered Count of chronically homeless persons	42	34	-8
Unsheltered Count of chronically homeless persons	48	24	-24

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

There was a decrease of 32 chronically homeless persons in the 2016 PIT count.
 There was no methodology changes in the 2016 PIT count.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	16	30	14

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

An additional 14 chronically homeless dedicated beds is an error in the HIC. 10 of these beds are prioritized when they “turn over.” But, do not have chronically homeless tenants at this time. However, there is an increase of 4 beds with chronically homeless individuals as a result of “turnover” and a project filling capacity during the past year.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 5 and 16

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The Virginia BoS is participating in the Zero 2016. As part of this effort, the BoS has implemented several practices and strategies that will work to ensure the federal goal of ending CH by 2017 is achieved. First, the BoS is tracking monthly CH housing placements and between Oct 2015 and July 2016, 73 CH households were housed of which, 40 were CH veterans. Second, LPGs have created by-name lists of all homeless persons for prioritization based on the VI-SPDAT, and for follow up and outreach to ensure those who are CH are placed in housing first. To achieve this, the BoS is receiving technical assistance from our Zero 2016 coach and participating in a challenge from July to Dec 2016 to house those who are CH. Third, all PSH beds that turn over are being prioritized for those who are CH. And fourth, the BoS is requesting bonus PH funds to support new PSH beds dedicated to those CH. Ending CH is a focus of the Solutions Committee of the GCCH.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
BoS uses the VI-SPDAT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

The BoS is working to achieve this goal by ensuring every family is assessed at intake or point of contact with the VI-SPDAT and then prioritized according to vulnerability. By housing those with the greatest vulnerability and most likely those who have been homeless the longest first, the BoS is providing both financial assistance and case management to those who have the greatest needs and would otherwise remain homeless without assistance. Through state and ESG funding, emergency shelters have housing focused case managers that work with families to obtain housing regardless of their prioritization for RR-H or PSH services. If a family needs the additional assistance of RRH (CoC, state, & ESG funded) or PSH (CoC funded) then these projects provide housing search and landlord recruitment to help families obtain permanent housing as quickly as possible. Currently, many LPGs in the BoS are able to permanently house families in 30 days or less.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	86	93	7

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
State funding from DHCD prohibits involuntary separation	<input checked="" type="checkbox"/>
DHCD (CA) monitors for involuntary separation	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 44	09/13/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	117	85	-32
Sheltered Count of homeless households with children:	108	77	-31
Unsheltered Count of homeless households with children:	9	8	-1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There was a decrease of 32 households with children in the 2016 PIT count. There was not a change in the methodology to the PIT count.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Participation in state-level Anti-Trafficking Coordinating Committee (A-HTCC) Victim Support Workgroup	<input checked="" type="checkbox"/>

N/A:	<input type="checkbox"/>
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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	28	28	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic

area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	45
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	37
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	34

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The BoS has rep. on the Gov's Children's Cabinet that is dedicated to the education, health, safety, and welfare of children and youth. One of the Cabinet's initiatives is the Challenged Schools project. One LPG is part of the Challenged Schools project and has state and local gov't., education, legal, and nonprofit partnerships. A comm. led by CA is developing a pilot project for this LPG designed to stabilize housing in school zones where classrooms frequently have 100% turnover to increase school achievement. This will be funded through the Va. HTF in 2017.

The BoS co-chairs the Interagency Partnership to Prevent and End Youth Homelessness, a comm. of the GCCH. IPPEYH has a strategic plan to increase stable housing, build and enhance permanent connections, increase access to and success in educ. and employment, and increase social and emotional functioning for youth who are at risk of or are homeless.

Each LPG collaborates with their school district's homeless youth liaison.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

As part of services offered to families, case managers verbally and in writing notify parents of their child's rights to access and receive educational services including enrolling in school without required documentation (birth certificate or immunization records), remaining in their home school with transportation provided, and free lunch. State funding through DHCD (CA) requires that homeless service providers coordinate with LEAs to ensure homeless children receive needed services.

Coordination between youth and education partners occur at multiple levels for the BoS. At the state level, the BoS is represented on the Governor's Children's Cabinet and on the Interagency Partnership to Prevent and End Youth Homelessness. Virginia's Project Hope ensures the enrollment, attendance, and the success of homeless children and youth in school through public awareness efforts across the commonwealth and sub-grants to local school divisions. Local Education Agencies (LEA) develop customized programs to meet the needs of homeless children and youth in their area through the participation with the CoC LPGs. Through this coordination, LEAs are aware of the CoC and ESG services in which those they serve are eligible to receive. LPGs also work with LEAs to make appropriate referrals for families who do not meet the definition of literally homeless.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Several LPGs have Community Action Agencies that serve as the lead agency to facilitate and coordinate homeless services in their area. The Community Action Agencies below provide both homeless/housing services and services to children and youth.

People Inc.- Provides early intervention and wrap around services to young children with disabilities

Clinch Valley Comm. Action- Provides Head Start

New River Community Action – Provides Head Start and Children's Health Improvement Partnership (CHIP)

STEP, Inc – Provides Head Start and Early Head Start

STEPS, Inc – Provides Head Start

Tri- County Community Action – Provides Head Start

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	38	29	-9
Sheltered count of homeless veterans:	26	24	-2
Unsheltered count of homeless veterans:	12	5	-7

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Veteran homeless decreased by 9 in the 2016 PIT count. There was not a change in the PIT count methodology.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The BoS CA has rep. on the state comm. to prevent and end vet. homelessness, a comm. of the GCCH. This comm., lead by the Virginia

Department of Veterans Services worked to ensure all CoCs including the BoS coord. with the appropriate VA medical centers and SSVF providers as well as other local vet. groups. When vet. specific services were unavailable, this comm. advocated for increased coverage of SSVF and worked to ensure state specific vet. funding was allocated to uncovered areas. State funding can serve vets. with any discharge status. As a result of these strategies, Virginia was the first state to functionally end vet. homelessness. All efforts continue to ensure vets. are prioritized for housing. In addition to this state level commitment, LPGs worked with their Zero 2016 coach to develop by-name lists and to prioritize vets. who were the most vulnerable with most appropriate resource. From Oct. 2015 to July 2016 the BoS housed 144 non-chronic vets. and 40 chronic vets.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	85	29	-65.88%
Unsheltered Count of homeless veterans:	33	5	-84.85%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

In 2015, the BoS met the USICH criteria to end veterans' homelessness as part of the USICH's endorsement that the State of Virginia had functionally ended veteran homelessness. The BoS continues to identify, assess, and house veterans who experience a housing crisis. The BoS continues to have partnerships with VA Medical Centers and SSVF providers; use state resources for veterans who do not qualify for VA services; and apply the principles of Housing First, low barrier services, and coordinated access to house veterans as quickly as possible. The BoS also participates in state level veteran liaison conference calls monthly. These calls are used to help coordinate services across jurisdictions and agencies as well as obtaining support and guidance from the Virginia

Department of Veterans Services (VDVS). VDVS is often able to streamline processes or negotiate barriers to services.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	10
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	10
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Through HUD's TA initiative- Healthcare and Housing Systems Integration (H2), Va. created an Action Plan and continues to implement strategies to improve healthcare services for the homeless through a committee of the GCCH. Progress has been slowed by Va. not expanding Medicaid, but the Governor's Access Plan (GAP) was created, which provides basic medical and targeted behavioral health care to uninsured Virginians with SMI. 10,218 members have been enrolled since January 2015. Cover Virginia aids in connecting the uninsured to Medicaid, FAMIS, GAP, and the Federal Marketplace. H2 partners

include Virginia Poverty Law Center; Commonwealth Coordinated Care; FQHCs, HCHs and free clinics; MCOs; HIV/AIDS providers; local and state healthcare agencies; CoCs; HUD and HHS reps.; Dept. of Medical Assistance Services (Medicaid Admin.); and DSS.
The GCCH is exploring options and engaging stakeholders (MCOs and hospitals) in the development of PSH for frequent users of health services.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Mental Health Support Services	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	10
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
DSS as coordinated access sites	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	150	134	-16

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?

(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
BoS Coordinated Access	01/20/2016	3

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notification of R...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated Appl...	09/13/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Ranking Process	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Process Web P...	09/12/2016
05. CoCs Process for Reallocating	Yes	CoC Reallocation ...	09/12/2016
06. CoC's Governance Charter	Yes	Charter	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	09/12/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref...	09/12/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS contract	09/12/2016
11. CoC Written Standards for Order of Priority	No	System Level P& P...	09/12/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX System Measures	09/12/2016
14. Other	No	H2 Final Plan	09/13/2016
15. Other	No	IPPEYH strategic ...	09/12/2016

Attachment Details

Document Description: Notification of Rejected Applicants

Attachment Details

Document Description: Consolidated Application Screenshot

Attachment Details

Document Description: CoC Ranking Process

Attachment Details

Document Description: CoC Process Web Posting

Attachment Details

Document Description: CoC Reallocation Process (page 1)

Attachment Details

Document Description: Charter

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Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: HMIS contract

Attachment Details

Document Description: System Level P& P (priority listing page 5 & 16)

Attachment Details

Document Description:

Attachment Details

Document Description: HDX System Measures

Attachment Details

Document Description: H2 Final Plan

Attachment Details

Document Description: IPPEYH strategic Plan

Submission Summary

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

Page	Last Updated
1A. Identification	09/08/2016
1B. CoC Engagement	09/08/2016
1C. Coordination	09/09/2016
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1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	09/09/2016
1F. Project Review	09/09/2016
1G. Addressing Project Capacity	09/09/2016
2A. HMIS Implementation	09/09/2016
2B. HMIS Funding Sources	09/09/2016
2C. HMIS Beds	09/09/2016
2D. HMIS Data Quality	08/15/2016
2E. Sheltered PIT	09/09/2016
2F. Sheltered Data - Methods	09/09/2016
2G. Sheltered Data - Quality	09/01/2016
2H. Unsheltered PIT	09/09/2016
2I. Unsheltered Data - Methods	09/09/2016
2J. Unsheltered Data - Quality	09/09/2016
3A. System Performance	09/12/2016
3B. Objective 1	09/12/2016
3B. Objective 2	09/12/2016
3B. Objective 3	09/12/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/12/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required

CoC Competition Process

Annually the Virginia Balance of State (BoS) Continuum of Care (CoC) Collaborative Applicant submits a CoC Program application to HUD in accordance with the Notice of Funding Availability and guidance from the BoS Ranking Committee and BoS Steering Committee. The Collaborative Applicant (CA) will adhere to the following approved process to submit the application.

Registration

The application process begins when HUD releases the CoC Program Registration Notice. It is the CA's responsibility to complete the registration process and submit the registration via ESNAPS.

Grant Inventory Worksheet (GIW)

The CA will send a copy of the GIW to each project contact for review and updates. Once each project is updated, the CA consolidates all projects into one GIW spreadsheet and submits the information to HUD. The CA in collaboration with project applicants make any identified changes to the GIW (once reviewed by HUD) and receives the final approved GIW from HUD.

Intent to Apply for New Projects and Reallocation Process

After the registration is released, but prior to the release of the NOFA, the CA seeks interest from each of the 12 Local Planning Groups (LPGs) to apply for a new project via reallocation or new bonus funds (if available). The CA seeks this information via an email to each of the LPG Steering Committee Members with the instructions to ensure all LPG stakeholders are aware of the opportunity. This initial solicitation requests the following information:

- Is your LPG interested in submitting a new project in the upcoming HUD competition?
- Is your LPG interested in a new project via reallocation or only bonus money (if available) or either one?
- Is your LPG interested in a new CoC project?
- What type of project is your LPG interested in submitting?
- Which agency intends to submit the application?
- Contact information for follow up

Name:

Agency:

Phone #:

Email:

Once a LPG informs the CA of its intent to apply, the CA sends a pre-application (Attachment A) to the interested agency and posts the pre-application on the BoS website. This application is used by the CA to ensure the new project is eligible, meets a community need, is Housing First, and is viable. After the project application is reviewed by the CA, the agency is provided feedback on any changes or concerns the CA has about the new project. The agency can then make a decision about submitting a final application to the ranking committee once final applications are due.

Notification of Funding Availability

Once HUD releases the Notice of Funding Availability (NOFA), the Collaborative Applicant sends it to all current CoC grantees, all BoS committee members, and LPG lead contacts. The notice is also published on the BoS CoC webpage hosted by the Virginia Department of Housing and Community Development.

The Collaborative Applicant reviews the NOFA, releases a timeline with instruction for the application process, and a final request for new projects (if bonus funds are available). The timeline and instruction are sent to the aforementioned recipients and published on the BoS website. If a LPG has an interest in a new project at this time, they submit the same application (Attachment A) to the Collaborative Applicant. The application is reviewed by the CA and the CA provides feedback as to eligibility and any questions or concerns. If eligible, the interested agency is instructed on submitting an application in ESNAPS.

Ranking and Review

The Balance of State Continuum of Care (CoC) convenes a panel of community stakeholders (at least 5) including (but not limited to) homeless service providers, state employees, advocates, housing authority representatives, local government representatives, and formally homeless representatives to review and assess funding requests for the HUD Continuum of Care Program. The panel, known as the Ranking Committee is a committee of the Balance of State CoC. The Ranking Committee is tasked in the CoC charter as the entity responsible for accepting requests for funding and reviewing requests for consistency with meeting the federal, state, and local goals and priorities for addressing homelessness.

The Ranking Committee is staffed by the Department of Housing and Community Development (DHCD), the CoC collaborative applicant. The CA supports the work of the ranking committee in reviewing and ranking applications for funding, provides guidance to the ranking committee on the tiering process (if applicable), provides an evaluation matrix based on federal, state, and local priorities, and provides coordination between the project applicants and the ranking committee for all follow up. The collaborative applicant is also responsible for notifying project applicants and the BoS Steering Committee of the ranking committee's decisions and publishing ranking results to the BoS CoC website.

The Ranking Committee uses a scoring matrix (Attachment B) that evaluates Project Performance (30 points), Need (25 points), Approach (25 points), and Capacity (20 points). During the ranking process all renewal and new projects are reviewed and scored. The ranking committee makes determinations

about whether new projects can be funded via reallocation or whether renewal applications should continue to be funded and new projects can be funded via bonus funds (if applicable).

ESNAPS Submission

The CA completes the collaborative application in ESNAPS and reviews all project applications in ESNAPS to ensure accuracy and completeness. Once all edits are made to the applications the CA submits the application to HUD. The final application is provided to all project applicants, the BoS Steering Committee and posted on the BoS website.

Homeward Community Information System

Policies and Procedures 3.0

Revised 9/3/15



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Introduction

The Homeward Community Information System (HCIS) is a HIPAA-compliant online database used to record and retrieve client-level and systems-level data. Homeward of Richmond, Virginia is a 501(c)(3) non-profit organization that maintains the HCIS using ServicePoint, a software application provided under contract with Bowman Systems, Inc.

Agencies that participate in the HCIS have access to a common set of tools and agree to uphold standards of privacy and confidentiality as a condition of continued use. Staff of Partner Agencies may enter data on clients and services, case plans and client goals, follow-up actions, and referrals to other agencies. Homeward provides technology recommendations, business integration, training and technical assistance to agencies and users participating in the system.

In using ServicePoint, the HCIS is a Homeless Management Information System (HMIS) of the kind required by the U.S. Department of Housing and Urban Development (HUD) and Virginia Department of Housing and Community Development (DHCD). It may also satisfy the requirements of other funding sources.

This document provides the policies, procedures, guidelines, and standards that govern the HCIS, as well as roles and responsibilities for authorized representatives and Partner Agency staff.

Definitions

Terms

In this Policies and Procedures Manual ("Policies and Procedures"), "Partner Agencies" are all Agencies participating in the HCIS; "User" is a person accessing the HCIS; and "Client" is a consumer of services at a Partner Agency.

Personally Identifying Information

Data is considered "personally identifying" if it can be used alone or in combination with another data source to identify an individual. This includes, but is not limited to: name, date of birth, social security number, telephone number or numbers, any part of an address, photographs, email address, driver's license number, license plate number, the number of any other professional certification or license, and any other characteristic that could uniquely identify the individual.

Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the HCIS are based.

Data Integrity

Data is the most valuable asset of the HCIS. It is the responsibility of each and every user to protect data from unauthorized release, disclosure, modification, or destruction. Partner Agencies are also required to input at least the minimum data elements as

prescribed by the Department of Housing and Urban Development (HUD) for Homeless Management Information Systems (HMISs). Additionally, Partner Agencies must accurately capture program entry and exit dates in order to ensure the integrity of client information.

Access to Client Records

Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records.

No Client record will be shared electronically with another agency without written or verbal client consent.

A Client has the right to not answer any question and may not be denied service as a result, unless entry into a service program requires it.

A Client has the right to review the contents of their record, know who has viewed and edited it, and to request correction of inaccuracies.

Computer Crime

Partner Agencies must comply with relevant state and federal laws. These include but are not limited to those regarding: unauthorized disclosure of data, unauthorized modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data, or printouts; misuse of communication networks; promulgation of malicious software such as viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly liable for their actions, or both. The Homeward Authorized Agent staff and authorized agencies must comply with license agreements for copyrighted software and documentation. Licensed software must not be copied unless the license agreement specifically provides for it.

End User Ethics

Users are licensed to use the HCIS for the legitimate business purposes of a Partner Agency and in the interests of their Clients. Users may not use the HCIS for personal purposes, to defraud any entity, or to conduct any illegal activity. Minimal precautions to secure client data include the protection of usernames and passwords, maintenance of anti-virus software, and proper storage or disposal of all documents containing personally identifying information.

Resources

This Document is based with permission on the University of Massachusetts Boston's "CSPTech Policies and Procedures."

Section 1: Contractual Requirements and Roles

1.1 HCIS Governing Structure and Management

Policy: Homeward shall manage the structure that supports the operation of HCIS.

The Homeward Executive Director shall be the final decision maker of all policies and procedures by which the HCIS is governed. The Homeward staffing of the HCIS shall be:

- (a) HCIS Director
- (b) HCIS Training and Support Manager
- (c) Other staff as required

The HCIS management structure will adequately support the operations of the HCIS system according to the Guiding Principles described in the Introduction. The responsibilities of Homeward staff will be apportioned according to the information provided below.

Homeward staff is responsible for oversight of all day-to-day operations including: technical infrastructure; planning, scheduling, and meeting HCIS project objectives; supervision of project staff, including reasonable divisions of labor; and hiring project staff.

HCIS Director

The HCIS Director is responsible for integrating Agencies and CoCs with the regional HMIS collaborative. Responsibilities include:

1. Responsible for Bowman Systems negotiations and relationship
2. Provides leadership for technical strategy planning and quality assurance
3. Providing business integration services to social services agencies
4. Works to assist agencies and CoCs with HMIS funding requests
5. Implementing HCIS to Virginia service providers
6. Managing other project resources
7. Monitoring data quality and security
8. Serving as System Administrator

System Administrator

As System Administrator, the HCIS Director is responsible for overseeing usage of the HCIS application and being available for phone support as needed. Other duties are:

1. Ensure the HCIS database meets required levels of data integrity
2. Manage the HCIS configuration and screen layouts
3. Assist in generating required reports
4. Monitoring data quality and security

Training and Support Manager

The Training and Support Manager is responsible for HCIS training and support. Responsibilities include:

1. Creation of training materials
2. Scheduling and conducting training classes
3. One-on-one training as needed
4. End-user Q & A support
5. Monitoring data quality and security

6. Analyzing the HCIS problem log to evaluate the need for additional training.

1.2 HCIS Contract Requirements

Policy: Homeward shall provide HCIS technical assistance to Partner Agencies.

Homeward is committed to providing quality service to existing and new participating agencies. All existing and new agencies participating in the HCIS will have user licenses and technical assistance covered under current or new contracts. Please note: Partner Agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, data entry, and internet access.

1.3 Data Analysis

Policy: Homeward shall be responsible for aggregate HCIS Data Analysis on an ongoing basis

Data analysis is as follows:

- (a) Providing data quality queries for partner programs on a regular basis.
- (b) Providing agency or CoC ad hoc reports on a contract basis.
- (c) Providing aggregate non-identifiable data statistics for regional reporting including to HUD.
- (d) Providing data analysis services to partner agencies and CoCs on a contract basis.

1.4 Systems Administration, Security, and User Accounts

Policy: System Security and Integrity shall be reviewed on a regular basis.

Homeward contracts with Bowman Systems, Inc. for hosting of the HCIS application and database. Bowman reviews all network and security logs regularly and advises the HCIS Director of any required actions. Homeward has overall responsibility (both technical and procedural) for the security of the system. All System Administrator accounts are the responsibility of Homeward. The Agency Administrator is responsible for maintenance of User accounts at the Partner Agency.

1.5 Agency Executive Director

Policy: The Executive Director of each Partner Agency shall be responsible for agency staff that has access to the HCIS.

The Executive Director of each Partner Agency is responsible for oversight of agency staff that has access to system software. The Executive Director holds final responsibility for the adherence of his or her agency's personnel to the Policies and Procedures outlined in this document and the User Responsibilities and Ethics.

The Executive Director agrees to authorize HCIS access only for staff having a legitimate business purpose for such access.

Acting on behalf of the Partner Agency, the Executive Director will:

- (a) Establish business controls and practices to ensure organizational adherence to these Policies and Procedures and the User Responsibility and Ethics signed by each user;
- (b) Authorize data access to agency staff and assign responsibility for custody of the data;
- (c) Assume responsibility for integrity and protection of client data entered into the HCIS;
- (d) Monitor compliance and periodically review control decisions.

The Agency will ensure that the Agency and its staff fully comply with the End User Terms and these Policies and Procedures and hereby agrees to fully indemnify and hold harmless Homeward from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HCIS.

Each Agency must ensure that each user of the software and system obtains a unique user license. Only those with a user license may access and use the software and system. Sharing of user names and passwords is expressly forbidden. In addition, each user of the software and system must agree to and sign the User Policy and Code of Ethics before accessing the system.

1.6 Agency Administrator

Policy: The Executive Director of each Partner Agency will designate an Agency Administrator to serve as lead staff and primary point of contact for HCIS-related matters.

In a Continuum of Care where the number of users is small, agencies may designate an employee of one Partner Agency to serve as Agency Administrator for several agencies.

The designated Agency Administrator holds responsibility for the administration of the system software in his or her agency. The Agency Administrator is responsible for:

- (a) Implementation of data security policy and standards, including administering agency-specified business and data protection controls.
- (b) Entering and updating agency information
- (c) Administering and monitoring access control, including granting access for authorized persons by creating usernames and passwords;
- (d) Ensuring that access to the HCIS system is granted to authorized staff members only after they have received training.
- (e) Detecting and responding to violations of the Policies and Procedures or agency procedures.
- (f) Notifying all users in their agency of interruptions in service.
- (g) Notifying the HCIS Director by letter or email of the name and access level of each User being added or removed from the system.

1.7 End Users

Policy: Partner Agencies will allow staff an appropriate level of access as needed to pursue legitimate business purposes.

- (a) Homeward agrees to authorize use of the HCIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HCIS responsibilities.
- (b) The Partner Agency agrees to authorize use of the HCIS only to users who need access to the system for legitimate business purposes such as entering, editing or viewing client records, report writing, program administration or other essential activity associated with carrying out Partner Agency responsibilities.
- (c) Users must be aware of relevant confidentiality standards and take appropriate measures to prevent unauthorized disclosure of data. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and Procedures. Users are accountable for their actions and for any actions undertaken with their usernames and passwords.
- (d) Each End User shall sign a User Policy and Code of Ethics prior to obtaining access to the HCIS.

Section 2: Participation Requirements & Privacy Plan

2.1 System and Technical Considerations

2.1.1 System Requirements

Policy: Each computer accessing the HCIS shall meet Minimum System Requirements as follows. Each computer:

- (a) Must run Windows XP, Vista, Windows 7, Windows 8, or Windows 10;
- (b) Must have a keyboard, mouse, and a standard SVGA monitor;
- (c) Must have an internet connection meeting requirements set forth in Section 2.1.3 Implementation Connectivity;
- (d) Must authenticate users using a unique user name and password;
- (e) Must have self-updating anti-virus software protection installed and active;
- (f) Must have an active locking screensaver; and
- (g) Must be protected by a firewall (which may be hardware or software installed on a network or server).

2.1.2 Information Security Protocols

Policy: Partner Agencies must develop and have in place minimum information security protocols.

At a minimum, a Partner Agency must develop rules, protocols or procedures to address each of the following:

- (a) Assignment of user accounts;
- (b) Unattended workstations;
- (c) Physical access to workstations;
- (d) Policy on user account sharing;
- (e) Client record disclosure;
- (f) Report generation, disclosure and storage.

Information Security Protocols or procedures will protect the confidentiality of the data and to ensure its integrity at the site, as well as the confidentiality of the clients.

2.1.3 Implementation Connectivity

Policy: Each Partner Agency is required to obtain an adequate Internet connection.

An adequate internet connection is defined as a minimum of 128 KBPS, DSL, or Cable connection. Proper connectivity ensures proper response time and efficient system operation of the HCIS. Homeward staff will advise Partner Agencies on the procurement of adequate services upon request. Obtaining and maintaining an Internet connection with minimum 128 KBPS is the responsibility of the Partner Agency.

2.1.4 Maintenance of Onsite Computer Equipment

Policy: Each Partner Agency shall maintain onsite computer equipment.

Partner Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation and maintain the technical standards set forth in Section 2.1 System Requirements.

The Executive Director will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in the HCIS including the following:

- (a) Partner Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for the utilization of the HCIS.
- (b) Homeward staff members are not responsible for troubleshooting problems with Internet Connections.
- (c) The Partner Agency agrees to only download and store data in a secure format.
- (d) The Partner Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property. Homeward staff is available to consult on appropriate processes for disposal of electronic client level data.

2.2 Privacy Plan

2.2.1 Agency Participation Requirements

Policy: Each Partner Agency shall comply with the following Participation Requirements:

- (a) The Agency shall utilize the HCIS for legitimate business purposes only and will use Client information as needed to assist in providing adequate and appropriate services;
- (b) The Agency shall consistently enter information into the HCIS and endeavor to keep information up to date;
- (c) The Agency will participate in evaluation efforts to improve and refine the HCIS;
- (d) The Agency shall not use the HCIS database with intent to defraud federal, state, or local governments; individuals or entities; or to conduct any illegal activity;
- (e) Unless the Agency does not share information about Clients with Partner Agencies, the Agency will attempt to obtain a verbal or written Release of Information from each Client that enables Client data to be shared electronically with other Partner Agencies in the HCIS;
- (f) The Agency agrees to enter no less than the minimum data elements as outlined by Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice for each Client entered;
- (g) The Agency shall ensure that any person issued a User ID and password for the HCIS receive client confidentiality training and have signed a User Policy and Statement of Ethics;
- (h) The Agency shall follow, comply with and enforce the User Policy and Statement of Ethics.

2.2.2 Confidentiality and Informed Consent

Policy: Each Partner Agency shall uphold standards of data confidentiality and obtain informed consent before Client data is entered into HCIS.

- (a) Partner Agencies must uphold Federal and State Confidentiality regulations to protect Client records and privacy.
- (b) Partner Agencies must post the HCIS Client Privacy Notice at each desk (or comparable location), and a current version of the Privacy Notice must be provided on the Agency's website (if applicable).
- (c) Partner Agencies must obtain a written or verbal Release of Information to share data electronically with Partner Agencies in HCIS. Users at Partner Agencies must be prepared to explain the terms of the Release of Information and answer client questions about how their information is collected, shared, and used.
- (d) Partner Agencies must allow an individual to inspect and to have a copy of any personally identifying information about the individual and offer to explain any information the individual may not understand. Agencies must then consider any request by the individual for correction of inaccuracies or incompleteness in their personally identifying information, but Agencies are not required to remove any information and may, alternatively, mark information as inaccurate or incomplete, supplementing it with additional information.

- (e) Partner Agencies will abide by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Partner Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

2.2.3 Additionally Protected Data

Client data that is additionally protected by state or federal law, including but not necessarily limited to: Health, Substance Abuse treatment, Domestic Violence, and Mental Health data, is automatically treated as confidential with access restricted to the originating agency.

Domestic Violence Victim Service Providers are prohibited from entering data into HCIS, and legal service providers are not to enter confidential client notes into HCIS.

2.2.4 Minimum Data Elements

Policy: Each Partner Agency shall input Minimum Data Elements as defined by the Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice for each client entered.

Partner Agencies that collect client data through the HCIS will endeavor to collect, at a minimum, the universal data elements and applicable program-specific data elements set forth in the 2014 HMIS Data Standards published by HUD. Partner Agencies may develop independent methods to gather this data.

Section 3: Training

3.1 Training Schedule

Policy: Homeward shall maintain an HCIS training schedule.

Homeward staff will publish a schedule for training and will offer education regularly. Each Continuum of Care will sign an annual contract that specifies the number of trainings to be offered in the Continuum. If no such arrangement is made, or additional training is required, training sessions can be scheduled as needed. Training sessions include 8 hours of training split over two consecutive days. Homeward recommends at least two training sessions per year. Partner Agencies are asked to RSVP for all training.

3.2 User, Administrator, and Security Training

Policy: Each HCIS User must receive appropriate training from Homeward staff.

Each User must receive HCIS training from Homeward staff before being granted access to the live system. Agency Administrators must attend an Agency Administrator training

offered by Homeward in addition to User training. Partner Agencies will be notified of scheduled training sessions.

Section 4: Security Plan (User, Location, Physical and Data Access)

4.1 Access Privileges to System Software

Policy: Each Partner Agency shall adhere to standard procedures in requesting and obtaining system access.

Partner Agencies will apply the user access privilege conventions set forth in this procedure. Allocation of user access accounts and privileges will be made according to the format specified in this procedure:

- (a) User access and user access levels will be determined by the Executive Director of the Partner Agency in consultation with the Agency Administrator. The Agency Administrator will generate user names and passwords within the administrative function of the HCIS.
- (b) The Agency Administrator will create all usernames using the first initial of first name and last name format. For example, John Doe's username would be JDoe. Where two Users share the same first initial and last name, Agency Administrators should use a sequential number, middle initial, or combination of these to generate a unique user name. (For example, John Edgar Doe and Jane Smith Doe could be JDoe1 and JDoe2, or JEDoe and JSDoe).
- (c) Passwords are automatically generated from the system when a user is created. Agency Administrators will communicate the system-generated password to the user.
- (d) The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers.
- (e) Passwords expire every 45 days, after which time Users are asked to choose a new password.
- (f) The Agency Administrator shall terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 45 days, their password should be inactivated within 3 business days of the start of their leave. The Agency Administrator is responsible for removing users from the system and informing Homeward of their departure.

4.2 Access Levels for System Users

Policy: Users shall be assigned an access level appropriate to their role and authority within the Partner Agency.

Partner Agencies will manage the proper designation of user accounts and will monitor account usage. The Partner Agency agrees to apply the proper designation of user accounts and manage the use of these accounts by Partner Agency staff. It is the

responsibility of the Agency Administrator to create and de-activate User accounts as needed.

There are nine (9) levels of access to the HCIS system detailed in Appendix I: Service Point Access Matrix. The level of access granted to a User should be reflective of the access a user has to client level paper records and access levels should be need-based. Need exists only for those staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

4.3 Access to Data

Policy: Partner Agencies shall enforce the user access privileges to the system data server.

The user access privileges to the system data server are as stated below:

- (a) **User Access:** Users will only view the data entered by users of their own agency unless they are sharing a client with another Partner Agency. Security measures exist within the HCIS software system which can restrict agencies from viewing each other's data;
- (b) **Raw Data:** Users who have been granted access to the HCIS Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the HCIS server in raw format to an agency's computer, this data then becomes the responsibility of the agency. A Partner Agency should develop protocol regarding the handling of data downloaded from the Report Writer;
- (c) **Agency Policies Restricting Access to Data:** The Partner Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed must include storage, transmission, and disposal of this data;
- (d) **Access to Community and Regional Data:** Access will be granted based upon policies developed by Homeward.

4.4 Access to Client Paper Records

Policy: Partner Agencies shall establish procedures to handle access to client paper records.

These procedures will:

- (a) Identify which staff has access to the client paper records and for what purpose. Staff should only have access to records of clients, which they directly work with or for data entry purposes;
- (b) Identify how and where client paper records are stored;
- (c) Develop policies regarding length of storage and disposal procedure of paper records;
- (d) Develop policies on disclosure of information contained in client paper records.

4.5 Physical Access Control

Policy: Each Partner Agency shall adhere to Physical Access Control Procedures.

Physical access to the system data processing areas, equipment, and media must be controlled. Access must be controlled for the transportation of data processing media and other computing resources. The level of control is contingent on the level of risk and exposure to loss. Personal computers, software, documentation, and storage media (e.g., CDs, zip drives) shall be secured proportionate with the threat and exposure to loss. Available precautions include equipment enclosures, lockable power switches, equipment identification, and fasteners to secure the equipment.

- (a) Homeward staff with the Agency Administrators within Partner Agencies will determine the physical access controls appropriate for their organizational setting based on the HCIS security policies, standards, and guidelines;
- (b) All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities;
- (c) Printed versions of confidential data should not be copied or left unattended and open to unauthorized access;
- (d) Media containing client-identified data will not be shared with any agency other than the owner of the data for any reason. HCIS data may be transported by authorized employees using methods deemed appropriate by the Partner Agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended;
- (e) Magnetic media containing HCIS data that is released and or disposed of from the Partner Agency should first be processed to destroy any data residing on that media;
- (f) Degaussing and overwriting are acceptable methods of destroying data;
- (g) Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained;
- (h) HCIS information in hardcopy format should be disposed of properly. This may include shredding finely enough to ensure that the information is unrecoverable.

4.6 Unique User Identification (ID) and Password

Policy: Each User shall be granted a unique user ID and password.

Only authorized users will be granted a User ID and Password to ensure that only authorized users will be able to enter, modify, or read data.

- (a) Each user will be required to enter a unique User ID with a Password in order to logon to the system;
- (b) User ID and Passwords are to be assigned to individuals;
- (c) The User ID will be the first initial and full last name of the user. Where two Users share the same first initial and last name, Agency Administrators should use a sequential number, middle initial, or combination of these to generate a unique

- user name. (For example, John Edgar Doe and Jane Smith Doe could be JDoe1 and JDoe2, or JEDoe and JSDoe);
- (d) The password must be no less than eight and no more than sixteen characters in length;
 - (e) The password must be alphanumeric and contain 2 or more numbers;
 - (f) Discretionary Password Reset - Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by the HCIS and will be issued to the User by the Agency Administrator. Homeward staff is also available to agency staff to reset passwords. Because users must immediately change their assigned passwords, passwords may be communicated verbally or through email.
 - (g) Forced Password Change (FPC): FPC will occur every forty-five days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.
 - (h) Unsuccessful Logon: If a User unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and unable to gain access until their password is reset in the manner stated above.
 - (i) Access to computer terminals within restricted areas should be controlled through a password or through physical security measures;
 - (j) Each user's identity should be authenticated through an acceptable verification process;
 - (k) Passwords are the individual's responsibility, and users cannot share passwords;
 - (l) Any passwords written down should be securely stored and inaccessible to other persons. Users may not store passwords on a personal computer for easier log on.

4.7 Right to Deny User and Partner Agency's Access

Policy: Violations of Security Protocols shall result in denial of access to the HCIS.

A Partner Agency or an individual user may have system access suspended or revoked for violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.

- (a) Homeward will investigate all reported and potential violations of security protocols.
- (b) Homeward shall notify the Agency Administrator within one business day of any such suspension or revocation of access, the reason or reasons for such action, and the party responsible for further investigation of the issue.
- (c) Any User found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include, but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges, or criminal prosecution.

4.9 Data Access Control

Policy: Partner Agencies and Homeward staff shall monitor access to system software.

Agency Administrators at Partner Agencies and Homeward staff will regularly review user access privileges and remove identification codes and passwords from their systems when users no longer require access. Agency Administrators at Partner Agencies and Homeward staff must implement discretionary access controls to limit access to HCIS information when available and technically feasible. Partner Agencies and Homeward staff must audit all unauthorized accesses and attempts to access HCIS information.

4.10 Auditing: Monitoring and Violations

Policy: Homeward staff will monitor access to systems that could potentially reveal a violation of information security protocols.

Violations will be reviewed for appropriate disciplinary action that could include license revocation or criminal prosecution.

All exceptions to these standards are to be requested in writing by the Executive Director of the Partner Agency and approved by the Executive Director of Homeward as appropriate. Monitoring shall occur as follows:

- (a) Monitoring compliance is the responsibility of the HCIS Director;
- (b) All users and custodians are obligated to report suspected instances of noncompliance.
- (c) Homeward staff will review standards violations and require or recommend the agency through corrective and disciplinary actions;
- (d) Users should report security violations to the Agency Administrator, and the Agency Administrator will report to the HCIS Director.
- (e) Should there be a violation by the Agency Administrator, Users should report directly to the HCIS Director.

4.11 Local Data Storage

Policy: Client records containing identifying information that are stored within the Partner Agency's local computers are the responsibility of the Partner Agency.

Partner Agencies should develop policies for the manipulation, custody, and transmission of client-identified data sets. A Partner Agency will develop policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

Note: Services provided through Bowman Systems, Inc. for hosting of the HCIS application and database also include a Disaster Recovery Plan providing for nightly backups and offsite storage.

4.12 Transmission of Client Level Data

Policy: Client level data will be transmitted in such a way as to protect client privacy and confidentiality.

Administrators of the system server data must be aware of access-control vulnerabilities for that data while they are in transmission within the network. Transmission will be secured by 128-bit encryption provided by SSL Certificate protection, which is loaded at the HCIS server.

Section 5: Technical Support and System Availability

5.1 Planned Technical Support

Policy: Homeward staff shall offer technical support to all Partner Agencies on use of the system software.

Homeward staff will assist agencies in:

- (a) Start-up and implementation;
- (b) On-going technical assistance;
- (c) Training;
- (d) Technical assistance with report writing and any other additional modules.

5.2 Partner Agency Service Request

Policy: Homeward staff shall respond to requests for services.

All service requests will arrive from the Agency's Executive Director or the Agency Administrator. Homeward will respond to service requests, however, Homeward staff will require that proper communication channels (phone, fax, or e-mail) be established and used at all times. To initiate a service request from a Partner Agency:

- (a) Agency Management Staff (Executive Director or Agency Administrator) contact the Homeward Training and Support Manager;
- (b) Homeward staff will determine resources needed for service;
- (c) Homeward staff will be available to the community of Users in a manner consistent with the User's reasonable service request requirements. Homeward staff are available for Technical Assistance, questions, and troubleshooting generally between the hours of 8:30 a.m. - 4:30 p.m. Monday through Friday, excluding state and federal holidays;
- (d) Homeward contacts agency management staff to work out a mutually convenient service schedule.

Chain of communication:

- Agency Staff
- Agency Administrator or Executive Director
- Homeward Training and Support Manager
- HCIS Director
- Homeward Executive Director

5.3 Hours of System Operation

Policy: System shall be accessible 24 hours a day 7 days a week with the exception of a weekly routine maintenance window of a two hour duration. At present, this maintenance window is identified for Wednesday evenings from 5:00 to 7:00 p.m.

The system will be available to the community of users in a manner consistent with the user's reasonable usage requirements. Members of Homeward staff agree to minimally operate the system web site twenty-four hours a day/seven days a week, excluding acts of nature, or federal and state declared emergency situations.

5.4 Planned Interruption to Service

Policy: Homeward staff shall inform Partner Agencies of any planned interruption to service except for routine maintenance as described in 5.3 Hours of System Operation.

Partner Agencies will be notified of planned interruption to service one (1) week prior to the interruption. Homeward staff will notify Partner Agencies via e-mail the schedule for the interruption to service. An explanation of the need for the interruption will be provided and expected benefits or consequences articulated. Homeward staff will notify Partner Agencies via e-mail that service has resumed.

5.5 Unplanned Interruption to Service

Policy: Homeward shall notify each Partner Agency of unplanned interruption to service in a timely manner.

Partner Agencies may or may not be notified in advance of unplanned interruption to service. Partner Agencies will be notified of unforeseen interruption to service that are expected to exceed two (2) hours. When an event occurs that makes the system inaccessible, Homeward staff and Bowman Systems may make a determination to switch service to the secondary server. At this point, users will be able to resume operation. The procedure will be as follows:

- (a) Event is detected;
- (b) Analyzed;
- (c) Repair the problem within two (2) hours or switch to secondary server;
- (d) Resume operation at Partner Agency.

When production server becomes available:

- (a) During the next full backup process, production server will be restored with latest data from secondary server;
- (b) Homeward staff will notify via e-mail that service has resumed;
- (c) Return to normal operation.

Section 6: HUD Resources

6.1 HUD Data and Technical Standards

HUD publishes data and technical standards to ensure that data that is required to fulfill HUD reporting requirements is collected in a consistent manner and that privacy and security of client information is protected. Currently applicable standards are:

- The July 2004 Data and Technical Standards Final Notice (FR 4848-N-02 – available at <https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>.)
- The March 2010 Homeless Management Information System (HMIS) Data Standards – Revised Notice (available at http://www.hudhre.info/documents/FinalHMISDataStandards_March2010.pdf)
- The August 2014 HMIS Data Standards Manual (available at <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.)

In addition, the HMIS proposed rule (available at https://www.onecpd.info/resources/documents/HEARTH_HMISRequirementsProposedRule.pdf) published in December 2011 is currently under revision and is not currently in effect. Basically, the proposed rule includes 1) uniform technical requirements of HMIS; 2) proper collection of data and maintenance of the database; and 3) confidentiality of the information in the database.

Appendix I: Service Point Access Matrix

	Resource Specialist I	Resource Specialist II	Resource Specialist III	Volunteer	Agency Staff	Case Manager	Agency Administrator	Executive Director	System Operator	System Administrator I	System Administrator II
Client Point											
Profile				X	X	X	X	X		X	X
Employment						X	X	X		X	X
Residential History						X	X	X		X	X
Medical/Addiction							X	X		X	X
Legal						X	X	X		X	X
Military						X	X	X		X	X
Case Notes						X	X	X		X	X
Worksheets					X	X	X	X		X	X
Service Point											
Referrals				X	X	X	X	X		X	X
Check In/Check Out				X	X	X	X	X		X	X
Other Services					X	X	X	X		X	X
Resource Point	X	X	X	X	X	X	X	X	X	X	X
Shelter Point				X	X	X	X	X		X	X
Reports						X	X	X		X	X
Administration											
Add Users							X	X	X	X	X
Remove Users							X	X	X	X	X
Reset Password							X	X	X	X	X
Add Agency									X	X	X
Edit Agency		X	X				X	X	X	X	X
Remove Agency									X	X	X
Pick list Options									X	X	X
Licenses									X	X	X
Other Options									X	X	X

Appendix II: Data Quality and Monitoring Plan

Homeward worked with representatives from the CoCs that are a part of its multi-site HMIS implementation to develop appropriate data quality standards. As a part of this process, staff reviewed HUD guidelines and data quality recommendations, as well as plans from other communities.

This plan details the minimum data quality standards, as well as a monitoring plan that describes how data quality will be assessed on a quarterly basis.

Data Quality Plan

Components of a data quality plan should include timeliness; completeness of data, clients served, and bed utilization; accuracy and consistency; monitoring; and incentives and enforcement (HUD HMIS TA Initiative, 2009). These components are addressed below.

Timeliness

Policy: All universal data elements should be collected on all clients at intake. Information should be entered into HCIS within an appropriate number of days (by program type). Complete and accurate data for the quarter must be entered into HCIS by the 15th of the following month (i.e., April 15 for Q1, July 15 for Q2, October 15 for Q3, and January 15 for Q4).

Purpose: Data in HCIS needs to be up to date in order to ensure timely and accurate reporting. Minimizing the amount of time between intake/data collection and data entry increases accuracy and provides opportunities for follow up if additional information is needed.

Proposed standards: The table below describes standards for entering client records. Note that there may be other standards required by funders (e.g., recertifications of information).

Program type	# days for entering client records
Emergency shelter	1 week
Homeless outreach	1 week
Permanent housing	2 weeks
Permanent supportive housing	2 weeks
Prevention	1 week
Rapid rehousing	1 week
Safe Haven	2 weeks
Services only	1 week
Transitional housing	2 weeks
Other	2 weeks

Monitoring: Initially, average time between entry date and entry of the client record in HCIS will be monitored on a quarterly basis.

Completeness: Data

Policy: Information entered into HCIS should be truthful, accurate, and complete.

Purpose: Data that accurately describes the characteristics and needs of clients helps ensure that appropriate services and programs exist in the community. Missing data can negatively impact a provider’s ability to provide appropriate services. Additionally, complete information is important for reporting purposes (including the NoFA and the AHAR) and can affect funding for the CoC and its providers.

Standard: The table below describes, by program type, the amount of allowable missing data. Note that in spite of the idea that some amount of missing data is allowed, providers will be asked to fix as much missing data as they are able to in order to facilitate accurate and complete reporting.

Overall, less than 2% missing data in any universal data element or program-specific data element field is suggested, with an exception made for outreach programs, which are expected to try to get good data from clients over time. Also note that due to the nature of Social Security Numbers, up to 5% don’t know/refused is acceptable.

Program type	% allowable missing	*% allowable don't know/refused
Emergency shelter	2%	3%
Homeless outreach	10%	10%
Permanent housing	2%	3%
Permanent supportive housing	2%	3%
Prevention	2%	3%
Rapid rehousing	2%	3%
Safe Haven	2%	3%
Services only	2%	3%
Transitional housing	2%	3%
Other	2%	3%

*Social Security Numbers may have higher rates of don’t know/refused – up to 5%.

Monitoring: On a quarterly basis, data completeness reports will be generated for all programs that use HCIS.

Completeness: Clients Served and Bed Utilization

Policy: Accurate information should be entered in HCIS on all clients who access the homeless services system. The expectation is that all clients who receive services from a program that uses HCIS will have a corresponding record in the system.

Purpose: Not entering or exiting clients can result in inaccurate estimates of the number of clients served during a time period. In addition to ensuring that the appropriate data elements are entered, programs that serve clients in residential settings (e.g., emergency shelter, permanent housing, permanent supportive housing, Safe Haven, and transitional housing) need to keep their entry/exits up to date. High or low utilization rates can be a sign that there are problems that need to be addressed with data entry or that there are programmatic changes that need to be reflected in the system (e.g., a change in the number of available beds).

Standard: All clients should be entered into HCIS, and their records should be closed shortly upon their leaving the program.

Monitoring: On a quarterly basis, utilization rates will be provided to residential programs and open entries reports provided to other program types.

Accuracy/Consistency

Policy: Accurate information that utilizes consistent definitions is entered into HCIS.

Purpose: To ensure that data elements have a common meaning among users so that data has a consistent meaning.

Standard: All data in HCIS shall be collected and entered in a common and consistent manner across all programs. All users of the system must complete an initial training before accessing the live system. All users must recertify their knowledge of consistency practices on an annual basis. A basic intake form that collects data in a consistent manner will be available to all programs, which they can alter to meet their additional needs, provided the base document does not change.

Current HMIS Data Standards are posted on Homeward's website.

Data Quality Process/Monitoring

Policy: Programs and agencies should receive information about data quality on a quarterly basis and use this information to identify and resolve any issues.

Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.

Standard:

- Agencies and CoC coordinators provide timely updates to HCIS staff regarding any changes to programs (e.g., program closings, new programs, capacity).
- HCIS or CoC staff will run data quality reports on at least a quarterly basis and provide them to the agencies to review.

- Program providers will review their data and make necessary corrections to meet the above data standards.
- HCIS staff will assist providers in correcting data and updating program information as needed.

Incentives/Enforcement

Incentives and enforcement policies will be developed on a CoC level. In the Greater Richmond CoC, incentives and enforcement will be addressed as a part of the Performance Improvement committee that is forming.

Administrative Plan Addendum

VHDA Housing Choice Voucher Program

LOCAL HOUSING AGENCY INFORMATION

<p>AGENCY NAME</p> <p>Central Virginia Resource Corporation</p>	<p>AREA OF OPERATION (List cities and counties)</p> <p>Amelia, Caroline, Charles City, Chesterfield, Cumberland, Dinwiddie, Fluvanna, Goochland, Hanover, Henrico, King & Queen, King William, Louisa, New Kent, Powhatan, Prince George and Sussex Counties; Cities of Colonial Heights, Hopewell, Petersburg and Richmond</p>
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WAITING LIST PREFERENCES

The preferences listed below indicate how applicants are organized on the waiting list for the local housing agency designated in this addendum. The preferences are supplemental to the policies included in the VHDA Administrative Plan and are not effective until approved by VHDA. Applicants will be placed on the waiting list by date and time of application and by the preferences indicated below.

RESIDENCY PREFERENCES

Each local housing agency serves those within the agency's area of operation before others on the waiting list, therefore applicants meeting this preference are ranked higher than other applicants. Applicants are assigned one of the following residency preferences based on where they live or work. The residency preferences are listed in order of priority.

- 1 Applicants living, working or hired to work in the local housing agency's area of operation
- 2 Applicants living, working or hired to work in the Commonwealth of Virginia
- 3 Applicants living, working or hired to work outside the Commonwealth of Virginia

LOCAL PREFERENCES

The local housing agency has chosen to also prioritize applicants by the following local preferences.

- Elderly and/or disabled (This preference only applies to head of household, spouse or sole member.)
- Any household member is disabled
- Homeless
- Homeless with children under age 18
- Living in a substandard unit
- Rent burdened
- Working family
- Other: _____

METHOD OF APPLYING LOCAL PREFERENCES

Local preferences are prioritized by the following method.

- Equally weighted/single preference (Preferences are assigned the same weight; applicant can only choose one.)
- Equally weighted/multiple preferences (Preferences are assigned the same weight; applicant can choose multiple.)
- Unequally weighted/single preference (Preferences are assigned different weights; applicant can choose one.)
- Unequally weighted/multiple preferences (Preferences are assigned different weights; applicant can choose multiple.)

VHDA SPECIAL ADMISSION PREFERENCES

The following are considered VHDA Special Admission preferences and automatically move an applicant to the top of the waiting list when selected.

Aging Out of Foster Care
Emergency Placement
Enhanced/Conversion
Family Unification
Inaccessibility of a Unit
Incoming Portable
Mainstream
Natural Disaster
Referral/Receiving Agency Services
Veterans Affairs Supportive Housing (VASH)
Witness Relocation

VHDA SPECIAL VOUCHER ALLOCATIONS

The following agencies administer special vouchers for targeted population programs and are considered a VHDA Special Admission.

Central Virginia Housing Coalition - Targeted program with the Rappahannock Area Community Services Board
Central Virginia Resource Corporation - A Place to Start
Central Virginia Resource Corporation - New Clay House
Central Virginia Resource Corporation - Targeted program with Resources for Independent Living
Chesterfield - Colonial Heights DSS - Targeted program with the Chesterfield Community Services Board
Fluvanna/Louisa Housing Foundation - Targeted program with ARC of the Piedmont
Pembroke Management Inc. - Bluegrass Apartments

VHDA APPROVAL

The Administrative Plan Addendum is only effective when approved by the VHDA Policy Specialist.

Deanna Crosswhite

7/1/2013

VHDA Policy Specialist

Effective Date

Administrative Plan Addendum

VHDA Housing Choice Voucher Program

LOCAL HOUSING AGENCY INFORMATION

AGENCY NAME

Radford City Rental Assistance Office

AREA OF OPERATION (List cities and counties)

City of Radford

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- Any household member is disabled
- Homeless
- Homeless with children under age 18
- Living in a substandard unit
- Rent burdened
- Working family
- Other: _____

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Central Virginia Resource Corporation - New Clay House
Central Virginia Resource Corporation - Targeted program with Resources for Independent Living
Chesterfield - Colonial Heights DSS - Targeted program with the Chesterfield Community Services Board
Fluvanna/Louisa Housing Foundation - Targeted program with ARC of the Piedmont
Pembroke Management Inc. - Bluegrass Apartments

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Deanna Crombete

7/1/2013

VHDA Policy Specialist

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VHDA Housing Choice Voucher Program

LOCAL HOUSING AGENCY INFORMATION

AGENCY NAME Westmoreland County Department of Social Services	AREA OF OPERATION (List cities and counties) Westmoreland County
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- Any household member is disabled
- Homeless
- Homeless with children under age 18
- Living in a substandard unit
- Rent burdened
- Working family
- Other: Disabled (This preference only applies to head of household, spouse or sole member.)

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Pembroke Management Inc. - Bluegrass Apartments

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Deanna Crosswhite

7/1/2013

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VHDA Housing Choice Voucher Program

LOCAL HOUSING AGENCY INFORMATION

AGENCY NAME	AREA OF OPERATION (List cities and counties)
Clinch Valley Community Action Agency	Russell and Tazewell Counties

WAITING LIST PREFERENCES

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LOCAL HOUSING AGENCY INFORMATION

AGENCY NAME

STEP, Inc.

AREA OF OPERATION (List cities and counties)

Bedford, Franklin and Patrick Counties

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VHDA APPROVAL

The Administrative Plan Addendum is only effective when approved by the VHDA Policy Specialist.

Deanna Crosswhite

VHDA Policy Specialist

7/1/2013

Effective Date

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Petersburg Redevelopment and Housing Authority</u> PHA Code: <u>VA020</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2016</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>410</u> Number of HCV units: <u>737</u>					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Petersburg Redevelopment and Housing Authority is to serve the citizens of Petersburg by providing affordable rental housing and assisting with home ownership opportunities to households in partnership with the City of Petersburg.					

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they are removed from the waiting list? (select one)

- One
 Two
 Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
 Underhoused
 Medical justification
 Administrative reasons determined by the PHA (e.g., to permit modernization work)
 Resident choice: (state circumstances below)
 Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness

Other preferences: (select below)

- Working families and those unable to work because of age or disability
 Veterans and veterans' families
 Residents who live in the jurisdiction
 Those enrolled currently in educational, training, or upward mobility programs
 Households that contribute to meeting income goals (broad range of incomes)
 Households that contribute to meeting income requirements (targeting)
 Victims of reprisals or hate crimes
 Other preference(s) (list below)
 Lead
 Referrals based on Olmstead Decision

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Chapter 4: APPLICATIONS, WAITING LIST AND TENANT SELECTION

7. Involuntary Displacement due to public housing disposition, demolition, renovation, or substantial modernization with the County of Wise, Virginia

Local Preference Aggregation

Local preferences will be aggregated using a point system. The more preference points an applicant has, the higher the applicant's place on the waiting list.

Preference points are as follows:

- 0 Single
- 17 Family EHD
- 34 Wise County
- 2 Veteran
- 1 Homeless no fault of their own**
- 4 Surrounding Counties
- 8 Working

Tie Breaker: When there are families with the same amount of points, the date and time of the application determines the placement on the wait list. When there are no points, then the date and time of the application determines the placement on the wait list.

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

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

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

WCRHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Hopewell Redevelopment & Housing Authority

4. Out of city applicants must establish city residency in one of the approved domestic violence shelter for 30 days prior to referral. Some forms of documentation include:
 - a) Driver's license
 - b) Application on file for Social Services for at least 30 days
 - c) Application on file at HRHA for 30 days
 - d) Receiving Assistance for DSS for at least 30 days
5. Applicants in violation of any HRHA program rules and regulations will not be eligible for housing under the domestic violence preference.
6. Only referrals from the approved domestic violence shelters will be accepted under the domestic violence preference.
 - a) YWCA – Hopewell
 - b) Safe Harbor

7. Homelessness Preference – Families residing in Family Shelters

- a) HRHA is able to provide housing to homeless persons under the "Local Preferences" provision of the ACOP. HRHA shall determine eligibility for continued occupancy and lease renewal according to the terms of the ACOP and its lease agreement (the "Lease Agreement"). HRHA shall not be required to amend the ACOP in order to provide public housing to homeless persons.
- b) Families referred to HRHA for public housing under the terms of the MOU shall meet all eligibility requirements under the ACOP for public housing with the Homeless Preference.

Applicants must pay all outstanding balances in full and provide evidence of participation in Social Service or other appropriate counseling service programs, before an application will be accepted for housing.

D. Completion Of A Full Application

All preferences claimed on the preliminary application or while the family is on the waiting list will be verified:

After the family is selected from the waiting list and prior to completing the full application.

The qualification for preference must exist at the time the preference is verified regardless of the length of time an applicant has been on the waiting list because

SUBGRANT AGREEMENT

HMIS Project
(January 01, 2016 to December 31, 2016)

The Subgrant Agreement is made by and between the Virginia Department of Housing and Community Development (Department) and the project sponsor, Homeward (subgrantee).

Disbursement of Funds:

The Department agrees to provide **\$90,000** to the Subgrantee to undertake the approved project activities described and approved in the 2016 budget narrative. After the initial payment, monthly payments will be made to the Subgrantee based on the satisfactory completion of approved project activities, the submission of an approved project status reports and the submission of audits as available.

The Subgrantee must request approval from the Department for all changes which affect the scope of the project, including but not limited to addition or deletion of an activity, HMIS user group, service area, objectives, timing of activity, and training expenditures that will exceed the Budget narrative line item estimate by 5% or more.

Agreement Term:

This Subgrantee Agreement shall remain in effect from January 1, 2016 until December 31, 2016. Either party shall have the right to cancel this agreement for any reason with a 30 days written notice.

Default:

A default shall consist of any unapproved use of grant funds. Upon due notice to the Subgrantee of the occurrence of any such default and the provision of a reasonable opportunity to respond, the Department may take one or more of the following actions:

(a) direct the Subgrantee to submit progress schedules for completing approved activities;

(b) issue a letter of warning advising the Subgrantee of the default, establishing a date by which corrective actions must be completed and putting the Subgrantee on notice that more serious actions will be taken if the default is not corrected or is repeated;

(c) direct the Subgrantee to suspend, discontinue or not incur costs for the affected activity;

- (d) reduce or recapture the grant or a portion thereof;
- (e) direct the Subgrantee to reimburse the program accounts for costs inappropriately charged to the program;
- (f) other appropriate action including, but not limited to, any remedial action legally available, such as affirmative litigation seeking declaratory judgment, specific performance, damages, temporary or permanent injunctions and any other available remedies.

No delay or omissions by DHCD in exercising any right or remedy available to it under the Agreement shall impair any such right or remedy or constitute a waiver or acquiescence in any Subgrantee default.

Reporting and Record Keeping:

The Subgrantee agrees to submit quarterly progress reports of activities and any other requested documentation of work that is completed under this grant.

The Subgrantee agrees to maintain for five years such books, records and documents as necessary to reflect the disposition of project funds and the total cost of activities paid for in whole or in part with funds provided through this grant. The Subgrantee shall also comply with such other Federal and State terms and conditions, including record keeping and reports for monitoring and evaluation purposes. The Subgrantee will give the Virginia Department of Housing and Community Development, HUD, and the State Comptroller through any authorized representatives access to and the right to examine all records, books, papers, or documents related to the subgrant.

Interest of Member of Agency and Others:

No officer, member, or employee of the Subgrantee and no member of its governing body, and no other public official of the governing body of the locality or localities in which the project is situated or being carried out, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this project, shall participate in any decision relating to the Agreement which affects his personal interest or have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

Subsequent Contracts:

The Subgrantee shall remain fully obligated under the provisions of the Subgrant Agreement notwithstanding its designation of any subsequent or third parties for the

undertaking of all or part of the activities for which grant assistance is being provided to the Subgrantee.

The Subgrantee is responsible for assuring that any such third party contactors involved in the execution of this agreement are in compliance with all applicable provision of this agreement.

Any Subrecipient which is not the Subgrantee shall comply with all the lawful requirements of the Subgrantee necessary to insure that the activities for which this assistance is being provided under this Subgrant Agreement is carried out.

Other Certifications:

The Subgrantee certifies that it will comply with the following:

- a) Freedom of Information Act;
- b) Virginia Conflict of Interest Act;
- c) Virginia Fair Employment Contracting Act;
- d) Fair Housing and Civil Rights Laws;
- e) Conducting Business in Accordance with Core Values and Ethical Standards;
- f) HEARTH Act Regulations;
- g) Anti-lobbying Certification
- h) Drug Free Workplace

Documents Referenced Herein:

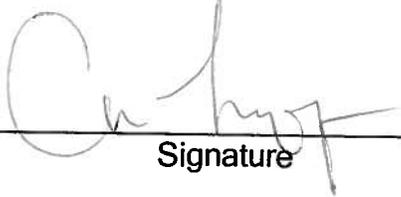
The following document and any amendments are to be a part of this Agreement:

- A. Budget and activities
- B. Federal Registry Part IV (Department of Housing and Community Development)

HOMeward

The Parties hereby execute the Subgrantee Agreement on the dates set forth below their respective signatures as follows:

**VIRGINIA DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT**

By: 
Signature

Chris Thompson
Name

Deputy Director
Title

1/14/16
Date

HOMeward


Signature

Kelly King-Horne
Name

Executive Director
Title

1/29/16
Date

**Sub-grant Agreement Budget
HMIS Project January 1, 2016 - December 31, 2016**

Software	
Includes: Software/user licensing, support & maintenance, supporting software tools, training website, hosting and technical services.	\$17,229
Services	
ServicePoint report development (EMLIT Solutions)	\$4,000
Personnel	
Executive Director salary costs	
Oversight and management related to BOS implementation, maintenance and reporting.	\$4,946
Research and Evaluation Director salary costs	
Costs related to management and coordinaton activities for implementation and maintenance of the BOS HMIS. Includes costs related to establishing and maintaining policies and procedures, committee responsibilities, data analysis, and reporting.	\$34,808
HCIS Manager salary costs	
Services provided by Homeward to DHCD and the BOS agencies for the purpose of using HMIS data for planning and reporting, to include data analysis, technical assistance, training, Point-in-Time Count, AHAR, ESG, and homeless related data.	\$18,462
Report Technician salary costs	
Generates monthly and quarterly reports, which allow agencies to assess the quality of their HCIS data.	\$1,500
Travel costs	
Expenses incurred for travel to Balance of State agencies to provide training	\$2,000
Space and Operations	
Office rent and utilities	\$2,555
Administrative support staff	
Operations Director salary costs	
Administrative activities for Balance of State Subgrant	\$4,500
Total Sub-grant Amount	\$90,000

Basis for Software amount: 26% of the HMIS user licenses are in BOS

Basis for Personnel amounts: 30% of the HMIS programs are in BOS

Basis for Space and Operations: 8% of Homeward's rent and utilities. 30% of HCIS personnel costs is \$39,675. This is 8% of the total personnel costs.



Performance Measurement Module (Sys PM)

Summary Report for VA-521 - Virginia Balance of State (BoS) CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		1623		46			22	
1.2 Persons in ES, SH, and TH		1623		46			22	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	522	44	8%	28	5%	35	7%	107	20%
Exit was from TH	126	8	6%	4	3%	2	2%	14	11%
Exit was from SH	0	0		0		0		0	
Exit was from PH	675	42	6%	21	3%	6	1%	69	10%
TOTAL Returns to Homelessness	1323	94	7%	53	4%	43	3%	190	14%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	662	773	111
Emergency Shelter Total	438	542	104
Safe Haven Total	0	0	0
Transitional Housing Total	108	92	-16
Total Sheltered Count	546	634	88
Unsheltered Count	116	139	23

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1635	
Emergency Shelter Total		1635	
Safe Haven Total		0	
Transitional Housing Total		0	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased earned income		0	
Percentage of adults who increased earned income		0%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased total income		0	
Percentage of adults who increased total income		0%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		143	
Number of adults who exited with increased earned income		12	
Percentage of adults who increased earned income		8%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		143	
Number of adults who exited with increased non-employment cash income		6	
Percentage of adults who increased non-employment cash income		4%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		143	
Number of adults who exited with increased total income		17	
Percentage of adults who increased total income		12%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1519	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		218	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		1301	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		2651	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		329	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		2322	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		3	
Of persons above, those who exited to temporary & some institutional destinations		1	
Of the persons above, those who exited to permanent housing destinations		2	
% Successful exits		100%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		2404	
Of the persons above, those who exited to permanent housing destinations		1391	
% Successful exits		58%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		62	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		54	
% Successful exits/retention		87%	

Virginia's H² Action Plan

Building Housing and Healthcare Systems that Work Together

This action plan emerged from the January 8-9, 2015 H² Action Planning Session held in Richmond, Virginia as part of the U.S. Department of Housing and Urban Development's Healthcare and Housing (H²) Systems Integration Initiative.

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Executive Summary

Healthcare and Housing (H²) Systems Integration Initiative

Addressing health-related needs of people who are homeless or at-risk has long been recognized as a key component of efforts to prevent and end homelessness. Similarly, it has become increasingly clear that stable housing is a fundamental base both for maintaining good health and controlling costs due to unnecessary emergency room utilization and hospital admissions. The ongoing national discussion surrounding health care has created unprecedented opportunities to increase coverage and link health care, supportive services, and housing, which in turn creates opportunities to realize better outcomes for the people served. The connection between housing and health care needs is clear:

- **Housing Is A Key Determinant Of Health.** Poor living conditions, caused by poverty and homelessness, affect both people's vulnerability to illness and disease and their ability to benefit from treatment and manage their conditions. People who are homeless have to contend with contact with communicable disease and infection, exposure to extreme weather, malnutrition, stress, lack of running water to maintain cleanliness, and lack of refrigeration for medication.
- **People Who Are Homeless Are At Greater Risk For Poor Health.** They have high rates of infectious and acute illnesses (skin diseases, TB, pneumonia, asthma); chronic diseases (diabetes, hypertension, HIV/AIDS, cardiovascular disease); poor mental health and/or substance abuse; and being victims of violence. In addition, their mortality rate is 3-4 times higher than for the general population.¹
- **Health Issues Are Likely To Increase As The Homeless Population Ages.** The number of homeless people in the U.S. between the ages of 51-61 increased 32% from 2007 to 2013.² Rates of chronic health conditions and potential for extended stays in nursing homes increase with age.
- **Homelessness Is Correlated With High Health Care Costs.** The high proportion of complex health needs and co-occurring health and behavioral health disorders increases the number, intensity, and scope of the services needed. Homelessness inhibits the long-term, consistent care needed for many of these conditions, with the result that problems are aggravated, making them more dangerous and more costly. Homelessness also increases the likelihood of excessive use of the ER, inpatient treatment, and crisis services.
 - A report in the New England Journal of Medicine documents that homeless people spent an average of four days longer per hospital visit than comparable non-homeless people at an **extra cost of approximately \$2,414 per hospitalization.**³
 - In California, the Frequent Users of Health Services Initiative found that approximately **45 percent of individuals who were high utilizers of emergency departments were homeless.**⁴
- **Permanent Supportive Housing (PSH) Improves Health Outcomes And Reduces Health Care Costs.** PSH, affordable housing linked with comprehensive health and support services, serves people with severe and complex needs, including those who have been chronically homeless. Research and experience repeatedly document that PSH results in reductions in costs for hospitalization, emergency room visits, crisis services, shelter, jail, and detox; high rates of housing stability and retention; and improved health and recovery. Importantly, changes under the ACA **expand opportunities to use Medicaid to fund key services needed by people in PSH.**⁵

To better meet the needs of people who are homeless and those who are low income and living with HIV/AIDS, HUD's Office of Special Needs Assistance Programs (SNAPS) and the Office of HIV/AIDS Housing (OHH), in collaboration with the U.S. Interagency Council on Homelessness (USICH) and the U.S. Department of Health and Human Services (HHS) are sponsoring technical assistance (TA) to support states and communities in undertaking the systems changes needed to enhance integration and collaboration between housing and healthcare systems. The goal is to maximize care coverage for the target populations and increase access to comprehensive healthcare and supportive services that can be coordinated with housing.

TA providers, including expert facilitators and subject matter experts, support interested states and communities in convening 2-day planning sessions focusing on integrating healthcare and housing systems and services. Planning session participants include representatives from Continuums of Care and ESG programs, HIV/AIDS providers and networks, local/state healthcare agencies, HUD and HHS regional and field offices, and others.

¹ <http://www.cdc.gov/features/homelessness/> and Kaiser Commission on Medicaid and the Uninsured, "Medicaid Coverage and Care for the Homeless Population: Key Lessons to Consider for the 2014 Medicaid Expansion", September 2012, available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8355.pdf>

² From Carol Wilkin's powerpoint - <http://www.leg.wa.gov/JointCommittees/ABHS/Documents/2014-09-19/2b%20-%20Carol%20Wilkins%20-%20Supportive%20Housing%20for%20WA%20BH%20System%20Task%20Force%20CWilkins.pdf>

³ Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. New England Journal of Medicine 1998; 338: 1734-1740.

⁴ Linkins, Brya, & Chandler, 2008, available at: <http://www.aidschicago.org/pdf/2009/hhrpn/FUHCS/1-FrequentUsersofHealthServicesInitiative-FinalEvaluation.pdf>

⁵ ASPE, Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field, available at: <http://aspe.hhs.gov/daltcp/reports/2014/EmergPrac.pdf>

Virginia's H² action planning session was conducted January 8-9, 2015 in Richmond, attended by over 80 people, representing federal, state and local government; homeless, HIV/AIDS and veterans providers; housing and healthcare agencies; and other interested parties. The Virginia H² Leadership Team, formed from the session's planning committee, carefully reviewed the strategies, action steps, and ideas that emerged from the planning session and its diverse participants. The following document represents a concise, strategic, and prioritized presentation of the recommended actions put forth by the session's participants.

Virginia H² Target Population: *Low Income People Qualifying for Public Assistance to Meet Their Housing and Health Care Needs Who Are:*

- Chronically homeless; and/or
- Living with HIV/AIDS and are disabled.

Please note: Rural area needs will be given attention commensurate with what data supports is the prevalence of the Target Population in the areas of Virginia that fall within the Balance of State Continuum of Care.

Overview of Goals:

Goal A / Housing: *Ensure that every person in the Target Population has access to housing and to the support services needed for ongoing residential stability.*

Goal B / Health Care: *Enhance access to health and behavioral health services needed to maximize health, manage ongoing conditions, and facilitate housing retention.*

Goal C / Coordination: *Improve coordination and collaboration between the housing and health care systems at both the systems and service levels.*

Goal D / Data: *Use data to inform decision-making in order to enhance system efficiency and improve quality of care and outcomes.*

Goal E / Alignment with Other Efforts: *Support H² with complementary efforts currently underway in Virginia.*

Leadership Team: *A statewide Virginia H² Leadership Team has been established to coordinate and administer this initiative. The Leadership Team, comprised of the group that planned the H² action planning session, along with a few additional participants from the planning session, is being nested within the Solutions Committee of the Governor's Coordinating Council on Homelessness. The Leadership Team's mandate is to provide leadership, oversight, coordination, and support for statewide implementation of this Plan. To this end, the Leadership Team will:*

- *Ensure alignment with related state efforts, including efforts to house people who are homeless and/or living with HIV/AIDS, the State Innovation Model (SIM) grant implementation, and changes to the Medicaid State Plan*
- *Coordinate with Virginia's CoCs and provide them with information and support to facilitate Plan implementation.*

Virginia H² Action Plan Objective: To improve client lives, health outcomes, and housing stability by transforming and integrating housing and health care delivery systems.

Goal A / Housing: Ensure that every person in the Target Population has access to housing and to the support services needed for ongoing residential stability.

Goal A Team Leads: Pam Kestner, Jodi Manz

Team Members: Sherry Confer, Teri Morgan, Kristin Yavorsky, Stephanie Lynch, Kelly King Horne, Karen Kimsey

- *Launch Date:*
- *Reporting Frequency:*
- *Initial Target Date for Goal Attainment:*

Strategy A-1: Explore ways to simplify financing for permanent supportive housing (PSH), and maximize all opportunities to leverage resources for current and future operations and services.

Leaders for Strategy A-1: Jodi Manz, Kelly King Horne, Kristin Yavorsky, Teri Morgan, Sherry Confer, Karen Kimsey

Action A-1-1: Seek funding and increased expenditures from the health care sector for services linked to tenants in supportive housing.

- Maximize funding from Medicaid for eligible services.
- Explore investment from hospitals, managed care organizations, and/or Virginia Coordinated Care by demonstrating the potential costs savings from addressing the housing needs of the Target Population. [Look into pilot program like the one in Pennsylvania.] [Set up meeting with Chris Bailey.]
- Encourage charity care programs like Virginia Coordinated Care to explore housing programs for their homeless clients.
- Explore existing covered services and cross-walk to Permanent Supportive Housing and housing/service/treatment providers. Look to Magellan and Community Service Boards delivery framework to maximize benefits for homeless people. [Talk to Bill Phipps, and/or Debra Ferguson at Magellan]. Consider forging partnerships, delivering cross training regarding housing as a social determinant of health, and/or working out payment mechanisms. If CABHI grant is awarded, focus on these steps in implementation. Look at Behavioral Health Home implementation.
- Engage PSH providers and community-based organizations (CBOs) to assist with retaining patient linkages to health care providers.

Action A-1-2: Design pilot program to explore cost savings achieved by shifting spending within health sector to housing and other key social determinants of health.

- Explore examples and case studies presented in H² action planning session materials.
- Create a cost study, using data and information now available from Virginia Supportive Housing.
- Request a conversation with HUD and CMS regarding supporting a pilot. (Use Pennsylvania as precedent).

H² Work Group attending to Goal A should also pay attention to Housing Strategies in Goal E (Strategies E-1, E-2, E-3, E-4, and E-5) and Appendix 1.

Goal B / Health Care: Enhance access to health care and behavioral health services needed to maximize health, manage ongoing conditions, and facilitate housing retention.

Goal B Team Leads: Pam Kestner, Jodi Manz, Stephanie Lynch

Team Members: Teri Morgan, Kristin Yavorsky, Jodi Manz, Michael Shank, Karen Kimsey, Sherry Confer

- *Launch Date:*
- *Reporting Frequency:*
- *Initial Target Date for Goal Attainment:*

Strategy B-1: Identify and enroll eligible members of the Target Population into Medicaid and connect members of the Target Population who fall within the insurance gap to appropriate health services.

Action B-1-1: Improve facilitation of Medicaid enrollment and renewals, focusing resources on enrolling members of the Target Population. [This should be a cross-agency effort that builds on existing enrollment assistance resources, including Cover Virginia, CoC Coordinated Entry, Virginia Poverty Law Center, Governor's Access Plan (GAP), Commonwealth Coordinated Care (dual-eligibles), capacity of FQHCs, HCHs, and free clinics, and identifies an active role for the Department of Social Services.]

Leaders for Action Step B-1-1: VDSS representative; Kristin Yavorsky; Teri Morgan (billing and service provision); Jodi Manz and Michael Shank (link Leadership Team in)

- Align eligibility determination, enrollment, and access to Medicaid services with eligibility determination and referrals/access to housing (i.e. simultaneous screening). Design appropriate structure and develop tools to support this joint screening, including at the initiation of outreach for Housing First (and for persons already in Housing First).
- Link each CoC coordinated assessment process to 2-1-1 so that the CoC designated coordinated assessment entity is the primary point of contact for housing and health needs, including Medicaid enrollment.
- Increase the number of healthcare navigators and community health workers supporting enrollment, including contracting with community-based organizations to do enrollment work.
- Involve faith-based community organizations (including "Charity Tracker" database) to conduct outreach, identify individuals, and facilitate enrollment.
- Find resources to expand and strengthen SOAR model, staffing beyond the PATH program.
- Where Medicaid eligibility is denied, identify and keep track of reasons for denial.

Action B-1-2: Aggressively work with existing enrollment assistance resources to identify those falling into the insurance gap, those who are eligible for GAP coverage, and those who need support from other resources.

- Work with Cover Virginia, CoC Coordinated Entry, Virginia Poverty Law Center, Governor's Access Plan, and Commonwealth Coordinated Care.
- Identify an active role for the Department of Social Services.

Action B-1-3: Improve continuity of client contact.

- CoC to be secondary contact for clients to sustain system entry and coverage and assist with problem of missing contact information for homeless people, especially those who migrate.
- Check what information is accepted for contact information (and work to have cell phone numbers deemed acceptable). Work with DMAS or DSS to allow or require different outreach and/or information. Double-check CMS rules.

Action B-1-4: Assist homeless service providers to affiliate (and/or formally partner) with FQHCs and Health Care for the Homeless Providers to create easy referral access to primary health care for clients, and to Community Service Boards for substance abuse and mental health services.

Action B-1-5: Ensure continuity of Primary and Behavioral Health Care for members of the Target Population exiting corrections institutions.

- Consider Medicaid options (e.g. reinstatement; enrollment during transition planning) and GAP program, which is currently doing outreach, working with peer navigators.
- Create pilot program at one or more county jails.
- Convene CoCs and jails via VCEH and Coordinating Council.

Strategy B-2: Develop innovative new ways of using existing health care resources to create program that provides intensive services that support housing retention to the Target Population.

Leaders for Strategy B-2: Pam Kestner, Jodi Manz, Stephanie Lynch, Kristin Yavorsky; Karen Kimsey; [Suzanne Gore]

Action B-2-1: Identify how to use the range of available resources (FQHC, HCH, CSB, and Virginia Medicaid plan) in the most efficient and effective way to meet the service and treatment needs of members of the Target Population. Cross-walk what is needed with what avenue of payment is possible, and seek the permission/support/authority needed to make necessary changes.

Action B-2-2: Work with DMAS to align financing and incentives to support provision of services that support housing retention.

Leaders for Action Step B-2-2: Pam Kestner, Jodi Manz, Stephanie Lynch, Kristin Yavorsky.

- Identify what state plan amendments and/or waivers are needed, and using Medicaid language, define the population to be served and the benefits package they will receive.
- Ensure that payment methods, capitation rates, quality measures, service limitations and authorization requirements reflect the complex needs of the Target Population.
- Explore with DMAS opportunities to incentivize MCOs to incorporate performance metrics and consider housing stability as a health system outcome. [See Action Step A-1-1.]

Action B-2-3: Foster partnerships between homeless service providers and Managed Care Organizations (MCOs) to reduce costs to MCOs and improve health outcomes for members of the Target Population.

Leaders for Action Step B-2-3: Pam Kestner, Jodi Manz, Stephanie Lynch, Kristin Yavorsky, Karen Kimsey (DMAS admin)

- May use a regional approach.
- Participate in ongoing SIM grant study, contributing ideas regarding connections between housing and health care.
- Create a program for people with high cost utilization of hospitals and emergency services to provide more intensive services (including housing supports). Identify frequent/high cost users and services to be provided. Collect data to document savings that can be reinvested in housing services. Align efforts with ongoing work by Joint Health Care Commission and SIM grant study. Look to Veteran's Challenge to incorporate program elements. [Stephanie Lynch to discuss FUSE status with Senator Hanger or Secretary Hazel.]
- Secure support of CMS, HUD, and DMAS Administration.

Action B-2-4: Review Magellan mental health services plan to determine feasibility of tailoring services/treatment to meet the needs of the Target Population.

Leaders for Action Step B-2-4: Kristin Yavorsky, Sherry Confer, Jodi Manz

- Discuss possibility with Magellan [Jodi Manz and Sherry Confer]. [See Action Step A-1-1.]
- Research Magellan best practices in Louisiana to determine what could be replicable in Virginia.
- [If feasible, but only with additional resources, include in resource mapping exercise in Action A-1-1.] [Check with Alice at VCEH.]

H² Work Group attending to Goal B should also pay attention to Health Care Strategies in Goal E (Strategy E-6) and Appendix 1.

Goal C / Coordination: Improve coordination and collaboration between the housing and health care systems at both the systems and service levels.

Goal C Team Leads: Kathy Robertson, Kelly King Horne

- *Launch Date:*
- *Reporting Frequency:*
- *Initial Target Date for Goal Attainment:*

Strategy C-1: Promote effective care coordination and case management that jointly focus on housing stability and improved health.

Action C-1-1: Develop statewide standards of care, including clearly defined roles, functions, activities, and outcomes for case management and care coordination to be used by CoCs.

- Consider linking the standards of care to state and federal funding.
- Develop a common agreement around use of terminology and list in publicly available document.

Action C-1-2: Develop cross-training program to inform health and housing system agencies and front-line staff (including case managers, care navigators, housing navigators, and in-person assistors at Federally Qualified Health Centers) of the standards of care, common definitions, and outcomes to create a common understanding of spectrum of needs and available services. (Train housing agency staff on how to link clients to appropriate health care services. Train health care provider staff on how to link clients to appropriate housing services.)

Leaders for Action Step C-1-2: Kathy Robertson and Kelly King Horne

- Link to Virginia's Coordinated Entry System.
- Plug into existing training opportunities (e.g. invite health care system representatives to Virginia Association of Housing Counselors Spring Conference (May 4-7, 2015)).
- Develop a workforce development program providing cross-training, identifying staff points of intersection, and overlap or hand-off. Define roles; create a "standard" of practice for all Virginia CoCs; develop training curriculum and program materials.

Action C-1-3: Engage health care providers to assist with educating and counseling homeless clients about alternatives to using emergency departments for non-emergency care.

Action C-1-4: Where housing navigator programs are in place, use structure to create formalized partnerships between health providers and housing navigators so that "navigation" includes both the housing and health care systems. Expand navigator model into CoCs where needed.

H² Work Group attending to Goal C should also pay attention to Coordination Strategies in Goal E (Strategy E-7) and Appendix 1.

Goal D / Data: Use data to inform decision-making in order to enhance system efficiency and improve quality of care and outcomes.

Goal D Team Leads: Pam Kestner, Kathy Robertson

Team Members: Margot Ackermann, Dottie Wells, Stephanie Lynch, eHHR

- *Launch Date:*
- *Reporting Frequency:*
- *Initial Target Date for Goal Attainment:*

Strategy D-1: Strengthen data collection, analysis, and use in decision-making.

Action D-1-1: Determine common data elements to be collected and common data collection tools.

Leaders for Action Step D-1-1: Kathy Robertson and Margot Ackermann

Additional team member: Dottie Wells from VDSS

- Consider initial focus on members of Target Population with chronic health conditions (i.e. conditions requiring long-term, expensive health care interventions, such as cancer or diabetes).
- Identify information that is key to decision-making at the system and agency levels.
- Data should include demographics, information on needs and service utilization, outcomes, and cost-savings.
- Make appropriate use of homeless Continuum of Care coordinated entry tools and HMIS.

Action D-1-2: Define data collection standards, protocols, and common outcome measurements.

- Ensure housing data is collected or accessed at medical intakes and health information is collected or accessed during housing intakes.

Action D-1-3: Identify and engage hospitals and other major systems (including counties, state government agencies, public health departments, FQHCs, HCH, free medical clinics, jails and correctional systems) in data collection regarding the Target Population.

Leaders for Action Step D-1-3: [Chris Bailey], Pam Kestner, Jodi Manz

Additional team members: Margot Ackermann, Kathy Robertson

- Start with the Hospital Association, then approach individual health systems, including teaching hospitals and schools such as Virginia Commonwealth University.
- Forge appropriate agreements in support of information sharing across housing and health systems, including Business Agreements or MOUs, where appropriate.
- Focus on need to collect data reflecting the depth of need found in Virginia rural areas. May be captured by food programs, domestic violence programs, Child Protective Services, educational data, or other non-shelter-based information.

Action D-1-4: Create or amend existing data hub/warehouse or develop processes that enable conversations across systems, allowing for data access regarding health care system use by Target Population. System must accommodate disclosure/privacy concerns.

Leaders for Action Step D-1-4: [Craig Markva; Mukundan Srinivasan], Jodi Manz and Pam Kestner to help.

- Ask DMAS to add to the RFI/RFP for Medicaid Management Information System a deliverable of collecting data on housing status. Can be the same data element that is now captured in the common health application, or new elements developed from H² work group. Ensure compatibility with key questions determined under Action Step D-1-1.

Action D-1-5: Determine and conduct needed analysis of data to support statewide replication of effective practices.

- Identify successful (and unsuccessful) programs and interventions.
- Create reports on cost-savings data for key programs, including PSH, recuperative care facilities, frequent user interventions, etc.

H² Work Group attending to Goal D should also pay attention to Data Strategies in Goal E (Strategy E-8) and Appendix 1.

Goal E / Alignment with Ongoing Efforts: Support H² with Complementary Efforts Currently Underway in Virginia.

Goal E Team Leads: Pam Kestner, Jodi Manz

Team Members:

- *Launch Date:*
- *Reporting Frequency:*
- *Initial Target Date for Goal Attainment:*

Housing

Strategy E-1: Increase the supply of Permanent Affordable Housing Units, including Permanent Supportive Housing and Move On Housing.

Action E-1-1: Determine the number of units of each housing type needed and the estimated costs – statewide and for each community.

- Assess the existing housing resources available, including rental housing resources and low income tax credit set-asides for supportive housing, and identify what is needed to support expanding supply.

Action E-1-2: Identify and explore approaches to increasing housing stock affordable to the Target Population, including:

- partnering with faith-based communities, non profit housing developers, or organizations like Rebuilding Together to develop additional housing resources
- repurposing vacated office buildings and residential units that are not financially viable
- working with the VA Housing Trust Fund to obtain donated housing
- exploring direct development of housing by Community Service Boards (CSBs)
- working with the Virginia Housing Development Authority (VHDA) to encourage for-profit developers in LIHTC projects to structure deals with greater subsidies
- obtaining additional project-based resources utilizing capital funds

Action E-1-3: Direct resources to address gaps in housing available for members of the Target Population, including those not eligible for current resource opportunities (such as non-veterans, non-VA eligible veterans due to dishonorable discharge or other reasons) and those living in rural areas where resources and capacity are sparse.

Strategy E-2: Focus and Align Funding Resources Toward Permanent Supportive Housing.

Action E-2-1: Combine state funds into a single funding source for PSH development.

- Create single application process with simultaneous awards from multiple sources.
- Leverage state dollars to maximize federal resources for housing. Provide state resources to match each HUD project statewide.

Action E-2-2: Develop a diverse portfolio of funding sources to support PSH development, operations, and services.

- Look to National Housing Trust Fund and target Virginia Housing Trust Fund resources to address needs of Target Population.
- Apply for relevant federal opportunities, including SAMHSA grants for services and treatment.
- Coordinate with Ryan White Planning Councils and Consortia to leverage resources for PSH services.
- Explore social impact bonds, as well as funds received from “mortgage settlement.”
- Forge private investment relationships for 10-year partnerships.
- Direct new PSH SMI resources toward Target Population.

Strategy E-3: Develop rapid re-housing programs and resources for high need members of the Target Population throughout the State.

Action E-3-1: Consider suitability of Rapid Re Housing to some within the target population, under HUD definitions. If there is a fit, create a state-level task force to design a rapid re-housing program, addressing the following areas: [note: Generally Chronic Homeless found not viable for Rapid Rehousing, so decide if you want to delete this given Target Population or move to Appendix 1]

- assessment of housing barriers;
- housing search assistance;
- developing relationships with landlords;
- rent subsidy design;
- case management and service provision;
- data collection and evaluation;
- funding.

Strategy E-4: Maximize effective use of existing housing resources.

Action E-4-1: Adjust resources to match need.

- Ensure match between available beds and populations that require health system assistance (e.g. develop additional beds for individuals, particularly single men in rural locations with health care needs).
- Continue reallocation of resources from transitional housing to permanent housing.
- Increase the number of permanent supportive housing beds dedicated to chronically homeless persons. This includes both targeting units to be developed as well as existing units (work with HUD to amend grant agreements to include a designation of beds for chronically homeless persons).
- Address geographic gaps (e.g. HUD/VASH concentration around military bases and VA medical centers).

Action E-4-2: Foster new models of housing, cultivating client receptivity and the delivery system capacity needed to do so.

- Explore alternatives to individual lease holding such as family support, roommate matching, and shared housing.
- Access auxiliary grants to implement Adult Foster Homes in rural areas.

Strategy E-5: Strengthen links between Target Population and available housing, supportive services, and health care through outreach, engagement, and education.

Action E-5-1: Increase PATH staffing and services.

Action E-5-2: Use peer supports for ongoing housing support.

Action E-5-3: Expand “Mental Health First Aid” training system that organizes community trainings (EMTs, firefighters, etc.) to increase awareness and sensitivity, and equip emergency response personnel with the tools necessary to communicate and aid homeless persons. Aid provided should include linking homeless persons with housing support.

Health Care

Strategy E-6: Maximize use of available Medicaid resources and build upon existing health care services.

Action E-6-1: Develop a robust, expedited Virginia Medicaid Enrollment Infrastructure.

Action E-6-2: Explore the possibility of implementing a program to aid individuals with brain injuries that are not currently covered under the Medicaid Intellectual Disability (ID) and Developmental Disability (DD) Home and Community-Based Services waivers, particularly homeless veterans who frequently combine brain injuries with post-traumatic stress disorder.

Action E-6-3: Apply for funding opportunities that support provision of integrated health, behavioral health and housing services.

- Explore applying for an Auxiliary Grant for SSI/ SSDI to use resources for housing costs linked to mental health services/ treatment provided.
- Apply for SAMHSA grants.

Action E-6-4: Evaluate and address the specific needs of programs operating in rural areas.

- Investigate the specific requirements of programs located in rural areas, taking into account the geographic context and difference in transportation needs.
- Examine existing successful programs in non-rural areas to determine what elements can be incorporated into rural area programs.

Action E-6-5: Close service gap for veterans who have been unable to enroll in Veterans' benefits.

- Provide services to all veterans regardless of discharge status.
- Identify most appropriate site for receipt of individual services.

Coordination

Strategy E-7: Promote statewide implementation of housing navigator and health home programs that link health and housing systems of care.

Action E-7-1: Review progress of Carillion 2012 health home [care coordination] pilot program in southwest region and expand to other regions on set schedule, linking CoCs in each region with the Pilot Design Team to assure local connections. Keep abreast of Behavioral Health home and integrated primary care efforts.

Data

Strategy E-8: Enhance and revise existing data systems to allow for comprehensive and consistent data collection and sharing.

Action E-8-1: Create a Statewide HMIS. Need standard data on homelessness state-wide to compare with health system data, corrections system data, and health insurance data.

Appendix 1: Additional Action Steps

The following ideas were also discussed at the planning session, and validated as useful and necessary, but are not being prioritized for action under the H² Initiative at this time. The Leadership Team hopes that these ideas will find traction in many other arenas, both planning and program development, while H² attention is focused on achieving the cornerstone strategies enumerated above.

Housing

- Explore the steps to licensing and certification under Medicaid for Permanent Supportive Housing and Health service providers.
- Implement a program modeled after PACE, which provides all-inclusive care to elderly adults (including housing, case management, behavioral health, other clinical care).
- Conduct outreach to private landlords to reduce barriers to entry to existing housing.
 - Work to increase the number of private landlords willing to rent to the Target Population (following models set by Seattle Landlord Liaison Project and communities in Virginia that have had the greatest success).
 - Support anti-discrimination legislation that would forbid landlords from discriminating on basis of income source or amount, or from refusing to accept rental assistance or vouchers.
- Work with Public Housing Authorities (PHAs) to enhance access to housing units by members of the Target Population, considering the following:
 - Giving preference to homeless persons in the dissemination of housing vouchers.
 - Developing Move On housing support for graduates of permanent supportive housing.
 - Adjusting policies to minimize impact of criminal backgrounds (particularly relating to minor, non-violent offenses) or dishonorable discharge for veterans on access to PHA units.

Health Care

- Explore creation of a program designed to serve seriously mentally ill persons in a residential setting, including 24-hour staffing and clinical care.
- Examine every aspect of the VA Medicaid system to identify how it can best support the housing and health needs of the Target Population.
 - Increase services offered by existing providers within the parameters of the existing Medicaid system.
- Expand Community Service Board (CSB) capacity to provide support to FQHC clients, to see more people and to see them more often.
- Address the specific needs of programs operating in rural areas. [A very similar Strategy appears as E-6-4. Should delete from one place or the other.]
 - Create programs tailored to satisfy those requirements. Apply for special SAMHSA grants. Look to Commonwealth Coordinated Care for an example of a program tailored to the environment.

Coordination

- Cooperate with the justice system to enhance the efficacy of discharge planning and reduce recidivism among the Target Population.
- Improve communication between providers and state agencies and streamline procedures so that clients can be linked to the housing, services and treatment most appropriate to their needs. [This is very similar to content of Goal C.]
 - Ex: Develop a common application for health-related benefits that goes to the proper agency.

Data

- Push for a Statewide HMIS [This is a Strategy in Goal E. Should delete it from one place or the other]
- Develop mandates or incentives to share data and ideas.

Appendix 2: Data Snapshots: Populations in Need

POPULATION: PERSONS EXPERIENCING HOMELESSNESS⁶

⁶ 2014 PIT Count, available at: <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/> and https://www.hudexchange.info/reports/CoC_PopSub_State_VA_2014.pdf

Numbers of Homeless Persons in 2014

Total Homeless	7020
% Unsheltered	9.8%
Homeless Individuals	4234 (60%)
% Unsheltered	15.7%
Homeless Persons in Families	2786 (40%)
% Unsheltered	0.93%

Homeless Sub-Populations

Sub-Population	Number	% Unsheltered
Total Chronically Homeless	1021	28.5%
Individuals	965	30.2%
Persons in Families	56	0%
Unaccompanied Children & Youth	422	16.8%
Children	12	0%
Young Adults	410	17.3%%
Veterans	620	13.7%
Chronic Substance Abuse	1207	16.8%
HIV/AIDS	47	0.19%
Severely Mentally Ill	1091	16.9%
Victims of Domestic Violence	912	13%

The state has 16 Continuums of Care, including one for Balance of State. 66% of the homeless population is concentrated in 7 of the CoCs, those which contain the State's largest cities, including Virginia Beach, Norfolk, Chesapeake, Richmond, Newport News, Alexandria, Hampton, and Roanoke.

POPULATION: LOW-INCOME INDIVIDUALS AND THOSE LIVING IN POVERTY

Numbers of Persons Below the Poverty Line⁷

Virginia has a relatively low poverty rate with 11.3% of its population having incomes below the Federal Poverty Level (2009-2013). The national poverty rate for this same period was 15.4%.

⁷ <http://quickfacts.census.gov/qfd/states/51000.html>

Health Insurance Coverage of Those Living Below the Federal Poverty Level (FPL) in 2013⁸

	Uninsured	Employer	Other Private	Medicaid	Total
0-64 (under 100% FPL)	216,100 (28%)	93,600 (12%)	85,100 (11%)	353,100 (45%)	782,600
19-64 (under 100% FPL)	195,800 (41%)	55,000 (11%)	72,800 (15%)	123,800 (26%)	482,200
0-18 (under 100% FPL)	N/A	38,600 (13%)	N/A	229,200 (76%)	300,400

Average Monthly Number of Individuals Enrolled in Medicaid⁹

State Fiscal Year	Low Income						
	Aged	Blind and Disabled	Total Aged, Blind & Disabled	Low Income Children	Caretaker Adults & Pregnant Women	Total Low Income	Total Eligible Individuals
2010	70,596	169,101	239,697	426,922	97,126	524,048	763,745
2011	70,313	178,981	249,294	450,193	104,700	554,892	804,186
2012	69,975	187,389	257,364	461,124	116,388	577,512	834,876
2013	69,547	193,316	262,863	473,758	140,774	614,532	877,395
2012-2013 Change	-0.6%	3.2%	2.1%	2.7%	21.0%	6.4%	5.1%

POPULATION: PERSONS LIVING WITH HIV/AIDS¹⁰

⁸ The Henry J. Kaiser Family Foundation, www.kff.org.

⁹ Virginia Department of Medical Assistance Services, 2013 DMAS Statistical

- 25,651 people in Virginia are living with HIV/AIDS (as of December 31, 2013)
- 1.1% of clients in Virginia with an HIV diagnosis and receiving HIV services are homeless or unstably housed (in 2012)
- Ryan White HIV/AIDS Program Clients in VA in 2012 Income and Housing Status
 - 60.7% (4,405) have incomes below the Federal Poverty Level (FPL)
 - 1.1% (86) are homeless or in unstable housing
 - 9.5% (732) are in temporary housing
 - 89.4% (6,900) are in stable/permanent housing

¹⁰ https://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/Quarterly/4th%20Quarter%202013/Table2HIV_Q4.pdf and <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx#chart7>

Appendix 3: Homeless Housing Resources

PUBLIC HOUSING AND HOUSING CHOICE VOUCHER PROGRAM (HCV)

Public Housing Authorities (PHAs) in Virginia¹¹

There are 43 PHAs in Virginia administering HCV and public housing programs. Of these, 15 PHAs administer a HCV program only, 2 administer only a public housing program, and 26 administer both a HCV and public housing program. In total, Virginia has 51,294 Housing Choice Vouchers and 19,668 public housing units.

In addition, 14 of the PHAs also administer special purpose vouchers that have been appropriated by Congress exclusively for people with disabilities. This is a statewide total of 1,547 vouchers through the following two programs: 1) Five-Year Mainstream Housing Opportunities for Persons with Disabilities (446 vouchers) and Rental Assistance for Non-Elderly Persons with Disabilities (1,101 “NED” Vouchers).

HOME INVESTMENT PARTNERSHIPS PROGRAM

Participating Jurisdictions and 2014 Allocation¹²

The HOME Investment Partnerships Program is a formula grant of federal housing funds given to states and localities (referred to as “participating jurisdictions” or PJs). Virginia has a state PJ and 20 local PJs. Virginia PJs received over \$19 million in HOME funds in FY 2014.

HOME funds can be used to provide rentals subsidies, as well as to build, buy and renovate rental housing, finance homeownership opportunities, and repair and renovate homes. From January-September 2014, Virginia PJs assisted 64 households with HOME-funded tenant-based rental assistance vouchers.

CONTINUUM OF CARE PROGRAM

2014 Homeless Housing Inventory in Virginia¹³

A variety of homeless housing is funded through the Continuum of Care Program, including emergency shelter (ES), safe havens (SH), transitional housing (TH), permanent supportive housing (PSH) and rapid rehousing (RRH).

	Total Inventory	Inventory by Program Type
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¹¹ Data from HUD PHA Contact Information http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts and HUD Housing Authority Profile database <https://pic.hud.gov/pic/haprofiles/haprofilelist.asp>

¹² https://www.hudexchange.info/grantees/cpd-allocations-awards/?filter_year=2014&filter_program=7&filter_state=VA&filter_coc= and <https://www.hudexchange.info/manage-a-program/home-activities-reports/>. Data from <https://www.hudexchange.info/manage-a-program/home-dashboard-reports/>

¹³ 2014 HIC Count, available at: <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>

Continuums of Care	Total ES, TH & SH Beds (Yr. Round)	Emergency Shelter/Safe Haven Beds	Transitional Housing Beds	Permanent Supportive Housing Beds	Rapid Rehousing Beds
16 Active CoCs	6,274	3,880	2,394	3,582	2,062

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM (HOPWA)

2014 HOPWA Awards¹⁴

HOPWA funds are awarded through the Consolidated Plan as a block grant to states and larger metropolitan areas based on their incidences of AIDS and competitively through an annual Notice of Funding Availability (NOFA). HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. Virginia has three HOPWA recipients (Virginia Beach, Richmond and the State of Virginia), through both the formula and competitive process, and in FY 2014 received a total of over \$2.8 million in FY 2014 HOPWA funds.

HOPWA – Housing Opportunities for Persons with AIDS (2013)

	Households Served	HOPWA Expenditures
Virginia Beach, Richmond & State of Virginia		
Tenant-Based Rental Assistance	169	\$952,212.32
Subsidized Permanent Housing	24	\$122,814.00
Transitional/Short-term Facilities	15	\$33,673.53
Short-Term Rent, Mortgage & Utility Assistance	266	\$160,941.30
Permanent Housing Placement Services	66	\$62,088.43
TOTAL	540	\$1,331,729.58

Note: The Washington, DC HOPWA grantee covers Arlington, Clarke, Fairfax, and Jefferson Counties, VA.

OTHER FUNDING FOR SUPPORTIVE HOUSING

Section 811, Section 202 and HUD-VASH in Virginia¹⁵

Program / Description	Units / Vouchers
<i>Section 811 Supportive Housing for Persons with Disabilities Program:</i> funds the development of supportive housing for people with disabilities between the ages of 16 and 62	88 new Section 811 units between FY 2005 and FY 2012
<i>Section 202 Supportive Housing for the Elderly:</i> provides capital advances to finance the construction and rehabilitation of supportive housing for very	343 new units of Section 202 supportive housing

¹⁴ <https://www.hudexchange.info/grantees/cpd-allocations-awards/>

¹⁵ Data compiled from 2013 HOPWA Consolidated Annual Performance and Evaluation Reports (CAPERs) Measuring Performance Outcomes submitted by City of Richmond, Virginia; City of Virginia Beach; and Commonwealth of Virginia – Department of Housing and Community Development.

low-income elderly people and provides rent subsidies for the projects	since FY 2005
<i>HUD-VASH (Veterans Affairs Supportive Housing) Program:</i> a joint project between the Department of Veteran Affairs (VA) and the Department of Housing and Urban Development (HUD) which offers a housing voucher from HUD and intensive case management services provided by the VA for five years	938 VASH vouchers administered by 8 different PHAs, as of November 2014

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF)¹⁶

The SSVF Program funds supportive services which promote housing stability for very low-income Veterans and their families residing in or transitioning to permanent housing. Since 2012, 7 grantees in Virginia have received over \$8.2 million in SSVF grants.

VIRGINIA HOUSING TRUST FUND¹⁷

The Virginia Department of Community Development and the Virginia Housing Development Authority jointly administer the state’s Housing Trust Fund. It is financed by a dedicated appropriation, and can be used for both loans and grants. In FY 2014 the Trust Fund received an allocation of \$7M.

80% of the funds must be spent on either a competitive loan pool or foreclosure rehabilitation loans. Up to 20% of the funds can be used for grants to reduce homelessness, including temporary rental assistance, housing stabilization services in PSH, mortgage foreclosure counseling and pre-development assistance for PSH and other long-term housing for people who are homeless.

¹⁶ Data from http://www.va.gov/HOMELESS/docs/SSVF/FY2012_SSVF_Awards_7172012_2.pdf and http://www.va.gov/homeless/docs/ssvf/2013_ssvf_awards_final_71113.pdf and http://www.va.gov/HOMELESS/ssvf/docs/2014_SSVF_Award_List.pdf

¹⁷ <http://www.dhcd.virginia.gov/index.php/virginia-housing-trust-fund-plan.html>

Appendix 4: Medicaid Coverage and Other Health Care Resources

VIRGINIA STATE MEDICAID PLAN AND COVERAGE

Medicaid Eligibility And Federal Medical Assistance Percentage (FMAP)¹⁸

- Not a Medicaid expansion state and has some of the strictest eligibility criteria in the nation
- Eligibility for most groups is based on the modified adjusted gross income (MAGI)
- In 2015, Medicaid eligibility based on family income as a percentage of federal poverty level (FPL), is:
 - For pregnant women: 143% of FPL
 - For children: 143% of FPL
 - For some people with disabilities: 80% of FPL
 - For parents: 49% of FPL.
- Children's Health Insurance Program (CHIP) eligibility is for children/youth in families whose incomes are up to 200% of FPL
- FMAP is generally 50%, meaning Virginia receives \$1 of federal matching funds for every \$1 spent on Medicaid

Enrollment Efforts

- Cover Virginia is a source of information for uninsured Virginians seeking access to health care coverage. It includes a link to resources for one-on-one assistance for individuals needing help with applications.
- State has partnered with the Virginia Poverty Law Center (VPLC) to be a "navigator" organization to enhance an existing network of consumer assistance. The VPLC has recruited and trained local organizations to build a network of Certified Application Counselors to help consumers apply for health care coverage.
- Applications for healthcare coverage are accepted via the federal marketplace exchange (<https://www.healthcare.gov/>) or by calling 1-800-318-2596. The FFM will make assessments of Medicaid/CHIP eligibility and then transfer the applicant's account to the state agency for a final eligibility determination.

Medicaid Enrollees And Expenditures¹⁹

Similar to other states, Medicaid enrollment and expenditures are weighted toward children in low-income families and individuals with disabilities as displayed in the chart below.

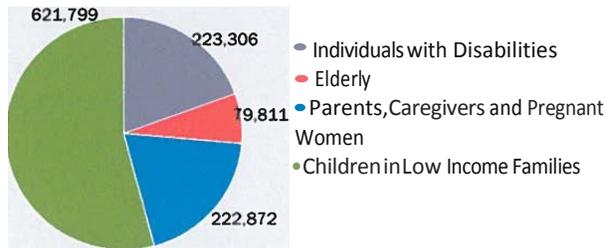
Expenditures \$6.7 billion	Category	Enrollment 1,147,788
23%	Children	54%
59%	Disabled and Elderly	26%
17%	Parents, Caregivers	19%

¹⁸ www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/virginia.html

¹⁹ *Virginia Medicaid at a Glance*: <http://www.dmas.virginia.gov/Content/atchs/atchs/va-medprg.pdf>

Coverage²⁰ in Virginia for SFY 2013:

and
Pregnant
Women



Medicaid Care Delivery

Virginia's Department of Medical Assistance Services (DMAS) provides Medicaid to individuals through three delivery models:

- Managed Care using managed care organizations (MCOs)
- Fee-For-Service (direct reimbursement to service providers)
- Programs of All Inclusive Care for the Elderly (14 locations in the Commonwealth).

Medicaid Waivers and Demonstration Programs²¹

- **1115 Demonstration Waivers**
 - One approved 1115 Demonstration Waiver allowing for early adoption of the Modified Adjusted Gross Income used in determining Medicaid eligibility.
 - Approval is being sought for a 1115 Waiver to provide mental health benefits to qualifying Virginians ages 21-64 with serious mental illness who are living at or below 60% of the federal poverty level and are not eligible for any other existing entitlement program including the current Medicaid program. When approved, this Waiver will serve as a bridge to close the coverage gap for 20,000 uninsured Virginians who have significant behavioral and medical needs. DMAS will provide a limited benefit package of integrated physical and behavioral health care, including primary and specialty care; diagnostic, laboratory, pharmacy and behavioral health community services, and care coordination. A hybrid payment structure will be used, including Fee-for-Service and managed care through Magellan.
- **Section 1915(c) Home and Community-Based Waivers**
 - Allow provision of an expanded and more flexible array of services and supports to targeted populations

²⁰ Coverage and enrollment numbers show the total annual unduplicated enrollments for Virginia's Title19 / Medicaid program

²¹ For more information, see: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html; <https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/>; and http://www.dmas.virginia.gov/Content_pgs/ltc-home.aspx

- VA has waivers for the following populations: persons who are technology dependent, adults with Alzheimer's, individuals with disabilities who meet criteria for Nursing Facilities care, persons with developmental disabilities, and persons with intellectual disabilities who meet the criteria for ICF/IDD.
- **Virginia Money Follows the Person Medicaid Demonstration Program²²**
 - Program creates a system of long-term supports that assist individuals to transition from certain long-term institutions into the community
 - Is making over \$28 million in federal Medicaid funds available to support older adults and individuals with disabilities
 - Supports Virginia's Olmstead initiative and complements the efforts of the 5-year Systems Transformation Grant that aims to improve the infrastructure for community long-term supports.
- **Federal Dual Alignment Demonstration²³:**
 - In Virginia, this initiative is called Commonwealth Coordinated Care. It blends and coordinates care for individuals who are eligible for both Medicare and Medicaid benefits. 30,000 individuals are participating in this project.

Other Initiatives

- **STATE INNOVATION MODEL (SIM) GRANT²⁴**
 - Virginia was awarded a one-year grant of approximately \$26 million to develop new statewide public health models targeted to achieve specific population health goals, will begin February 2015
 - Led by the Virginia Center for Health Innovation in collaboration with public and private stakeholders
 - Will create 7 regional Accountable Care Communities (ACCs) in which public and private stakeholders will work collaboratively to integrate service delivery and improve health outcomes within the jurisdiction, in alignment with the statewide population health goals
 - Statewide population health goals include: lower rates of tobacco use and obesity; prevention and management of cardiovascular disease, diabetes, respiratory disease and high-risk pregnancy; and better care for selected mental and oral health conditions
- **BEHAVIORAL HEALTH HOMES PILOT**
 - Will deliver integrated health home support for 13,000 individuals in both the managed care and fee-for-service delivery systems, including individuals who are homeless, are intensive users of the health care system and have a behavioral health diagnosis.
 - Begins July 2015 in southwest Virginia
 - DMAS plans to partner with one or more health plans, Community Services Boards (CSBs), FQHCs, Magellan and other key stakeholders
 - Will focus on prevention and early intervention, joint treatment planning, the development of strategies to close gaps in care, care management, outreach and community services, "carefully"

²² A Healthy Virginia: <https://governor.virginia.gov/media/3096/a-healthy-virginia-report-final.pdf>

²³ A Healthy Virginia: <https://governor.virginia.gov/media/3096/a-healthy-virginia-report-final.pdf>

²⁴ <http://www.vahealthinnovation.org/2014/12/16/virginia-awarded-2-58m-state-innovation-model-grant/>

managed transitions in care and medications, peer support, coordination of care through use of technology

HEALTH CARE FOR THE HOMELESS PROGRAMS

Virginia has four Health Care for the Homeless Programs, administered by:

- Greater Prince William Community Health Center
- Daily Planet Health Care for the Homeless (Greater Richmond Area)
- Southeastern Virginia Health System (formerly Peninsula Institute for Community Health)
- Hampton Roads Community Health Center.

RYAN WHITE PROGRAM TITLE II FUNDS

Ryan White Title II funds for persons living with HIV/AIDS are administered by the Virginia Department of Health (VDH), Division of Disease Prevention. The major part of this funding goes to the AIDS Drug Assistance program (ADAP) that provides AIDS medications to persons who are not on Medicaid or Medicare, have no health insurance, no other form of payment, and earn only up to 300% (333% in Northern Virginia) of the Federal poverty level. It also covers health care services, as a payor of last resort, with a priority for women, children and infants with HIV/AIDS.

2012 Funding Snapshot²⁵

- 7,970 clients served by the Ryan White Program
- 86 were unstably housed and 732 were in temporary housing
- Top medical services provided: outpatient ambulatory care (70% of clients received), medical case management (76%), oral health care (24%) and mental health services (20%)
- Other key services provided: medical transportation services (19% of clients received) and non-medical case management (16%).

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Virginia has a network of 125 federally qualified health centers (FQHCs) across the state that provides primary healthcare, behavioral health, dental and other services to medically underserved communities and vulnerable populations. Virginia's FQHCs are administered by the Department of Health, State Primary Care Office, and Virginia's Community Health Care Association, whose members are made up of non-profit community-based providers of primary care, rural health clinics and migrant health center sites. In FY 2013, members provided 1,024,066 encounters to 286,604 Virginia residents, including primary care to 114,300 persons who were uninsured.

²⁵ <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx> and <http://hab.hrsa.gov/stateprofiles/Services-Received.aspx>

Appendix 5: Successful Permanent Supportive Housing Programs

Virginia Supportive Housing

- Single-site and scattered-site permanent supportive housing programs serving homeless and chronically homeless individuals in Greater Richmond, South Hampton Roads, and Charlottesville.
- Specialized services provided to individuals with mental illness and those with high medical vulnerability.
- **Outcomes:**
 - In 2014, 679 formerly homeless individuals were served across the Commonwealth.
 - An evaluation of hospital utilization in Richmond found a 54% reduction in the number of inpatient and ER visits for all clients and a 71% reduction in visits for the highest utilizers of hospital inpatient and ER services while homeless.

1811 Eastlake in Seattle, WA²⁶

- **Serves:** chronically homeless people with severe alcoholism & high use of crisis services
- **Outcomes:** Significant cost reduction in service usage (health, behavioral health, criminal justice and shelter) after one year of enrollment with median monthly costs dropping from \$4,066/person to \$958/person and alcohol use dropping by about a third. The savings far exceed the cost of the housing.

Chicago Housing for Health Partnership²⁷

- **Serves:** chronically ill homeless individuals
- **Outcomes:** 1/3 fewer inpatient hospital days and ¼ fewer emergency room visits for program participants as compared to their peers relying on the usual care system. Evidence indicates that every 100 chronic homeless individuals housed will save \$1 million in public funds/year and every 100 short term homeless individuals housed will save \$630,000/year. The costs of providing housing and case management are more than offset by the reduced costs of hospital, nursing home services, prison or jail, and other social services.

Denver Housing First Collaborative²⁸

- **Serves:** 100 chronically homeless individuals with disabilities
- **Outcomes:** Comparing two years pre-housing with two years post-housing, residents had 34% fewer emergency room visits, 40% fewer inpatient visits, 82% fewer detox visits, and 76% fewer incarceration days.

San Francisco Direct Access to Housing²⁹

- Plaza Apartments serves high cost system users.
- **Outcomes:** Approximately \$2,226,568 million in healthcare reductions in first year.
- Mission Creek serves 51 homeless seniors.

²⁶ http://www.desc.org/documents/DESC_1811_JAMA_info.pdf and http://shnny.org/uploads/Health_Care_and_Public_Service_Use.pdf

²⁷ http://www.aidschicago.org/pdf/2012/chhp_data_sheet_2012.pdf

²⁸ http://www.denversroadhome.org/files/FinalDHFCCostStudy_1.pdf

²⁹ Department of Public Health, Cost-Effective Strategies for Housing Homeless Clients presentation

- **Outcomes:** 82% reduction in total cost of health care utilization, including emergency department, hospital inpatient, psych inpatient and skilled nursing facilities.

Virginia H² Leadership Team

Those who led the effort to convene the Action Planning Session, along with a few additional people identified at the January 8-9, 2015 convening, have formed the Virginia H2 Leadership Team.

Pamela Kestner (Chair)	Office of the Sec. of Health and Human Resources	pamela.kestner@governor.virginia.gov 804.786.7765
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Dave Norris	United Way of Greater Richmond & Petersburg	norrisd@yourunitedway.org 804-771-5887
Erika Jones-Haskins	Virginia Housing Development Authority	Erika.jones-haskins@vhda.com
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Kathy Robertson	Dept of Housing and Community Development	kathy.robertson@dhcd.virginia.gov 804.371.7000
Kelly King Horne	Homeward	kkhorne@homewardva.org 804.343.2045
Kristin Yavorsky	Virginia Supportive Housing	kyavorsky@virginiassupportivehousing.org 804.788.6827
Michael Shank	Virginia Dept of Behavioral Health and Developmental Services	Michael.shank@dbhds.virginia.gov 804.371.2480
Stephanie Lynch	Virginia Association of Health Plans	stephanie@vahp.org 703-945-4619
Teri Morgan	Virginia Dept of Medical Assistance Services	Teri.morgan@dmas.virginia.gov 804-475-1461
Sherry Confer	Virginia Dept of Medical Assistance Services	sherry.confer@dmas.virginia.gov

H² Federal Partners will work to support and inform the state effort. The H² TA Team will provide support and function as liaison for the initial 90 days post action-planning session. Point of Contact: Gillian Morshedi, HomeBase, 415.788.7961 ex 301 gillian@homebaseccc.org.



Interagency Partnership to Prevent & End Youth Homelessness: Strategic Plan

2014



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The Interagency Partnership to Prevent & End Youth Homelessness

Mission and Vision

The Interagency Partnership to Prevent and End Youth Homelessness' (IPPEYH) overarching purpose is to leverage state resources more effectively; maximize the effectiveness of state services and resources for youth experiencing or at risk of experiencing homelessness; and realize efficiencies through enhanced coordination and shared resources among state agencies.

Our vision is a community where no youth is homeless and every youth is supported by stable housing, permanent connections, education or employment and social and emotional well-being.

Background

In order to effectively realize its purpose, members of the IPPEYH participated in a strategic planning process during the summer and fall of 2014 to identify goals and strategies that will be incorporated into a proposed plan to be implemented over a three year period of time (January 2015 – January 2018). The group agreed that any short- or mid-term goals and strategies identified will not require additional state or federal dollars and that if financial resources were needed for implementation, private sources should be identified as possible sources of funds. The proposed plan will be presented to the Governor's Coordinating Council on Homelessness on December 9, 2014 for discussion and potential adoption.

For the planning process, the IPPEYH membership agreed to on the following definition of the focus population which is:

Low income young people, ages 14-24, who are homeless or at-risk of becoming homeless. This focus population includes those youth involved in foster care or juvenile justice systems. It may also include youth who are not enrolled in or at risk of dropping out of an educational institution.

Four work groups were created and convened over the summer 2014 to collect information, identify gaps in services and provide recommendations on how to address needs, gaps and/or barriers. The workgroups were established based upon the following topics.

Statutory & Regulations Framework

Data

Housing

Quality of Services and Funding Streams

On October 3, 2014 each workgroup presented background information, challenges and recommendations/strategies to consider in developing the strategic plan. A summary of the recommendations is presented in Appendix B.

Participants

The interagency partnership consisted of the following members who worked collaboratively together to develop this proposed plan. They are as follows:

Paul McWhinney, Chair	Department of Social Services
Pam Kestner	Office of the Secretary of Health and Human Resources
Kathy Robertson	Department of Housing and Community Development
Anna Antell	Office of Comprehensive Services
Nichele Carver	Department of Housing and Community Development
Susie Clare	Office of Comprehensive Services
Jackie Cowan	United Methodist Home
Bruce Crusier	Virginia Department of Criminal Justice Service
Ashley Harrell	Department of Medical Assistance Services
Lelia Hopper	Court Improvement Program – Supreme Court
Kelly King Horne	Homeward
Malcom King	Department of Behavioral Health and Developmental Services
Michelle Kirby	Office of the Secretary of Education
Makita Lewis	Department of Social Services
Janet Lung	Department of Behavioral Health and Developmental Services
Christie Marra	Virginia Poverty Law Center
Letha Moore-Jones	Department of Social Services
Melissa O’Neil	Department of Criminal Justice Services
Pat Popp	Project HOPE /William & Mary
Allyson Roberts	Great Expectations/Virginia Community College System
Erika Schmale	Homeward
Michael Shank	Department of Behavioral Health and Developmental Services
Terri Stott	Department of Juvenile Justice
Rachel Strawn	Great Expectations/Virginia Community College System
Kimberly Tucker	St. Joseph’s Villa
Mary “Alex” Wagaman	VCU-School of Social Work
Amy Woolard	Voices for VA’s Children

Developing the Strategic Plan

The group met four times during October, November and December 2014 to debrief the workgroup presentations, and to brainstorm, create, edit and revise the strategic plan. Together they developed objectives around the four goal areas and detailed action items that when complete, achieve goal attainment. Additionally, the group determined specific details to optimize progress by determining priority, champions, timeframe, and metrics for each action item under each objective.

**The plan uses several acronyms that are defined below.*

CSA	Comprehensive Services Act
DBHDS	Department of Behavioral Health and Developmental Services
DCJS	Virginia Department of Criminal Justice Service
DHCD	Department of Housing and Community Development
DJJ	Virginia Department of Juvenile Justice
IPPEHY	Interagency Partnership to Prevent and End Youth Homelessness
LDSS	Local Departments of Social Services
S.E.C	State Executive Council
SCHEV	State Council of Higher Education in Virginia
SPOC	Single Point of Contact
VCCS	Virginia Community College System
VDOE	Virginia Department of Education
VPLC	Virginia Poverty Law Center

The IPPEYH Proposed Strategic Plan: 2015-2017

Presented below is the proposed strategic plan developed by the IPPEYH. The detailed plan containing prioritization, timeframes and metrics for completion, and champions and working groups, is presented in Appendix A.

GOAL 1: INCREASE STABLE HOUSING FOR YOUTH EXPERIENCING HOMELESSNESS AND YOUTH WHO ARE AT RISK FOR HOMELESSNESS

Objectives:

- A. Identify youth who are experiencing homelessness or at risk of experiencing homelessness
- B. Identify housing options and relevant best practices
- C. Ensure every youth exiting foster care or juvenile justice has a verified discharge/ transition plan for permanent housing for at least six months post exit

- D. Implement best practice to meet the housing needs of the focus population
- E. Develop strategies for working with youth with unique barriers to housing, including but not limited to, undocumented youth, LGBTQ youth, and youth with legal barriers to accessibility. (e.g. housing barrier crimes, poor credit reports, etc.)
- F. Provide youth with information about their housing rights

GOAL 2: BUILD AND ENHANCE PERMANENT CONNECTIONS FOR THE FOCUS POPULATION

Objectives:

- A. Assess fidelity of Virginia's children's services practice model
- B. Improve support and training across disciplines
- C. Through the transition plans of Local Department of Social Services and Department of Juvenile Justice, enhance non-system natural supports (coaches, teachers, extended family, etc.)
- D. Support foster care to age 21

GOAL 3: INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION

Objectives:

- A. Incorporate peer support and outreach, to promote education and employment
- B. Create Youth on the Move social media package (website with apps)
- C. Educate stakeholders and service providers on resources
- D. Identify corporate sponsorship and apprenticeship opportunities for job training and placement
- E. Establish Single Points of Contact (SPOC)s at Institutions of Higher Education
- F. Coordinate with "mainstream" workforce systems and private employers
- G. Identify best practices that address barriers to employment for homeless LGBTQ youth, youth with criminal records, and youth at increased risk due to immigration status
- H. Explore expanding Great Expectations to serve youth identified as homeless, or at risk of homelessness including those identified by local McKinney-Vents Liaisons

GOAL 4: INCREASE SOCIAL & EMOTIONAL FUNCTIONING OF THE FOCUS POPULATION

Objectives:

- A. Weave strengths and evidence based practices across agencies (system focus)
- B. Train workforce with renewed focus on strengths and evidence based on practice
- C. Developing, supporting, and empowering youth resiliency through youth engagement, training and skill development

Appendix A

Goal 1 INCREASE STABLE HOUSING FOR YOUTH EXPERIENCING HOMELESSNESS AND YOUTH WHO ARE AT RISK FOR HOMELESSNESS						
		Champion	Timeframe	Metric	Priority	Team
Objective	A. Identify youths who are homeless or at risk for becoming homeless	Governors Coordinating Council (GCC)	Q3 2015	Study done	1	IPPEYH Workgroup
	1. Assess existing data and identify gaps	GCC	Q3 2015		1	IPPEYH Performance and Impact Center
	2. Identify strategies to collect data reflective of the population	GCC	Q3 2015		1	IPPEYH Performance and Impact Center
	3. Assess youth needs related to achieving housing stability	GCC	Q4 2015		1	
	4. Incorporate the year-round housing needs of youth attending higher education institutions	Virginia Higher Education Network	Q4 2015		1	
	5. Incorporate youth preferences for assessing information in housing stability resources	GCC	Q4 2015		1	
		Champion	Timeframe	Metric	Priority	Team
Objective	B. Identify housing options and relevant best practices	DHCD/ Bill Shelton/ Coordinating Council	Q4 2015	Best practices identified	1	IPPEYH Workgroup
	1. Identify and assess existing housing options for this population and research best practices for housing the population	DHCD/ Bill Shelton/ Coordinating Council	Q4 2015	Best Practices Identified	1	IPPEYH Workgroup

Goal 1 INCREASE STABLE HOUSING FOR YOUTH EXPERIENCING HOMELESSNESS AND YOUTH WHO ARE AT RISK FOR HOMELESSNESS						
		Champion	Timeframe	Metric	Priority	Team
	2. Align existing housing options with needs of population and identify gaps	DHCD/ Bill Shelton/ Coordinating Council	Q4 2015		1	IPPEYH Workgroup
	3. Identify new housing options that align with best practices and youth needs	DHCD/ Bill Shelton/ Coordinating Council	Q4 2015		1	IPPEYH Workgroup
	4. Identify existing funding streams that support housing and related services for this population	GCC	Q4 2015		1	IPPEYH Workgroup
	5. Seek new funding sources for this effort	GCC	Q4 2015		1	IPPEYH Workgroup
	6. Promote data on housing needs to affordable housing providers for education of key stakeholders	Governors Coordinating Council	Q4 2015		1	
Objective	C. Ensure every youth exiting foster care or juvenile justice has a verified discharge/ transition plan for permanent housing for at least six months post exit	VDJJ and VDSS	Q2 2016	Policy created and implemented	1	DJJ, DSS, local advocate, IPPEYH: Policy Workgroup
	1. Assess existing discharge/ transition plans and outcomes	VDJJ and VDSS	Q2 2016	Policy created and implemented	1	DJJ, DSS, local advocate, IPPEYH: Policy Workgroup
	2. Create and implement a policy requiring a permanent housing plan in discharge/ transition plan	VDJJ and VDSS	Q2 2016	Policy created and implemented	1	DJJ, DSS, local advocate, IPPEYH: Policy Workgroup
	3. Develop a collaborative practice model between homeless and housing providers and DJJ and local departments of social services	VDJJ and VDSS	Q2 2016	Policy created and implemented	1	DJJ, DSS, local advocate, IPPEYH: Policy Workgroup

Goal 1 INCREASE STABLE HOUSING FOR YOUTH EXPERIENCING HOMELESSNESS AND YOUTH WHO ARE AT RISK FOR HOMELESSNESS						
		Champion	Timeframe	Metric	Priority	Team
	4. Evaluate the current use of CSA Chafee, and other funds supporting these populations and explore the use of such funds to increase housing	VDJJ and VDSS	Q2 2016	Policy created and implemented	1	DJJ, DSS, local advocate, IPPEYH: Policy Workgroup
Objective	D. Implement best practice to meet the housing needs of the focus population	Bill Shelton, Pam Kestner, Governors Coordinating Council	Ongoing	Housing stability	2	DHCD
	1. Design and implement a rapid rehousing program targeted to the population	Bill Shelton, Pam Kestner, Governors Coordinating Council	Ongoing	Housing stability	2	DHCD
	2. Evaluate the effectiveness of any new or existing best practices or pilot programs, identify and take steps to implement successful programs	Bill Shelton, Pam Kestner, Governors Coordinating Council	Ongoing	Housing stability	2	DHCD

Goal 1 INCREASE STABLE HOUSING FOR YOUTH EXPERIENCING HOMELESSNESS AND YOUTH WHO ARE AT RISK FOR HOMELESSNESS						
		Champion	Timeframe	Metric	Priority	Team
Objective	E. Develop strategies for working with youth with unique barriers to housing, including but not limited to, undocumented youth, LGBT youth, and youth with legal barriers to accessibility. (e.g. housing barrier crimes, poor credit reports, etc.)	Governors Coordinating Council	Q4 2015	Plan	2	IPPEYH Workgroup
	1. Review state code and identify statutory barriers and opportunities		Q4 2016		2	
	2. Identify specific needs and resources for these sub populations		Q4 2016		2	
		Champion	Timeframe	Metric	Priority	Team
Objective	F. Provide youth with information about their housing rights	VPLC	Q4 2015	Training materials and number of youth trained	2	IPPEYH Workgroup
	1. Design and establish a model tenant program that facilitates effective relationships between youth and housing providers		Q4 2015		2	
	2. Establish a peer education program		Q4 2015		2	
	3. Educate youth on fair housing rights		Q4 2015		2	
	4. Incorporate housing rights information into all educational and informative tools developed for this population (including apps.)		Q4 2015		2	

Goal 2 BUILD AND ENHANCE PERMANENT CONNECTIONS FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	A. Assess fidelity of Virginia's child services practice model.	Secretary Hazel	Q4 2015	Completion of report	1	DSS, DBHDS, DJJ, CSA, DARS, GE, Project Life
	1. Create and convene team		Q1 2015	Team convenes	1	Paul and other deputy
	2. Research and develop assessment tool		Q1 2015	Tool developed	1	Team
	3. Approval of tool		Q2 2015	Approval list of recipients	1	Commissioners
	4. Identify state agencies to receive assessment		Q2 2015	Approval list of recipients	1	Commissioners
	5. Disseminate assessment		Q3 2015	Disseminated	1	Pam Kestner
	6. Review findings and develop recommendations		Q4 2015	Completion of report	1	Team
		Champion	Timeframe	Metric	Priority	Team
Objective	B. Improve support and training across disciplines	Secretary Hazel	Q4 2015	Completion of report	2	DSS, DBHDS, DJJ, CSA, DARS, GE, Project Life
	1. Assess current support and training		Q1 2015	Team convenes	2	Paul and other deputy commissioner
	2. Research and develop assessment tool		Q1 2015	Tool developed	2	Team
	3. Approval of tool		Q2 2015	Approval list of recipients	2	Commissioners

Goal 2 BUILD AND ENHANCE PERMANENT CONNECTIONS FOR THE FOCUS POPULATION							
	4. Identify who receives assessment		Q2 2015	Approval list of recipients	2	Commissioners	
	5. Disseminate assessment		Q3 2015	Disseminated	2	Pam Kestner	
	6. Review findings and develop recommendations		Q4 2015	Completion of report	2	Team	
			Champion	Timeframe	Metric	Priority	Team
Objective	C. Through transition plans of LDSS and DJJ enhance non-system natural supports (coaches, teachers, extended family, etc.)	Children’s Cabinet			2		
	1. Through LDSS and DJJ transition plans, identify and utilize volunteers to build permanent connections.	Commissioner Schultze	Q3 2015	Incorporated into foster care manual	2	LDSS	
	2. Utilize “Permanency Pacts.”	Children’s Cabinet	Q1 2016	Adoption of Permanency P acts across disciplines	2	VDSS, DJJ, CSA, GE, Mckinney Vento	
	3. Encourage as a best practice the involvement of non-system natural supports in planning meetings for the young adults		Q1 2016	Inclusion of non-system supports in meetings	2	LDSS	
	4. Use existing meetings of system partners to discuss and identify supportive adults and identify key indicators for permanency		Q2 2016	List of key indicators	2	Deputy commissioners	

Goal 2 BUILD AND ENHANCE PERMANENT CONNECTIONS FOR THE FOCUS POPULATION

		Champion	Timeframe	Metric	Priority	Team
Objective	D. Support foster care to age 21	Children's Cabinet	Q3 2015	Included in 2016 budget	1	VDSS
	1. Identify why some young adults in foster care refuse IL Services and incorporate question into Transition Plan	Commissioner Schultze	Q2 2015	Question included	1	Letha, Em L. Moore-Jones E. Parente
	2. Advocate for extending foster care to 21	Voices	Q1 2015	General Assembly includes in budget	1	Great Expectations Student Leaders, Voices, Project Life, Boys and Girls Clubs

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	A. Incorporate peer support and outreach, to promote education and employment	Children’s Cabinet	Q1 2015 - ongoing	Increased %age of youth successfully employed and attending school	1	IPPEHY; VCCS; VDOE; SCHEV; Virginia Workforce Connection
	1. Learn from Gear Up pilot and promote promising practices	State Council Higher Education in Virginia (SCHEV) and Virginia Department of Education (VDOE) leadership	Q3 2015	Strategies identified, training materials developed & disseminated	1	Higher education network (leads: Paula Fisher & Pat Popp)
	2. Create a leadership council of current and formerly homeless and foster care (host by SPOC)	Children’s Cabinet	Q4 2015	Councils established and operational	2	Higher education network
	3. Promote use of Virginia Education Wizard	Chris Pfautz	Q2 2015	Increased access to site; increased %age of youth successfully employed and attending school	1	IPPEHY; VCCS; VDOE; SCHEV

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	B. Create Youth on the Move social media package (website with apps)	Children's Cabinet	Now to Q1 2017	Web site and apps functional; track usage; feedback on usefulness from youth	2	IPPEHY subgroup
	1. Identify host for platform (e.g. College service learning or corporate sponsors)	Corporate sponsor (e.g., Capital One; Snag-a-Job)	Q3 2015	MOU and plan to establish platform	1	IPPEHY subgroup
	2. Each stakeholder will have a link on their homepage	Children's Cabinet	Q4 2015	Active Web site with links to key partners	2	IPPEHY subgroup
	3. Branding and marketing of symbol	Children's Cabinet	Q4 2015	Logo developed and identifiable	2	IPPEHY subgroup
	4. Development of apps to connect youth to resources, education, employment and housing rights	Corporate sponsor	Q4 2016	Minimum of app being accessed by youth; feedback from youth about usefulness	2	IPPEHY subgroup with IT support and input from youth
	5. Live chat access with former foster care/ homeless youth	Corporate sponsor	Q1 2017	Establishment of help line and documentation of use	2-3	IPPEHY subgroup with IT support and input from youth

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	C. Educate stakeholders and service providers on resources	Children's Cabinet	By Q4 2015 ongoing	Established infrastructure for ongoing professional development	1	IPPEHY subgroup
	1. Develop an inventory of available services, resources, and stakeholders	Secretary Hazel	Q1 –Q3 2015	On-line access via newly developed Web site of services and resources with hot links	1	DSS with IPPEHY subgroup
	2. Implement and promote mental health first aid training	Department of Behavioral Health and Development Services (DBHDS)	Q1 2015	Report of trainings held and # of participants; feedback from youth and providers regarding efficacy	1	IPPEHY
	3. Promote ListServ with regular communication	Children's Cabinet	Q3 2015	Number of stakeholders enrolled; report of activities	3	IPPEHY subgroup with IT support
	4. Explore using 211 to share information	Virginia Department of Social Services	Q1-Q2 2015	Resources and services accessible through 211; 211 linked to Web site	2	Paul McWhinney to delegate

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	D. Identify corporate sponsorship and apprenticeship opportunities for job training and placement	Governor’s Coordinating Council on Homelessness	2015-2016	Increase in the number of youth successfully employed (NYTED, MV grad follow up)	2	
	1. Promote use of Virginia Education Wizard. (repeat)	See previous	See previous	See previous	1	See previous
	2. Identify corporate champions to sponsor (e.g. Snag a Job)	Governor’s Coordinating Council on Homelessness	Q4 2015	MOU developed and signed	2	Virginia Workforce Connection
	3. Increase collaboration between VCCS career coaches and VDOE career education	Chancellor & Dr. Staples	Q1 2016	Development and participation of cross-training opportunities (webinars, regional training).	2	Higher Education Network

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	E. Establish Single Points of Contact (SPOC)s at Institution of Higher Education	Anne Holton	Q3 2015 and expand from there	SPOCs identified; trained and available to youth	1	Higher Education Network
	1. Use coaches in high schools to identify likely SPOC recruits and contact all colleges	Dr. Staples	Q3 2015	SPOCs identified		Paula Fisher and Pat Popp
	2. Develop training plan.	VDOE and SCHEV leadership	Q4 2015	Materials Developed		Paula Fisher and Pat Popp
	3. Provide training and on-going support	VDOE and SCHEV leadership	Q1-4 2016	Report of trainings conducted and participants		Paula Fisher and Pat Popp

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	F. Coordinate with “mainstream” workforce systems and private employers.	Secretary Hazel / Pam Kestner	Q2 2015 to Q4 - 2016/ ongoing	Increase in the number of youth successfully employed (NYTED, MV grad follow up)	2	Pam Kestner, Amy Woolard and Christie Marra
	1. Refer to Governor Coordinating Council on Homelessness workforce workgroup to explore bonding tax incentives.	Secretary Hazel / Pam Kestner	Q2 2015	On agenda	2	
	2. Incentivize employment.	Feasibility in current climate	Q2 2016		2	
	3. Promote Virginia Education Wizard. (Repeat)	See previous	See previous	See previous	2	See previous
		Champion	Timeframe	Metric	Priority	Team
Objective	G. Identify best practices that address barriers to employment for homeless LGBTQ youth, youths with criminal records, and youths at increased risk due to immigration status.	Governor’s Coordinating Council on Homelessness; Children’s Cabinet	Q3 2015 through Q4 2016		2	IPPEHY Virginia Workforce Connections
	1. Identify experts and programs with youth input; include in Web resources.	Governor’s Coordinating Council on Homelessness	Q3 2015	Resources on Web	2	IPPEHY; ROSMY VCU study
	2. Identify felon friendly employers and explore federal bonding.	Virginia Department of Juvenile Justice (DJJ)	Q4 2015	Employers linked with coaches, DJJ	2	IPPEHY Virginia Workforce Connections DJJ

Goal 3 INCREASE ACCESS TO AND SUCCESS IN EDUCATION AND EMPLOYMENT FOR THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
	3. Propose possible legislation. (e.g., Ban the Box)	Governor's Coordinating Council on Homelessness	Q1 2016	Legislative agenda	2	Virginia Poverty Law Center (PLC); Voices; JustChildren
	4. Develop council of corporations and youth to discuss LGBTQ barriers.	Governor's Coordinating Council on Homelessness	Q2 2016	Agendas, minutes, actions	2	IPPEHY; ROSMY
	5. Ensure immigration resources in social media package.	Governor's Coordinating Council on Homelessness	Q4 2015 (Web) Q4 2016 (app)	Track access to resources; youth input	2	IPPEHY
		Champion	Timeframe	Metric	Priority	Team
Objective	H. Explore expanding Great Expectations to serve youth identified as homeless, or at risk of homelessness including those identified by local McKinney-Vents Liaisons.	Anne Holton	Q2 2016	Documentation of decision and its justification	2	Virginia Higher Education Network

Goal 4 INCREASE SOCIAL & EMOTIONAL FUNCTIONING OF THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
Objective	A. Weave strengths and evidence based practices across agencies (system focus)	Children's Cabinet	Q1 2015	Guidance Issued	1	P. Kestner/SHHR, P. McWhinney/DSS, IPPEYH
	1. Promote systems of care philosophy and High Fidelity wraparound practice.	S.E.C/ Secretary Hazel	Q2 2015	Communicate strategic plan and incorporate in distribution of training materials.	1	CSA/DBHDS
	2. Promote trauma informed practice.	S.E.C/ Secretary Hazel	Q3 2015	Communicate strategic plan and incorporate in distribution of training materials.	1	CSA/DBHDS/DSS/ DJJ/ DCJS
	3. Promote "self-care" model to address secondary trauma.	Secretary Hazel/ Commissioner Shultz	Q1 2016	Communicate strategic plan and incorporate in distribution of training materials.	3	DSS
	4. Promote protective factors framework.	S.E.C/ Secretary Hazel	Q3 2015	Communicate strategic plan and incorporate in distribution of training materials.	2	DBHDS/DSS /DJJ/ DCJS
		Champion	Timeframe	Metric	Priority	Team
Objective	B. Train Workforce with renewed focus on strengths and evidence based on practice	Governor's Coordinating Council on Homelessness	Q1 2015	Number Trained	2	C. Ayers/DSS, J. Lung /DBHDS, S. Reiner/CSA/ Bruce Crusier/ DCJS/ VDOE

Goal 4 INCREASE SOCIAL & EMOTIONAL FUNCTIONING OF THE FOCUS POPULATION						
		Champion	Timeframe	Metric	Priority	Team
	1. Identify inventory and existing training opportunities and resources.	C. Ayers/DSS, J. Lung /DBHDS, S. Reiner/CSA/ Bruce Cruser/ DCJS	Q2- Q3 2015	Inventory Completed	2	Sub-team assigned by team above
	2. Identify and utilize local champions.	C. Ayers/DSS, J. Lung /DBHDS, S. Reiner/CSA/ Bruce Cruser/ DCJS	Q1, Q2, Q3, Q4 2016		1	
	3. Cross training; interagency training to include but not limited to DJJ, DSS, DCJS, CSA, Homeless Service Providers, VDOE.	C. Ayers/DSS, J. Lung /DBHDS, S. Reiner/CSA/ Bruce Cruser/ DCJS	Q3-Q4 2015	Champions ID'd and Used	2	Sub-team assigned by team above
Objective	C. Developing, supporting, and empowering youth resiliency through youth engagement, training and skill development.	Children's Cabinet	Q1 2015	Curricula Completed	3	DSS, DJJ, VCCS, Great Expectations, DOE, DBHDS, DCS
	1. Promote skill building; problem-solving, conflict resolution, and decision making.	C. Ayers/ DSS and J. Lung/ DBHDS, P. POPP/DOE, A. Block / DJJ, R. Strawn/ A. Roberts/ VCCS, S. Reiner/ CSA	Q2- Q3 2016	ID Curricula	1	Sub-team

Goal 4 INCREASE SOCIAL & EMOTIONAL FUNCTIONING OF THE FOCUS POPULATION						
	2. Identify & utilize opportunities for peer to peer support.	C. Ayers/ DSS and J. Lung/ DBHDS, P. POPP/DOE, A. Block / DJJ, R. Strawn/ A. Roberts/ VCCS, S. Reiner/ CSA	Q1 2016	Existing Peer Supports Leveraged	2	Sub-team
	3. Promote self-care-risk reduction.	C. Ayers/ DSS and J. Lung/ DBHDS, P. POPP/DOE, A. Block / DJJ, R. Strawn/ A. Roberts/ VCCS, S. Reiner/ CSA	Q1 2017	ID Self-Care Models	3	Sub-team

Appendix B

Workgroup: Statutory and Regulations Framework

Chair: Amy Woolard

Members: Lelia Hopper, Melissa O'Neill

The Statutory and Regulations Framework Workgroup provided recommendations based upon four unique classifications of youth:

1. Youth in & Aging Out of Foster Care:

- Fostering Connections extension of service program to age 21
- Development of a state program for ages 18-21 youth
- Case mandate that youth in foster care may not be discharged to homelessness
- Education for judges, Guardian ad litem attorneys, caseworkers on all available options
- Review of Chafee Funds current use/effectiveness

2. Youth in the Justice System

- Fostering Connections extension of service program to age 21 could include youth in our population exiting the Department of Juvenile Justice and Department of Corrections.
- Code mandate that youth exiting justice system may not be discharged to homelessness, with foster care to 21 years of age then available if no other options
- Reduction of use of confinement
- Expansion/further development of work release & education programs
- Increased mental health service provision
- Examination of barrier crime laws, access to expungement /records sealing

3. Youth Under the Comprehensive Service Act

- Opt in to Fostering Connections to age 21, which would shift considerable burden from Comprehensive Services Act
- Comprehensive Services Act could permit locals to draw down additional funds for youth's housing costs
- Comprehensive Services Act could cover all youth 18-21 exiting the Department of Juvenile Justice or the Department of Corrections, or determine some other expanded eligibility criteria for youth 18-21 to access Comprehensive Services Act

4. Youth Covered by Federal Housing Law

- Seek guidance from the Housing Workgroup

Workgroup: Data

Co-Chairs: Stephanie Lynch, Patricia Popp

Members: Letha Moore-Jones, Terri Stott, Rachel Strawn, Talaya Davidson, Mike Wirth, Andriea Ukrop, Erika Schmale

The Data Workgroup presented the following strategies to consider:

1. Create an infographic of basic demographic data as part of communicating the story – acknowledge differing sources
2. Is reduction in numbers our goal or does better identification/increase in provision of services need to occur first?
3. Ensure those conducting surveys/focus groups have training on available resources so referrals/connections can be made
4. Explore eHHR as source of data
5. Outcome measure:
 - Virginia’s on-time graduation rate
 - Increase in rapid re-housing and decrease in shelter
 - Explore rate of housing permanency/lack of recidivism
 - Sample transition plans across agencies
 - Use future surveys to capture qualitative data: sample school surveys of graduates; VCU study; Great Expectations survey
 - Track change in responses to on-going surveys regarding services accessed and outstanding needs

Workgroup: Housing

Chair: Christie Marra

Members: Kelly King Horne, Kathy Robertson, Nichele Carver, Allyson Roberts, Alex Wagaman, Kimberly Tucker, Pam Kestner

The Housing Workgroup presented the following strategies to consider:

1. Follow the model being implemented at St. Joseph’s Villa for potential replication across the Commonwealth
2. St Joseph’s Villa plans on implementing a Rapid Re-Housing model for young adults:
 - Partner with private landlords in community who agree to rent to youth in program
 - House youth in private rental housing within 14 days of entering program with rental subsidy that declines in amount over period of months
 - Provide case management and services focused on employment, education and life skills
3. Implement a pilot (in one urban and one rural community) to:
 - Conduct a “youth count” of those 14 to 24 year olds including those who don’t meet the Housing and Urban Development definition
 - Partner with young adults to design the project

- Involve admissions offices at community and four year colleges, community police, truant officers, and McKinney-Vento liaisons
4. Over the first year (2015) research other housing models for young adults (transitional, supportive, independent living)
- Consider successes in other places:
 - Lighthouse Program, Cincinnati
 - Delaware, Ohio rapid rehousing model for young adults
 - Alberta, Canada plan
 - Incorporate participatory research:
 - Change the World RVA
 - Explore engagement strategies to identify and involve young adults experiencing homelessness
 - Consider partnering with drop-in centers, resource centers for youth and young adults
 - Enlist ongoing assistance and counsel from young people who participate in youth focus groups to be conducted to inform strategic plan

Workgroup: Quality of Services and Funding Streams

Chair: Makita Lewis

Members: Susie Clare, Michael Shank, Malcolm King

The Quality of Services and Funding Streams Workgroup presented the following recommendations.

1. Create opportunities for braiding/blending of funding streams
2. Develop consistent framework/guidance for service providers that align with recommendations from federal strategies to end youth homelessness
3. Survey existing service providers to identify:
 - Service gaps
 - Effectiveness
 - Outcomes

2016 Balance of State

HUD CoC Application Timeline:

Process	Date
HUD CoC NOFA and VA BoS Application Timeline Published	July 15, 2016
Request for New Permanent Housing Projects sent to LPGs	May 24, 2016 (first request) July 15, 2016 (second request)
Notify DHCD of interest for New Permanent Housing Projects	June 3, 2016 (first request) July 25, 2016 (second request)
Ranking Committee Confirmed	July 19, 2016
Notification of eligible New Permanent Housing Projects	Aug. 1, 2016
ESNAP Submissions for all renewal and new projects	Aug. 10, 2016
*Email submission of required supplementary materials to DHCD – Andriea.ukrop@dhcd.virginia.gov	Aug. 10, 2016
Applications and materials emailed to Ranking Committee Members	Aug. 12, 2016
Ranking Committee Meeting	Week of Aug. 22
Notification in writing (email) of Project Rankings and Funding for final ESNAP submission	Aug. 29, 2016
**Submission of Appeals	Aug. 31, 2016
Review of Appeals	Sept. 1, 2016
Notification of Appeals outcome	Sept. 2, 2016
Submission project corrections and edits in ESNAPS	Sept. 5-9, 2016
Notification and approval by CoC Steering Committee	Sept. 9, 2016
Final Priority Ranking published	Sept. 5, 2016
HUD CoC Application and Priority Ranking submitted in ESNAPS by DHCD	Sept. 12, 2016
CoC Application published on website	Sept. 12, 2015

* Supplementary Materials include:

1. Application Cover Sheet – to be provided, for new and renewal projects
2. Copy of ESNAPS Project Application and Attachments, for new and renewal projects
3. Renewal Projects only- Most recent project APR or an APR (via HCIS) ranging from the current grant start date and ending July 31, 2016

**** Appeals Process**

2016 Balance of State Continuum of Care Funding Appeals Process

- Applicants will receive a summary of the ranking process on Aug. 29, 2016.
- Applicants that wish to appeal the ranking committee's decision must notify the Department of Housing and Community Development's CoC Program Coordinator (Andriea Ukrop, andirea.ukrop@dhcd.virginia.gov) in writing via email no later than close of business Aug. 31, 2016 with the following information
 - Agency name and contact information
 - Project name
 - Specific reason for appeal
- **Applicant should note that the Ranking Committee will not use the appeals process as an opportunity to reconsider funding decisions without a clear explanation of the project's grievance with the grant application process in relation to the review by the ranking committee.**
- The Ranking Committee will review all appeals and make final decisions on Sept. 1, 2016 via email vote.
- Applicants will be notified in writing of the appeal outcome not later than Sept. 2, 2016.

BoS Ranking Committee Minutes- August 22, 2016

Attendance: Nichele Carver (formally homeless rep.), Ann Angert (LPG rep.), Teresa Jenkins (DSS rep.), Hunter Snellings (advocacy rep.), Cheryl Plourde (DHCD rep), Andriea Ukrop (facilitator)

Participant (not in attendance- provided completed scoring matrix prior to meeting) Erika Jones-Haskins (PHA rep)

The ranking committee received all project applications on 8/17/2016 for review and scoring prior to the meeting on 8/22/2016.

Each project was scored using a matrix that evaluated project performance measures (30pts), need of project (25 pts), Housing First approach (25 pts), and organization capacity (20 pts). Before the ranking committee began discussion of each project, the follow decisions were made and voted on unanimously:

- HMIS would be ranked 1st since this is the only project that covers the entire BoS
- Projects would be tiered according to score as opposed to renewals and then new projects.

After discussing, reviewing, and scoring all projects, the CA tiered the applications according to score and funding availability. Two projects received the same score and it was agreed upon(after discussion) that the new PSH project would be ranked above the renewal PSH project as all the beds were dedicated to CH.

All ranking committee members unanimously voted to approve the ranking.

On Aug. 29th, project applicants were notified of the ranking and provided with the appeals process. On Aug. 30, the CA received an appeal from Waynesboro Housing and Redevelopment Authority asking the ranking committee to reconsider ranking two renewal PSH projects below a new PSH. The appeals letter also provided further information regarding two CH individuals who were residing in the Staunton PSH project that had not be accurately reflected in the original application submitted to the ranking committee. The CA forwarded the appeals letter to the ranking committee. After reviewing the appeals letter, the ranking committee voted to adjust the ranking. The final ranking has the renewal Staunton PSH above the new PSH project; however, the Waynesboro renewal application remained ranked above the new PSH project.

BoS CoC Competition Scoring Matrix - 2016

Performance Measures –Not applicable to new projects	Source	Possible Point - 30	Score
HMIS Data Quality	HMIS Report 252		
Housing Stability Measure	HMIS APR Report 625 (Tab N Q 36)		
Total Income Measure	HMIS APR Report 625 (Tab N Q 36)		
Average Cost per Household (at exit)	Application Cover (include all sources of funding in calculation)		
Return of Grant Funds	Spreadsheet from Jay Grant (CPD Rep)		
Rate of return to homelessness	HMIS (working w/ homeward)		
Need	Source	Possible Points - 25	Score
To what degree does there appear to be a need for the project	Application Cover ESNAPS Application		
How credible is the evidence to support the need for the identified project	Application Cover ESNAPS Application		
Does the project meet the needs of Chronic Homeless	Application Cover ESNAPS Application		
Does the project meet the needs of Youth (18-24)	Application Cover ESNAPS Application		
Does the project meet the needs of Families (w/ children)	Application Cover ESNAPS Application		
Does the project meet the needs of Veterans	Application Cover ESNAPS Application		
Does the project meet the needs of Domestic Violence Survivors	Application Cover ESNAPS Application		
Approach	Source	Possible Points - 25	Score
To what degree does the project appear to align with state and federal goals	Application Cover ESNAPS Application		
Does the project use a Housing First Model	Application Cover ESNAPS Application		
Is the project connected to the LPGs Coordinated Entry/Assessment	Application Cover ESNAPS Application		
Is the project serving those with the most significant needs?	Application Cover ESNAPS Application		
Are mainstream resources being leverage and program participants being connected as appropriate	Application Cover ESNAPS Application		
Capacity	Source	Possible Points - 20	Score
Does the project applicant have prior experience with project (new project only)	Application Cover ESNAPS Application		

Does the project have any current HUD findings (renewal projects only)	Application Cover ESNAPS Application Info from Jay Grant (CPD rep)		
Does the project applicant have committed match	Application Cover ESNAPS Application		
Does the project applicant have the organizational capacity (governance, leadership, financial management) to operate project	Application Cover ESNAPS Application		
Did the project applicant submit a complete application packet	CoC Program Coordinator		
Does the project applicant participate in BoS committees, trainings, Zero 2016, etc.	CoC Program Coordinator		

Balance of State – HUD CoC Competition 2016

Please complete the questions below to supplement and expand on the information provided in the HUD ESNAPS Application.

Renewal and New Projects (where applicable)

1. Organization Name:
2. Project Name:
3. Project Type:
4. Application: New Renewal
5. Amount Requested:
6. Detailed Project Description:
7. Target Population:
8. How does/will your project address the following (where applicable):
 - a. Ending Family Homelessness
 - b. Ending Youth Homelessness
 - c. Ending Veteran Homelessness
 - d. Ending Chronic Homelessness
9. Does/will your project use a Housing First Model? If yes, explain the practices your project uses.
10. What are/will the requirements for project participation?
11. Is/will your project connected to a Centralized or Coordinated Assessment System? If yes, describe the process.

Renewals Only

1. How many households has your project permanently housed since October 1, 2015?
2. What percentage of households remained housed over the past year (Oct. 1, 2014 to Sept. 30, 2015)?
3. What is the cost per household to provide permanent housing and stabilization services?
4. Since Oct. 1, 2015, what is the average length of time it has taken a participant to sign a lease from entry into your project?
5. How does your project maximize the use of mainstream resources? Provide examples.
6. Does your project have any current findings with HUD? If yes, please provide evidence of corrective action plan.
7. Did you fully expend your last CoC grant? (Provide start and end date, and amount drawn down)
8. If funds were reallocated from your project, provide information on the impact to your LPG.

New Project Only

1. What supportive services (regardless of funding sources) are available to program participants?
2. How does this new permanent housing project address identified needs of the LPG?
3. How does this new permanent housing project meet the needs of program participants?

4. How will your project ensure that program participants will be assisted to obtain benefits of mainstream health, social, and employment programs for which they are eligible?
5. How will your project provide housing location and stabilization services to ensure program participants obtain and maintain housing?
6. Will 100% of program participants come from the street or locations not meant for human habitation, emergency shelters, or fleeing domestic violence?
7. Explain your capacity to provide permanent housing (both financially and programmatically)

September 12, 2016

The BoS CoC's ranking committee did not reject any project applications for the HUD CoC competition.

Project	New/Renewal	Grant Request	Score %
Tier 1			
DHCD, HMIS	Renewal	141,301	Rank 1st per vote
People, FHN PSH	Renewal	112,686	90
People, FHN RRH	New	45,166	88
People, Bristol PSH	Renewal	26,240	86
HOPE, RRH	Renewal	68,931	84
HOPE, PSH	Renewal	53,687	82
SJV, RRH	Renewal	183,188	78
WHDA, Staunton PSH (split)	Renewal	31,662	70
Total Tier 1		662,861	
Tier 2			
WHDA, Staunton PSH (split)	Renewal	9,051	70
Commonweath Catholic Charities PSH	New	120,482	70
WHDA, Waynesboro PSH	Renewal	40,842	67
WHRA, RRH	New	45,436	67
Total Tier 2		215,811	
Total Request		878,672	

Virginia Balance of State Continuum of Care Charter
Update 09/15/2015

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). This group serves as the U.S. Department of Housing and Urban Development's (HUD's) recognized decision making body for the Continuum of Care rule 24 CFR 578, Subpart B, entitled "Establishing and Operating a Continuum of Care".

2. Purpose of Continuum of Care

Mission and Goals

Virginia's Balance of State (BoS) CoC shall align its mission and goals to stay consistent with the HUD Strategic Plan, and the Federal Interagency Homeless Council's plan – "Opening Doors." The mission of the BoS CoC is to create an "emergency response system" to permanently house and stabilize homeless and imminently homeless households. This work is accomplished through a collaborative and inclusive community process, and management of resources and services that effectively and efficiently end homelessness in the 69 localities that make up the BoS CoC. To achieve this mission, the CoC will follow the eight required duties HUD has determined as necessary for Establishing and Operating a Continuum of Care.

1. Measure the CoC's performance in reducing homelessness by looking at the overall performance of the Continuum.
2. Develop and adhere to formal decision making and operating standards for the CoC.
3. Establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
4. Develop a specific policy on how CoC 's system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.
 - o Addressing how the community ensures the safety and confidentiality of this population, as well as access to homeless housing and service
5. Establish and consistently follow written standards when administering assistance to coordinate service delivery across the geographic area and assist CoC service providers in evaluating the eligibility of individuals and families consistently and administering assistance fairly and methodically.
6. Designate a Homeless Management Information System (HMIS) and an eligible applicant to manage the HMIS, consistent with the requirements.

7. Plan, coordinate, and implement a system for its geographic area to meet the needs of the homeless population and subpopulations within the geographic area to include:
 - A systematic approach for emergency shelters, rapid re-housing, transitional housing, permanent supportive housing, and prevention strategies
 - A annual-point-in-time count of homeless persons within the geographic area, conducting
 - An annual gaps analysis of the homeless needs and services available within the geographic area, providing information necessary to complete the Consolidated Plan(s) within the geographic area, and consulting with State and local government Emergency Solutions Grants program recipients within the Continuum of Care on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.
8. Prepare and oversee the application for funding by:
 - Establishing priorities for funding projects within the geographic area and determine the number of applications being submitted for funding.
 - Selecting one eligible applicant to be the collaborative applicant (DHCD).

Specific Goals for the BoS CoC include:

Ending Chronic Homelessness by December 2016;

Ending Veteran Homelessness by December 2015;

Ending Family and Youth Homelessness by 2020; and

Setting a path to ending all homelessness.

To achieve the ultimate goal of ending homelessness, immediately the CoC will seek to:

- a. Increase access to permanent housing through rapid re-housing and permanent supportive housing
- b. Identify housing needs of those at risk of facing homelessness
- c. Evaluate performance of services within the BoS through data collection and analysis
- d. Increase access to other mainstream sources to promote housing stability
- e. Provide coordinated access and barrier free access to homeless services
- f. Prioritize service delivery to households with the greatest need

3. Organization and Responsibilities of the Continuum of Care

The Continuum of Care is comprised of twelve geographically dispersed Local Planning Groups (LPG) and five primary decision making committees that have various roles and responsibilities. The membership of the 12 Local Planning Groups make up the BoS CoC membership and are to

include: nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, and homeless and formerly homeless individuals.

The work of the BoS CoC is accomplished through a collaborative and comprehensive process that includes the work of the LPG's, BoS Steering Committee meetings, BoS sub-committee meetings, and BoS semi-annual membership meetings. Required votes by any BoS committee member may take place in person, over the phone, or via email. To approve any motion, a quorum (51% of *members*) must participate in the vote.

Local Planning Groups are required to:

- a. Have Governance Policies, a Board, Committees, and Standards that align with the BoS CoC.
 - o Written Standards shall be established for all prevention, outreach, shelter, rapid re-housing, transition, supportive services, and permanent supportive housing to include: policies and procedures for evaluating household eligibility; policies and procedures for determining appropriate housing and services; and rental payment standards for rapid re-housing programs.
- b. Have open meetings at least every other month, and publish notices of their meeting agendas and minutes
- c. Elect Steering Committee and Sub-Committee representatives
- d. Complete and provide Point in Time (PIT) and Housing Bed Inventory (HIC) at least annually
- e. Submit Annual Performance Reports (APR) to HUD (where applicable)
- f. Encourage regional committee members to participate in the BoS sub-committees
- g. Participate in HMIS (if applicable) and adhere to the BoS's HMIS Policies and Procedures maintained by Homeward
- h. Support the priorities established by the BoS CoC aligning with state and federal policies

Local Planning Groups

- Crater area Coalition on Homelessness (CACH)
- Western Piedmont Better Housing Coalition
- Waynesboro/Staunton
- LENOWISCO
- Cumberland Plateau
- HOPE Interagency Council on Homelessness
- New River Valley Housing Partnership
- Foothills Housing Network

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

4. Decision-Making Committees' Roles, Responsibilities, and Members

General Requirements for all Committees

While the decisions for the BoS will be made by the Steering Committee, the work of the Continuum will generally be carried out by committees. Committee members must be members of the LPG's and formally appointed by the LPG's governing body. Steering Committee members are also able and encouraged to serve on other committees. Each committee is responsible for establishing a Co- Chair. The DHCD representative will serve as the Chairperson for each committee.

- Steering Committee
- HMIS, Data, and Performance Committee
- Coordinated Assessment System Committee
- Services Coordinating Committee
- Monitoring and Selection Committee (Ranking)

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

Responsibilities include:

- Providing 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
- 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

- h. Receiving reports and recommendations from sub-committees and ad-hoc task groups
- i. Guiding the annual CoC Collaborative Application (Exhibit 1)
- j. Ensuring that all necessary activities (eg. point-time-count) are being implemented by LPGs
- k. Disseminating information to all members of the local planning groups
- l. Reviewing agendas and minutes from meetings

Members of the CoC Steering Committee include a total of at least 13 seats as outlined below:

- a. One representatives designated by each local planning group
 - o Local Planning Groups elect two CoC Steering Committee members to serve for a minimum of two years, and their election must be reflected in LPG meeting minutes.
 - o Considerations for Steering Committee representation include expertise and experience in homelessness, geographic distribution, diversification of interests, provider prospective, limiting/managing conflict of interest, and other relevant factors.
- b. One representative from the lead agency/collaborative applicant, Department of Housing and Community Development (DHCD) to serve as the Chairman of the Steering Committee
- c. Two consumer representatives (homeless or formerly homeless)
- d. A co-chair appointed from one of the representatives of the Local Planning Groups
- e. Composed of an uneven number that serve staggered terms (exception being representative from DHCD)
- f. The Steering Committee can add new members by a majority vote of the existing members
- g. The Steering Committee members must sign a Confidentiality Policy and Conflict of Interest Disclosure form.
- h. Steering Committee meetings will be held by teleconference on a bi-monthly basis.
- i. The vote of a majority of members participating at a meeting is a quorum (51% of membership) and a majority vote is enough to constitute an act of the Steering Committee.
- j. One representative designated by each local planning group

- k. Members that fail to participate in regularly scheduled meetings (4 out of 6 annually) shall be subject to removal from the Steering Committee by vote of the Committee. If a member is not able to participate, he/she may designate an alternate. The alternate must be a member of the Local Planning Group for which the member represents.

B. HMIS, Data, and Performance Committee-

Responsibilities include:

- a. Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures annually (participate in Homeward's Trainings and Work Groups related to BoS HMIS)
- b. The development, assessment, and monitoring of performance measures by different program type and CoC as a system.
- c. Reviewing the quarterly data quality, point-in-time, and demographic reports
- d. 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.
- e. The organization of the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted timely and accurately

C. Uniformed/Coordinated Assessment System Committee-

Responsibilities include:

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

D. Services Coordinating Committee

Responsibilities include:

- a. The development and annual assessment of the BoS Common Standards-policies and procedures
- b. The development of written standards for administering assistance
- c. The assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care

- d. The assessment of current gaps in services
- e. The engagement and accessing of other mainstream resources (veterans, DV, DSS, etc.)

E. Monitoring and Selection Committee (Ranking Committee)

Responsibilities include:

- a. Annually evaluating the renewal projects
- b. The reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition
- c. The assessment, monitoring, and evaluating of compliance and performance of 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 (DHCD) is the lead support agency (collaborative applicant) providing staff to the various committees and work groups that constitutes the BoS CoC. DHCD performs a variety of necessary functions such as HMIS administration, performance monitoring, engagement and education of stakeholders, and submission of the HUD funding applications.

Specific responsibilities include:

- a. Staffing of committees
- b. Produce planning materials including agendas and minutes
- c. Coordinate Needs/Gaps Assessments
- d. Collect and report performance data
- e. Monitor program performance
- f. Coordinate resources, integrate activities and facilitate collaboration
- g. Prepare collaborative application for CoC funds (Exhibit 1)
- h. Build awareness of CoC related issues
- i. Recruit Stakeholders
- j. Manage the HMIS grant

6. Homeless Management Information System (HMIS)

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. Current HMIS policies and procedures can be found at: <http://www.homewardva.org/node/25>

7. Reporting

- a. Proceedings of all Steering Committee meetings are documented in minutes.
- b. Minutes of all meeting are circulated and approved at the subsequent meeting
- c. 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.

8. 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. (See attachment A for further details and disclosure)

9. Review of Charter

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

Attachment A: Disclosure Form and Conflict of Interest Policy

Personal Data
Name:
Current Employer or Business Affiliation:
Position:
Other Business Activities
Please disclose any other employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with the VA BoS.
Charitable or Civic Involvement
Please disclose all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with the VA Bos,
<i>REMINDER: If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Steering Committee.</i>

I do hereby affirm that I have received and read the policy and I will adhere to the document's, spirit, principles, and practices.

Signature: _____

Date: _____

24 CFR 578.95 Conflicts of Interest

(a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).

(b) Continuum of Care steering committee members. No Continuum of Care steering member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

(c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or sub-recipient participates in making rent reasonableness determinations under §578.49(b)(2) and §578.51(g) and housing quality inspections of property under §578.75(b) that the recipient, sub-recipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its sub-recipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, Governance Charter, Georgia BoS Continuum of Care, Adopted January 28, 2014 17 provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

System Level Procedures

Virginia BoS CoC (VA-521)

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Attachments

Attachment A – Pre-Application

Attachment B – Scoring Matrix

Attachment C- Application Cover (supplemental information)

Attachment D – BoS Service Standards

Governance

The Balance of State CoC has a charter that is updated on an annual basis that outlines the governance structure. This structure includes the collaborative applicant (DHCD), steering committee (governing board), four standing sub-committees (HMIS/Performance Improvement, Coordinated Entry/Assessment, Service Coordination, and Ranking), and ad-hoc committees as needed.

Each of the 12 local planning groups has one representative elected to sit on the steering committee. In addition the steering committee is comprised of one representative from the Department of Housing and Community Development, and a consumer representative (homeless or formerly homeless).

See charter for additional details.

CoC Competition Process

Annually the Virginia Balance of State (BoS) Continuum of Care (CoC) Collaborative Applicant submits a CoC Program application to HUD in accordance with the Notice of Funding Availability and guidance from the BoS Ranking Committee and BoS Steering Committee. The Collaborative Applicant (CA) will adhere to the following approved process to submit the application.

Registration

The application process begins when HUD releases the CoC Program Registration Notice. It is the CA's responsibility to complete the registration process and submit the registration via eSNAPS (HUD's electronic grant management system).

Grant Inventory Worksheet (GIW)

The CA will send a copy of the GIW to each project contact for review and updates. Once each project is updated, the CA consolidates all projects into one GIW spreadsheet and submits the information to HUD. The CA in collaboration with project applicants makes any identified changes to the GIW (once reviewed by HUD) and receives the final approved GIW from HUD.

Intent to Apply for New Projects and Reallocation Process

After the registration is released, but prior to the release of the NOFA, the CA seeks interest from each of the 12 Local Planning Groups (LPGs) to apply for a new project via reallocation or new bonus funds (if available). The CA seeks this information via an email to each of the LPG Steering Committee Members with the instructions to ensure all LPG stakeholders are aware of the opportunity. This initial solicitation requests the following information:

- Is your LPG interested in submitting a new project(s) in the upcoming HUD competition?

- Is your LPG interested in a new project(s) via reallocation or only bonus money (if available) or either one?
- Is your LPG interested in submitting an application for a new project(s)?
- What type of project(s) is your LPG interested in submitting?
- Which agency/agencies intend to submit the application?
- Contact information for follow up

Name:

Agency:

Phone #:

Email:

Once a LPG informs the CA of its intent to apply, the CA sends a pre-application (Attachment A) to the interested agency and posts the pre-application on the BoS website. This application is used by the CA to ensure the new project is eligible, meets a community need, is Housing First, and is viable. After the project application is reviewed by the CA, the agency is provided feedback on any changes or concerns the CA has about the new project. The agency can then make a decision about submitting a final application to the ranking committee once final applications are due.

Notification of Funding Availability

Once HUD releases the Notice of Funding Availability (NOFA), the Collaborative Applicant sends it to all current CoC grantees, all BoS committee members, and LPG lead contacts. The notice is also published on the BoS CoC webpage hosted by the Virginia Department of Housing and Community Development.

The Collaborative Applicant reviews the NOFA, releases a timeline with instruction for the application process, and a final request for new projects (if bonus funds are available). The timeline and instructions are sent to the aforementioned recipients and published on the BoS website. If a LPG has an interest in a new project at this time, they submit the same application (Attachment A) to the Collaborative Applicant. The application is reviewed by the CA and the CA provides feedback as to eligibility and any questions or concerns. If eligible, the interested agency is instructed on submitting an application in eSNAPS.

Ranking and Review

The Balance of State Continuum of Care (CoC) convenes a panel of community stakeholders (at least 5) including (but not limited to) homeless service providers, state employees, advocates, housing authority representatives, local government representatives, and formally homeless representatives to review and assess funding requests for the HUD Continuum of Care Program. The panel, known as the Ranking

Committee is a committee of the Balance of State CoC. The Ranking Committee is tasked in the CoC charter as the entity responsible for accepting requests for funding and reviewing requests for consistency with meeting the federal, state, and local goals and priorities for addressing homelessness.

The Ranking Committee is staffed by the Department of Housing and Community Development (DHCD), the CoC collaborative applicant. The CA supports the work of the ranking committee in reviewing and ranking applications for funding, provides guidance to the ranking committee on the tiering process (if applicable), provides an evaluation matrix based on federal, state, and local priorities, and provides coordination between the project applicants and the ranking committee for all follow up. The collaborative applicant is also responsible for notifying project applicants and the BoS Steering Committee of the ranking committee's decisions and publishing ranking results to the BoS CoC website.

The Ranking Committee uses a scoring matrix (Attachment B) that evaluates Project Performance (30 points), Need (25 points), Approach (25 points), and Capacity (20 points). During the ranking process all renewal and new projects are reviewed and scored. The ranking committee makes determinations about whether new projects can be funded via reallocation or whether renewal applications should continue to be funded and new projects can be funded via bonus funds (if applicable).

eSNAPS Submission

All renewal and new projects submit final applications in ESNAPS as well as provide the ranking committee with supplemental information - Application Cover (Attachment C) and Annual Progress Report.

The CA completes the collaborative application in ESNAPS and reviews all project applications in ESNAPS to ensure accuracy and completeness. Once all edits are made to the applications the CA submits the application to HUD. The final application is provided to all project applicants, the BoS Steering Committee and posted on the BoS website.

Coordinated Entry and Prioritization

As required by the CoC Program interim rule at 24 CFR 578.7(a)(8), CoCs are required to establish a Centralized or Coordinated Assessment System. The Virginia BoS CoC coordinated assessment process is localized to the 12 local planning groups that make up the CoC and follow the requirements approved by the BoS Steering Committee. Each LPG's system is designed to coordinate program access and program participant assessment, prioritization, and referral.

Access

Each LPG has either a centralized or multiple coordinated access points that ensure persons from across the entire geography of the LPG are able to access the homeless crisis response system. In addition to access points, each LPG has one phone number where persons can access services. This number is published on the DHCD website and throughout each LPG.

Access points collect minimal client information, assess for diversion, conduct the standardized assessment (VI-SPDAT if homeless or the locally approved prevention tool if imminently homeless), and make the most appropriate referral. Access points have knowledge of all possible referrals available, eligibility requirements, and utilization/capacity information. HMIS is used for data collection, and tracking (except when DV is the reason for homelessness).

The access points do not determine eligibility or conduct a program intake; however, the access points do make referrals based on the information provided and coordinate with diversion/prevention, shelter, transitional housing, rapid re-housing, and permanent supportive housing programs.

Assessment

The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is the common standardized assessment tool used for those who are literally homeless across the BoS CoC. Before a VI-SPDAT is completed, all persons seeking homeless services are assessed for diversion to determine if homelessness can be averted. Each LPG uses a locally created assessment and/or set of diversion questions to assess those who may be imminently homeless.

Those conducting the VI-SPDAT use the tools developed by OrgCode and located on their website (<http://www.orgcode.com/product/vi-spdatt/>) for training purposes and to ensure the most update assessment is being used. The CA notifies LPGs when new information or updated versions are posted, but it is the LPGs responsibility to stay informed about changes and updates to the assessment and training tools.

Prioritization

The CoC follows the guidance for PSH priority provided by HUD (CPD-14-012):

1. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs
2. Chronically homeless individuals and families with the longest history of homelessness
3. Chronically homeless individuals and families with the most severe service needs
4. All other chronically homeless individuals and families
5. Homeless individuals and families with disability coming from places not meant for human habitation, safe havens, or emergency shelters
6. Homeless individuals and families with a disability coming from transitional housing

Outside of PSH, the BoS CoC prioritizes persons based on the vulnerability score determined using the VI-SPDAT.

By-Name List

Each LPG manages their own local By-Name List that is designed to provide a count of all homeless persons or specific sub-population experiencing homelessness, serve as a prioritization list, and is used to match households with the most appropriate housing intervention available.

The list contains the following data elements for each household:

- Name and/or Unique Identifier
- Demographics (DoB, gender, CH status, Veteran status, household configuration)
- VI-SPDAT score
- Current/last known location
- Best housing resource (RR-H, PSH, Case Management only, other resources, etc.)
- Housing offers
- Lease date
- Other notes (including review dates and updates)

The list is generated by HMIS and manually by those agencies not participating in HMIS. One list is maintained and each LPG identifies the agency/staff to maintain the list. In order to be included on the By-Name List (as this is a shared document) the client must sign a release of that includes the following:

Client Name

Date of Birth

Agencies that will be sharing the information

List of information that may be shared

Purpose of sharing information

Client's rights

Client's Signature

Witness' Signature

Clients who refuse to sign a release of information cannot be precluded from receiving services.

Referral

Based on the recommendation from the results of the VI-SPDAT, the available resources in each LPG, and the requests of the household, the most appropriate referral is made for prevention (not based on VI-SPDAT score), shelter, rapid re-housing, or permanent supportive housing (where available) or to a domestic violence provider if applicable. All projects in the BoS obtain referrals from the Coordinated

Entry process. The access points and the service programs coordinate referrals and ensure the access points have knowledge of program eligibility, availability, and intake processes in order to make appropriate referrals.

The eligibility of each program aligns with the established BoS Service Standards (Attachment D) and are published and made available to stakeholders in the BoS CoC. If persons seeking services are deemed ineligible for the referred service, the service program documents the reason for ineligibility and works in coordination with the access points to make further referrals. If the access points do not have an appropriate referral, the access points document the reason.

If a person's needs fall outside of the homeless crisis response system, referrals are made to the most appropriate mainstream resource or when the access points do not have knowledge of the appropriate service; the access points make a referral to 211 Virginia- <http://www.211virginia.org/consite/index.php>

Case Conferencing

The LPGs establish local level case conferencing processes that ensure holistic, coordinated, and integrated assistance across local providers; review progress and barriers of clients, identify and track systemic barriers, and strategize solutions across providers; and clarify roles and responsibilities to reduce duplication of services. During client review, case conferencing participants evaluate length of time homeless, safety, assessment results, household composition, client preferences, barriers and other challenges to integrate service approaches to rapidly house and stabilize those who are the most vulnerable.

Housing First

The BoS uses a Housing First model to implement a community crisis response to homelessness. Each LPG follows principles outlined in the United States Interagency Council on Homeless' Housing First Checklist (https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf)

- ✓ Emergency shelter, street outreach providers, and other parts of crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent housing.
- ✓ Staff in crisis response system services believes that all people experiencing homelessness are housing ready.
- ✓ Strong and direct referral linkages and relationships exist between crisis response system (emergency shelters, street outreach, etc.) and rapid re-housing and permanent supportive housing.
- ✓ Crisis response providers are aware and trained in how to assist people experiencing homelessness to apply for and obtain permanent housing.
- ✓ Community has a unified, streamlined, and user-friendly community-wide process for applying for rapid re-housing, permanent supportive housing and/or other housing interventions.
- ✓ Community has a coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services, and where individuals experiencing

chronic homelessness and extremely high need families are matched to permanent supportive housing/Housing First.

- ✓ Community has a data-driven approach to prioritizing highest need cases for housing assistance whether through analysis of lengths of stay in Homeless Management Information Systems, vulnerability indices, or data on utilization of crisis services.
- ✓ Policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing and to ensure that a range of affordable and supportive housing options and models are available to maximize housing choice among people experiencing homelessness.
- ✓ Policies and regulations related to permanent supportive housing, social and health services, benefit and entitlement programs, and other essential services support and do not inhibit the implementation of the Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or achievement of sobriety as a prerequisite.
- ✓ Every effort is made to offer a transfer to a tenant from one housing situation to another, if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Prevention/Diversion

Prevention/diversion assistance can aid households in preserving their current housing situation or assisting households in finding housing outside of shelter while they receive services to stabilize their housing or help them move into permanent housing. These strategies can reduce the number of people entering the homeless assistance system and the demand for shelter and other programmatic housing beds.

Prevention is targeted to those who are most likely to become homeless. LPGs use shelter data to determine what criteria to assess when targeting prevention services. This data improves their ability to prevent homeless episodes by using the characteristics of their sheltered population as the criteria for determining if a household should receive prevention assistance. LPGs look at the following data elements and develop prevention/diversion assessments that best match their local community needs.

- Number of and length of previous homeless episodes
- Household income
- Disabilities in the household
- Criminal records
- Past evictions
- Pregnancy
- Benefits received (Temporary Assistance for Needy Families, etc.)
- Living situation prior to coming to the homeless assistance system
- Employment status
- Household size and membership (presence of children, their ages, etc.)

Eligibility for prevention includes the following:

A household must be at imminent risk of homelessness, have household income below 30 percent AMI, and have no other resources in order to be eligible for prevention assistance.

The household income must be below 30 percent of AMI with no more than \$500 in assets (including all checking, savings, retirement accounts, stocks, bonds, mutual funds, and real estate). The asset limit is assessed after monthly expenses have been paid. This does not include primary, appropriate, and reasonable transportation, pension or retirement funds that cannot be accessed. [HUD Published Income Limits](#) and [Section 8 income eligibility standards](#) are used for determining AMI.

Prevention providers adhere to the following practices:

Documentation of imminent risk status and prevention assistance eligibility is required and third party verification is used where possible.

Prevention financial assistance beyond three months requires recertification of eligibility. This recertification is then, completed every three months thereafter. Recertification requires certification and evidence of:

- Program participant household income below 30 percent AMI
- The household lacks the financial resources and support networks needed to remain in existing housing without prevention assistance
- Housing stabilization services are being appropriately implemented
- The household does not exceed the \$500 asset limit

In cases where program participants receive only case management and services, recertification is required every 12 months. Case management is required at least monthly; however, services are not required of program participants.

Prevention financial assistance requires that the program participant head of household have the valid lease with a landlord that is in compliance with tenant/landlord laws in their name. A copy of this lease must be included in the program participant record.

Non-financial prevention assistance is leveraged where possible to divert households from homelessness. Financial assistance (e.g., rent assistance) should be provided as a last resort to prevent homelessness.

Outreach

At the current time, there are not specific programs located in the BoS CoC that provide outreach. However, it is important that outreach is conducted across the geography to identify homeless persons who are not accessing services. The LPG must work with law enforcement, hospitals, EMTs, and other community resources to help identify persons who are unsheltered and unengaged. If an unsheltered/unengaged person becomes known to a LPG, it is the responsibility of the LPG to have the

coordinated entry staff conduct outreach (establish a relationship, conduct assessment, make referrals, offer services, and follow up as appropriate) until the person is housed.

In addition to working throughout the year with law enforcement, hospitals, EMTs, and other community resources to help identify persons who are unsheltered and unengaged, each year during the point-in-time count LPGs conduct outreach to identify persons who are unsheltered, complete VI-SPDAT assessments (when appropriate), and begin engagement with the goal of obtaining permanent housing. Once located, persons who are unsheltered are followed up with regularly until permanent housing is obtained or until they enroll in a homeless service program.

Emergency Shelter

Emergency shelters play a critical role in the crisis response system. Low barrier, permanent housing-focused shelters ensure households have a safe place to stay and that their experience of homelessness is as brief as possible.

Emergency Shelter is defined as any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements. Emergency Shelters provide emergency housing to deal with an individual's or family's immediate housing crisis. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and with few to no barriers. The resources and services provided are tailored to the unique needs of the individual or family.

Emergency Shelters exist for both single adults and families. Single adult shelters serve individuals age 18 years and over. Family shelters serve one or more adults who are accompanied by one or more children. Shelters may also serve a specific target population such as single adult men, single adult women, those with medical vulnerability, or victims of sexual and domestic violence.

Family shelters must follow Prohibition Against Involuntary Family Separation- The age of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter and a family must be accepted and sheltered as they present regardless of family composition.

All shelters must follow Equal Access and Prohibited Inquiries- All activities must be made available without regard to actual or perceived sexual orientation, gender identity or marital status. Shelters are prohibited from inquiring about an applicant's or participant's sexual orientation or gender identity for the purpose of determining eligibility or otherwise making shelter or housing available. This does not prohibit an individual from voluntarily self-identifying sexual orientation or gender identity.

Decisions about eligibility for or placement into single-sex emergency shelters or other facilities will place a potential program participant (or current program participant seeking a new assignment) in a shelter or facility that corresponds to the gender with which the person identifies, taking health and safety concerns into consideration. A program participant's or potential program participant's own views with respect to personal health and safety should be given serious consideration in making the

placement. For instance, if the potential client requests to be placed based on his or her sex assigned at birth, the provider should place the individual in accordance with that request, consistent with health, safety, and privacy concerns. Providers must not make an assignment or re-assignment based on complaints of another person when the sole stated basis of the complaint is a program participant or potential program participant's non-conformance with gender stereotypes.

Emergency Shelters are housing focused with the goal of every household obtaining permanent housing in 30 days or less. In order to get this outcome, shelters cannot work as standalone programs and must be connected with permanent housing resources such as housing location, housing focused case management, and when necessary rapid re-housing or permanent supportive housing. To obtain emergency shelter, individuals and families must meet one of the following criteria:

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

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

(2) An individual or family who will imminently lose their primary nighttime residence and cannot be diverted; provided that:

- i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; and
- ii. No subsequent residence has been identified; and
- iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or

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

If a program participant creates a health or safety risk to themselves or others, the provider may terminate the assistance in accordance with a formal process established by the provider that recognizes the rights of individuals affected. If services are terminated appropriate referrals must be made and documented. In addition, whenever possible, termination from one service may not necessitate termination from all services. All emergency shelters must have a documented termination policy. The provider must exercise judgment and examine all extenuating circumstances in determining when actions warrant termination so that a program participant's assistance is terminated only in the most severe cases. Upon termination, all programs must require the completion of a letter of termination that outlines a grievance procedure.

Shelters must meet all federal, state, and local habitability standards including fire inspection and Americans with Disabilities Act (ADA) compliance. If the shelter itself is not ADA compliant, there must have a plan to meet the needs of households with disabilities.

Transitional Housing

If at all possible, transitional housing (TH) programs should work with the local community to convert to more efficient and cost effective practices such as emergency shelter or rapid re-housing. If it is determined that the TH programs in the local area are the most effective means to house persons, they should be prioritized to meet the needs of those with high barriers, DV survivors, youth, or those with or recovering from substance abuse or mental illnesses. Remaining TH providers must follow a Housing First model and work with each household to assist them in obtaining housing as quickly as possible.

By definition, transitional housing is a facility-based or scattered-site program that offers housing and services for up to two years to individuals and families experiencing homelessness. The majority of people experiencing homelessness do not require lengthy stays in TH therefore, TH should be reserved for those with severe or specific needs and who choose TH over other services that would move them into permanent housing more quickly.

Some households face severe barriers to securing permanent housing, which may lead to longer episodes of homelessness. Although, they may not need the specialized services traditional TH offers, TH may be used to accommodate these households while they receive housing location services to help them exit homelessness as quickly as possible.

Eligibility for transitional housing includes the following:

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

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

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

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

If a program participant creates a health or safety risk to themselves or others, the provider may terminate the assistance in accordance with a formal process established by the provider that recognizes the rights of individuals affected. If services are terminated appropriate referrals must be made and documented. In addition, whenever possible, termination from one service may not necessitate termination from all services. All TH programs must have a documented termination policy. The provider must exercise judgment and examine all extenuating circumstances in determining when actions warrant termination so that a program participant's assistance is terminated only in the most severe cases. Upon termination, all programs must require the completion of a letter of termination that outlines a grievance procedure.

TH programs must meet all federal, state, and local habitability standards including fire inspection and Americans with Disabilities Act (ADA) compliance. If the program itself is not ADA compliant, there must have a plan to meet the needs of households with disabilities.

Rapid Re-housing

Rapid Re-housing (RR-H) is a short to medium term housing intervention that quickly moves homeless individuals and families into permanent housing with needed services to maintain stability. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety).

RR-H participants must have a lease in their own name. Assistance is provided directly to the landlord and the landlord cannot be the provider organization, affiliate, or subsidiary of the provider organization to ensure there is not a conflict of interest.

The resources and services provided are tailored to the unique needs of the household. The core components of RR-H include housing identification, rent and move-in assistance, and case management and services. While RR-H must have all three components available, it is not required that a single entity provides all three or that a household accesses them all.

Eligibility for rapid re-housing includes the following:

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

i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

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

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

For all rapid re-housing assistance, an initial intake is required to determine program eligibility and to document homeless status. Using a housing barrier assessment and participant input, a housing plan is written outlining the steps necessary for permanent housing and stabilization to be achieved.

Providers must have written agreements with both the participant and the landlord that identify the terms of the rapid re-housing assistance. This provides the landlord with guidance for addressing issues which could impact housing stability and must include:

- A provision requiring the owner to give the provider a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.
- The same payment due date, grace period, and late payment penalty requirements as listed in the program participant's lease.
- The term of the rental assistance agreement for the period of time they anticipate providing assistance. Noting that this may be updated based on the need of the participant.

Rapid Re-housing providers adhere to the following practices:

- No participant may receive more than 24 months of assistance during any three year period of time.
- Determinations of the amount of rental assistance provided, such as "shallow subsidies" (payment of a portion of the rent), payment of 100 percent of the rent charged, or graduated/declining subsidies are made and reassessed at least every three months.

- Assistance with any portion of rent during a month counts as a month toward the 24 month limit.
- Payment of rent arrears consists of a one-time payment for up to six months in arrears, including any late fees on those arrears. Rent arrears may be paid only if the payment enables the program participant to obtain a housing unit. If funds are used to pay rent arrears, the arrears must be included in determining the total period of the program participant’s rental assistance, which may not exceed 24 months.
- Any individual or family receiving assistance beyond any arrears and two current months of rent and financial assistance must be evaluated and recertified as eligible every three months. Recertification of eligibility includes the following:
 - Program participant household income below 30 percent AMI
 - The household lacks the financial resources and support networks needed to remain in existing housing without rapid re-housing assistance
 - Housing stabilization services are being appropriately implemented
 - The household does not exceed the \$500 asset limit
- Appropriate levels of case management must be provided in order to ensure housing stability and at a minimum monthly case management must be provided.
- Program participant may share in the costs of rent.
- Assistance is “needs-based,” meaning that providers determine the amount of assistance based on the minimum amount needed to help the program participant maintain housing stability. This allows communities to use program resources efficiently to serve as many households as possible.
- When households are moved into a unit, the rent must meet rental reasonableness, fair market rent, and until must meet habitability and lead paint standards.

The BoS uses the Performance Benchmarks and Program Standards established by the National Alliance to End Homelessness to create, evaluate, and improve Rapid Re-Housing projects (<http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>)

If a program participant is terminated from receiving assistance prior to the determination of housing stabilization occurring, the provider must terminate the assistance in accordance with a formal process established by the provider that recognizes the rights of individuals affected. If services are terminated, appropriate referrals must be made and documented. All RR-H programs must have a documented termination policy. The provider must exercise judgment and examine all extenuating circumstances in determining when actions warrant termination so that a program participant’s assistance is terminated only in the most severe cases. Upon termination, all programs must require the completion of a letter of termination that outlines a grievance procedure.

Permanent Supportive Housing

Permanent Supportive Housing (PSH) projects aim to provide sufficient services to help tenants remain stably housed over the long term. The goals of the BoS PSH projects include:

- Increasing income;
- Increasing housing stability by ensuring proper supports and services are attained or provided;
 - Decreasing hospitalizations and ER visits
 - Decreasing arrests and jail stays
- Moving tenants, upon exit, from the permanent supportive housing to equally permanent housing;
- Decreasing rent burden; and
- Developing a housing plan that clearly identifies long-term permanent housing goals.

In addition to supporting individuals and families with special needs in increasing their income and housing stability, among other positive outcomes, permanent supportive housing improves conditions within the larger community.

All BoS Permanent Housing projects either have dedicated beds or give priority to those who are chronically homeless and in 2015, the BoS adopted Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (<https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>)

Chronic Homeless Definition (<https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>) is an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in a an emergency shelter, and has been homeless and residing in such a place for at least one (1) year or on at least four (4) separate occasions that totals one year in the last three (3) years. In addition, the individual or family head of household must have a diagnosable disability including substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical condition.

Evaluation and Monitoring

Evaluation and Monitoring take place at multiple levels in the BoS. At the project level, quarterly reports are required for all projects that receive state and ESG funds, which are reviewed by the CoC program coordinator at DHCD (CA). In addition, each LPG meets with DHCD (CA) to review spending rates and to discuss spending challenges (too slow or too quickly) quarterly. If challenges persist, technical assistance is provided to ensure each LPG is spending funds most effectively.

Annually, each LPG submits a Homeless Outcomes Community Report that evaluates the LPG as a crisis response to homelessness including domestic violence providers. The report uses PIT count, numbers served, coordinated entries, subpopulations, first time homeless, length of time homeless, and program participation length of time for the evaluation. This report along with the HUD System Measures reports, are analyzed at the LPG and BoS level. The results are used to make LPG and BoS changes to programs, procedures, and system designs.

The CoC program coordinator at DHCD (CA) also works closely with the HUD CPD representative and receives a “spend rate” spreadsheet that provides information on HUD project spending, LOCCS usage, APR submissions, and any concerns. The CoC program coordinator helps mediate any issues and requires action plans for any concerns that may result in findings or de-obligations.

The CoC program coordinator also evaluates and/or monitors CoC funded projects annually, to be used as part of the CoC ranking process.

Point-In-Time Count

Each LPG conducts a Point-In-Time (PIT) count on the date designated by the Virginia Department of Housing and Community Development. All CoCs in Virginia conduct the count on the same day and the count is coordinated with the Metropolitan Washington Council of Governments (COG).

The CA in conjunction with Homeward (HMIS lead) provides training and instructions each year on the following:

- PIT date
- Participation requirements
- Who is/isn't counted
- Data element requirements and methodology
- Survey tool and surveying techniques
- Submission process and due dates
- Forms
- Changes from previous year

The CA receives copies of the surveys and forms, and along with HMIS reports aggregates all sheltered and unsheltered data. The aggregated BoS data is entered into HDX (HUD's reporting system).

Conflict of Interest

It is the policy of the Balance of State CoC that a conflict or a circumstance that would create the appearance of conflict to a reasonable person shall be avoided. Members of the CoC shall adhere to a conflict of interest policy that meets the standards described by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 578.95. HUD addresses the requirement of Continuum of Care steering committee(board) members specifically in 24 CR 578.95 (b): *No Continuum of Care steering member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.*

Specifically, organizations receiving state or HUD CoC funding may not make any type or amount of assistance conditional on an individual's or family's acceptance or occupancy of housing owned by the grantee, the sub-grantee, a parent organization, or subsidiary. Grantees/sub-grantees, parent organizations, or subsidiaries may not administer rapid re-housing or prevention assistance and use the assistance for households residing in units owned by the grantee/sub-grantee, parent organization, or

subsidiary. An organization may not both participate in decision-making related to determining eligibility and receive any financial benefit.

In addition, an individual who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or its sub-grantee (receiving state or HUD CoC funding) may not both participate in decision-making related to determining eligibility and receive any financial benefit. This financial benefit may not be received by the specific individual, any member of his/her immediate family or a business interest. The restriction applies throughout tenure in the position and for a one-year period following tenure.

Upon the written request of the organization, DHCD may grant an exception to the restrictions in the paragraph above on a case-by-case basis when it determines that the exception will serve to further the purposes of the program and promote the efficient use of program funds. In requesting an exception, the grantee must provide a disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made. In most cases, additional HUD waivers are required.

Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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 Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: Commonwealth of Virginia-Virginia Department of Housing and Community Development

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects? Yes

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$45,166				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Fauquier County F...	VA0254L3F211501	PH	\$45,166	Regular

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

*** 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.**

Eliminated Project Name: Fauquier County FY15 HUD COC RRH Project Renewal

Grant Number of Eliminated Project: VA0254L3F211501

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$45,166

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

The project applicant had a difficult time obtaining access to LOCCS and only wanted to serve families. It was determined by the CoC and project applicant that another agency would be better positioned to manage these funds. People Inc. agreed to apply for these funds and to also broaden the scope of the project to serve both families and singles.

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$45,166				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
3	Foothill Hou...	RRH	\$45,166	Regular

5. Reallocation - New Project(s) Details

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 3

Proposed New Project Name: Foothill Housing Network Rapid Re-Housing

Component Type: RRH

Amount Requested for New Project: \$45,166

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$45,166
Amount requested for new project(s):	\$45,166
Remaining Reallocation Balance:	\$0

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Foothill Housing ...	2016-09-08 09:41:...	1 Year	People Incorporat...	\$45,166	3	PH
Crater PSH	2016-09-08 12:30:...	1 Year	Commonwealt h Cath...	\$120,482	9	PH
Rapid Re-Housing ...	2016-09-13 11:21:...	1 Year	Waynesboro Redeve...	\$45,436	11	PH

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, 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 may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
St. Joseph's Vill...	2016-08-31 12:57:...	1 Year	St. Joseph's Villa	\$183,188	7	PH
HMIS FY2016	2016-09-08 09:33:...	1 Year	DHCD-BOS	\$141,301	1	HMIS
Foothills Housing...	2016-09-08 11:03:...	1 Year	People Incorporat...	\$112,686	2	PH
Canterbury Common...	2016-09-08 11:11:...	1 Year	Waynesboro Redeve...	\$40,842	10	PH
2016 HOPE RRH ren...	2016-09-10 12:13:...	1 Year	Helping Overcome ...	\$68,931	5	PH

2016 HOPE PSH ren...	2016-09-10 12:04:...	1 Year	Helping Overcome ...	\$53,687	6	PH
Canterbury Common...	2016-09-08 11:39:...	1 Year	South River Devel...	\$40,713	8	PH
Bristol Permanent...	2016-09-13 11:51:...	1 Year	People Incorporat...	\$26,240	4	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
CoC Planning 2016	2016-09-12 15:17:...	1 Year	DHCD-BOS	\$99,551	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$667,588
New Amount	\$211,084
CoC Planning Amount	\$99,551
Rejected Amount	\$0
TOTAL CoC REQUEST	\$978,223

Attachments

Document Type	Required?	Document Description	Date Attached
1. Certification of Consistency with the Consolidated Plan	Yes	Cert of Consistency	09/12/2016
2. FY 2016 HUD-approved Grant Inventory Worksheet	Yes	GIW	09/12/2016
3. FY 2016 Rank (from Project Listing)	No	Ranking	09/12/2016
4. Other	No	Ranking Comm. Min...	09/12/2016
5. Other	No		

Attachment Details

Document Description: Cert of Consistency

Attachment Details

Document Description: GIW

Attachment Details

Document Description: Ranking

Attachment Details

Document Description: Ranking Comm. Minutes

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/15/2016
2. Reallocation	08/15/2016
3. Grant(s) Eliminated	09/07/2016
4. Grant(s) Reduced	No Input Required
5. New Project(s)	09/08/2016
6. Balance Summary	No Input Required
7A. CoC New Project Listing	09/13/2016
7B. CoC Renewal Project Listing	09/13/2016
7D. CoC Planning Project Listing	09/12/2016

Attachments	09/12/2016
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: Virginia Department of Housing and Comm. Development

Project Name: CoC Planning 2016

Location of the Project: 600 E. Main St. Richmond VA 23219

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 7-1-16

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: St. Joseph's Villa

Project Name: St. Joseph's Villa HRC FY16

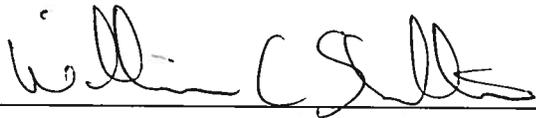
Location of the Project: 8000 Brook Rd. Richmond, VA 23227

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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: Waynesboro Redevelopment and Housing Authority

Project Name: Rapid Re-Housing Program

Location of the Project: 1700 New Hope Rd Waynesboro, VA 22980

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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: Waynesboro Redevelopment and Housing Authority

Project Name: Canterbury Commons Waynesboro

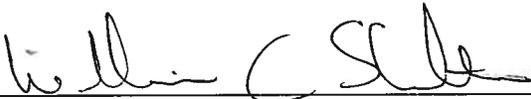
Location of the Project: 1700 New Hope Rd Waynesboro, VA 22980

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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: South River Development Corporation

Project Name: Canterbury Commons Staunton

Location of the Project: 1700 New Hope Rd Waynesboro, VA 22980

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

**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: Virginia Department of Housing and Comm. Development

Project Name: HMIS FY2016

Location of the Project: 600 E. Main St. Richmond VA 23219

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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: Commonwealth Catholic Charities

Project Name: Crater PSH

Location of the Project: 1601 Rolling Hills Drive Richmond, VA 23229

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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 of Virginia

Project Name: Bristol Permanent Supportive Housing Renewal FY16

Location of the Project: 1173 West Main St. Abingdon VA 24210

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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 of Virginia

Project Name: Foothills Housing PSH Renewal FY16

Location of the Project: 1173 West Main St. Abingdon VA 24210

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

Name of
Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official
of the Jurisdiction
Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

**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 of Virginia

Project Name: Foothills Housing Network Rapid R-Housing

Location of the Project: 1173 West Main St. Abingdon VA 24210

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

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: Helping Overcome Poverty's Existence, Inc

Project Name: 2016 HOPE PSH renewal

Location of the Project: 680 W Main St. Wytheville, VA 24382

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 9-1-16

**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: Helping Overcome Poverty's Existence, Inc

Project Name: 2016 HOPE RRH renewal

Location of the Project: 680 W Main St. Wytheville, VA 24382

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

Name of Certifying Jurisdiction: Commonwealth of Virginia

Certifying Official of the Jurisdiction Name: William Shelton

Title: Director, Department of Housing and Comm. Development

Signature: 

Date: 7-1-16