

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-501 - Norfolk/Chesapeake, Suffolk, Isle of Wright, Southampton Counties CoC

1A-2. Collaborative Applicant Name: The Planning Council

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Planning Council

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	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	No
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	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	No
HIV/AIDS Community Advocates and Service Providers	Yes	Yes	Yes
Elderly and Disabled Advocates and Service Providers	Yes	Yes	No
Veterans Homeless Service Providers	Yes	Yes	No

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.

Members of the Southeastern Virginia Homeless Coalition are individuals & agencies concerned with the development & coordination of a system that meets the needs of the homeless population within the CoC's geographic area. Membership is open & all members actively participate on 1 or more subcommittees to carry out responsibilities on behalf of the CoC. Examples: 1. Local government staff; 2. HIV/AIDS service providers. Each city government within the CoC & HIV/AIDS service providers participate on the Executive Committee which oversees the structure of subcommittees. The HIV/AIDS provider presents trainings at CoC membership meetings on topics such as cultural competency. Local governments, HIV/AIDS & other service providers are solicited to present information regarding their agency/program at each SVHC meeting to discuss difficulties they face regarding homelessness, accomplishments, program changes, & to increase coordination across the region among members and non-members.

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.
Seton Youth Shelter	Yes	Yes	No
Stand Up For Kids	No	No	No
Hope U	No	No	No
Project Hope	Yes	No	No
Independent Living	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.
Help and Emergency Response (HER) Shelter	Yes	Yes
Genieve Shelter	Yes	No
YWCA of South Hampton Roads	Yes	Yes

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)

The SVHC announces the availability of Federal and State homeless program funds to the community with the release of a Statement of Interest which provides an overview of the funding available and encourages providers, funded and unfunded, to submit proposals for projects supporting the CoC's vision that "homelessness will be rare, brief and non-recurring." To create an open process, the CoC removed the attendance requirement for new agencies and has accepted and considered proposals from non-funded victim service providers and youth homeless organizations. Funding announcements are distributed via email to members of the SVHC and surrounding CoC's, announced at all homeless related meetings, and published on the CoC website (www.shrhomeless.org). To be considered, new project applicants must be in good standing with HUD and demonstrate knowledge of best-practice models, leverage mainstream resources, and commit to accepting all referrals from the CoC's coordinated assessment system.

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

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)	Yes
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	4
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

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)

The CoC participates with four (4) Con Plan jurisdictions including the local Cities of Norfolk, Chesapeake and Suffolk and the State of Virginia. Representatives from all local Con Plan jurisdictions are active members of the CoC and participate in CoC meetings, vote, and hold seats on the CoC Board. The CoC collaborates with Con Plan jurisdictions annually, at minimum, to establish a unified vision for investment in homelessness and housing needs. The CoC aids in the completion of local action plans and provides updates to homeless gaps analyses, (sub) population charts and special needs, specific homeless/special needs objectives and priority housing needs sections. The CoC also provides annual PIT count data and monitors performance. The State hosts workshops and planning meetings to solicit community input. Communication with all Con Plan jurisdictions is maintained throughout the year by the CoC Lead and occurs monthly, at minimum, via email or phone calls.

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)

Two of the CoC's four Con Plan jurisdictions are also ESG recipients: the City of Norfolk and the State of Virginia, Department of Housing and Community Development (DHCD). The CoC works with both ESG recipients to develop performance standards and evaluate outcomes for ESG funded activities, along with establishing policies that support the operation and administration of HMIS. The City of Norfolk invites non-conflicting agencies and formerly homeless members of the CoC to conduct the review and allocation of ESG activities. DHCD gathers feedback from homeless providers via input sessions and monitoring visits and requires local CoC's to determine funding allocation. ESG recipients communicate grant requirements and funding limitations to the CoC and aid in program monitoring and technical assistance. The CoC completes performance reviews on all ESG activities and provides ESG recipients with HMIS data, project outcomes, and PIT data. Environmental reviews are also completed.

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)

The CoC has 3 domestic violence (DV) providers including the YWCA of South

Hampton Roads, the Genieve Shelter & the H.E.R. Shelter. Collectively the DV providers ensure the safety & security for survivors of DV & maintain client choice through the provision of shelter and housing services across the CoC's geographic coverage area. DV shelters operate 24hr hotlines for households fleeing or attempting to flee DV. Households presenting at central intake for homeless services are immediately linked to local DV providers for services & afforded access to safe housing. To reduce trauma & increase access to housing, all DV providers participate in the CoC's coordinated assessment known as the Service Coordination Committee (SCC). Referrals are submitted to SCC using the VI-SPDAT, which isn't entered into HMIS for DV, to adhere to confidentiality and safety policies. Each DV provider receives funding from one or more sources including ESG, CoC, DOJ, and the VA Dept. of Social Services.

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
Norfolk Redevelopment and Housing Authority	24.00%	Yes-Both
Chesapeake Redevelopment and Housing Authority	3.00%	No
Suffolk Redevelopment and Housing Authority	0.00%	No

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 celebrated the December 2015 opening of the region's 5th SRO. The mixed-income community includes 42 SRO units designated for the region's most vulnerable homeless population, along with 38 units for individuals earning 50% or less of the AMI. The project combines project based vouchers, local government funding, tax credits, foundation support, Housing Trust Funds, etc. The Norfolk CSB was awarded 35 rental assistance vouchers for SAMHSA grant clients by the Virginia Dept. of Behavioral Health & Developmental Services. The Norfolk Office to End Homelessness assists homeless

households with securing decent, safe & affordable housing through the HOME Tenant Based Rental Assistance (TBRA) program. TBRA provides subsidies for rental housing units for homeless households referred from the Service Coordination Committees. The CoC partners with Norfolk RHA to provide access to 20% of NRHA turnover in public housing & housing choice vouchers for homeless persons.

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"/>
	<input 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)**

Not Applicable

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)

The Housing Crisis Hotline is the access point for coordinated entry & referrals for homeless individuals & families. The number is available on agency business cards, voicemails, websites & email signatures, at local DHS, eviction documents, police & Sheriff Departments, on the CoC website and 211. The Hotline monitors housing resources, eligibility requirements, contact information & completes assessments on callers to make program referrals in HMIS. Outreach workers identify & engage the most vulnerable populations using the VI-SPDAT at meal sites, emergency shelters & day centers, & refer clients to Service Coordination Committees (SCC) to address the needs of households requiring multiple services. SCC members include social/human service departments, CSBs, outreach workers, and housing providers that serve chronic, victims of violence, veterans, youth, and HIV/AIDS. SCCs manage by-name lists of those needing permanent housing and work to provide wrap-around services.

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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 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 or Formerly Homeless Persons	<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"/>
HIV/AIDS 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"/>
Veterans 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"/>
LGBT 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"/>

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?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
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?	16
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)

Performance is assessed during the peer review of all renewal projects using the CoC Scorecard. The Scorecard performance targets were established at the top 50% of performance levels by project type. Scores are awarded under six categories & projects are assessed based on the performance of like project types using data from HMIS APRs. Because the SVHC committed to housing the communities' most vulnerable & adopted the Housing First model, all projects have decreased or eliminated barriers to program entry & are working to serve those with the highest needs. By establishing targets based on the performance of "like" project types, consideration for who a project serves & the level of difficulty in achieving successful outcomes is factored into the established performance targets. Consideration is provided in the form of bonus points on the CoC Scorecard for programs that serve subpopulations with high needs including chronic, veterans, youth, DV, families with children and HIV/AIDS.

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)

On June 14, 2016 the SVHC released the CoC Renewal Project Supplemental Application via email and the CoC website with a July 13, 2016 submission deadline. On July 1, 2016 the SVHC announced the availability of new project funds to the provider community via the release of the Statement of Interest (SOI) through the CoC website and the email listserv. The SVHC announced the 2016 CoC Peer Review for all renewal projects on July 14, 2016 via the email listserv. The preliminary results of the CoC Peer Review were distributed via email on 8/2/16. The Program Monitoring Committee approved the results on 8/24/16.

A draft of the CoC Consolidated Application and the 2016 Ranking Order were released for public comment on September 2, 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). 09/02/2016

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.) Yes

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.) 08/23/2016

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)

The Program Monitoring Committee conducts the periodic solicitation & review of project-based performance data through an annual peer review process utilizing a Supplemental Application for all previously awarded CoC program recipients. Project performance of CoC program recipients is measured using the CoC established Scorecard. The Scorecard assesses compliance with CoC measures including program occupancy/utilization, cost efficiency, HMIS data quality & HUD/State compliance. In the first and second year, performance targets were established at the top 50% of performance level by project type. Projects are assessed based on the performance of like project types & scores are awarded under each of the following categories: length of homeless episodes, housing stability, increasing access to mainstream benefits, participant eligibility, returns to homelessness, reaching the hard to serve, growing income, destination upon program exit, housing stability and program model effectiveness.

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. Page 13

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 ServicePoint

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

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

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 Multiple CoCs coverage area:

*** 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	\$64,312
ESG	\$0
CDBG	\$11,079
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$75,391

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	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$14,200
Other - Total Amount	\$14,200

2B-2.6 Total Budget for Operating Year	\$99,591
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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): 04/22/2016

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	413	52	83	22.99%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	180	39	96	68.09%
Rapid Re-Housing (RRH) beds	396	89	307	100.00%
Permanent Supportive Housing (PSH) beds	546	0	328	60.07%
Other Permanent Housing (OPH) beds	157	0	110	70.06%

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)

For Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Other Permanent Housing providers, the CoC will continue to outreach non-HMIS participating programs in the Housing Inventory, share data and other information, and provide examples for how increased participation provides better outcomes and increased resources for clients. The CoC will provide technical assistance as needed to decrease barriers to HMIS participation. The CoC also provides peer support between partner agencies to help motivate other agencies to join the system. Most of the non-HMIS participants are faith based projects & the VASH program. A single faith based, privately funded shelter reported 276 of the CoC's 413 year round Emergency Shelter beds. The CoC will work to identify funding for HMIS data entry for faith based projects. The VA was given an HMIS viewer license as an initial step into the process, & efforts to add the 218 VASH beds to HMIS continue.

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 checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input 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? Bi-Monthly

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	1%	0%
3.3 Date of birth	2%	0%
3.4 Race	2%	0%
3.5 Ethnicity	2%	1%
3.6 Gender	2%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	2%	0%
3.15 Relationship to Head of Household	3%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	1%

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?

10

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)

Not Applicable

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) 01/26/2016

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) 04/22/2016

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 checked="" 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)

The SVHC conducted a complete census for the 2016 sheltered Count. The HMIS administrator provided client data for participating projects, using a report created by the HMIS Vendor. CoC staff collaborated with shelters to ensure

completion & accuracy, confirming each client receiving shelter. Non-HMIS participating projects & Victim Services providers completed interviews with participants using the Counting Us mobile app developed by Simtech Solutions, Inc. Observation surveys were used to count individuals who refused to be surveyed. Surveys included unique client identifiers for de-duplication between HMIS and the Unsheltered count; no names were collected from Victim Services providers. Surveys were reviewed for completion and accuracy. These methods were chosen for maximum coverage & data quality across the CoC, to account for varying program types and degrees of HMIS participation, & to provide the most complete information possible about persons identified during the count.

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)

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

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

Not applicable.

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)

In 2016, non-HMIS participating providers & Victim Services providers conducted surveys via the Counting Us mobile app, developed by Simtech Solutions, Inc. Use of the app improved report validity by reducing the possibility of overlap of count teams with real time updates in the regional Command Center data store; increasing data quality related to legibility issues, challenges with paper forms in inclement weather, and data entry; and improving validity with access to metadata which provided information about interviewers and where and when interviews were completed. Two webinar trainings on how to use the app were held, and technical assistance provided the day of the count. Report tools provided by Simtech Solutions, Inc. allowed for consistent reporting of total and subpopulation data across the region. For HMIS participating projects, the Point in Time Count report provided by the HMIS vendor was utilized. Deduplication was done between all sheltered and unsheltered datasets.

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): 04/22/2016

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 checked="" 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 checked="" 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)

Teams of provider staff and trained volunteers led by experienced outreach workers conducted a blitz count throughout the morning and early afternoon of the Count; surveys were completed with unique identifiers and subpopulation data questions via the Counting Us mobile app, developed by Simtech Solutions, Inc. Locations included libraries, encampments, wooded areas, parking lots, meal sites, and other known locations. Observation surveys were used to count persons who refused to be surveyed; these surveys were used with great discretion. Unique identifiers were compared with HMIS data for deduplication. This methodology was chosen for highest rate of return on investment in terms of time, coverage, and data quality.

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)

HMIS was selected last year; the detailed instructions specify that HMIS should be chosen if street outreach projects were used to identify unsheltered persons. HMIS was not used in this way in 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)

Not applicable.

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 checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input 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)

In 2016, the unsheltered count was conducted via the Counting Us mobile app, developed by Simtech Solutions, Inc. Use of the app improved report validity by reducing the possibility of overlap of count teams with real time updates in the regional Command Center data store; increasing data quality related to legibility issues, challenges with paper forms in inclement weather, and data entry; and improving validity with access to metadata which provided information about interviewers, date and time the interviews were completed, and the geographic location of the interview. Interviewers were instructed to ask participants if they

had already been surveyed. Two webinar trainings on how to use the app were held, and technical assistance provided the day of the count. Report tools provided by Simtech Solutions, Inc. allowed for consistent reporting of total and subpopulation data across the region. Deduplication was done by comparing all sheltered and unsheltered datasets.

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	735	723	-12
Emergency Shelter Total	496	512	16
Safe Haven Total	0	0	0
Transitional Housing Total	184	126	-58
Total Sheltered Count	680	638	-42
Total Unsheltered Count	55	85	30

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	1,213
Emergency Shelter Total	1,012
Safe Haven Total	0
Transitional Housing Total	227

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)

Prevention providers use HMIS data on persons that became homeless to identify risk factors and establish the priorities for assistance. This includes households with a prior history of homelessness or service connection. Steps to reducing the number of first time homeless households include:

- Diversion- multiple attempts are made to divert households prior to assistance or referrals to emergency shelter. The Hotline and local Dept. of Human Services (DHS) work to divert households whenever possible. Diversion Assessments (DA) are attached to all emergency shelter referrals and the shelters start each intake with a review of the DA and a repeated attempt to divert the household.

- Prevention- the Hotline assesses each household and makes direct referral to community-wide prevention programs, including faith –based programs, SSVF, State funded prevention programs and DHS. Local DHS's also leverage other funding sources to prevent homelessness whenever possible.

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)

HMIS data & the Housing Registry are used to monitor the length of time that individuals & families remain homeless at the CoC & program type level. Program APRs are reviewed and performance targets established to reduce length of stays for ES and TH programs, and increase accessibility for the CH population across all programs. The CoC’s efforts to ensure that homelessness is brief is reported bi-monthly in the SVHC Vision Update. The CoC’s Service Coordination Committees meet bi-weekly to coordinate plans for homeless households to expedite exits to housing. HMIS data and service gaps identified by the Housing Registries are used to guide funding decisions and target existing resources, including using ESG, state, and local funds to increase the CoC’s RRH capacity. Since FY2013, the SVHC has increased RRH funding by 68%, & Permanent Housing by 6%. The CoC is using HMIS data to identify long term stayers in ES to provide enhanced outreach and services to potentially chronic persons.

*** 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	115
Of the persons in the Universe above, how many of those exited to permanent destinations?	100
% Successful Exits	86.96%

**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	221
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?	216
% Successful Retentions/Exits	97.74%

**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)**

According to System Performance Measure 2a & b, the SVHC had an overall rate of 3.16% returns to homelessness between October 2013 and September 2015.

Prevention: Based on HMIS data, local prevention funds are targeted for persons with prior histories of homelessness. The Hotline's use of HMIS allows persons that meet this priority to be directly referred to prevention and diversion programs or linked with past service provider for stabilization services.

Performance Measures: The CoC Scorecard includes categories for exits to homelessness and exits to PH and Housing Stability. Combined these categories account for 30% of the points available on the scorecard. Programs with scores below the threshold are ranked low and considered for reallocation.

Service Coordination Committees: Meet bi-weekly to track client progress in all programs and ensure the provision of stabilization services for persons currently housed.

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)

SPM 4.3 shows that 16% of system stayers increased their total income. SPM 4.6 shows that 51% of system leavers increased their total income. Strategies implemented by CoC programs to increase income from employment and non-employment sources include:

- Employment Spotlight Series- the SVHC Employment Taskforce hosts a series of professional development trainings to increase case manager’s knowledge of best practices for employment counseling and job opportunity development for persons experiencing homelessness, including job skills training, interviewing and securing and retaining employment.
- The SSI/SSDI Outreach, Access and Recovery Team works to increase the approval rate of disability income applications for benefit programs administered by the Social Security Administration. A two part training was hosted regionally by Latasha Howlett, State SOAR Coordinator on 2/25/16 for new and existing members to increase capacity for completing applications.

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 HER Shelter launched Sweet Haven a bakery workforce development program for survivors of DV and homelessness in partnership with Farm Fresh, which provides training in kitchen management and food handling. Goodwill Industries launched a pilot workforce development program for homeless persons in the hotel industry, which provides hands on training and employment opportunities in housekeeping, customer service, and management. 60% of CoC members work with the VA Employment Commission and Opportunity Inc to connect households with income. Employees from these organizations participate on the CoC’s Employment Taskforce, which connects case managers to employment resources, and attend Project Homeless Connects to directly connect the homeless population to training and employment opportunities.

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)

No geographic areas were excluded in the SVHC 2016 unsheltered Point in Time Count. Outreach workers canvassed known locations and other areas to identify unsheltered homeless persons. Outreach workers strive to engage unsheltered persons and encourage them to enter shelter. Training has been provided on use of the VI-SPDAT and the best practices of motivational interviewing and peer to peer support. Outreach also serves as an access point in the CoC’s coordinated assessment process; outreach workers assess clients with the VI-SPDAT and present clients at the Service Coordination Committees, affording the clients all available housing resources and services within the

community. Outreach programs are increasingly using HMIS to track clients; additionally, all clients who are brought to SCC are entered into HMIS by the CoC lead agency, and their progress towards permanent housing is tracked via the housing registry, coordinated by the CoC lead agency.

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)? No

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)

Not applicable.

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) 08/03/2016

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)

Not applicable.

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	75	34	-41
Sheltered Count of chronically homeless persons	68	28	-40
Unsheltered Count of chronically homeless persons	7	6	-1

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)

Not Applicable

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.	130	119	-11

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)

The number of chronic dedicated beds identified in the 2016 SVHC Housing Inventory Count (HIC) decreased due to the reclassification of a formerly PSH project that had 37 dedicated chronic beds in 2015; this project was classified as Other Permanent Housing in 2016. The 2015 classification was based on technical assistance provided by Abt Associates, and reclassified in 2016 due to further guidance and program changes. If that project were not counted in 2015, the number of chronic dedicated beds would have been 93; when that number is used, the SVHC did see an increase in the number of chronic dedicated beds in 2016 due to an increase in the number of chronic designated beds reported by Virginia Supportive Housing’s Housing First projects and improved participation of projects in the 2016 HIC. In addition to increasing dedicated beds for chronically homeless persons, programs have also agreed to prioritize based on chronicity.

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. Page 3

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)

Housing Registry: the Service Coordination Committee has successfully developed a housing registry.
Prioritizing Turnovers: placements into PSH and OPH units are prioritized by chronicity using the VI-SPDAT. SCC facilitates all housing placements into TH and PH resources.
SAMHSA: the Norfolk Community Services Board (NCSB) was awarded a SAMHSA Homeless grant to provide outreach, housing stabilization, peer support, etc. for homeless persons with SMI & SUDs. NCSB has applied for PH Bonus funds under this year’s CoC Application; if awarded the project will leverage outreach & case management for CH individuals. Using the USICH Supportive Housing Opportunities Planner, the CoC needs to add 40 units of supportive housing for the next 2 years, & 30 the 3rd year to end chronic homelessness by 2017.
SRO: construction began on the region's 6th SRO in January 2016; the region's 2nd SRO proposes to add 42 units designated for the chronic homeless population and 38 for low income households.

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 type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Medical Vulnerability	<input checked="" type="checkbox"/>
Household Size and Composition	<input checked="" 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 Housing Crisis Hotline works to divert as many families as possible to prevent families from becoming homeless or entering a shelter. For others, the CoC plans to rehouse every family that becomes homeless within 30 days through the Service Coordination Committee (SCC) for Families, a group of providers that discusses households in shelter, prioritizes the most vulnerable families and matches them with housing vacancies. In FY15, SCC Families processed 120 cases and successfully placed 85 households into permanent housing, for a placement rate of 71%. Additionally, the SVHC reported 358 State and Federally funded Rapid Rehousing beds for families in FY16, a 214% increase over 2015. The SVHC also recognizes a 20% increase in family beds across all program types, for a total of 822 beds for families.

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:	40	99	59

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"/>
	<input type="checkbox"/>
	<input 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, most recent year conducted)	2016	Difference
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Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	77	58	-19
Sheltered Count of homeless households with children:	76	51	-25
Unsheltered Count of homeless households with children:	1	7	6

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)

Not Applicable

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?	No
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?	No

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 type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input checked="" type="checkbox"/>

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"/>
LGBTQ Youth	<input checked="" 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:	84	20	-64

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)

Contributing factors for the decrease in unsheltered youth:
 Housing Crisis Hotline: decreases the amount of people needing shelter through diversion and prioritizes resources for those most in need.
 Increased Capacity: in 2015 the CoC was awarded \$1,375,709 in Federal and State funds for Rapid Rehousing, allowing families to be housed more quickly and not become unsheltered.
 LGBT (Lesbian, Gay, Bisexual and Transgender) Center of Hampton Roads: aims to provide a safe place for LGBT youth and improve the quality of life of LGBT individuals and their families through counseling, social and educational events, and support services. In 2016, ACCESS AIDS Care received \$110,671

in State funding for RRH and prevention for LGBT singles, families and youth.

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:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	0
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	6

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)

Staff members are dedicated to ensuring children are enrolled in school and their rights are not violated under the McKinney-Vento Act. Within the first week of entry, staff inform the appropriate school personnel of the family’s current housing situation, along with a consent to exchange information. Providers guide parents through the process of completing a McKinney-Vento Homeless Assistance Transportation Request with the student’s school of origin & communicate regularly with school officials & the homeless liaison. Staff also participate in school-based meetings including: Individual Education Plan (IEP), 504 Meetings, Eligibility Meetings, & supportive services meetings. Staff coordinate after school tutoring when necessary based on school performance and/or proficiency assessments. ForKids works closely with Superintendents for SVHC school districts to share data and identify families who are McKinney Vento homeless but have not yet accessed the homeless service system.

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)**

Adopted in 2008, Standard E27 of the CoC's Standards of Care (SoC) reads: In shelters serving children and youth, the children and youth have access to public education and receive assistance exercising their rights as protected by federal and state laws regarding requirements for enrollment in school. Heads of households are advised of their rights as they relate to the public education system. All provider agencies, upon intake, determine the school needs for each child and contact the appropriate school to ensure enrollment and transportation. If needed, immunizations and physical exams are also secured through the local health department. The SVHC coordinates Standards of Care monitoring visits for ESG and CoC funded programs to ensure that all homeless service providers are complying with the requirement. During the visit shelters must describe measures taken to ensure that clients' rights are not violated in relation to public education and that there is a process for advising heads of households of their rights as they relate to the public education system.

**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)**

Both HUD-funded and non-HUD funded homeless service providers within the CoC have written agreements with Head Start programs, Healthy Start (via the Health Departments), MIECHV programs that offer home visiting, such as EVMS Loving Steps, CHIP of South Hampton Roads and the UP Center, as well as REACH (Reading Enriches All Children), United Way's United for Children programs (targeted education and health care services), Child Care Aware, and local quality initiatives that help families locate quality, affordable childcare. In addition, service providers link families with subsidized child care programs that include USDA and Virginia Department of Social Services benefit programs.

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:	82	78	-4
Sheltered count of homeless veterans:	72	71	-1
Unsheltered count of homeless veterans:	10	7	-3

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)

Not applicable.

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 CoC is actively engaged with the Mayors Challenge to End Veteran Homelessness; the VA; and, local housing authorities to identify, outreach, assess, and refer veterans. Outreach workers are an access point to the

Service Coordination Committees, the CoC's coordinated assessment, using the VI-SPDAT to assess vulnerability and identify veteran status. The SVHC has prioritized veteran households; all are presented at SCC. The committees refer the VA eligible veterans to appropriate services such as SSVF and HUD-VASH based on vulnerability. Veterans are tracked through the service delivery system via a by-name list and HMIS. In 2016, the CoC was awarded \$50,112 in regional Rapid Rehousing funding from the State to provide wrap-around case management to help veterans achieve permanent housing.

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:	80	78	-2.50%
Unsheltered Count of homeless veterans:	19	7	-63.16%

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)

On November 11, 2015, the State of Virginia along with the SVHC announced a functional end to veteran homeless. To ensure that all veterans currently experiencing homelessness continue to have access to permanent housing resources, the CoC continues to use the following strategies:

- Coordinated Assessment
- By name list
- Tracking monthly inflow and monthly housing placements
- Tracking length of stay
- Prioritizing permanent supportive housing beds for veterans
- Serving most vulnerable first
- Strengthening partnerships with the VA and local housing authorities
- Regional cooperation
- Outreach partnerships to increase coverage

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):	18
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).	18
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)

Virginia has not expanded Medicaid and maintains a rate of 14% uninsured adults and children. Despite this, a streamlined enrollment process is in place where individuals can gain access to affordable insurance coverage. CoC agencies encourage enrollment for those assisted in shelter, outreach and housing programs. Sites with health navigators include: Healthcare for the Homeless (HCH); hospitals; Legal Aid; Social Services; Community Services Boards; and outreach workers located within service provider agencies. HCH programs assisted 146 homeless individuals in 2015. The Governor's Access

Plan is a program to integrate primary and behavioral health services for 20,000 of Virginia's uninsured with SMI. CSBs have conducted significant outreach to service providers in order to offer this insurance for homeless program participants. GAP insurance successfully enrolled 394 persons in FY2015. Also, Virginia reported a 3% increase in Medicaid enrollment from January to April 2016.

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"/>
	<input 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):	18
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:	18
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):	18
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:	18
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; margin: 0 auto; display: flex; align-items: center; justify-content: center;">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"/>
	<input 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:	59	137	78

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)

Not Applicable

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)

Not Applicable

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)

Not Applicable

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. No

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 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 checked="" 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

Attachment Details

Document Description: SVHC FY2016 Evidence of CoC's communication to rejected participants

Attachment Details

Document Description: SVHC FY2016 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: SVHC Rating and Review Procedure

Attachment Details

Document Description: SVHC FY2016 Rating and Review - Public Posting Evidence

Attachment Details

Document Description: SVHC FY2016 Process for Reallocating

Attachment Details

Document Description: 2016 SVHC Governance Charter Draft

Attachment Details

Document Description: HR HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: SVHC 2016 PHA Administration Plans -
Applicable Sections Only

Attachment Details

Document Description:

Attachment Details

Document Description: SVHC Written Priority Standards

Attachment Details

Document Description:

Attachment Details

Document Description: SVHC 2016 HDX System Performance Measures and Notes

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	09/12/2016
1C. Coordination	09/13/2016
FY2016 CoC Application	Page 60
	09/13/2016

1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	08/31/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/12/2016
2A. HMIS Implementation	09/12/2016
2B. HMIS Funding Sources	09/08/2016
2C. HMIS Beds	09/12/2016
2D. HMIS Data Quality	09/01/2016
2E. Sheltered PIT	09/01/2016
2F. Sheltered Data - Methods	09/07/2016
2G. Sheltered Data - Quality	08/30/2016
2H. Unsheltered PIT	09/01/2016
2I. Unsheltered Data - Methods	08/30/2016
2J. Unsheltered Data - Quality	08/30/2016
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	09/06/2016
4B. Additional Policies	09/02/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required