

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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

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

- Some questions require that the Collaborative Applicant 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 Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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)	No	No	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	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	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	Not Applicable	Not Applicable	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	No
		Not Applicable	Not Applicable
		Not Applicable	Not Applicable
		Not Applicable	Not Applicable

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area 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. (limit 1000 characters)

Members of the Southeastern Virginia Homeless Coalition (SVHC) are individuals and agencies concerned with the development and coordination of a system that meets the needs of the homeless population within the CoC's geographic area. Membership is open and all members actively participate on one or more CoC-Wide committees, subcommittees and/or work-groups to carry out responsibilities on behalf of the SVHC. Additionally, new and existing members are solicited to present information regarding their agency or program at each SVHC meeting to discuss difficulties they face regarding homelessness, accomplishments, and program changes. Examples: 1. Each city government within the SVHC reported on the status of city-wide homeless programs, capacity, etc and worked to identify ways to improve coordination. 2. New members, such as a local hospital, are asked to present on how they coordinate discharging homeless individuals and how the SVHC can incorporate additional planning.

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Seton Youth Shelter	Yes	Yes	No
Stand Up For Kids	No	No	No

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Help and Emergency Response (HER) Shelter	Yes	Yes
Genieve Shelter	Yes	No
YWCA of South Hampton Roads	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

Utilizing the goals of Opening Doors the SVHC established the following committees to oversee the implementation of each of the specific strategies outlined in the plan:

- *Hampton Roads Veterans Leadership Team- homeless service providers in partnership with local VA, SSVF, and Veterans Service agencies coordinate and prioritize resources for homeless veterans, including non-eligible veterans.
- *Service Coordination Committee(s)- leverage mainstream resources, prioritize housing resources and ensure the provision of a housing first approach for chronically homeless and vulnerable households.
- *Families Committee - monitors and facilitates the movement of families into permanent housing.
- *Program Monitoring Committee- provides year-round oversight of funded homeless projects and ensures all adhere to funding requirements, coordinates an unbiased review panel to prioritize annual projects and funding, and ensures that providers meet the established Standards of Care.

1B-4. 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 any new projects in 2015. (limit 1000 characters)

The SVHC publicly announces the availability of all Federal and State homeless program funds to the provider community with the annual release of a Statement of Interest (SOI). The SOI provides an overview of the funding available and encourages providers, both funded and unfunded, to submit proposals for new projects that support the SVHC's vision that "homelessness will be rare, brief and non-recurring." Funding announcements are distributed electronically via email notification to members of the SVHC and surrounding CoC's, as well as announced at all homeless service related meetings and published on the SVHC website at www.shrhomeless.org. To be considered for funding new project applicants must be in good standing with HUD and clearly demonstrate knowledge of best-practice models, leverage mainstream resources, and commit to accepting all referrals from the SVHC's designated coordinated assessment. Technical assistance from the CoC Program Administrator is available.

1B-5. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other 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
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
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	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
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	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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1C-2a. Based on the responses selected 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, extent, 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 responses selected 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 the 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 three active domestic violence (DV) providers including the YWCA of South Hampton Roads, The Genieve Shelter and the H.E.R. Shelter. Collectively local DV providers ensure the safety and 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. In the event that a DV household presents at central intake for homeless services the household is immediately linked to local DV providers for services and afforded immediate access to safe housing. To meet the needs of the victim, reduce trauma and increase access to housing resources, all DV providers participate in the CoC's coordinated assessment known as the Service Coordination Committee (SCC). Referrals are submitted to SCC utilizing a shared tool, the VI-SPDAT, which isn't entered into HMIS for DV, to adhere to confidentiality and safety policies.

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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Norfolk Redevelopment and Housing Authority	13.00%	Yes-Both
Chesapeake Redevelopment and Housing Authority	3.00%	No
Portsmouth Redevelopment and Housing Authority	0.00%	Yes-Both
Virginia Beach Dept. of Housing and Neighborhood Pres	32.00%	Yes-Both
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 City of Norfolk, Office to End Homelessness assists low income homeless households with securing decent, safe and affordable housing through the HOME – Tenant Based Rental Assistance (TBRA) program. TBRA provides funding for subsidies to be utilized for rental housing units for households identified as homeless and referred from the Service Coordination Committees. The SVHC is also celebrating the development and December 2015 opening of the region's fifth SRO program, Crescent Square. When completed, the mixed-income community of Crescent Square will include 42 SRO units designated for the region's most vulnerable homeless population, along with 38 units for individuals earning 50 percent or less of the area median income. Funding for the mixed income project includes a combination of project based vouchers, local government funding, tax credits, foundation support, State Housing Trust Funds, etc. The City of Norfolk's Community Services Board was awarded 35 rental assistance vouchers for SAMHSA grant clients by the Virginia Dept. of Behavioral Health & Developmental Services, available starting Jan. 1, 2016.

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. For "Other," you must provide a description (2000 character limit)

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"/>
	<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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems 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 systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that 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) 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**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 assessment and referrals for homeless individuals & families. Within HMIS, the Hotline monitors housing resources & services, eligibility requirements, contact information, application processes, & completes an assessment on clients seeking assistance to make program referrals. Direct access to the Hotline is also provided on the website via a “Need Help” page. 8 outreach workers identify & engage the most vulnerable populations (chronically homeless & unsheltered singles/households). Outreach ensures a presence at meal sites, emergency shelters & day centers, & refers clients to Service Coordination Committees (SCC) for singles & families to address the needs of households requiring multiple services. SCC members include social/human service departments, outreach workers & housing providers. SCCs manage by-name lists of those in need of permanent housing and work to provide wrap-around services if housing is not available.

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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
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"/>
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"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" 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"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" 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 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"/>
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"/>
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"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ACCESS Aids Care	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 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?	4
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 2015 CoC Program Competition?	15
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Reduce returns to homelessness	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
HMIS Data Quality	<input checked="" type="checkbox"/>

Need for specialized population services	
Youth	<input 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 type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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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, including both CoC and ESG funded projects, utilizing the CoC established Scorecard. The Scorecards performance targets were established at the top 50% of performance levels by project type. Scores are awarded under six categories and 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 and adopted the Housing First model, all projects have decreased or eliminated barriers to program entry and are working to serve those with the highest needs and the most vulnerable population. By establishing targets based on the performance of "like" project types, consideration for who a project serves and the level of difficulty in achieving successful outcomes is factored into the established performance targets. Additional consideration is also provided for household composition and target population.

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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

- On May 21, 2015 the SVHC released the CoC Renewal Project Supplemental Application with a June 22, 2015 submission deadline. SVHC announced the 2015 CoC Peer Review for all renewal projects on June 24, 2015 via the email listserv. Announcement of the CoC Peer Review was also made during the June 10, 2015 membership meeting.
- On July 27, 2015 the SVHC announced the availability of new project funds to the provider community via the release of the CoC established Statement of Interest (SOI).
- The preliminary results of the CoC Peer Review were discussed during the August 12, 2015 membership meeting and the final results were distributed via email and posted to the website on November 10, 2015.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.) 11/06/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/16/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 and review of project-based performance data through a bi-annual peer review process utilizing a Supplemental Application for all previously awarded CoC program recipients. Project performance of CoC program recipients is measured utilizing the CoC established Scorecard. The Scorecard assesses compliance with CoC measures including program occupancy/utilization, cost efficiency, HMIS data quality and 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 and scores are awarded under each of the following categories: length of homeless episodes, returns to homelessness, reaching the hard to serve, growing income, exits to permanent housing, housing stability and program model effectiveness.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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? In all cases, the CoC’s governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU. Page 2 - Governance Charter

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 Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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	\$51,544
ESG	\$0
CDBG	\$11,079
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$62,623

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

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$76,823
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	277	52	79	35.11%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	187	33	131	85.06%
Rapid Re-Housing (RRH) beds	133	45	40	45.45%
Permanent Supportive Housing (PSH) beds	637	0	335	52.59%
Other Permanent Housing (OPH) beds	97	0	69	71.13%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

For Emergency Shelter, Rapid Rehousing, 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 and the HUD VASH program. The Veterans Administration (VA) was given an HMIS viewer license as an initial step into the process. With the new guidance from HUD and the VA, we will pursue adding the HUD-VASH program as an HMIS participating provider.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	1%	0%
3.5 Ethnicity	0%	2%
3.6 Gender	0%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	2%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	42%	0%
3.15 Relationship to Head of Household	10%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

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

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

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, 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): 05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 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 checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

The HMIS System administrator provided client level data for all participating shelters. Unique identifiers were compared to surveys & unsheltered count data for deduplication. CoC program staff collaborated with shelter staff to ensure completion & accuracy.

Non-HMIS participating shelters & Domestic Violence providers completed survey interviews with willing participants. Observation forms were used to count individuals who refused to be surveyed. Surveys included unique client identifiers for deduplication; no names were collected from Domestic Violence providers. Forms were reviewed by CoC program staff for completion & accuracy before being entered into a database.

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 sheltered count.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The Dwelling Place closed in July of 2014, and so was not included in the 2015 PIT Count.

ForKids, inc. took over operations for Our House Families shelter, changing the program name, capacity and accessibility, when compared to the 2014 PIT Count.

The Union Mission offered a complete data dump for all persons residing in its program on the evening of the count, as well as surveys for a majority of its guests, for the first time in recent history. This increased participation and subpopulation data coverage.

The NEST winter shelter program input participants in HMIS for the first time, increasing participation and subpopulation data coverage.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Training:	<input type="checkbox"/>
Provider 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 2014 to 2015 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 method). (limit 1000 characters)

For the 2015 Sheltered Count for HMIS participating agencies, there was a change in the HMIS assessment. In 2014, a special PIT Count assessment was required to be completed for all persons in the program the night of the count. In 2015, the HMIS System administrator simply pulled open entries for each program using the HUD CoC entry assessment the programs normally use. Using this assessment provided the opportunity for increased data quality as programs simply had to follow their usual course of action. The HMIS System Administrator explained the sheltered count process at the HMIS committee meeting prior to the Count, sent follow up information, and gave participating Emergency Shelter and Transitional Housing providers the deadline of February 3, 2015 to input their data for the night of the sheltered count.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, 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): 05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" 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 its 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 afternoon of the Count; surveys were completed with unique identifiers and subpopulation data questions. Locations included libraries, encampments, wooded areas, parking lots, meal sites, and other known locations. Observation forms were used to count persons who refused to be surveyed. The forms were given to experienced team leads and 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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count). (limit 1000 characters)

Not applicable.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The 2015 Point in Time Count coincided with the City of Norfolk's Project Homeless Connect (PHC), increasing coverage for the unsheltered population, and including needed data points for determining subpopulations. Of the 454 attendees of PHC, 297 met the definition for being literally homeless. 51 of those literally homeless attendees were unsheltered.

The survey instrument was updated this year to align with recommended questions from HUD, based on the mobile app.

Observation surveys were used for the first time in 2015 for individuals who were not interviewed for the unsheltered count, increasing coverage; these observation forms were given to team leads only and used with discretion.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	668	735	67
Emergency Shelter Total	473	496	23
Safe Haven Total	0	0	0
Transitional Housing Total	157	184	27
Total Sheltered Count	630	680	50
Total Unsheltered Count	38	55	17

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,307
Emergency Shelter Total	1,037
Safe Haven Total	0
Transitional Housing Total	270

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 for becoming homeless for the first time.

(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 and the Housing Registry (by-name list) are used to monitor the length of time that individuals and families remain homeless at the CoC and program type level. Program APRs are reviewed and performance targets established to reduce program length of stays for ES and TH programs, and increase accessibility for the CH population across all programs, with an 8% decrease in average length of stay for ES and TH providers in the past year. 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 along with the Veterans Leadership Team meet bi-weekly to coordinate plans for homeless households using Housing Registries for singles, families and veterans 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.

*** 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	366
Of the persons in the Universe above, how many of those exited to permanent destinations?	284
% Successful Exits	77.60%

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, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	435
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?	412
% Successful Retentions/Exits	94.71%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three 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)

Strategies for reducing the rate of individuals and families who return to homelessness include:

- Prevention- HMIS data on households in ES revealed that persons with a history of homelessness were most likely to become homeless so local prevention funds are prioritized for persons that meet these characteristics. The Hotline's use of HMIS allows for 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 - meets 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.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Strategies implemented by CoC programs to increase income from employment and non-employment sources include:

- Employment Spotlight Series- the SVHC Employment Taskforce hosted 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 training was hosted by the Latasha Howlett, State SOAR Coordinator on 2/4/15 for new and existing members to increase capacity for completing applications. The region distributed information to SVHC members for an additional training: part one to be completed online, followed by a full day training in February 2016 hosted by Latasha Howlett.

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. The Taskforce also partnered with the City of Norfolk to host a job fair for the homeless on 7/23/15; job fairs hosted by employment organizations are distributed via email to CoC members.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

The CoC has an effective homeless outreach team inclusive of eight (8) trained and committed outreach workers with various skill sets working to identify and engage the communities' most vulnerable population including chronically homeless and unsheltered individuals and families. Outreach workers employ a systematic and responsive outreach approach working closely with local Police Departments' Crisis Intervention Teams (CIT), the Sheriff Departments and the Housing Crisis Hotline to identify and engage persons who are unsheltered. Outreach workers also ensure an active presence at local meal sites, thermal shelters, emergency shelters and day programs. Outreach workers provide direct support to the Hotline including work to provide rapid, mobile response to families in immediate crisis and disengaged single adults. Outreach workers assess unsheltered households, enter into HMIS, refer to available shelter beds and present households at SCC for permanent housing placements.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. 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)

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	48	75	27
Sheltered Count of chronically homeless persons	31	68	37
Unsheltered Count of chronically homeless persons	17	7	-10

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Sheltered increase- 66% of the sheltered chronically homeless persons were identified at NEST (first time HMIS participants) & The Union Mission (submitted surveys and a full data dump for the first time); in the past, the data provided by these programs (the largest seasonal & year-round shelter) lacked the data points needed to identify subpopulations.

Unsheltered decrease- more efficient use of the Housing Crisis Hotline and coordinated assessment; increased rapid rehousing & improved accessibility and decreased lengths of stay for transitional housing resources. Decrease in spite of increased coverage by strategically planning the count to coincide with the CoC's most populated city's Project Homeless Connect and the first time use of observation forms (given to team leads & used with discretion).

Overall Increase- the overall increase directly reflects the increase of sheltered persons identified. The reasons for the overall increase match those for the sheltered increase.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC remains committed to making a considerable contribution to the nation's efforts to end chronic homelessness by 2015 with the expansion of the Housing First (HF) Program, continued development of SROs, and strengthened collaboration with HUD VASH administrators. Reallocated funding from existing projects under the FY13 CoC application will increase the number of HF units by one to 76. In the next two years, the fifth regional SRO is expected to be completed to increase CH beds for the CoC. Virginia Supportive Housing announced plans to develop the sixth regional SRO in Norfolk but it is not yet known whether it will be open within 24 months. The CoC also worked with the VA to improve communication and identify strategies to increase the number of CH veterans housed through HUD VASH. The collaboration encouraged discussions on future development options for the homeless veterans population, including the increased development of affordable housing and PSH units for CH veterans.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC accomplished all of the strategies and actions listed in the FY2013/FY2014 CoC application including:

- SRO Development – Virginia Supportive Housing broke ground on the region's fifth SRO in early 2015, Crescent Square. The mixed income project is on schedule to open in December 2015 and will include 42 SRO units designated for the region's most vulnerable homeless population, along with 38 units for individuals earning 50 percent or less of the area median income.
- HUD-VASH- strengthened partnerships with HUD-VASH resulted in xx of the region's most vulnerable and chronic veterans housed in HUD-VASH between September 2014 and October 2015.
- Housing First- the CoC reallocated funds totaling \$101,587 under the FY2013/FY2014 CoC Application adding six new PSH units for CH individuals. Additionally, the CoC reviewed the spending of PSH programs, including deobligated funds and program budgets, resulting in the increase of nine new PSH units for CH individuals.

3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	150	135	-15

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

Decrease: Program changes led to a decrease in Chronic designated beds, including the loss of local funding for a 12 unit Housing First program; additionally, Cloverleaf, an SRO run by Virginia Supportive Housing, did not report any designated chronic beds in the 2015 Housing Inventory Chart (11 beds reported in 2014). The number of PSH/OPH beds overall increased by 78 (12%).

3B-1.4. Did the CoC adopt the orders of priority in 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 ?

No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Not Applicable

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	125
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	10
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	9
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	90.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

- Housing Registry – the CoC Service Coordination Committee has successfully developed a housing registry, or by-name list.
- Prioritization of Turnovers- placements into PSH and other PH resources are prioritized by vulnerability and length of time homeless using an evidence based standardized assessment tool, the VI-SPDAT. The 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 and SUDs. NCSB has applied for PH Bonus funds under this year's CoC Application; if awarded the project will leverage outreach and case management for 35 CH individuals.
- SRO – construction will begin on the region's sixth SRO in January 2016. Church Street Station is the region's second mixed income SRO proposing an additional 42 SRO units designated for the region's most vulnerable homeless population and 38 for low income households.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 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	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (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 and matches them with housing vacancies. In FY14, SCC Families processed 70 cases and successfully placed 59 into temporary or permanent housing for a placement rate of 84%. Additionally, the SVHC reported 134 Rapid Rehousing beds for families in FY14, a 185% increase over 2013. The SVHC also recognizes a 7% increase in family beds across all program types, for a total of 573 beds for families. The number of RRH units reported in question 3B-2.3 below reflects corrected data following guidance from HUD regarding the correct way to report RRH for the Housing Inventory. One partner reported inflated numbers in 2014.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	11	40	29

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, or gender 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 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	53	77	24
Sheltered Count of homeless households with children:	53	76	23
Unsheltered Count of homeless households with children:	0	1	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Increase: Program changes led to increased emergency shelter and transitional housing capacity for families; in spite of increased capacity, programs experienced high utilization rates--often serving beyond capacity--especially during the winter months.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and 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 (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	108	84	-24

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 2014 is lower than FY 2013, 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 2014 the CoC was awarded over \$800,000 for Rapid Rehousing, a new initiative at the time; allowed families to be housed more quickly and not become unsheltered.

Rapid-Re-Housing (RRH) Challenge: a state-wide initiative to place as many homeless families as possible in permanent housing in 100 day; 64 families were housed between October 2013 and January 2014.

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 FY2013, 503 hours of mental health counseling were provided to individuals at the LGBT Center.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	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 housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

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):	0
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3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

Family providers dedicate staff members to the educational advocacy of each child, ensuring they are properly enrolled in school and their rights are not violated under the McKinney-Vento Homeless Education Assistance Improvement Act. Within the first week of entry, staff send letters to the student’s school informing the appropriate school personnel of the family’s present housing situation, along with a consent to exchange and disclose information letter. Providers guide parents through the process of completing a McKinney-Vento Homeless Assistance Transportation Request with the student’s school of origin and communicate regularly with school officials and the homeless liaison. Staff also participate in school-based meetings including but not limited to: Individual Education Plan (IEP), 504 Meetings, Eligibility Meetings, and supportive services meetings. Additionally, staff coordinate after school tutoring when necessary based on school performance and/or proficiency assessments.

3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (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. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	54	82	28
Sheltered count of homeless veterans:	46	72	26
Unsheltered count of homeless veterans:	8	10	2

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Increase: Extreme weather in 2014 impacted the Unsheltered Point in Time Count, possibly deflating the number of unsheltered veterans identified, as many who would normally be unsheltered were forced to seek shelter due to the extreme cold and snow.

37% of the 82 veterans identified in 2015 were counted at The Union Mission, which submitted subpopulation data for the first time in recent history; it is likely that there were veterans staying at The Union Mission in 2014 who were not identified as such during the Count.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The CoC is actively engaged with the Mayors Challenge to End Veteran Homelessness, working with the Virginia Beach CoC and the Portsmouth CoC; the VA; and, local housing authorities to identify, outreach, assess, and refer veterans. In the SVHC, all veterans are presented at Service Coordination Committee, the CoC’s coordinated assessment. The committee refers 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 July 2015, the CoC was awarded \$150,000 in regional Rapid Rehousing funding from the state to provide wrap-around case management to help veterans achieve permanent housing.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Non-VA eligible veterans are also presented at the Service Coordination Committee. Veterans are discussed first at these meetings, offering the opportunity for any vacancies available to be filled by program eligible veterans.

3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	80	82	2.50%
Unsheltered count of homeless veterans:	19	10	-47.37%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. 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 2015? (limit 1000 characters)

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	22
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	21
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	95%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Although Virginia did not expand Medicaid, a streamlined enrollment process is in place where individuals can gain access to affordable insurance coverage for which they are eligible. Providers encourage enrollment for those assisted in shelter, outreach and supportive housing programs. Access sites with health navigators include: Healthcare for the Homeless Programs at Community Health Centers; Free Clinics; Bon Secours mobile health units; Legal Aid; Social Services; Community Services Boards; and outreach workers located within service provider agencies. Also, 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 homeless service providers in order to offer this insurance for homeless program participants. Virginia reports a 4.83% increase in Medicaid and Children’s Health Insurance enrollment from January to August 2015.

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

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	19
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 2015 competition:	19
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	19
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	19
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 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:	<input checked="" type="checkbox"/>
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 any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	11	59	48

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" in 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 President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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 in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input 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"/>
Leverage and Match	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Attachment Details

Document Description: 2015 SVHC Communication with Rejected Projects

Attachment Details

Document Description: SVHC 2015 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: SVHC 2015 CoC Rating and Review Procedure

Attachment Details

Document Description: SVHC 2015 CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: 2015 SVHC Process for Reallocating

Attachment Details

Document Description: SVHC Bylaws

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: 2015 SVHC PHA Administration Plans

Attachment Details

Document Description: HMIS Governance

Attachment Details

Document Description: SVHC SCC Guidelines

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/17/2015
1D. CoC Discharge Planning	11/16/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/16/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/16/2015
2C. HMIS Beds	11/16/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/17/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/17/2015
Submission Summary	No Input Required