1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	VA-501 - Norfolk CoC
Collaborative Applicant Name:	The Planning Council
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

Name of CoC Structure:	Southeastern Virginia Homeless Coalition (SVHC)
How often does the CoC conduct open meetings?	Quarterly
Are the CoC meetings open to the public?	Yes
Is there an open invitation process for new members?	Yes

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

The Southeastern Virginia Homeless Coalition works to engage individuals, groups, and organizations throughout the community including faith partners and members of the private sector that provide services to persons experiencing homelessness or have an interest in the process. Persons who have experienced homelessness are also encouraged to attend meetings or join subcommittees. Individuals and agencies may become voting members of the SVHC by paying dues to the Norfolk Homeless Consortium, the Chesapeake Coalition for the Homeless or the Western Tidewater Continuum of Care Council. Membership allows each individual member and/or agency one vote in the decision making process.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Community Advocate

Does the CoC provide

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

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

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

Agendas and meeting notices for all SVHC meetings are distributed in writing prior to each meeting via e-mail. Minutes for all meetings of the SVHC are made available on the Coalition's website, www.shrhomeless.org. Coordinated assessment for homeless families has been in practice since the launch of the Central Intake for Families system in January 2007 through the Homeless Action Response Team (HART). The system includes a Homeless Hotline that administers and records each assessment directly in HMIS using CallPoint. Single homeless providers, in coordination with city agencies, observed the launch of the Homeless Housing Screening and Referral pilot for single homeless adults. The pilot utilizes a coordinated assessment and review panel to expedite placements into participating TH and PSH programs. The SVHC requires mandatory participation of all state and local grant recipients, including ESG recipients, and conducts formal peer review of all grants to ensure collaboration, leverage resources, and maximize program efficiencies with other state and federally-funded programs.

Does the CoC have the following written and approved documents:

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

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Southeastern Virginia Homeless Coalition (SVHC)	SVHC will be the authorizing body responsible for the development, support and coordination of a comprehensive CoC for homeless citizens of the six jurisdictions, Norfolk, Chesapeake, Suffolk City, Franklin City, Isle of Wight Co., and Southampton Co. In an effort to move the region's homeless population toward self sufficiency and ultimately to eliminate homelessness, members of the coalition actively participate in several committees including the NHC, CCH, WTCCC and NCWTCOC. The Coalition coordinates efforts among the CoCs for discharge planning, point-in-time count coordination, 10 year plan coordination, disaster planning and regional gap analysis in housing and support services.	quarterly (once each quarter)
Norfolk Homeless Consortium (NHC)	The NHC develops, sustains and coordinates services for the homeless citizens of the City of Norfolk in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The Consortium commits to supporting the goals of the Continuum of Care through several committees: Continuum of Care Committee, Single Adults Committee, Families/Central Intake Committee, Employment Taskforce, Healthcare Committee, Ranking Committee, and HMIS Committee. Members of the Consortium also work with the City of Norfolk Office to End Homelessness to provide disaster planning and monitoring of discharge planning policies.	Monthly or more
Chesapeake Coalition for the Homeless (CCH)	The CCH develops, sustains and coordinates services for the homeless citizens of the City of Chesapeake in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The Coalition works to assess current homeless needs and trends, develop annual priorities, plan events, monitor political trends that impact homelessness, and provide narrative for the Consolidated Action and Strategic Plans and the Consolidated Annual Performance and Evaluation Report. The CCH includes several committees that work to support the goals of the Continuum of Care including the General Operations Committee, Point-in-Time Committee and Project Homeless Connect Committee.	Monthly or more

Western Tidewater Continuum of Care Council (WTCCC)	The WTCCC develops, sustains and coordinates comprehensive service delivery for the homeless citizens of the four jurisdictions, Suffolk City, Franklin City, Isle of Wight Co., and Southampton Co., in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The WTCCC includes several committees, including HMIS/Data.	Monthly or more
Norfolk, Chesapeake, Western Tidewater Continuum of Care Committee (NCWTCOC)	The CoC Committee assures adherence to HUD changes and develops protocols for project review and selection, while ensuring the effective communication and achievement of the goals established by the Continuum of Care. The committee is responsible for the completion of the Continuum of Care application, conducting gap analysis in housing services, Standards of Care review, communicating with other committees to ensure effective communication and achievement of the goals established by the Continuum of Care, and coordinating the 10-years plans of each locality.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Individual
Private Sector
Public Sector

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

Instructions:

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

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

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

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	3	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1	2	0
Substance abuse	0	1	0
Veterans	1	1	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	1	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	3	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	1	2	0
Primary decision making group	0	0	0

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

Instructions:

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

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

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

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	3	17	3	5	34	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	0	0	0	0	0
Substance abuse	0	0	0	0	1	0
Veterans	0	0	0	1	2	0
HIV/AIDS	0	0	0	0	2	0
Domestic violence	0	0	0	0	4	0
Children (under age 18)	0	0	0	0	1	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	3	17	3	5	34	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	5	2	3	18	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	1	2	0	18	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	1	1	17	0
Primary decision making group	0	0	0	0	9	0

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

Instructions:

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

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

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

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	5	21	2	4	6	5	2

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	3	0	0	0	0	0

Substance abuse	0	3	0	0	0	0	0
Veterans	0	1	1	0	0	1	1
HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	1	0	0	4	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	4	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	5	20	2	4	6	5	2
Authoring agency for consolidated plan	0	7	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	15	2	4	2	3	1
Attend consolidated plan focus groups/ public forums during past 12 months	0	13	0	0	0	0	0
Lead agency for 10-year plan	0	5	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	12	0	1	2	1	1
Primary decision making group	0	4	0	1	0	0	0

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

Instructions:

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

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

Open Solicitation Methods (select all that apply):	d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, o. Review CoC Membership Involvement, r. Review HMIS participation status, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

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

Annually, all renewing project applicants are required to submit a Supplemental Application (SA), which provides information on CoC involvement, performance, utilization rates, program outcomes, budget and cost efficiency, and HMIS data quality. The Committee reviews the SA, APRs and monitoring findings, along with copies of each agency's most recent management letter from the organization's annual audit. Conditions are set for any low performance, monitoring findings, discrepancies in program spending and meeting attendance. Projects are required to correct each Condition and report until each is satisfied. A peer review process is used to rank Renewal projects and an independent Ranking Committee is convened to interview and rank New Project applicants (if more than one is received).

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

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

Announcements of the availability of HUD or State homeless program funds are made at the monthly NHC, CCH, and WTCCC and CoC Committee meetings as well as via email list serves, on the SVHC's website and to the Regional Taskforce to End Homelessness. Interested parties are encouraged to apply and technical assistance is offered by the CoC Program Manager and members of the COC Committee. An informational sheet on "How to Apply" is available via the website and was distributed along with the New Project Preliminary Application via email and the SVHC website. Meeting attendance is required so that new agencies can learn the application and review process by observing and participating in each activity throughout the year. All applicants are also required to utilize the HMIS and actively participate in the development and implementation of Central Intake. Support for applicants is provided through one-on-one meetings, by telephone, email and during the CoC Committee meetings.

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

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

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

Instructions:

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

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

Emergency Shelter: Yes

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

The restructuring of Union Mission's programs to include additional units within their transitional housing program decreased the number of year-round emergency shelter beds and increased the number of transitional housing beds available for single adults. Additionally, the Continuum transitioned ForKids Suffolk House from an ES program to a Rapid Re-Housing Program. The transition resulted in the decrease of six (6) ES FAM units and 30 beds; however ForKids provides homeless families in Western Tidewater with hotel vouchers to ensure accessibility to shelter, support services and expedited transitions from homelessness to Permanent Housing.

HPRP Beds: Yes

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

The number of HPRP beds decreased significantly as communities began preparing for the discontinuation of HPRP funds by reallocating funds from prevention to rapid re-housing, focusing on ending homelessness by rapidly exiting singles and families from shelters to permanent housing.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

The number of available TH beds for families was temporarily impacted by the merger and transition of the ForKids LEAP/Morgan Place Program. The new Transition in Place program affords seven (7) families with the ability to transfer FMR leases to their name when they exit the program, allowing each family to remain in Permanent Housing. The Continuum also recognized an increase in the number of transitional housing beds for singles with the continued addition of beds in the Union Mission Transitional Housing Program.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?	Yes
If yes, how many transitional housing units in the CoC are considered "transition in place":	14

Permanent Housing: Yes

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

The Continuum recognized an increase of 10 permanent supportive housing units for chronically homeless single adults with the completion of the transfer and successful lease up of units in the Housing First program.

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

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

Instructions:

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

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Stakeholder discussion, HUD unmet need formula
Specify "other" data types:	
If more than one method was selected, describe how these methods were used together (limit 750 characters)	

Members of the Norfolk Homeless Consortium (NHC), Chesapeake Coalition for the Homeless (CCH) and Western Tidewater Continuum of Care Council(WTCCC) utilized the 2011 Point in Time results, Housing Inventory Request Forms, HMIS and the HUD Unmet need formula to guide discussion and reach a consensus on the unmet need in each locality.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS (select all that apply):	VA-508 - Lynchburg CoC, VA-501 - Norfolk CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

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

N/A

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/01/1999
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers, Inadequate bed coverage for AHAR participation

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

N/A

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

Barriers include the recruitment of agencies included on the Housing Inventory Chart but not utilizing HMIS, or using the system infrequently, that negatively impact the CoC's participation in the AHAR. The HMIS System Administrator is now running quarterly AHAR reports and addressing errors and empty data points on a more regular basis.
HMIS coverage for emergency shelters remains low due to the non-participation of Union Mission, the largest emergency shelter in the region. Union Mission is a faith-based organization that is not currently receiving federal funding and struggles with finding the staff capacity to implement HMIS. The Continuum of Care has encouraged Union Mission to export data from their data system into HMIS but thus far it has not happened.
Another ongoing issue is the turnover of HMIS users at several agencies. This requires a lot of time on the part of the HMIS Systems Administrator, and allows for mistakes and inconsistency in data quality.

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

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

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

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

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$50,533
ESG	$0
CDGB	$10,521
HOPWA	$0
HPRP	$0
Federal - HUD - Total Amount	$61,054

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

Funding Type: Private

Funding Source	Funding Amount
Individual	$0
Organization	$2,113
Private - Total Amount	$2,113

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$0

Total Budget for Operating Year	$63,167

Is the funding listed above adequate to fully fund HMIS? No

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

The Planning Council is applying for an HMIS Expansion grant in the FY2012 NOFA, due to reallocation of another grant. Due to the merger of VA-501 in 2011, the number of users and time commitment for HMIS has exponentially grown. The additional expenses will help cover the cost of HMIS Administration and the addition of the CallPoint module utilized by the Norfolk Central Intake system.

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

If Other, explain (limit 750 characters)

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

Instructions:

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

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

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

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

*** Emergency Shelter (ES) beds**	0-50%
*** HPRP beds**	Housing type does not exist in CoC
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	51-64%
*** Rapid Re-Housing (RRH) beds**	Housing type does not exist in CoC
*** Permanent Housing (PH) beds**	76-85%

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

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

The Continuum reports a bed coverage rate between 0-64% for year-round emergency shelter and transitional housing beds. Union Mission is the largest non-CoC funded emergency shelter provider in the Continuum of Care. Although Union Mission is an active member of the Southeastern Virginia Homeless Coalition and the Norfolk Homeless Consortium, their non-participation in HMIS decreases the CoCs emergency shelter and transitional housing HMIS bed coverage percentage. Union Mission utilizes the Human Service Evaluation and Reporting Tool (H.E.A.R.T.) Family Software, created by Software Application Services, Inc., specifically for social service organizations with an emphasis on rescue missions. Union Mission plans to utilize an HMIS Export Module to export HUD Universal Data Elements to the Continuums HMIS system. As a result, the Continuum of Care will have full year-round emergency shelter and transitional housing bed coverage in HMIS. The CoC and the HMIS System Administrators will work with Union Mission to begin data exports, while continuing to stress the importance of having all providers contribute to the overall picture of homelessness in our community.

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

Instructions:

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

Does the CoC have a Data Quality Plan in place for HMIS? Yes

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

Types of Services	Volume coverage percentage
Outreach	66%
Rapid Re-Housing	0%
Supportive Services	72%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	22
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	1%
Ethnicity	0%	3%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	1%
Gender	0%	0%
Veteran status	1%	2%
Disabling condition	0%	2%
Residence prior to program entry	1%	1%
Zip Code of last permanent address	1%	12%
Housing status	0%	1%
Destination	0%	0%
Head of household	0%	0%

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

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

There is a full-time dedicated HMIS System Administrator available to the 50 users in HMIS. Technical assistance is provided by telephone, by email and in person. HMIS sub-committee meetings focus on trainings, improving data quality, planning for events involving HMIS data, and informational exchanges. Monthly data quality reports are distributed to users, identifying null values that need attention. Every six months, agency directors receive a 6-month data quality report with a summary of their status. The HMIS committee chair reports to the Executive Committee, as well. The CoC Committee weighs each project's HMIS data quality and participation during the peer review process when agencies present for renewed funding.

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

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

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

Indicate which reports the CoC submitted usable data (Select all that apply):	2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR
Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

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

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

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

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

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

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	09/12/2012
If 'Yes', does the manual include a glossary of terms?	Yes
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

*** Privacy/Ethics training**	At least Monthly
*** Data security training**	At least Monthly
*** Data quality training**	At least Monthly
*** Using data locally**	At least Monthly
*** Using HMIS data for assessing program performance**	At least Monthly
*** Basic computer skills training**	At least Monthly
*** HMIS software training**	At least Monthly
*** Policy and procedures**	At least Quarterly
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Monthly

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

Instructions:

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

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

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/26/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

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

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	64%	36%
Transitional Housing	0%	0%	42%	58%
Safe Havens	0%	0%	0%	0%

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

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each city was using a similar methodology. Overall, the CoC identified 652 persons as being homeless during the 24-hour count period. Wintry weather forced several individuals to seek emergency and winter shelter on the night of the count, resulting in an increase in the sheltered population from 550 persons in shelter in 2011 to 567 persons sheltered during the 2012 Count. Closures to meal sites and services in Western Tidewater, contributed to a decrease in the number of unsheltered persons identified during the 2012 count. Inclement weather also forced many of the homeless to seek temporary shelter with friends and families the night of the count, prohibiting them from being counted, even though they indicated that they had been in and out of homelessness for long periods of time. Across the Continuum, providers continue to report an increase in request for services and shelter, noting that those experiencing homelessness are having difficulty exiting shelters due to fewer jobs and decreased hours in marginal employment settings.

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

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	The Continuum identified gaps/needs in housing during the 2012 PIT Counting, including the increased need for affordable housing, Permanent Supportive Housing, Section 8 vouchers and low-income housing. The CoC also acknowledges a need for more prevention funding to avoid new episodes of homelessness. Additionally, the limited housing options and public transportation in each jurisdiction restricts where clients can obtain work because transportation can be a challenge and people often need to work and live in the same city to ensure they can get to work.
*** Services**	Substance use treatment and harm reduction programs for homeless persons were both recognized as critical needs during the SVHC 2012 PIT Count, because sobriety requirements for programs create barriers for shelter entry. Employment and transportation were also identified as gaps during the Count, as both marginal employment and reliable transportation are needed to help people exit homelessness. Limited funding for back or disconnected utilities is also recognized as a need amongst new RRH providers that struggle to quickly exit persons with high unpaid electric and water bills, many of which far exceed the maximum amount of available assistance through identified funding sources.
*** Mainstream Resources**	The SVHC realized a gap in the participation and submission of SOAR applications by trained SOAR administrators. SOAR is an expeditious approach for caseworkers assisting clients applying for Social Security disability benefits. The SVHC hosted a number of SOAR trainings as a continued focus to increasing the percentage of participants that obtain mainstream benefits, however the lengthy application process along with increasing caseloads and responsibilities of SOAR trained administrators has contributed to a limited number of processed SOAR applications. In addition, agencies are having a hard time securing child care for households exiting shelter programs that cannot afford unsubsidized child care services. By being placed into housing families lose eligibility.

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

Instructions:

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

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

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each jurisdiction was conducting the count at the same time using a similar methodology. All sheltered persons; either housed in emergency, winter or transitional shelter locations, were either entered directly into HMIS or surveyed on the day of the count. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to produce an accurate sheltered population count.

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

Instructions:

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

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

All sheltered persons, either housed in emergency, winter or transitional shelter locations, were either entered into HMIS or surveyed on the day of the count. Onsite interview teams inclusive of PATH workers, case managers, outreach specialists and homeless service providers, were trained and dispatched to emergency and winter shelters to conduct interviews and provide provider expertise. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data and checked for duplicates in order to produce an accurate count and substantiate sheltered subpopulation data. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

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

Instructions:

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

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

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

If Other, specify:

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

A comparison was made of interview forms from both sheltered and unsheltered homeless persons with unique client identifiers to eliminate any duplicates and ensure that all homeless persons identified in the final count correspond with the HUD definition of homeless.

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

All sheltered persons, either housed in emergency, winter or transitional shelter locations, were either entered into HMIS or surveyed on the day of the count. Onsite interview teams were trained and dispatched to emergency and winter shelters to conduct interviews and provide provider expertise. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data and checked for duplicates in order to produce an accurate count and substantiate sheltered subpopulation data.

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

Instructions:

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

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/26/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

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

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

The CoC identified 652 persons as being homeless during the 24-hour count period. Wintry weather forced several individuals to seek emergency and winter shelter on the night of the count, resulting in an increase in the sheltered population. However, closures to meal sites and services in Western Tidewater, contributed to a slight decrease in the number of unsheltered persons identified during the 2012 count. Inclement weather also forced many of the homeless to seek temporary shelter with friends and families the night of the count, prohibiting them from being counted, even though they indicated that they had been in and out of homelessness for long periods of time.

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

Instructions:

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

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	
None:	

If Other, specify:

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

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each jurisdiction was conducting the count at the same time using a similar methodology. Interview teams inclusive of PATH workers, case managers, outreach specialist and homeless service providers were trained and dispatched to interview homeless individuals in public places and homeless services sites. Survey data was entered into HMIS and exported to Microsoft Excel along with client data collected on the sheltered population. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to produce an accurate unsheltered population count.

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

Instructions:

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

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

If Other, specify:

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

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

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

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

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

If Other, specify:

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

Survey data was entered into HMIS and exported to Microsoft Excel along with client data collected on the sheltered population. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to reduce the occurrence of counting unsheltered homeless persons more than once during the unsheltered population count.

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

The City of Norfolk Department of Human Services (NDHS) has served as the Central Intake for homeless families in Norfolk since January 2007 through the Homeless Action Response Team (HART). Families that present at Central Intake are assessed to determine if the family is best served through prevention, shelter placement or rapid re-housing. The SVHC also launched Resource Point and Call Point, HMIS modules, to improve the Homeless Hotline's ability to manage and track referrals for prevention and shelter placement and administer intake and assessment directly into the HMIS. The City of Chesapeake recently employed an outreach worker to engage unsheltered homeless households including those with dependent children and work with them to identify resources. Chesapeake also conducts an annual Project Homeless Connect event, affording homeless families the opportunity to access housing, benefits, medical care, employment and host of other support services. Additionally, several emergency and transitional shelter programs across the continuum received funding for the adoption and implementation of rapid re-housing in an effort to decrease the length of homelessness and effectively respond to the diverse needs of homeless families. Recently ForKids Suffolk House transitioned its emergency shelter to a rapid re-housing program offering hotel vouchers to ensure accessibility of shelter and services for homeless families across Western Tidewater.

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

The continuum works closely with homeless service providers, police and sheriff's departments, hospitals, schools, jails and others that may come in contact with homeless persons or families to identify and engage persons that routinely sleep on the streets. Additional efforts include summer hydration outreach services and winter hypothermia shelters to identify those not engaged, as well as outdoor scans to encourage persons to seek shelter on cold or wet evenings. The NHC also partners with the City's Office to End Homelessness to identify a number of homeless individuals routinely sleeping on the streets through semi-annual Project Homeless Connect events. Norfolk has hosted a total of ten (10) one day events focused on providing single homeless adults with access to housing, benefits, medical, dental, employment, legal aid and host of other services to aid in ending their homelessness. Norfolk also developed an ad-hoc street outreach team with support from VSH, ACCESS AIDS Care, NDHS, and NCSB-PATH to engage those sleeping outdoors in the process of applying for housing including: Housing First, SRO, Elderly/Disabled Housing, Public Housing and Section 8. The team has been effective in increasing housing for those who don't typically engage traditional homeless services. The newly merged CoC has increased capacity to identify, engage, and house persons that routinely sleep on the street or other places not meant for human habitation.

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

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

Instructions:

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

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

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

How many permanent housing beds are currently in place for chronically homeless persons?	177
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	181
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	200
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	210

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

Herons Landing - Virginia Supportive Housing and the Regional Task Force to End Homelessness has concluded construction of Herons Landing, the fourth regional SRO, located in Chesapeake with designated units for five cities. The new SRO introduced a total of 60 new permanent housing beds, including 5 new beds for persons that meet HUDs definition of chronically homeless and designated beds for veterans.

Housing First VI- Virginia Supportive Housing will complete the leasing of 18 units of permanent supportive housing for the chronically homeless under the recently awarded Housing First VI grant. Housing First VI will provide housing and support services for 18 chronically homeless individuals with serious mental illness and lengthy street homeless histories who have been unable to exit homelessness.

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

Regional SROs- The Regional Task Force to End Homelessness will work to develop additional regional SROs for the chronically homeless. Each SRO is 60 units with some units designated for the chronically homeless.
Housing First expansion- Virginia Supportive Housing will continue working to create new permanent housing beds for chronically homeless persons through the expansion of the Housing First project.

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

The CoC 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 Regional SROs, and increased focus on outreach and engagement. The HF program started in 2006 with just 10 units of PSH and has since grown to 75 units with the recent inclusion of 18 units in 2012. In 2012 the CoC also celebrated the completion of the region's fourth 60-unit SRO in Chesapeake, for a total of 240 units of PSH, including 114 units (64 units for the CoC) designated for CH. Both the SROs and HF projects capitalize on outreach and engagement strategies to ensure that the most vulnerable and CH population are afforded an opportunity to end long episodes of homelessness and acquire PSH. CoC-wide outreach and engagement practices, as well as impressive performance outcomes, should afford the CoC the ability to continue to add designated chronic homeless beds each year to meet the need of the CH population.

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

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

Instructions:

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	92%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	94%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	95%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	96%

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

Training- the CoC Program Manager will offer training on engagement, case management strategies and accessing mainstream resources to ensure that the Continuum continues to surpass the 77 percent baseline established by HUD.
Prevention and Stabilization Services- ForKids will continue to implement homeless prevention and housing stabilization services for families who have been placed in permanent housing with in-home case management.
HUD-VASH Program- Veterans Affairs will continue to make certain that those veterans housed through the program have case management services that promote and maintain recovery and housing stability.
Housing First and SRO- Virginia Supportive Housing (VSH) will continue to offer onsite case management services for residents residing in SROs. VSH will also continue focusing on street outreach moving the most tenuous single adults living on the streets into stable housing, providing aftercare to ensure housing stability.

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

Veterans Services- Veterans Affairs will work to improve housing stability among veterans by providing more support services to veterans through partnerships with the continuum to prevent homelessness, improve employability, and increase independent living, as stated in the Five Year Plan to End Homelessness among Veterans.
Performance Evaluation- the CoC Committee will work to streamline services and use standardized tools to improve permanent housing outcomes across the continuum as recommended in the 2010 Regional Needs Assessment. The committee will promote the implementation of housing focused case management across all Continuum programs to improve housing outcomes.
Central Intake for Families- the Central Intake Committee will continue to diversify funding connected to serving families by seeking additional funding sources with long term potential that support the advancement of in-home case management services to ensure housing stabilization for chronically homeless families.

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

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

Instructions:

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	77%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%

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

Affordable Housing Inventory- the Housing Broker Team will continue expanding the affordable housing inventory for low barrier housing for rapid placement into permanent housing to increase the number of homeless persons moving from transitional housing to permanent housing.
Training and Education- ForKids will continue to offer classes for future tenants on how to be a great tenant, tenant laws, and conflict resolution to ensure a promising transition into permanent housing. Additionally, Our House Families will continue to provide life skills training to all persons living in transitional housing to help residents stabilize so that they will be able to live independently once they exit.
Transition in Place (TIP) - As recommended by the regional needs assessment, ForKids and the YWCA will continue the implementation of TIP programs that will allow residents to maintain stable housing as rental subsidies declined or are replaced by permanent subsidies.

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

Staff Training: the CoC Program Manager will continue to organize training to staff on case management strategies to increase independent living skills for clients living in transitional housing through education, financial management, securing employment and linkage with mainstream benefits, all in an effort to insure that the CoC continues to exceed HUDs expectation to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.
Performance Evaluation- the SVHC will work to streamline services, and use standardized tools to improve permanent housing outcomes across the continuum as recommended in the 2010 Regional Needs Assessment. The committee will also continue to promote the implementation of housing focused case management across all continuum programs to improve housing outcomes.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	53%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	54%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	55%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	56%

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

Regional Employment Grant- As part of a new program, the CoC will work with the Regional Task Force to identify and implement best practices for employment counseling, and job opportunity development for persons experiencing homelessness.
Job Skills Training- The Virginia Employment Commission (VEC) and the Employment Task Force will continue to directly assist clients in job skills training, interviewing and securing and retaining employment.
Employment Connect- The Employment Task Force and the City of Norfolk's Office to End Homelessness will continue hosting annual Employment Connect events, providing individuals with job search and retention skills, resumes, and interview techniques along with access to employers.

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

Job Development- The Virginia Employment Commission (VEC) and the Employment Task Force will work together to develop strategies to help the homeless population increase their income through employment and foster relationships with the business community to encourage job development opportunities for homeless individuals.
Employer Relations- the Employment Taskforce will work to make certain that the CoC continues to exceed HUD's expectations for persons employed at program exit by assisting agencies in increasing and developing relationships with traditional as well as temporary employers through trainings, job fairs, Chamber of Commerce meetings and other venues that employers frequent.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	77%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	78%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	80%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	90%

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

SOAR Implementation and Training- the CoC will work to identify new administrators to attend the January 30-31, 2013 SOAR Training, in an effort to continue to increase the number of participants that obtain mainstream benefits. Staff Training – The CoC Program Manager will continue to offer trainings to staff on accessing mainstream services during Brown Bag Training Sessions. Community Resource Providers – The CoC will continue to invite community resource providers to attend monthly homeless association meetings and afforded time to present on available services and resources at the start of each meeting.

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

The Southeastern Virginia Homeless Coalition will continue efforts to identify and train new administrators and develop user requirements and outcomes to ensure active utilization of the SOAR process among all trained SOAR administrators. The SVHC will also work to ensure that members of the region's outreach team are trained SOAR administrators and will act as a central point of contact for a more seamless application process.

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

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

Instructions:

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	68%
In 12 months, what will be the total number of homeless households with children?	61%
In 5 years, what will be the total number of homeless households with children?	50%
In 10 years, what will be the total number of homeless households with children?	40%

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

Prevention and Rapid Re-Housing- the CoC welcomed the award of state funds for the Homeless Prevention Program (HPP) and Rapid Re-Housing (RRH). The CoC utilizes prevention funds for those imminently facing eviction through financial assistance and housing counseling services. RRH programs continue to decrease the length of homeless, resulting in a reduction in the number of homeless individuals and families.
Housing Retention- the SVHC will work with family service providers to improve family prevention services and shelter diversion practices, while also working to ensure that 75% of homeless families placed in PH remain housed at 12 months post-assistance.
Families Working Group- The Central Intake/Families Committee will continue to convene the CHAT Team, a working group of family homeless service providers, public school liaisons, Child Protective Services, and other staff to facilitate and/or expedite the coordination of services for homeless families with children.

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

Prevention/Rapid Re-Housing- The Central Intake and Families Committee and the SVHC will continue work to develop the means to expand rapid re-housing efforts, prevention and associated case management services to reduce the number of homeless families and reduce the length of stay for families with children in emergency shelter. Final Norfolk HPRP APR data demonstrates that of the 542 total assisted through HPRP, 397 (73%) were at risk of homelessness at program entry and were permanently housed at program end. Permanent Housing- the SVHC will continue work with the Regional Taskforce to End Homelessness to implement recommendations from the regional needs assessment presented in March 2010 to focus on the development of regional family permanent supportive housing units over the next 5 years and provide housing focused case management to improve housing outcomes.

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

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

Instructions:

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

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

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

Indicate the current number of projects submitted on the current application for reallocation:	1
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

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

The CoC currently has one (1) small high performaning SSO project that provides a host of services to participants in the Housing First Program. Services include but are not limited to: in-home support services; basic life skills support; connections to benefits; access to medical, mental health, and dental care; tenancy stabilization; skill development; landlord mediation; budgeting; and increasing community integration through volunteerism, classes, and employment. The SSO project provides quality services and is not being considered for reallocation.

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

The CoC has no TH projects identified for reallocation under the current application. The CoC will continue efforts to improve under-performing TH projects and offer eligible permanent housing models and reallocation as options.

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

Instructions:

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

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

If "Other," explain:

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

Virginia Department of Social Services (VDSS) developed a service plan policy for children with legal goals of independent living. Local Departments of Social Services (LDSS) Social Workers are required to develop a Transitional Living Plan to submit with the Foster Care Service Plan for children outlining how the child will learn to house, feed and economically support him/herself and what LDSS services are needed for a successful transition to adulthood. Locally Dept. of Social (Human) Services work to identify foster care children that have been emancipated, including being discharged, to find suitable housing and appropriate services pursuant to the Virginia Foster Care Policy to prevent Youth Aging Out of Foster Care from being referred to McKinney-Vento funded projects. The Norfolk Dept. of Human Services adopted a policy that requires the Department to develop an independent living plan for all children 16 and older, known as the Daniel Memorial Transitional Plan, and to provide housing assistance as needed.

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

The CoC implements the state-mandated policy.

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

The Local departments of social (human) services are the coordinating agency for youth transitioning out of foster care. These departments collaborate with SVHC member agencies including the Housing Authority, families, non-profits and other community agencies that serve youth needing independent living programs and housing as well as other private housing providers to identify housing options and share in the completion of Transitional Living Plan's. SVHC members receive training on foster care discharge planning, to assure participating agencies are informed of the discharge policies.

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

Older youth in foster care are encouraged to seek part time employment and to establish a savings and or a checking account so that they can have some resources to assist them with getting into their own apartment. If they are employed and have the means to sustain an apartment, the agency may provide some assistance with the security deposit and first month's rent. Many youth who are discharged return home or live with other family members. Youth who qualify for a Medicaid waiver may transition into a setting that will afford them living quarters and the support that they need to live in the community. Unfortunately, there are some youth for whom none of these options are available.

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

Instructions:

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

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

If "Other," explain:

The Veterans Affairs discharge policy is a federal policy.

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

The Veterans Affairs Medical Center is the only publically funded healthcare institution that serves the Norfolk, Chesapeake and Western Tidewater community. The VA Medical Center works extensively with patients to ensure that they are not discharged into homelessness absent a formal policy or protocol. VA representatives are active participate on each of the SVHC homeless associations including the NHC, CCH and WTCCC. VA reps also work with each community to increase communication and coordinate service delivery for veterans experiencing homelessness. The Hampton Roads Community Health Center, the Peninsula Institute for the Community Health (PICH) and the Western Tidewater Free Clinic serve homeless person and families; but do not have inpatient beds and do not discharge patients, so a discharge policy is not necessary. Homeless persons that receive services at Chesapeake General Hospital have discharge planners that work closely with the nursing staff and patients to ensure that the City Resource Sheet is provided to all persons leaving the hospital with unidentified housing.

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

The CoC implements the VA discharge policy.

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

VA Homeless Outreach Coordinator and Housing Coordinator attend various CoC meetings and actively participate with other service providers to locate housing. SVHC members receive training on health care discharge planning, to assure participating agencies are informed of the discharge policies.

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

The VA Medical Center has several programs in place to ensure a homeless patient is not discharged into homelessness. This includes a domiciliary that is housed on the campus of the VA that provides up to 49 beds for rehabilitation. The VA manages a Grant Per Diem program with local housing providers as well as a HUD VASH program with local Redevelopment and Housing Authorities to ensure affordable housing options and support services for homeless veterans (individuals or families). Through partnerships with local non-profits, the VA can place veterans with no home in transitional housing or hospice, depending on their needs.

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

Instructions:

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

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

If "Other," explain:

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

Each year the Virginia Department of Behavioral Health and Developmental Services, in coordination with each of the local Community Services Boards (CSBs) develop a Performance Contract. In this, the CSB and the state bind each other to the expectations of Discharge Protocols for Community Services Boards and State Hospitals, available at http://www.dbhds.virginia.gov/documents/OMH-DischargeProtocols.pdf. This protocol holds accountable the state and CSB for planning for housing and residential services upon discharge from state mental health facilities. It also has a specific protocol when discharge to shelter or other temporary housing is unavoidable due to clinical need for release and client preference for discharge to shelter. CSBs provide case managers (liaisons) to begin discharge planning when an individual is admitted to a state facility. Discharge assistance funds are also available for payment for housing and services upon release to assist with avoiding discharge to homelessness.

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

The CoC implements the state policy.

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

CSBs (Norfolk, Chesapeake, & Western Tidewater Community Services Board) are responsible individually and as part of a regional collaborative to ensure appropriate housing placement for individuals upon discharge from mental health institutional settings. Local hospital liaisons intervene for indigent persons admitted locally. Three (3) Crisis Stabilization units are available to be used for step down from hospitalization – during which time many housing placements can be locally secured. Norfolk CSB's forensics services unit works with persons in jail and specialized courts to secure housing and services for release into the community. Virginia Department of Corrections contacts the community's CSB and Social Services when a person with mental illness is being released with "no home plan", initiating work to identify housing and services as best as possible.

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

The Discharge Assistance Program and Census Management Program provide funding for and case managers to assist with discharge planning from State Mental Health and even local mental hospitals when the person is admitted with public funds. There is a mix of options available for persons and are used based on the individual's needs, preferences, and financial package available to them. Persons with HCV vouchers or otherwise public or assisted housing at entry to hospitals – are assisted in maintaining their housing for return home once released. Some persons needing more assistance in community living are discharged to one of the many Adult Homes / Adult Living Facilities in the area. Other options that are utilized include: CSB operated or partner housing programs, reuniting with family, boarding homes, rooms for rent, and low-income housing opportunities.

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

Instructions:

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

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

If "Other," explain:

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

The Virginia Department of Corrections (VADOC) has worked under a governor's mandate to organize regional Re-entry Councils across the State to improve community collaborations with the Corrections system for persons leaving correctional facilities. VADOC released an Operating Procedure, outlining the responsibilities associated with discharge planning for each individual, and how to collaborate for special needs cases when developing a plan for release and/or treatment. A complete copy of the VADOC Operating Procedure can be found on VADOC website at www.vadoc.state.va.us/about/procedures/documents. Members of the Re-entry Team including Counselors and P&P Officers work with the CoC to assist with the development of Re-Entry Case Plans for each offender and provide updates and resources for agencies struggling to provide services to the ex-offender population. Each Case Plan includes a Home Plan that provides the physical address at which the offender will reside upon release. Members of the SVHC are also active participants on local Re-Entry Councils.

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

The CoC implements the state policy.

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

The VADOC brings together Re-Entry Counselors, Clinical Social Workers, Offenders Workforce Development Specialist, Mental Health Services, Medical staff, Re-Entry P&P Officers and other DOC staff to form an interdisciplinary team called Transition Team. The Transition Team first works to identify a home and support system before release. This effort includes contacting the offender's family and friends, and in the cases where these are not identified, then Probation and Parole reach out to various service provider agencies within the CoC to locate housing options and support services before an individual is released from prison. VADOC also collaborates with the Virginia Employment Commission to identify job training programs and employment services available.

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

Correctional Counselors are required to do a home plan for each inmate as soon as he or she is in the system. Any available local resources or a contract Community Residential Program (halfway house) is used if the inmate meets admission criteria. Districts have some limited emergency assistance funds for those that do not meet admission criteria. A Veterans Justice Outreach Program diverts veterans to treatment programs or transitional housing. Local CSBs and the VA also have a joint jail diversion program for veterans who have mental health and/or substance abuse issues. The Home and Health program conducts discharge planning for HIV-positive offenders. In addition, current state mandated re-entry councils are working with the CoC to identify gaps where persons are not immediately discharged into homelessness, but end up homeless. Oxford House has been selected as a pilot project from the Department of Corrections. Eligible ex-offenders will be assisted with up to six weeks of rent at Oxford House while they are working to become self-sufficient.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	1) Develop a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs assessment). 2) Eliminate chronic homelessness. This should include a strategy for helping homeless persons make the transition to permanent housing and independent living. 3) Help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless. 4) Prevent homelessness for at-risk families and individuals. 5) Identify new public and private funding opportunities to expand permanent housing opportunities for homeless individuals and families residing in emergency shelters or transitional housing or those receiving supportive services.

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

The conclusion of the Homeless Prevention and Rapid Re-housing program prompted the CoC to closely assess gaps in services and identify unmet needs. The CoC worked with local and state departments to coordinate and prioritize funding sources to further the CoCs ability to focus efforts on the population that was previously served by the HPRP program through the Homeless Prevention Program and new Rapid Re-Housing funds. In FY13, the CoC welcomed $567,185 in new state funding for Rapid Re-Housing to assist households experiencing homelessness to quickly regain stability in permanent housing. The CoC also welcomed $420,363 in state funding for the Homeless Prevention Program to provide financial assistance and housing counseling for households facing eviction due to arrearages in rent, mortgage, or utilities. Collectively, all awarded programs proposed to assist 245 households and individuals that would have previously been served by the HPRP program.

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

Many of the Continuum of Care funded and member agencies of the Southeastern Virginia Homeless Coalition receive or work with HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG. The funding includes over $2.3 million in Neighborhood Stabilization funds and over $1.8 million in Community Development Block Grant-Recovery Act funds. Funded agencies participate in planning meetings to coordinate efforts, streamline documentation, avoid duplication and work towards more efficient assistance for those in need. Work to ensure that services are coordinated has included: communication with the Veterans Affairs representatives to ensure that allocated HUD- VASH vouchers can be accessed and a facilitated regional information session that included the Community Service Block Grant program. ACCESS AIDS Care receives HOPWA funds to house individuals with HIV/AIDS. Additionally, the CoC participated in the coordination of over $408,550 of ESG funds in the City of Norfolk used to fund emergency shelter, street outreach, homeless prevention, RRH and HMIS. The CoC also works closely with DHCD to coordinate and prioritize the use of state ESG funds. The state ESG application going forward will be a CoC collaborative application and will replicate the model begun under HPRP and currently being utilized for the Homeless Prevention Program.

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

If 'Yes', describe the established policies that are in currently in place:	All programs that provide housing or services to families and are receiving funding from the Continuum of Care have a designated staff person to ensure that 100% of children in the program are enrolled in school or connected to the appropriate services within the community including HUD McKinney-Vento educational services. SVHC member agencies that provide services to children meet quarterly to report on strategies used to guarantee education for homeless children.

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

Housing and support services for homeless families in the CoC are provided by the YWCA, The Dwelling Place, ForKids, The Salvation Army, The Genieve Shelter, Union Mission and Our House Families. Parents are advised upon shelter intake at each program that their child has the right to complete the school year at their school of origin, through McKinney-Vento. Programs have a designated staff person who coordinates services for children with the public schools dedicated Project Hope Liaisons. The school systems in Norfolk, Chesapeake, Virginia Beach and Portsmouth have a memorandum of agreement to provide transportation for children classified as homeless to the school of origin across city boundaries. Since ForKids began providing emergency shelter in Suffolk, Suffolk Public Schools have started providing transportation across city lines for children in ForKids shelters, as well. Transportation is arranged for children within 72 hours by the home school district and the individual programs provide transportation for children until school transportation begins. Area social service agencies collaborate with the local school systems to make sure that the children of homeless families are receiving services and benefits through social services. Close collaboration with the school systems ensures education and services through referral both ways.

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

The City of Norfolk Department of Human Services (NDHS) has served as the Central Intake (CI) for homeless families in Norfolk since January 2007 through the Homeless Action Response Team (HART). Families that present at Central Intake are assessed to determine if the family is best served through prevention, shelter placement or rapid re-housing. All participating family housing providers, including ES, TH and PSH providers, enter into a Memorandum of Agreement (MOA) with NDHS to ensure that families with children under the age of 18 are not denied admission and are provided placement in units that afford the opportunity for the family to stay together. Unit redesign and the use of hotel vouchers in Western Tidewater also work to accommodate large families and ensure accessibility to shelter in rural communities. Additionally, the MOA requires that all participating providers actively participate in a bi-weekly meeting of the Community Homeless Assessment Team (CHAT) to assist with the coordination of exits to PH of all homeless families identified in ES and TH programs, as well as those homeless families on the shelter wait list. Homeless families on the shelter wait list are assigned HART workers who actively work to identify other housing placement options and secure mainstream resources to prevent shelter entry or provide the resources needed for the family to be RRH.

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

The Veterans Affairs Medical Center and the Veterans Outreach team for the region are both active members of the SVHC and actively participate on committees of the NHC, CCH and WTCCC. The VA Medical Center has a staff person who conducts discharge planning for veterans leaving the medical center, preventing homelessness for veterans leaving the medical center by ensuring appropriate housing plans prior to release. Additionally, the VA Outreach Team and the VASH Team work with the SVHC membership to access housing opportunities for homeless veterans.
Virginia Supportive Housing and The Regional Taskforce to End Homelessness recently concluded construction on the region's fourth SRO, located in Chesapeake. Several beds within the 60-unit SRO have been designated for Veterans, further emphasizing the region's commitment to end homelessness among veterans.

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

The Regional Task Force to End Homelessness convened a Disconnected Youth Committee, charged with addressing the youth homeless population across the region. The committee has as its mission to create housing options with supportive services for disconnected youth, and is inclusive of area youth service providers: Seton Youth Shelter, Stand Up for Kids, Together We Can, ACCESS AIDS Care, and area social and human service agencies. The Committee worked with Seton Youth Shelters on the successful submission and award of the Obici Foundation's Youth Planning Grant. The grant, awarded to Seton Youth Shelter, will develop an 18-month transitional housing program in Western Tidewater for disconnected, at-risk and homeless youth ages 18-24. The pilot program has three components including: housing, access to insurance and healthcare, and supportive services. The committee also works with Project HOPE-VA, the federal McKinney-Vento Homeless Education Assistance Act funded Virginia Education Program for Homeless Children. Project HOPE-VA works to identify unaccompanied homeless youth in Virginia Public Schools and connect them with necessary resources and support services to address their homelessness.

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

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

The SVHC is actively working to merge the Families Central Intake (CI) System and the Singles Housing Screening and Referral process to meet ESG rule 576.400. Currently, the City of Norfolk Dept. of Human Services (NDHS), Homeless Action Response Team (HART) serves as the Central Intake for homeless families in Norfolk. Families that present at HART are assessed to determine if the family is best served through prevention or shelter placement. Families seeking assistance from all over the CoC can contact the Homeless Hotline for assessment and referral. The CoC is working to absorb family providers in Chesapeake and Western Tidewater in the existing CI process for families. The CoC recently launched the Singles Housing Screening and Referral process, a mobile intake and referral process for single adults. Outreach workers and homeless services providers work to identify and engage homeless individuals and manage the completion and submission of housing packets. All packets are reviewed by a review panel inclusive of participating singles housing providers.

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

Representatives from Norfolk, Chesapeake and Suffolk regularly participate in meetings and serve as liaisons for the SVHC and respective local homeless associations. The City of Norfolk invited the NHC to participate in the City's ESG allocation process and encouraged the review of HUD webinars and presentations on ESG regulation and allocation changes, project performance standards, and complying with federal regulations and locally adopted HMIS standards. The City provided public notice of its proposed allocations and invited feedback, also informing NHC members of HUD's intent to use ESG funds for prevention and RRH and the need for a CI process for single adults. The NHC verifies participation of CoC agencies in committees and HMIS. The NHC was also involved in a process to revise the City's performance standards so that the average length of ES stay mirrors the federal standard. There is no ESG funding in Chesapeake, however ForKids receives state ESG funding for WT to provide direct prevention and RRH services.

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

The CoC actively works to identify and engage persons least likely to request housing or services and notify underserved, special and very low, low, and moderate-income populations of available housing and supportive services to ensure that no one shall be denied assistance based upon race, color, national origin, religion, sex, age, familial status, or disability. Outreach workers employ the use of community resource guides and homeless street sheets to market housing and support services during regular engagement and the scouting of sites not meant for human habitation. Homeless services and resources are also announced on the SVHC website and can be identified through the Homeless Hotline, 211 and the Abba List. The CoC works with the faith-based community, schools and non-profit organizations to promote the distribution of materials and to host and/or participate in community events and resources fairs. When necessary, programs translate materials into other languages or ensure bilingual services to reach eligible applicants for whom English is a second language.

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

Instructions:

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

Has the CoC developed a strategic plan? No

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

The cities of Norfolk, Chesapeake, and Suffolk have each developed and implemented 10- Year Plans to End Homelessness. Although each plan is in different stages of implementation they all mirror each others efforts and provide the framework for the implementation of housing and services for the homeless. Each plan was crafted based on data collected on assets (housing and services) existing within the CoC as well as provider and consumer input on gaps and needs. Members of the NHC, CCH and WTCCC actively work to implement each jurisdiction's 10 Year Plan through the development of subcommittee and special initiatives. The CoC participated in the 2010 South Hampton Roads Regional Needs Assessment, a housing needs assessment and evaluation of the region's capacity to serve homeless people in the ES, TH and PSH. The assessment utilized each jurisdictions 10 Year Plan along with national research, best practices, data gathered and findings to provide recommendations for program implementation and identified housing and services needs and a recommendation for the CoCs to merge.

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

Each jurisdiction within the CoC has appointed an advanced City/County representative to actively participate in the CoC. City/County representatives work with the CoC Program Manager and other service providers annually to develop their respective annual Consolidated Plans. The CoC Program Manager provides jurisdictions with Point in Time Count results, housing inventory, gaps in housing and services, funding awards and CoC plans to aid in the completion of each Consolidated Plan. The CoC Program Manager and appointed City/County representatives also work with Regional Taskforce to End Homelessness to identify and address key issues regionally.

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

The CoC works with the appointed City/County representative from each jurisdiction to draft their respective Annual Action Plans, which requires the review of the10 Year Plan. Within the last two years the CCH and NHC hosted Priority Sessions in which service providers, consumers, government agencies, funders, faith-based partners and business communities were invited to review their 10 Year Plans, identify gaps in housing and services and then prioritize them. As a result, both the CCH and NHC formed sub-committees to address identified gaps, as well as, plan for and carry out special events, such as the 1,000 Homes Campaign in 2012. Western Tidewater will host their first priority setting and review of their 10 Year Plan in the Spring of 2013, two years after its ratification. The SVHC will also host our first Strategic Planning and Priority Setting session in 2013, utilizing the Federal Strategic Plan to guide discussions, assess gaps in housing and services, and prioritize the CoC initiatives in the years to come.

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

The SVHC utilized the FSP to promote the incorporation of a “housing focused” service delivery model that tailors services to first focus on housing placement and stability either thru prevention or permanent housing. Members of the SVHC, both public and private organizations, collaborate to educate businesses, funders and advocacy organizations to strengthen the CoCs capacity and commitment to preventing and ending homelessness. CoC efforts supported state and local government initiatives to increase training and funding for prevention and rapid re-housing to promote a rapid response to the overwhelming needs of persons at risk of or experiencing homelessness. Agencies continue to develop PH beds for families and singles with designed CH beds and Housing Specialist actively work to recruit landlords of affordable housing units to maintain an available inventory to place people experiencing or most at risk of homelessness. Service providers and subcommittees focus on employment and mainstream benefits through there work (including SOAR), and Healthcare for the Homeless and free clinics are available throughout the CoC to provide primary and acute care. The CSBs actively outreaches the homeless to provide mental health and SA services. Local Dept. of Human Services collaborate with SVHC member agencies that serve youth needing independent living programs and housing for youth transitioning out of foster care. Re-entry Councils in each jurisdiction are implementing strategies to employ, train and house ex-offenders.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

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

Representatives from the cities of Norfolk, Chesapeake and Suffolk regularly participate in meetings and serve as the liaisons for the SVHC and respective local homeless associations including the NHC, CCH and WTCCC. The City of Norfolk invited the NHC to participate in the City's ESG allocation process and encouraged the review of HUD webinars and presentations on ESG regulations and allocation changes, project performance standards, and CoCs complying with federal regulations and locally adopted HMIS standards. The City provided public notice of its proposed allocations and invited the NHC to provide feedback. The city informed NHC members of HUD's focus to use ESG funds for RRH and the need to fill the gap in the development of a CI process for single adults. The City works with the NHC to obtain certifications for NHC members who apply for funding and have access to the HMIS system. The NHC was also involved in a process to revise the City's performance standard for average length of emergency shelter stay to mirror the federal standard.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

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

N/A

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

N/A

3E. Reallocation

Instructions:

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

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$12,768				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Chesapeake Shelte...	VA0141C3F011103	PH	$12,768	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Chesapeake Shelter Plus Care
Grant Number of Eliminated Project:	VA0141C3F011103
Eliminated Project Component Type:	PH
Eliminated Project Annual Renewal Amount:	$12,768

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$12,768				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
22	ShelterLink ...	HMIS	$12,768	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	22
Proposed New Project Name:	ShelterLink Expansion
Component Type:	HMIS
Amount Requested for New Project:	$12,768

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$12,768
Amount requested for new project(s):	$12,768
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

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

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

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

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	176	**Beds**	177	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	94	**%**	92	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	77	**%**	65	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	32	**%**	53	**%**
Decrease the number of homeless households with children	59	**Households**	68	**Households**

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

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

Although the CoC met and exceeded all of the HUD established benchmarks, the CoC was unable to reach three (3) of the FY2011 CoC proposed numeric achievements including: increasing the percentage of homeless persons staying in PH over 6 months, increasing the percentage of homeless persons moving from TH to PH and decreasing the number of homeless households with children. The opening of Section 8 afforded several individuals and families the ability to successfully exit PSH into Section 8, including several households that were in PSH programs for less than six months. Although the CoC exceeded its FY2011 proposed numeric achievement for exits with employment, “adequate employment” continues to be a huge barrier for families exiting TH. Without enough income to afford FMR and a shortage of Housing Choice Vouchers, under employed TH participants are exiting TH programs and returning to identified support networks with family and friends. The loss of over $1 million in prevention funding and the staggering effects of the recession contributed to an increase in large households with children (6+ persons) with one (1) or no source of income and resulted in the CoCs inability to reach its FY2012 proposed numerical achievement to decrease the number of households with children.

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

The CoC Committee hosts bi-annual peer reviews of project APRs, HMIS data, monitoring letters, corrective action plans, and the CoC developed Supplemental Application to assess project performance and capacity. The Committee is comprised of agency directors and key staff from each CoC and State funded homeless program and a representative from Veterans Affairs. The CoC’s peer review process and Standards of Care review offer mentors and guidance to each agency, as well as an opportunity to openly discuss solutions to challenges encountered. The CoC Program Manager and HMIS Administrator conduct agency site visits, prioritizing those that demonstrate any performance issues, to offer direct technical assistance and support.

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

Monthly meetings and continued data analysis provided the CoC with the support needed to consistently exceed all HUD-established benchmarks. The CoC utilizes HMIS utilization reports to identify struggling programs and immediately works to share resources (even staff), and provide opportunities for mentors and technical assistance. The CoC Program Manager is also available and works closely with the HUD Field Office to guide technical assistance efforts and receive clarification whenever needed.

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

During the CoC's Supplemental Application peer review process all CoC-funded programs present data from completed project APRs along with their supplemental application. The Committee reviews all submissions and works to identify and provide support for programs with performance problems. The CoC Program Manager arranges technical assistance directly from another agency of the same type that has better performance. Project performance is reported out at monthly committee meetings until it is resolved. The CoC Program Manager contacts the HUD Field Office when necessary to inquire about any technical assistance opportunities.

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

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
	Total	$0

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

The CoC Committee conducted an initial review by analyzing HMIS reports for 2011 to determine the length of homelessness (in services and housing programs) of those clients entered into HMIS. This was done on a CoC-wide basis and by program. The CoC also reviews median and average length of stays in programs during the CoC review process. To ensure that the CoC is actively working to reduce the length of time individuals and families remain homeless the committee will run these reports again for 2012 and establish averages and baselines for the CoC. The results will guide the discussion within the SVHC and at the Priority Setting session in 2013 to target CoC efforts. Additionally, the PATH outreach workers also track encounters with homeless to maintain a documented history and these results will factor into the discussion, particularly for the chronically homeless population. Services and housing for those identified as experiencing homelessness the longest will be prioritized.

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

An HMIS recidivism report showing how many individuals and families entered into CoC-wide services and programs, including prevention, and at which agencies was analyzed by the CoC Committee for the 2011 calendar year. The Families Central Intake Committee compared the report to data captured at DHS in the years prior to track the number of families with multiple shelter stays since the start of the Families Central Intake. This report will be run again for 2012 and the results will guide the discussion for CoC strategic planning.

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

Outreach is mostly conducted by CoC agencies that have dedicated outreach staff as well as by faith-based agencies during their respective events and services. The CoC Program Manager arranges trainings on outreach that is attended by case managers, faith-based agencies, business, etc. This training includes safety precautions, motivational interviewing, location identification, how to approach and engage various types of individuals, and the identification of available community resources for an individual or family. In 2012 there were additional outreach trainings related to the 1,000 Homes Campaign that was conducted over a one-week period. Over 125 community volunteers surveyed the homeless outdoors and in thermal shelters utilizing the vulnerability index survey. The annual outreach training for all volunteers during the Point in Time Count is also conducted by the PATH outreach workers, who lead each team conducting the street count.

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

The SVHC capitalized on the regional partnerships established during HPRP, including those partnerships with prevention programs and the faith-based community. Prevention programs work closely with the CoC to leverage resources and prevent the duplication of services through participation on CoC subcommittees and the utilization of HMIS. Prevention programs are also listed in the HMIS Resource Point module and provide continuous updates on the availability of services and funding to the Homeless Hotline. The state-funded Homeless Prevention Program (HPP) funds are distributed in each jurisdiction through a CoC-wide application that insures collaboration and shared data. Faith-base partnerships in each jurisdiction meet regularly to identify and share resources to address the needs of households facing eviction. The CoC Program Manager also works with the faith-based community to identify and address gaps and provide training on available resources and prevention models. The state also provides resources through Homeless Solutions Grant and Emergency Solutions Grant programs that can be used towards prevention assistance. Funds can be utilized for rental and utilities arrearages.

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

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

N/A

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

N/A

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2010	103	137
2011	65	161
2012	83	177

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

Chronic homelessness eligibility is determined using a set of standard forms that include: Certification of Homelessness, Documentation of Disability, and homelessness history documents that include self-report history and supplemental third party documentation. These documents are collected through the Central Intake, Street Outreach Collaborative and other CoC and faith partners submitting screening packets for housing registry prior to being reviewed by the Regional Housing Referral Committee to certify that the package meets CH criteria. Staff and volunteers of homeless services and faith partner organizations are trained to complete the forms and how to interview and research for eligibility. Data regarding this population is collected at three points: Point in Time, Project Homeless Connect, and Regional Housing Registry forms used for Housing Applications and by other outreach programs. Moving forward, the Street Outreach Collaborative will be using CallPoint, a component of HMIS to have a centralized data collection point for these individuals.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:	10

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

The CoC recognized an increase in the number of chronic homeless persons identified during the 2012 Point in Time Count. Efforts to improve coordination, data collection, and count methodology are all contributing factors to the CoC's increase in chronic homeless persons identified during the count. The CoC also took measures to increase awareness and provided training and resources to assist services providers with the documentation and referral of chronically homeless persons into eligible PSH programs.

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$11,212	$0	$0	$21,240	$24,024
Total	$11,212	$0	$0	$21,240	$24,024

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	36
b. Number of participants who did not leave the project(s)	235
c. Number of participants who exited after staying 6 months or longer	34
d. Number of participants who did not exit after staying 6 months or longer	216
e. Number of participants who did not exit and were enrolled for less than 6 months	20
TOTAL PH (%)	92

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	227
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	147
TOTAL TH (%)	65

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

Instructions:

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

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

Total Number of Exiting Adults: 166

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	88	53%
Unemployment insurance	2	1%
SSI	25	15%
SSDI	4	2%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	20	12%
General assistance	0	0%
Retirement (Social Security)	1	1%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	19	11%
Alimony (Spousal support)	1	1%
Other source	7	4%
No sources (from Q25a2.)	21	13%

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

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

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

Instructions:

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

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

Total Number of Exiting Adults: 166

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	100	60%
MEDICAID health insurance	58	35%
MEDICARE health insurance	5	3%
State children's health insurance	0	0%
WIC	14	8%
VA medical services	1	1%
TANF child care services	8	5%
TANF transportation services	1	1%
Other TANF-funded services	2	1%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	12	7%
Other source	6	4%
No sources (from Q26a2.)	24	14%

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

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

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

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

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

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

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

The SVHC conduct APR reviews annually during the supplemental application review process for all renewal projects. During the supplemental application review process the committee reviews the project supplemental applications, HUD Annual Performance Report (APR) data and other written information. Each project is assessed for its impact on the community and success with accessing other mainstream programs to ensure favorable outcomes. The Continuum of Care will continue the practice of annual APR and supplemental application reviews to ensure effective outcomes and improved access to mainstream programs.

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

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

5/9/12, 7/11/12, 9/12/12, 9/26/12, 10/10/12, 11/14/12, 12/5/12

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes

If 'Yes', identify these staff members:	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:	Yes
If 'Yes', specify the frequency of the training:	quarterly (once each quarter)
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	Yes

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

Food Stamps, TANF, Unemployment Benefits, Veteran's Benefits, SSI, SSDI, and Social Security.

Has the CoC participated in SOAR training? Yes

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

2/22/12 and 2/23/12

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Program staff assists clients in achieving service, income and housing goals by advocating on their behalf, helping clients access needed services/support in the community, teaching problem solving skills and modeling productive behaviors.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
TANF, FAMIS, Food Stamps, SSI/SSDI. General Relief, Emergency Assistance and Medicaid	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Program staff develops case plans with clients based on the client assessment, within 15 days of admission. Case plans are updated with the client as needed and take into account client progress and changing or emerging needs.	

4I. Unified Funding Agency

Instructions

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

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

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

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/17/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

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1A. Identification	No Input Required
1B. CoC Operations	01/17/2013
1C. Committees	01/14/2013
1D. Member Organizations	01/17/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	12/28/2012
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	12/14/2012
2C. HMIS Bed Coverage	01/16/2013
2D. HMIS Data Quality	01/09/2013
2E. HMIS Data Usage	12/20/2012
2F. HMIS Data and Technical Standards	12/20/2012
2G. HMIS Training	01/16/2013
2H. Sheltered PIT	01/11/2013
2I. Sheltered Data - Methods	12/30/2012
2J. Sheltered Data - Collections	01/09/2013
2K. Sheltered Data - Quality	12/30/2012
2L. Unsheltered PIT	01/02/2013
2M. Unsheltered Data - Methods	12/30/2012
2N. Unsheltered Data - Coverage	12/30/2012
2O. Unsheltered Data - Quality	01/16/2013
Objective 1	01/17/2013
Objective 2	01/17/2013
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Objective 5	01/14/2013
Objective 6	01/17/2013
Objective 7	01/14/2013
3B. Discharge Planning: Foster Care	01/17/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/17/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	12/30/2012
3F. Eliminated Grants	12/30/2012
3G. Reduced Grants	No Input Required
3H. New Projects Requested	12/30/2012
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/17/2013
4B. Chronic Homeless Progress	01/17/2013
4C. Housing Performance	12/30/2012
4D. CoC Cash Income Information	01/07/2013
4E. CoC Non-Cash Benefits	01/07/2013
4F. Section 3 Employment Policy Detail	12/30/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/17/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	12/30/2012
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required