Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
  - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
  - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: VA-508 - Lynchburg CoC

1A-2. Collaborative Applicant Name: Lynchburg Community Action Group, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Miriam's House
1B. Continuum of Care (CoC) Engagement

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

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

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Probation and Parole</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Philanthropic Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Virginia Legal Aid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC actively recruits members through social media campaigns, email solicitations, face-to-face meetings and local media coverage. Targeted recruits include domestic violence providers, homeless education liaisons, social service providers and other entities interfacing with homeless individuals. Two newly engaged representatives are from the Virginia Legal Aid Society (VLAS) and the local Community Service Board, Horizon Behavioral Health. VLAS provides input on legal rights of low income tenants and Fair Housing for homeless response providers and serves on the ad hoc CoC Policies and Procedures Committee. Horizon is the primary provider of substance recovery, mental health treatment and development disability services in our CoC, and their input has allowed increased access to these services for persons experiencing homelessness. Horizon serves on the CoC’s Homeless and Housing Services Committee and the Community Case Review. Both are on the ad hoc Ranking and Review Committee.

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

<table>
<thead>
<tr>
<th>Youth Service Provider (up to 10)</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Education Program at Lynchburg City Schools</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Salvation Army of Lynchburg</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Central Virginia</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bedford Domestic Violence Services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The Lighthouse</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Horizon Behavioral Health VOCA Program</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

In 2016, the CoC published a local NOFA on relevant websites including the United Way of Central VA and the CoC Facebook page. The funding opportunity was announced through the CoC mailing list and at the CoC membership meeting on July 12, 2016. New projects will be reviewed and selected based on their alignment with HUD priorities and requirements, our 2016 Strategic Plan to End Homelessness, meeting the needs of the local homeless population, implementing a Housing First approach, as well as the extent to which they contribute to the competitiveness of the overall CoC application.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly
1C. Continuum of Care (CoC) Coordination

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

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

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

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

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

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

The City of Lynchburg is responsible for submission of the Consolidated Plan covering the Lynchburg CoC’s geographic area. The City’s representative responsible for the Con Plan is also a Board Member of the CoC and both receives and provides input on a monthly basis. Board Members of the CoC provide input to the Con Plan through attending public meetings, face to face meetings with City staff and providing data such as PIT and AHAR. The CoC’s input on the Con Plan through attending several input sessions and consulting with and presenting to the City’s Community Development Advisory Committee has contributed to the City providing CDBG funds to financially support the local coordinated entry project. The CoC Lead regularly participated in input sessions in the development of the state (DHCD) Con Plan through phone calls and face to face meetings.

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

In the state of VA, ESG funding is received by the state (DHCD) and annually allocated to CoCs as part of their Virginia Homeless Solutions Program (VHSP). CoC representatives and Board members attended DHCD’s annual ESG input sessions to provide feedback on funding allocation and performance standards. Our CoC provides monthly, quarterly and annual project and system level HMIS data reflecting subpopulations served, performance outcomes and other homelessness trends. Annually the CoC provides PIT data to DHCD. The CoC Monitoring Committee conducts an annual site visit and audits program and financial files for each local VHSP recipient. The Ranking and Review Committee of the CoC makes final decisions on local VHSP funding based on performance, ability to meet the need, CoC participation, and HMIS participation. Allocation of local VHSP funds occurs through a competitive project application process (p. 28 of CoC P&P) taking into account DHCD’s Con Plan and performance standards.

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

The CoC and its partners provide 3 DV shelters, a sexual assault response program, court advocates, support groups and counseling to provide for the
safety of DV victims. DV victims are offered safe housing and services through the local coordinated assessment process. This process ensures a screening for DV and refers clients to victim service providers and immediate safe housing per their choice. DV shelters make confidential referrals to the CoC for additional services such as TH, RRH and PSH. DV staff are members of the Community Case Review to increase collaboration and resource sharing for DV victims. CoC case managers are aware of VAWA protections and assist victims in applying under VAWA for expedited access to affordable/subsidized housing. DV providers do not enter data into HMIS. Aggregate DV data is shared with the CoC quarterly for planning. DV partners participate in the Strategic Plan to End Homelessness to represent the needs of victims.

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

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and HCV Program from 7/1/15 to 6/30/16 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynchburg Redevelopment and Housing Authority</td>
<td>6.00%</td>
<td>Yes-Both</td>
</tr>
<tr>
<td>Danville Redevelopment and Housing Authority</td>
<td>0.00%</td>
<td>No</td>
</tr>
<tr>
<td>Roanoke Redevelopment and Housing Authority</td>
<td>10.00%</td>
<td>Yes-Both</td>
</tr>
<tr>
<td>Virginia Housing Development Authority</td>
<td>0.00%</td>
<td>Yes-HCV</td>
</tr>
</tbody>
</table>

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

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

Currently there is a 287 unit subsidized housing provider, James Crossing Apartments, and an 18 unit SRO program at the YWCA that both provide a homeless preference. Rush Homes, a housing provider for persons with disabilities, have 71 units with a homeless preference for a portion of the units. Lynchburg Covenant Fellowship provides low income/subsidized housing, is a CoC member, has had training on Housing First principles and is accessible to CoC clients by accepting zero income applicants. Community Housing Partners works closely with CoC providers and owns supportive housing properties which house 35% of our PSH households. The CoC is actively advocating for a homeless preference to be added to other low income and subsidized housing...
providers through participation in local planning efforts such as the Lynchburg Area Housing Collaborative.

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

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement:    | X |
| Implemented communitywide plans:     | X |
| No strategies have been implemented  |   |
| Other:(limit 1000 characters)        |   |
1D. Continuum of Care (CoC) Discharge Planning

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

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

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td></td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td>X</td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons...
discharged are not discharged into homelessness. (limit 1000 characters)
not applicable
1E. Centralized or Coordinated Assessment (Coordinated Entry)

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

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

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

Coordinated Homeless Intake & Access (CHIA) assesses households (HH) experiencing a housing crisis to divert, prevent homelessness and refer to emergency assistance in an accessible manner via phone or in person. HH fleeing DV are identified/connected with victim service providers. Initial screening occurs for diversion/prevention. Eligible HH receive prevention services; landlord mediation, eviction payment, relocation, housing stabilization. If no other options exist, the HH is referred to an emergency shelter that fits their needs and honors client choice (geographic location, accessibility). A Housing Barrier Assessment, VI-SPDAT and a priority subpopulation checklist is used by CHIA and the Community Case Review (case conferencing) to determine severity of housing barriers and vulnerability and to connect to appropriate level of intervention. CHIA is funded through CDBG and is a demonstration of City government's support for the homeless response system.

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

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participate s in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinate d Entry Process</th>
<th>Receives Referrals from the Coordinate d Entry Process</th>
<th>Operates Access Point for Coordinate d Entry Process</th>
<th>Participate s in Case Conferenci ng</th>
<th>Does not Participate</th>
<th>Does not Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Law Enforcement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Local Jail(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Hospital(s)</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Mental Health Service Organizations</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Substance Abuse Service Organizations</td>
<td>X</td>
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<tr>
<td>Affordable Housing Developer(s)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Street Outreach Team(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>U.S. Department of Veteran Affairs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Non CoC funded homeless assistance programs</td>
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<td>X</td>
<td>X</td>
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<td>Victim Service Providers</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Lynchburg CoC
Project: VA-508 COC Registration FY2016

COC_REG_2016_135699
1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

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

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

| How many renewal project applications were submitted in the FY 2016 CoC Program Competition? | 2 |
| How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? | 0 |
| How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition? | 2 |
| Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition? | 100.00% |

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

Performance outcomes from APR reports/HMIS:

| % permanent housing exit destinations | X |
| % increases in income | X |

Monitoring criteria:

| Utilization rates | X |
| Drawdown rates | X |
| Frequency or Amount of Funds Recaptured by HUD | X |

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

The CoC determined the follow priority homeless subpopulations for CoC funding: veterans, households with children, unaccompanied youth, chronically homeless and victims of domestic violence. Both the Scorecard for renewal projects and the New Project Checklist provided applicants points for serving priority subpopulations to ensure projects serving these populations are ranked highest. The CoC monitors that all projects will or do participate in coordinated entry to ensure the use of tools (Housing Barrier Assessment & VI-SPDAT) to determine households’ vulnerabilities and barriers to housing and match to projects. In order to be considered for project acceptance, commitment to Housing First principles is required including low barriers to project entry, no substance screening, and no service or income requirements (CoC P&P p30). All applicants were assessed for whether they had the capacity and experience to serve the priority subpopulations of the CoC.

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

The CoC’s local notice of funding availability was discussed with the full CoC membership at the July 12, 2016 meeting and posted on the United Way of Central Virginia’s website by August 3, 2016. The website posting provided detail about eligible new project applications, ranking and review criteria, deadlines, and contact information for the Collaborative Applicant. As there were no rejected applicants, the ad hoc Ranking and Review Committee did not meet until 9.07.2016 to rank and review the submitted and accepted applications.
1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC’s full membership must be attached).

09/14/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

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

09/08/2016

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

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

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

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

The CoC has a Monitoring Committee responsible for reviewing all CoC funded projects through a Board approved standardized evaluation tool, site visits, APR review, evaluation of outcomes, financial audits, and case files. The tool was developed consistent with CoC regulations- 24 CFR Part 578 and measures utilization rates, increasing housing stability, participant eligibility, length of time homeless, destination at program exit, increasing client income and connecting participants to mainstream benefits (see attachment). The tool also provides an organizational assessment to include timely submission of APRs, regular eLOCCS drawdowns and full expenditure of funds. This committee provides the Board with an annual assessment of each funded project and a recommendation on further funding and is comprised of representatives from organizations not funded through the CoC and who do not have a conflict of interest.

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

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

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

Yes

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

HMIS/CoC MOU pg 1-2

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

Yes

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

Yes

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

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

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

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

Instructions

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

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

Multiple CoCs

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

### 2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$21,357</td>
</tr>
<tr>
<td>ESG</td>
<td>$0</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Federal - HUD - Total Amount</strong></td>
<td>$21,357</td>
</tr>
</tbody>
</table>

### 2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Federal - Total Amount</strong></td>
<td>$0</td>
</tr>
</tbody>
</table>

### 2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016 CoC Application</td>
<td>Page 20</td>
</tr>
<tr>
<td>09/13/2016</td>
<td></td>
</tr>
</tbody>
</table>
## 2B-2.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$5,339</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$5,339</td>
</tr>
</tbody>
</table>

## 2B-2.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$3,080</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$3,080</td>
</tr>
</tbody>
</table>

2B-2.6 Total Budget for Operating Year | $42,142
2C. Homeless Management Information System (HMIS) Bed Coverage

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

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):
04/12/2016

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

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2016 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ESG) beds</td>
<td>152</td>
<td>50</td>
<td>102</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>71</td>
<td>0</td>
<td>71</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>44</td>
<td>0</td>
<td>44</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>42</td>
<td>0</td>
<td>40</td>
<td>95.24%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)
not applicable

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

<table>
<thead>
<tr>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Grant per diem (VA GPD):</td>
</tr>
<tr>
<td>VASH:</td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission:</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Youth focused projects:</td>
</tr>
<tr>
<td>Voucher beds (non-permanent housing):</td>
</tr>
<tr>
<td>HOPWA projects:</td>
</tr>
<tr>
<td>Not Applicable:</td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage?  
Quarterly
2D. Homeless Management Information System (HMIS) Data Quality

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

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

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

- CoC Annual Performance Report (APR): [X]
- ESG Consolidated Annual Performance and Evaluation Report (CAPER): [X]
- Annual Homeless Assessment Report (AHAR) table shells: [X]
2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 7

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

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

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Supportive Services for Veteran Families (SSVF):</td>
<td></td>
</tr>
<tr>
<td>VA Grant and Per Diem (GPD):</td>
<td></td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY):</td>
<td></td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH):</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td>X</td>
</tr>
</tbody>
</table>

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

There are not GPD, RHY or PATH program operating within our CoC. The SSVF provider operates out of a different CoC (Roanoke) and enters HMIS data through their system. As the two CoC’s have separate systems, the SSVF
provider attends the Homeless and Housing Services Committee meeting and provides updates pertaining to the SSVF program data.
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

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

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

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

2E-2. Indicate the date of the most recent sheltered PIT count: 01/27/2016

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

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 04/12/2016
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count:</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
<tr>
<td>HMIS plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons:</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

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

Our CoC used interviews in order to gather PIT sheltered data. On the night of the count the CoC had ES, DV, and TH providers conduct in person interviews with their residents in order to capture client level PIT data. The PIT Committee
of the CoC with approval by the CoC Board selected client interview as the method to capture PIT data due to high accuracy rate of this method. The PIT Committee consulted with other CoCs within VA of similar size in order to establish successful methodologies. This method was possible due to the small census of our CoC’s projects which made it possible to interview every sheltered client at all ES, DV and TH projects.

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

In the 2015 PIT the CoC used both interviews and HMIS data to complete the data collection. HMIS was used for all non dv projects and interviews were used at each of the 3 dv shelters. In 2016, for consistency across all project types (dv and non), the CoC selected to have all sheltered data collected via interview. This method was recommended by other similar size CoCs as the best method to increase data collection consistency across the geographic area.

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

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

In the most recent PIT there was a seasonal shelter removed and a seasonal shelter added to the list of providers. Both shelters were run by area churches as a way to meet a perceived need in the community. The removed shelter had operated for two years and decided to close due to the church’s limited capacity to operate a seasonal shelter. During the PIT, the added shelter was in its first year of operation.
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training:</td>
<td>X</td>
</tr>
<tr>
<td>Follow-up:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques:</td>
<td>X</td>
</tr>
</tbody>
</table>

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

The PIT Committee of the CoC trained ES, DV, and TH providers on the data collection forms used to complete the sheltered PIT counts. Training was provided via an in person group meeting and one on one meetings with those providers unable to attend. Improvements were made in 2016 to improve the quality of the survey tool and provider training as every provider received training prior to the PIT count. The CoC reminded providers about the sheltered PIT count via emails and meeting announcements and followed up with providers to ensure 100% participation which we received. Following the PIT count the CoC used HMIS to verify data collected from providers via interview was accurate and used non HMIS based strategies such as deduplication via the last four digits of social security numbers to verify that each sheltered homeless person was only counted once during the sheltered PIT count.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

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

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

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

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

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

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):
04/12/2016
## 2l. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census</td>
<td></td>
</tr>
<tr>
<td>Night of the count - known locations</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - random sample</td>
<td></td>
</tr>
<tr>
<td>Service-based count</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>

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

The CoC’s PIT Committee in partnership w/ formerly homeless individuals canvassed specific neighborhoods and areas within the CoC to count unsheltered homeless people and conduct surveys to capture PIT data elements. Surveys asked persons if they were already surveyed and used deduplication techniques (cross referencing the last four digits of their social security number). In addition, the PIT Committee surveyed people at strategic service locations such as the coordinated assessment office, local soup kitchen (Daily Bread), public library, food pantry (Parkview Community Mission), multi-service agencies (LynCAG and Lighthouse Community Center) and the Salvation Army to identify unsheltered people. The CoC hosted a health and service fair on the same day as the unsheltered count which provided health screenings, free photo DMV identifications, and other services to the unsheltered homeless population and increase access to those not previously counted through the alternative methods.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

There was no change in unsheltered count methodology from 2015 to 2016 beyond increasing targeted service locations.

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

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

not applicable
2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

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

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

<table>
<thead>
<tr>
<th>Training:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Blitz” count:</td>
<td>X</td>
</tr>
<tr>
<td>Unique identifier:</td>
<td>X</td>
</tr>
<tr>
<td>Survey questions:</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

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

(limit 1000 characters)

In 2016 the PIT Committee made changes to implementation in order to increase data accuracy. The committee was better able to target specific geographic areas due to the assistance of formerly homeless persons as well as representatives from the VA’s homeless outreach team and emergency department navigators experienced with reaching the unsheltered homeless. The CoC increased its partners including service location sites for the unsheltered count in order to cast a wider net. The Health and Service Fair was the most robust effort of the PIT Committee as it provided multiple services and
information especially pertinent to unsheltered persons. This Fair allowed for increased inclusion of unsheltered persons in the PIT.
3A. Continuum of Care (CoC) System Performance

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


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

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

<table>
<thead>
<tr>
<th></th>
<th>2015 PIT (for unsheltered count, most recent year conducted)</th>
<th>2016 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>237</td>
<td>174</td>
<td>-63</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>172</td>
<td>92</td>
<td>-80</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>55</td>
<td>61</td>
<td>6</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>227</td>
<td>153</td>
<td>-74</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>10</td>
<td>21</td>
<td>11</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>695</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>589</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>153</td>
</tr>
</tbody>
</table>

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.
Homeless Prevention actively identifies at risk HHs with no previous episodes. The project provides housing stabilization case management, landlord mediation, financial assistance and housing relocation to prevent HH from entering shelter. At coordinated entry, HHs are provided resources for diversion and screened for past episodes of homelessness. As part of our Strategic Plan to End Homelessness all homeless response staff will receive prevention and diversion training to ensure that all providers are emphasizing diversion from the system. The CoC has partnered with providers in the areas of job readiness, mental health, health care, and recovery services to provide stabilizing services to prevent homelessness. Coordinated Assessment regularly educates institutions (hospital, jails and foster care) on methods to prevent homeless discharges. The HMIS Committee is identifying risk factors common in first time homeless HHs in order to target prevention strategies.


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

Homeless HHs are immediately assessed through coordinated entry for interventions appropriate to their housing barriers and needs. Through increased staff capacity, HHs are provided with targeted housing focused case management with a focus on housing location and attainment. In 2016 our average length of time homeless for persons in ES was 41 days which we anticipate being reduced in 2017 through increased landlord recruitment, increased RRH capacity, and ongoing case conferencing for HHs w/ high barriers. The CoC’s written standards prioritize HHs with long episodes of homelessness for RRH and PSH. HHs are identified through the use of a standardized tool (VI-SPDAT). The use of Community Case Review (case conferencing) has increased provider collaboration to expedite housing attainment. LOT homeless has also been reduced d/t a new veteran RRH project and a family RRH project tripling its capacity.

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

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

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the
retention of program participants in CoC Program-funded permanent supportive housing.

<table>
<thead>
<tr>
<th>Universe: Persons in SSO, TH and PH-RRH who exited</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>52</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>65.82%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?</td>
<td>43</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>97.73%</td>
</tr>
</tbody>
</table>

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

The 2 year recidivism rate indicates 88% maintain housing after CoC discharge. This will increase through expanded housing stabilization services & use of best practices (critical time intervention & landlord/tenant mediation). Prior to discharge, staff ensure HHs have wraparound services in substance recovery, mental health, employment, education, healthcare, legal services, & childcare to strengthen stability. Discharged HHs are connected w/ aftercare support groups, the Affordable Housing Resource Center & rental counseling. The Housing Barrier Assessment & VI-SPDAT assess previous homelessness to identify returns and strategically target resources. The HMIS Committee is analyzing aggregate HMIS data to determine risk factors for recidivism & target resources. Exits from PH (RRH & PSH) resulted in a 6% recidivism rate in Sys PM 2016. Increased case staffing, housing stability case management training & targeted prevention efforts per the strategic plan will lower the rate in 2017.

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

In SysPM2016, 52% of CoC project participants increased their total income. The Homeless & Housing Services Committee monthly educates project staff on strategies to increase income, employment and mainstream benefit enrollment. Case management training is regularly provided to increase capacity to meet CoC income growth goals. Projects work w/ HHs to assess skills & barriers to employment, develop resumes & complete applications. A project staff is SOAR trained to expedite SSI/SSDI approvals & assist w/ appeals. CoC collaborates w/ the VA to connect veterans w/ benefits & work w/ Dept. of Aging and Rehab Services to provide jobs for persons w/ disabilities. DSS partners to assess client eligibility for pension, retirement, & survivor’s benefits. HHs are connected to SNAP, TANF, VIEW, childcare subsidy & health insurance. If not Medicaid eligible, CoC works w/ enrollment staff at Johnson Health Center for coverage under the ACA. CoC partners w/ Horizon for GAP Medicaid enrollment.

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

CoC staff connect HHs w/ employment assistance agencies (some WIA and TANF funded); Region 2000 Workforce Center (One-Stop), Goodwill Job Center, YouthWorks, Department of Aging and Rehabilitation Services (DARS), VIEW, VA Employment Commission, and VA Cares for employment assistance to develop resumes, complete applications, mock interview and ensure that each client has appropriate materials such as clothing, shoes, and equipment. Staff of mainstream employment organizations such as DARS, Dept. of Social Services and VA Cares are members of the CoC and participate on committees. The CoC Board has advocated with area employers to promote employment access for homeless HHs and develop partnerships. Probation and Parole, members of the CoC, provide updated information on local felon friendly employers. Within the CoC, 100% (1 TH and 3 PSH) of projects regularly connect participants with the employment partners through referral, transportation to appointments/meetings and follow up.

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

The PIT committee included a formerly homeless person, a social worker who weekly conducts street outreach, the coordinated entry staff, and emergency department navigators who were able to strategically identify areas and encampments occupied by unsheltered persons. The volunteers during the PIT also included other formerly homeless persons and community members working with the unsheltered homeless population. The method used to identify unsheltered persons was surveys along with information sharing regarding available resources through coordinated entry. Strategies the CoC uses to identify unsheltered persons and move them to shelter or permanent housing include street outreach, information and referral through coordinated entry and
case conferencing through the Community Case Review.

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

No

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

(limit 1000 characters)

not applicable as no geographic areas were excluded.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.

08/03/2016

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

(limit 1500 characters)

not applicable
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>24</td>
<td>17</td>
<td>-7</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>23</td>
<td>10</td>
<td>-13</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>1</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)
There has been a 30% decrease in CH from 2015 to 2016 through concerted efforts to increase services for this population. In the past year VASH, SSVF and a veteran RRH project have targeted CH veterans and provided housing and supportive services. The PSH projects have reduced barrier to entry and accept referrals according to CPD-14-012 so that CH are prioritized for vacancies. The Homeless and Housing Services Committee continues to work with projects to lower admission criteria thus ensuring that HHs are sheltered and housed in a rapid manner. Case conferencing has allowed CoC partners to present unsheltered HHs to the CoC to develop effective and efficient interventions which decrease LOT homeless. While the sheltered count decreased by 57%, the unsheltered during the PIT increased by 6 persons. This increase is attributed to a more thorough and targeted unsheltered count and it is expected that this will be lowered in 2017 due to outreach efforts.

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

<table>
<thead>
<tr>
<th>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

The PSH beds within our CoC are prioritized for CH but not dedicated. These beds over the past two years have been filled during turnover with CH persons with high service needs consistent with the priority listing in Notice CPD-14-012. The CoC strategically identifies CH persons through use of case conferencing, a Housing Barrier Assessment and the VI-SPDAT. The FY2016 application contains a new PSH project application and bonus application that would increase the PSH beds dedicated to CH by 11. These 11 beds dedicated to CH would allow those with the highest service needs and incidences of homelessness to be housed. The CoC has identified that increasing PSH beds dedicated to CH is a top priority for our community.

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

Yes
3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. CoC P&P p. 27

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

This question will not be scored.

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

In our 2016 PIT count there were 17 CH individuals identified. The CoC has been working on move up strategies for existing PSH projects in order to create vacancies when clients demonstrate stability and choose to discharge from PSH. Through case conferencing the CoC reviews all referrals to PSH in order to best prioritize according to Notice CPD-14-012. Through continued outreach efforts the CoC has better identified unsheltered CH persons and have prioritized them for available PSH units. The new PSH project and Bonus project will allow our CoC to serve 11 additional CH persons in 2017. The combined efforts of prioritizing turnover beds for CH and developing new CH PSH beds will effectively end chronic homelessness in our community in 2017.
3B. Continuum of Care (CoC) Strategic Planning Objectives

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

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

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

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization:</td>
<td></td>
</tr>
<tr>
<td>Number of previous homeless episodes:</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness:</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History:</td>
<td>X</td>
</tr>
<tr>
<td>Bad credit or rental history (including not having been a leaseholder):</td>
<td>X</td>
</tr>
<tr>
<td>Head of household has mental/physical disabilities:</td>
<td></td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.2. Describe the CoC’s strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)
Through coordinated assessment HH with children are identified and prioritized for homeless response services through the use of the Housing Barrier Assessment and VI-SPDAT. These tools identify HH with children with high service needs and vulnerabilities. CoC projects follow a Housing First approach to minimize the time HH experience homelessness by lowering barriers to project entry, decreasing involuntary discharge and not predating services on housing readiness. A priority population within the CoC is HH with children which ensures quick admittance to RRH projects to begin housing search and placement. The CoC’s current largest RRH project is dedicated to HH with children. From 2015 to 2016 family homelessness in our CoC (according to PIT data) decreased by 40%. Our CoC expects to continue this progress through a new RRH project in this FY2016 application. Our CoC has set as a 2016 goal to have shared landlord lists across the CoC and to increase landlord recruitment.

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

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families in the HIC:</td>
<td></td>
<td>31</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

- CoC policies and procedures prohibit involuntary family separation: X
- There is a method for clients to alert CoC when involuntarily separated: X
- CoC holds trainings on preventing involuntary family separation, at least once a year: X
- None: 

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

PIT Count of Homelessness Among Households With Children

| FY2016 CoC Application | Page 45 | 09/13/2016 |
3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There was a 40% decrease in homelessness among HH with children from 2015 to 2016. This is largely attributed to targeted efforts through coordinated assessment to identify and prioritize HH with children and the increase of RRH. The VI-SPDAT and the Housing Barrier Assessment assesses HH for vulnerability, episodes of homelessness, unsheltered, criminal history, rental and credit history and disabilities. This allows the CoC to target the appropriate level of intervention quickly based on needs. Case conferencing allows the CoC to ensure all necessary wrap around services and programs are accessible to each HH. Increased landlord recruitment and the addition of new projects such as SSVF and VASH have further expanded housing options for HH w/ children. Although HIC numbers indicate a decrease in RRH beds at a point in time, RRH full year capacity has increased in the past year by 34% across all RRH projects.

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

| Human trafficking and other forms of exploitation? | Yes |
| LGBTQ youth homelessness? | No |
| Exits from foster care into homelessness? | Yes |
| Family reunification and community engagement? | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs? | Yes |
| Unaccompanied minors/youth below the age of 18? | Yes |

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

- Diversion from institutions and decriminalization of youth actions that stem from being trafficked: [X]
- Increase housing and service options for youth fleeing or attempting to flee trafficking: [X]
Specific sampling methodology for enumerating and characterizing local youth trafficking: 

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Community awareness training concerning youth trafficking:</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Length of time homeless</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Lack of access to family and community support networks</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

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

Four out of 11 homeless youth were identified as transient and traveling via the train through the CoC’s geographic area and resided in emergency shelter for an average of 2 days. The remaining youth population of 7 persons will be lowered throughout this year through a prioritization effort to focus prevention resources on mediation between youth and family. The emergency shelter serving the 11 homeless youth identified family conflict as the primary reason for the youth living in an unsheltered situation prior to accessing shelter.

3B-2.9. Compare funding for youth homelessness in the CoC’s geographic area in CY 2016 and CY 2017.

<table>
<thead>
<tr>
<th>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</th>
<th>Calendar Year 2016</th>
<th>Calendar Year 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75,129.99</td>
<td>$77,629.00</td>
<td>$2,499.01</td>
<td></td>
</tr>
<tr>
<td>CoC Program funding for youth homelessness dedicated projects:</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</td>
<td>$75,129.99</td>
<td>$77,629.00</td>
<td>$2,499.01</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>1</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>4</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>3</td>
</tr>
</tbody>
</table>

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

Through coordinated assessment, the CoC collaborates with local education liaisons, early childhood programs, school districts and other educational partners to identify and serve youth experiencing homelessness. CoC case managers work with these partners to enroll homeless children in school, arrange transportation, provide school materials and clothing, and initiate in-school services such as IEPs and day treatment. LynCAG (HeadStart) and HumanKind (MIECHV) participated in the 2016 Strategic Plan to End Homelessness to provide input on the needs of homeless children. Representatives from the Family Education Partnership and MIECHV providers
participate in CoC trainings on Housing First, motivational interviewing, housing stability case management, harm reduction, and critical time intervention. In the 2015-2016 school year, the school district facilitated a series of School Summit meetings in which CoC representatives participated to provide feedback on needs of homeless youth.

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

(limit 2000 characters)

Virginia Department of Education provides posters for coordinated assessment, ES and TH providers that are publicly posted to inform homeless families of their rights under the McKinney-Vento Act and contact information for the local Homeless Education Liaison. CoC case managers ensure all children are enrolled in early childhood programs or schools. The CoC’s Policies and Procedures (page 18) require CoC- and VHSP (ESG)-funded projects to have a designated staff person responsible for ensuring that children are enrolled in school and receive educational services according to the requirements under section 426.B.4 of the McKinney Vento Act as amended by HEARTH.

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

(limit 1000 characters)

Recognizing the incredible importance of providing quality early childhood and educational services to children and youth experiencing homelessness, the CoC partners with programs serving infants, toddlers, and young children such as the local MIECHV funded project, HumanKind’s Healthy Families; the Head Start provider, LynCAG; early school readiness initiatives, Smart Beginnings; and the local public school homeless education liaison program, Lynchburg City School’s HEP Project which oversees pre-k enrollment. See attached written agreements.
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>18</td>
<td>12</td>
<td>-6</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>15</td>
<td>12</td>
<td>-3</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>3</td>
<td>0</td>
<td>-3</td>
</tr>
</tbody>
</table>

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

There was a 33% decrease in veteran homelessness and a complete elimination of unsheltered veterans from 2015 to 2016. This tremendous success is attributed to a concerted CoC effort to eliminate veteran homelessness. In the past year the CoC has partnered with VASH and SSVF providers to increase VA housing programs to eligible veterans and have operated a CoC RRH project dedicated to veterans. The coordinated assessment identifies veterans through the Housing Barrier Assessment in order to coordinate referrals and alert projects to HH’s veteran’s status. The VASH representative provides street outreach to identify and immediately serve unsheltered veterans. Throughout the past year the CoC has actively worked alongside the Department of Housing and Community Development and the Department of Veteran Services to target resources to this population through
community meetings, provider education and increased financial and staffing resources.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to appropriate resources such as HUD-VASH and SSVF.

(limit 1000 characters)

Coordinated assessment and our VA social worker meet weekly to identify sheltered and unsheltered veterans and ensure the appropriate services are being provided either VA or CoC funded. The VA social worker goes to known encampments and keeps a by name list of every homeless veteran within the CoC. Standardized tools such as the CoC’s Housing Barrier Assessment and the CoC’s admission form identify veterans and assess their service needs. The VA social worker conducts an assessment of all homeless veterans to determine VASH and SSVF eligibility. When not eligible for VA funded housing projects, the CoC through case conferencing prioritizes this population for RRH, TH and PSH. CoC staff coordinate with a VA benefits specialist to determine eligibility for VA medical care, insurance, cash benefits, and other services. CoC service providers and VA social workers meet monthly to facilitate service coordination for this population.

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

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2016</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT Count of sheltered and unsheltered homeless veterans:</td>
<td>21</td>
<td>12</td>
<td>-42.86%</td>
</tr>
<tr>
<td>Unsheltered Count of homeless veterans:</td>
<td>14</td>
<td>0</td>
<td>-100.00%</td>
</tr>
</tbody>
</table>

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

Yes

This question will not be scored.

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

(limit 1000 characters)
The strategies used to maximize our resources to end homelessness include increasing projects targeting veterans, case conferencing, accessing benefits available to veterans, establishing regular communication and processes for referral between VA funded programs and the CoC, and developing a priority within CoC funded projects for this population.
4A. Accessing Mainstream Benefits

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

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

Yes

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

<table>
<thead>
<tr>
<th>FY 2016 Assistance with Mainstream Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
</tr>
</tbody>
</table>

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

The CoC collaborates with the local federally qualified health center (Johnson Health Center), Community Service Board (Horizon) and the Department of Social Services to assess eligibility for healthcare coverage. The local Department of Social Services assesses Medicaid eligibility and enrolls clients. Johnson Health Center employs enrollment specialists who are members of the CoC and facilitate project site visits to meet with homeless HHs and screen for coverage under the ACA. Horizon facilitates assessments for Governor’s Access Plan insurance which provides mental health coverage for uninsured,
Medicaid ineligible adults in Virginia. For persons ineligible for health insurance, the Free Clinic of Central Virginia partners with the CoC to provide low barrier, free medical care to homeless persons.

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

<table>
<thead>
<tr>
<th>Educational materials:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Trainings:</td>
<td>X</td>
</tr>
<tr>
<td>Transportation to medical appointments:</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable or None:</td>
<td></td>
</tr>
</tbody>
</table>
4B. Additional Policies

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

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

**FY 2016 Low Barrier Designation**

| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal): | 4 |
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2016 competition: | 4 |
| Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as “low barrier”: | 100% |

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

**FY 2016 Projects Housing First Designation**

| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal): | 4 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition: | 4 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First: | 100% |

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

Direct outreach and marketing: X

Applicant: Lynchburg CoC

Project: VA-508 COC Registration FY2016

FY2016 CoC Application Page 55 09/13/2016
4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve all populations in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45</td>
<td>44</td>
<td>-1</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?  

No

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

(limit 1000 characters)  

not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?  

No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons
defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

not applicable

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

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

not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

<table>
<thead>
<tr>
<th>CoC Governance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Systems Performance Measurement:</td>
<td></td>
</tr>
<tr>
<td>Coordinated Entry:</td>
<td></td>
</tr>
<tr>
<td>Data reporting and data analysis:</td>
<td></td>
</tr>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
<tr>
<td>Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:</td>
<td></td>
</tr>
<tr>
<td>Maximizing the use of mainstream resources:</td>
<td></td>
</tr>
<tr>
<td>Retooling transitional housing:</td>
<td></td>
</tr>
<tr>
<td>Rapid re-housing:</td>
<td></td>
</tr>
<tr>
<td>Under-performing program recipient, subrecipient or project:</td>
<td></td>
</tr>
<tr>
<td>Not applicable:</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate the Value of the Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### 4C. Attachments

**Instructions:**

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants</td>
<td>Yes</td>
<td>CA communication ...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>02. 2016 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure (e.g. RFP)</td>
<td>Yes</td>
<td>VA 508 Review and...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>04. CoC's Rating and Review Procedure: Public Posting Evidence</td>
<td>Yes</td>
<td>VA508 Ranking and...</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>05. CoCs Process for Reallocating</td>
<td>Yes</td>
<td>VA508 Reallocating...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>CVCoC Policies an...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>07. HMIS Policy and Procedures Manual</td>
<td>Yes</td>
<td>VA508 HMIS P&amp;P</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>VA508 PHA Plans</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>CoC Board Meeting...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HDX-system Performance Measures</td>
<td>Yes</td>
<td>HDX SysPM 2016 VA508</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td>VA508 Strategic P...</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td>VA508 Early Child...</td>
<td>09/13/2016</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CA communication to applicants

Attachment Details

Document Description: VA 508 Review and Ranking Procedure FY2016

Attachment Details

Document Description: VA508 Ranking and Review Public Posting

Attachment Details

Document Description: VA508 Reallocation Policy

Attachment Details

Document Description: CVCoC Policies and Procedures 2016
Attachment Details

Document Description: VA508 HMIS P&P

Attachment Details

Document Description:

Attachment Details

Document Description: VA508 PHA Plans

Attachment Details

Document Description: HMIS/CoC MOU FY2016

Attachment Details

Document Description: CoC Board Meeting Adopting Order of Priority
Document Description:

**Attachment Details**

**Document Description:** HDX SysPM 2016 VA508

**Attachment Details**

**Document Description:** VA508 Strategic Plan to End Homelessness2016

**Attachment Details**

**Document Description:** VA508 Early Childhood Education Written Agreements
Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. CoC Engagement</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>1D. CoC Discharge Planning</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1E. Coordinated Assessment</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>1F. Project Review</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>1G. Addressing Project Capacity</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>2B. HMIS Funding Sources</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>2C. HMIS Beds</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2D. HMIS Data Quality</td>
<td>08/23/2016</td>
</tr>
<tr>
<td>2E. Sheltered PIT</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2F. Sheltered Data - Methods</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2G. Sheltered Data - Quality</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2H. Unsheltered PIT</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2I. Unsheltered Data - Methods</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>2J. Unsheltered Data - Quality</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>3B. Objective 1</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>3B. Objective 2</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>3B. Objective 3</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>4A. Benefits</td>
<td>09/13/2016</td>
</tr>
<tr>
<td>4B. Additional Policies</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>4C. Attachments</td>
<td>Please Complete</td>
</tr>
</tbody>
</table>

Submission Summary: No Input Required
Good afternoon:

On behalf of the Board of the Central Virginia Continuum of Care's ad hoc ranking and review committee, I am writing you with the decision of the committee and Board. There were no rejected project applications for the CoC Competition FY2016 funds. All project applications were reviewed and ranked in the below order:

- Housing First Lynchburg (Permanent Supportive Housing).
- Magnolia Street Supportive Housing (new PSH),
- HMIS,
- CoC Planning,
- Community First (Rapid Rehousing)
- and Magnolia Street PSH Bonus project.

Applicants wishing to submit an appeal must notify the Collaborative Applicant’s representative, Denise Crews at dcrews@lynchburgva.gov by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:

- Agency name
- Project name
- Reason for appeal (no longer than 2 pages)
- Documentation to support the appeal

Applicants will be notified of the outcome no later than 2 business days after the appeal has been received.
Central Virginia Continuum of Care
Review and Ranking Policies
HUD CoC Competition FY2016

Ranking and Review Policy

The ad hoc Ranking and Review Committee will convene upon organizations’ submission of their project application to review and prioritize projects based on the following factors:

- **Review of Project Application**

  The project’s application will be reviewed to ensure compliance with Housing First, alignment with HUD priorities, commitment to best practices, capacity to administer the project and demonstration of fiduciary responsibility.

  *Completed for all project applications.*

- **New Project Eligibility Checklist (See Attachment 1)**

  To help ensure compliance with regulatory guidelines and local competition requirements, all organizations applying for new project funds under the HUD CoC Competition must demonstrate they meet the New Project Eligibility checklist.

  *Completed for new project applications only.*

- **Project Scorecard (Attachment 2) and Monitoring Visit (Attachment 3)**

  As the project performance outcomes have recently been developed by the CVCoC, renewal projects will be evaluated based on HUD’s performance measures relative to the project type and the annual project report submitted to the Board by the Monitoring and Evaluation Committee. Applicants will complete and submit their project’s scorecard.

  *Completed for renewal applications only with the exception of HMIS projects.*

- **Project Annual Performance Report (APR)**

  Performance will be evaluated using data from the project’s most recent APR submitted for the last full operating year including match, utilization, priority subpopulations served, outcomes, and financial management.

  *Completed for all renewal applications.*

As new project applications will not have performance outcomes to complete the Project Scorecard, will not have had a monitoring visit and will not have an APR, all new project applications will be evaluated based on their project application and New Project Eligibility Checklist.
Ranking and Review Decision Making Process

This ranking process is intended to accomplish the following objectives:

- To prioritize those activities that are most successful in ending homelessness;
- To maximize funding available to end homelessness in Central Virginia;
- To direct new resources toward the most pressing needs for resources in the community;
- Addressing populations that have been underserved, and prioritizing assistance toward those with the greatest need;
- To provide an incentive for all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.

Where there are multiple projects in a priority group, renewal projects will be ranked according to their scorecard, APR, project application, and monitoring visit report. New projects will be ranked according to their project application and New Project Eligibility Checklist.

- Priority Group 1: Permanent Supportive Housing
  - Renewal PSH projects
  - New PSH projects with chronically homeless dedicated beds

- Priority Group 2: Core CoC Services
  - HMIS
  - Planning

- Priority Group 3: Rapid Re-Housing
  - Renewal RRH projects
  - New RRH projects

- Priority Group 4: Transitional Housing
  - Renewal TH

- Priority Group 5: PH Bonus Projects
  - PSH Projects
  - RRH Projects

The Collaborative Applicant will submit the project applications, APRs, and New Project Eligibility Checklist to the ad hoc Ranking and Review Committee. The Chair of the Monitoring and Evaluation Committee will submit the scorecard and monitoring visit report to the ad hoc Ranking and Review Committee. All documents will be received by 2 business days prior to the Ranking and Review meeting. The ad hoc Ranking and Review Committee will review all documentation to ensure that all projects meet the requirements set forth in the Notice of Funding Availability and are in alignment with the CVCoC’s Strategic Plan to End Homelessness.

At the Ranking and Review meeting, the committee will rank the projects according to the above Priority Groups. Where there are multiple projects within one group, the committee will review the materials to determine which project is most effectively and efficiently meeting the CoC’s need. A vote will occur on each
Priority Group to determine rank within the Group starting with Priority Group 1. When all projects have been ranked, the ad hoc Ranking and Review Committee will vote on the final Priority Listing.

Following the committee meeting, the Collaborative Applicant will notify each project of its placement on the Priority Listing and the appeals process should they wish to appeal their ranking. The Chair of the Advocacy and Outreach Committee will notify the full CoC Membership via email and the listing will be publically posted on the United Way’s website.

**Reallocation and Ranking Appeals Process**

An ad hoc Reallocation/Ranking Appeals Committee will be formed by 3-5 CoC non-conflicted members to review all appeals and will make recommendations to the CoC Board. The Appeals Committee will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving. Applicants may appeal any of the following decisions of the CoC Board:

- Placement of a project in Tier 2
- Reduction of a renewal grant amount
- Reallocation of a renewal grant

Applicants wishing to submit an appeal must notify the Collaborative Applicant’s representative, Denise Crews at dcrews@lyncag.org by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:

- Agency name
- Project name
- Reason for appeal (no longer than 2 pages)
- Documentation to support the appeal

Applicants will be notified of the outcome no later than 2 business days after the appeal has been received.

Attachment 1

**New Project Eligibility Checklist**

Central Virginia Continuum of Care CoC Competition FY2016

Name of Proposed Project: _______________________________________________________

Name of Organization: ________________________________________________________
Primary Contact Person: __________________________________________________________
Telephone: _____________________________________________________________________________
Email: ________________________________________________________________________________

1. New Project Type:
   - ☐ permanent supportive housing
   - ☐ rapid re-housing
   - ☐ centralized intake

2. Priority subpopulation:
   - ☐ chronically homeless
   - ☐ veterans
   - ☐ households with children
   - ☐ unaccompanied youth

3. Describe your experience working with the priority subpopulation checked off above: -
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. Is your agency eligible to apply for funding through HUD?  __ yes  ___ no

5. Is your agency a 501(c)3 or eligible government entity?  __ yes  ___ no

6. Does your agency have any outstanding findings from HUD or the State on any other projects your agency operates?  __ yes  ___ no

7. Does your agency have any recent audit findings (within the last 24 months)?  ___ no  ___ yes
   (attach if yes)

8. Does the agency currently participate or agree to participate in Coordinated Homeless Intake and Access (CHIA)?  __ yes  ___ no

9. Does your agency agree to use Housing First principles in the implementation of the project?
   - ☐ Voluntary Service Model?
   - ☐ No drug testing or sobriety requirements?
   - ☐ No income requirements for entry or maintenance?
   - ☐ No restrictions based on criminal history?
   - ☐ Emphasis on project maintenance and housing stability?
10. Does your agency participate or agree to participate in the Homeless Management Information System? If you currently participate, attach a recent Data Quality Report Card for any projects currently participating.  __ yes  _____ no

11. Does your agency participate in the Central Virginia Continuum of Care through the following:

- [ ] CoC Membership
- [ ] Committee Membership
- [ ] Community Case Review Membership
- [ ] Board

All of the information submitted to the CoC Board of the Central Virginia Continuum of Care is a true representation of my project.

__________________________________________
Signature of Organization CEO/Executive Director  Date
Central Virginia CoC Scorecard FY2016

Name of Proposed Project: _________________________________________________________

Name of Organization: __________________________________________________________

Primary Contact Person: _________________________________________________________

Telephone: ___________________________________________________________________

Email: _______________________________________________________________________

<table>
<thead>
<tr>
<th>Part A: Type of Program</th>
<th>Maximum Points</th>
<th>Source</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>10</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>7</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Supportive Services Only (coordinated entry)</td>
<td>5</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>0</td>
<td>Project application</td>
<td></td>
</tr>
</tbody>
</table>

| Part B: Priority Sub-populations            |                |                       |               |
| Serves one of the CoC’s subpopulations (CH, Veterans, Youth, Families including DV) | 5 | Project application |               |

<table>
<thead>
<tr>
<th>Part C: HMIS Implementation</th>
<th>Max Points</th>
<th>HMIS Annual Data Quality Report Card</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did project meet standards in:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accuracy (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness (2 points)</td>
<td>8</td>
<td>HMIS Annual Data Quality Report Card</td>
<td></td>
</tr>
<tr>
<td>Timeliness (2 points)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Technical Standards (2 points)</td>
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</table>

<table>
<thead>
<tr>
<th>Part D: Performance Measures</th>
<th>Max Points</th>
<th>APR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>85% occupancy/utilization</td>
<td>5</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>100% literally homeless prior to entry</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>25% all adult leavers gained/increased earned income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>35% all adult leavers gained/increased non-employment income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>Requirement</td>
<td>Points</td>
<td>Rating</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>90% all adult participants have noncash benefits</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>Less than 10% of leavers exit to shelter/street/unknown</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>25% of stayers gained/increased earned income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>35% all adult stayers gained/increased non-employment income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>90% of participants exit to PH</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
</tbody>
</table>

**Part D: Compliance**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Points</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>No recaptured funds</td>
<td>10</td>
<td>Provider report</td>
</tr>
<tr>
<td>Match equals or exceeds 25%</td>
<td>5</td>
<td>APR</td>
</tr>
<tr>
<td>No HUD findings on a monitoring visit within 24 months</td>
<td>5</td>
<td>Provider report</td>
</tr>
<tr>
<td>HUD drawdowns within 90 days</td>
<td>5</td>
<td>Provider report</td>
</tr>
<tr>
<td>Penalty for late APR</td>
<td>-5</td>
<td>Provider report</td>
</tr>
<tr>
<td>No findings on Monitoring Report from annual site visit</td>
<td>5</td>
<td>Monitoring report</td>
</tr>
</tbody>
</table>

**Maximum Score**

| Maximum Score | 135 |

---

Signature of Organization CEO/Executive Director

Date
Central Virginia Continuum of Care

Grantee Monitoring Tool

Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) (See attached link – CoC regulations – 24 CFR Part 578)

Agency:

Project Monitored:

Grant Number:

Monitoring Date:

Contract Year Monitored:

Total Grant Amount:

Number of Households Served PIT:

Type of CoC Funds:

Program Type:

Review Team Participating in Visit:
1. Visual Observation

1) Are financial records and valuables secured in limited access area?
   ☐ Yes  ☐ No

   Guidance: Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.

   Reviewer Comments:

2) Are client files maintained in a confidential manner?
   ☐ Yes  ☐ No

   Guidance: Recipients shall adequately safeguard charts and assure they are used solely for authorized purposes. Reviewer will look for evidence of locked charts and for proper safeguarding of client names and other confidential materials .578.103(b) Confidentiality

   Reviewer Comments:

3) Drug free work place statement
   ☐ Yes  ☐ No

   Guidance: Agency must have a drug free work place statement that complies with the requirements of 24 CFR 21.200 and has been posted in an area visible to all employees engaged on the CoC award.

   Reviewer Comments:
2. Monitoring Checklist
   a. Match/Leverage Documentation

4) **Required match** - Is the required match met? All above funds must be matched by at least 25% of funds or in-kind contributions from other sources. [578.53(a)]
   - Yes  ☐  No

*Guidance: Agency must demonstrate by cash receipt in accounting records or Memorandum of Understanding (MOU) as specified below for in-kind that the required match was met for the program year being monitored.*

**Reviewer Comments:**

5) **In-Kind Match MOU** - If the match has been met in whole or in part by services provided by a third party, is there a MOU that indicates: the hourly rate for the services (must be consistent with those paid for similar services); specific service to be provided; and profession of persons providing the service [578.73(c)(3)]
   - Yes  ☐  No

**Reviewer Comments:**

6) **Eligibility of match** - If match is met by in-kind contributions, would the services, goods, equipment, real property that is providing the match have been an eligible expense under Subpart D of the HEARTH CoC program? [578.73(c)(1)]
   - Yes  ☐  No

*Guidance: For each component type (e.g. Rental Assistance, Supportive Services, Operating) eligible activities are defined in Subpart D of the HEARTH Interim Rule. Match must be used only for eligible activities.*

**Reviewer Comments:**
7) **Documentation of in-kind match** - Does the grantee have documentation of the service hours provided where these hours are used as in-kind match? [578.73(c)(3)(ii)]
   - Yes
   - No

*Guidance:* Volunteer services shall be documented and, to the extent feasible, supported by the same methodology used by the recipient for employees; the basis for determining the value of personal services must be documented.

**Reviewer Comments:**

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8) **Documentation of leverage** - Does the grantee have required documentation of leveraging as defined in the NOFA under which the project was funded?
   - Yes
   - No

*Guidance:* Commitment letter(s) on file are dated and meet other requirements as per the relevant NOFA and demonstrate a minimum of 150 percent leveraging. A written commitment may include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or subrecipient.

**Reviewer Comments:**

---

b. **Administrative costs and requirements**

9) **Administration fee - Review** - APR and grant application for amounts requested for admin expenses. Calculate the percentage that administrative costs represent of the total grant. Percent of administrative funding: __________ (VHSP restricted to 3% or less / HUD 7% or less)
   - Yes
   - No

**Reviewer Comments:**
10) **Eligibility of Administrative Costs** - If administrative funds are used for general management, oversight and coordination, has the grantee included the entire salary, wages and related costs of persons whose primary activity is program administration or has it pro-rated the share of time of each person whose job includes any administrative function. Has the grantee used only one of these methods for each fiscal year grant? [578.89(a)(1)]

- ☐ Yes
- ☐ No

Documentation: Draw down report available for review

**Reviewer Comments:**

11) **Allocation of Administrative costs** - Have administrative costs been allocated to the following eligible activities: general management, oversight and coordination including travel costs associated with monitoring; contracts for legal, accounting or audit services; costs for goods and services required for administration of the program including equipment rental and purchase, insurance, utilities, supplies, rental and maintenance of office space; Training on Continuum of Care requirements (providing or participating in HUD sponsored trainings); or Environmental Review [578.59(a)]

- ☐ Yes
- ☐ No

**Reviewer Comments:**

12) **Staff eligibility for administrative costs** - Does a randomly selected review of administrative personnel costs reveal that staff paid from CoC funds are working on eligible CoC funded activities? [578.59]

- ☐ Yes
- ☐ No

*Guidance: If personnel costs are assigned to administration, reviewers will look for backup (e.g. time sheets) that shows staff was working on administrative activities for the time billed.*

**Reviewer Comments:**
13) **Homeless Participation** - Does the grantee meet the participation requirements? (Each grantee and sub-grantee must have at least one homeless or formerly homeless individual on the board of directors or equivalent policy making entity. Each grantee and sub-grantee must to the maximum extent practicable involve homeless people through employment or volunteer services.) [578.75(g)]

- Yes
- No

**Reviewer Comments:**

14) **Nondiscrimination and equal opportunity requirements** - Does the project comply with nondiscrimination and equal opportunity requirements in 24 CFR 5.105(a)? [578.93 (a)]

- Yes
- No

**Guidance:** Recipients, subrecipients and partner agencies are subject to federal civil rights laws, including Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990.

**Reviewer Comments:**

C. **Financial Management**

15) **Internal controls** - Do the fiscal records indicate that the grantee has effective internal control over, and accountability for, all grant funds, property and other assets? [84.21(b) and 85.20(b)] (Team will review audit / management letter. For VHSP show documentation that audit was uploaded to CAMS within 6 months of fiscal year end)

- Yes
- No

Documentation: Audit and management letter

**Reviewer Comments:**

16) **Recording of expenses** - Do the grantees accounting records identify expenditures according to eligible activities [578.37-578.59]

- Yes
- No

**Reviewer Comments:**
17) **Expenditure eligibility** - Review drawdown detail to see if transactions reveal that CoC expenditures were for eligible costs and that the transactions were supported by adequate source documentation? [578.37-578.59; 84.21(b); and 85.20(b)]

   ☐ Yes  ☐ No

**Reviewer Comments:**

18) **Payroll documentation** - Are charges for salaries and wages based on payrolls documented by appropriate time sheets (including timesheets indicating actual times worked) and approved by responsible official of the grantee? [OMB Circular A110 & A122]

   ☐ Yes  ☐ No

**Reviewer Comments:**

19) **Allocation of salaries** - If salaries involve payments from more than one CoC activity line (i.e., Rental Assistance, Leasing, Operating Costs, and Supportive Services) can payments for wages be clearly tracked to the eligible CoC activities? [84.21(b) and 85.20(b)]

   ☐ Yes  ☐ No

**Reviewer Comments:**

20) **Program Income** - Has program income (if applicable) earned by grantee been added to funds committed to project by HUD and used for eligible activities under 24 CFR Part 578 [578.97(b)]

   ☐ Yes  ☐ No

**Reviewer Comments:**

21) **Indirect costs** - If indirect costs have been charged, does the grantee have an indirect cost rate proposal that is in accordance with OMB Circulars A-87 or A-122, as applicable? [578.63]

   ☐ Yes  ☐ No

**Reviewer Comments:**
22) **Separation of duties** - Is there evidence that financial duties are separated so that no one individual has complete authority over a financial transaction? [OMB Circular A110 & A122]

- Yes
- No

**Reviewer Comments:**

23) **LOCCS** - Does withdrawal information from the Line of Credit Control System (LOCCS) match the information from the CoC grantee’s drawdown voucher requests? [OMB Circular A110/A122]

- Yes
- No

**Reviewer Comments:**

24) **Travel** - Review a sample of travel expenditures. Were they necessary and proper? Was reimbursement in accordance with Government Services Administration (GSA) policies? [OMB A-122]

- Yes
- No

**Reviewer Comments:**

25) **Equipment** - Does the grantee maintain equipment records that contain information required (item, date acquired, cost, serial number, Federal share of acquisition)? When was the last physical inventory taken? [85.32 & 84.34]

- Yes
- No

**Reviewer Comments:**
26) **Conflicts of interest** - Does the grantee meet the conflict of interest requirements (no financial interests or benefit from assisted activity on part of staff (or person with whom the staff member has immediate family or business ties) during his/her tenure with organization and one year following his/her tenure. This includes procurement, rent reasonableness determinations and housing quality inspections for a property owned by the grantee or sub-grantee)? [578.95]
   - [ ] Yes
   - [ ] No

Documentation: Agency/Program policy statement

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**Reviewer Comments:**

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D. Reporting and Contract Requirements

27) **APR** - Was the most recent APR submitted to HUD no later than 90 days from the date of the end of the project’s grant term? [578.103 (e)]
   - [ ] Yes
   - [ ] No

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**Reviewer Comments:**

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28) **Close-out** - Were all close out reports required by HUD submitted no later than 90 days from the date of the end of the project’s grant term and as instructed in the closeout certification issued by HUD? [578.109 (b)]
   - [ ] Yes
   - [ ] No

Balance Remaining indicated on Closeout Certification: $________________________

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**Reviewer Comments:**

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29) **Grant amendment** - If there was a significant change made that required a grant amendment, is an executed amendment on file? Significant changes include, a change of recipient, a shift in a single year of more than 10 percent of the total amount awarded under the grant for one approved eligible activity category to another activity and a permanent change in the subpopulation served by any one project funded under the grant, as well as a permanent proposed reduction in the total number of units funded under the grant. [578.105 (a)]
   ☑ Yes  ☐ No

**Reviewer Comments:**

33) **Number of Participants** - Is the number of participants served during the grant period consistent with the number in the approved application?
   ☑ Yes  ☐ No

Documentation: Copy of grant application

**Reviewer Comments:**

34) **Goals and accomplishments** - Summarize the program accomplishments for the grant year. Are those consistent with goals stated in the application?
   ☑ Yes  ☐ No

Documentation: List of goals vs. accomplishments

**Reviewer Comments:**

E. **Housing Assistance**

35) **Housing Quality Standards** - Has all housing assisted through leasing or rental assistance with CoC funds been inspected prior to occupancy and re-inspected at least annually? [587.75(b)]
   ☑ Yes  ☐ No
36) **Habitability Standards** - Has all assisted housing not required to be inspected using Housing Quality Standards been inspected for habitability prior to occupancy and re-inspected at least annually?

- Yes
- No

**Reviewer Comments:**

38) **FMR Ceilings** - If CoC grant funds are used to lease individual units, has the grantee observed the limitation that rents may not exceed Fair Market Rents? [578.49(b)]

- Yes
- No

**Reviewer Comments:**

39) **Security Deposits** - If the grantee uses CoC funds for security deposits, are the amounts of the deposits not in excess of two months’ rent? [578.49(b) and 578.51(a)]

- Yes
- No

Documentation: List of deposits paid by CoC funds

**Reviewer Comments:**

40) **Environmental Review** - Has the grantee complied with environmental review requirements (Grantee will not acquire, rehabilitate, convert, lease, provide sponsor or project based rental assistance, repair, dispose of, demolish or construct property or expend HUD funds until an Environmental Review under 24 CFR part 50 has been completed and the grantee has received HUD approval of the property)? [578.31]

- Yes
- No

**Reviewer Comments:**
Guidance: Monitors will review files for evidence of environmental review and notice of HUD approval.

**41) Program fees** - Grantee may not charge program participants any fees other than rent. Has the grantee complied with this requirement? [578.87(d)]
- Yes
- No

**Reviewer Comments:**

41) Program fees - Grantee may not charge program participants any fees other than rent. Has the grantee complied with this requirement? [578.87(d)]
- Yes
- No

**f. Participant eligibility**

**Chronic Homelessness**

42) **A. Designated** - If the project has designated /prioritized chronically homeless beds, does the correct portion of households assisted meet the definition of chronic homelessness and has the grantee maintained documentation that applicable households served meet HUD’s definition of chronic homelessness? [578.3]
- Yes
- No

**Reviewer Comments:**

42) A. Designated - If the project has designated /prioritized chronically homeless beds, does the correct portion of households assisted meet the definition of chronic homelessness and has the grantee maintained documentation that applicable households served meet HUD’s definition of chronic homelessness? [578.3]
- Yes
- No

43) **B. Minimum commitment** - Does every household newly admitted meet the definition of chronically homeless and does the project use the order of priority established in HUD Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons, which defines which chronically homeless people get priority access to PSH beds, [CT BOS Policies and Procedures – Applies to PSH only beginning January 2015]
- Yes
- No

**Reviewer Comments:**
44) **Rapid rehousing** - Has rental assistance been provided for longer than 24 months. [578.37(a)].
   - Yes
   - No

45) Have case managers met with program participants at least monthly? [578.37(a)]
   - Yes
   - No

46) **Rapid Rehousing** - Have supportive services been provided to participants for a period not in excess of six months after rental assistance stops (RRH)[578.53(b)]
   - Yes
   - No

47) **Termination of Assistance** - Review files of participants who have been terminated from the CoC program. Has the grantee met HUD requirements for terminating assistance (provide formal due process, written copies of rules, written notice of termination with clear statement of reasons for terminating, opportunity to appeal decision, and receiving written notification of final decision)? [578.91]
   - Yes
   - No
48) **Involuntary separation of families** - The age and gender of a child under age 18 must not be used as a basis for denying any family’s admission to a project or for separation when entering a project (projects serving families only). Does program being monitored meet these conditions? [578.93/2013 CoC Application]
   - Yes
   - No
   
   Documentation: Agency/Program policy statement

   **Reviewer Comments:**

49) **Equal Access** - Does program comply with HUD Final Rule on Equal Access?
   - Yes
   - No

   **Reviewer Comments:**

**g. Services**

50) **Ineligible costs** - Services provided under ‘supportive services’ must be specifically identified under 578.53(e). Services provided may not exceed the scope of allowable services.
   - Yes
   - No

   **Reviewer Comments:**

51) **Housing First** - All permanent supportive housing and rapid re-housing must follow Housing First principles, including: housing is not contingent on compliance with services; tenants may only be terminated for lease violations or failure to carry out obligations under the Virginia Residential Landlord Tenant Act and many only be evicted from their units based on a valid court order; and services are provided post-housing placement to promote housing stability. Does project follow Housing First principles?
   - Yes
   - No

   **Reviewer Comments:**
h. Confidentiality

52) A. Procedures - Has the grantee/sub-grantee developed written procedures to ensure: all client records containing identifying information are kept secure and confidential; address of any family violence project will not be made public; address or location of any housing or program participant will not be made public? [578.103(b)]
   ☐ Yes ☐ No

53) B. Releases - Is information sharing evidenced in chart authorized by a current release of information? [578.103(b)]
   ☐ Yes ☐ No

Documentation: Agency/Program policy statement

Reviewer Comments:
Please find attached the minutes of the quarterly membership meeting of the Central Virginia Continuum of Care. Also attached is the Strategic Plan to effectively end homelessness in our region. Since most of this work happens in committees, find the area that excites and interests you and be a part of this effort. (the Public Information committee will meet at Armstrong Place on July 20 at 4pm!).

The next quarterly meeting will be October 11, 9am at Lynchburg General Hospital in the First Colony conference room.

---

Chris Howell, CVCoC Public Information Committee

You are receiving this email because you have worked with or shown an interest in the Homeless Response System in the Central Virginia Continuum of Care. If you would prefer to receive these emails at a different address (or not at all), please respond with further instructions.
Ginny Huntington called the meeting to order at 9:05am. She welcomed all and requested that everyone introduce themselves to the group.

Sarah Quarantotto presented the CVCoC's Strategic Plan to End Homelessness. The plan was developed in partnership with the Virginia Housing Alliance and was in development for almost a year. The Plan will guide the work of the CoC's committees as efforts are made to decrease homelessness in our community.

Megan Wood and Dawn Fagan presented data on Coordinated Homeless Intake and Access service transactions over the past year. Data attached.

Denise Crews provided CVCoC funding updates:

a. DHCD Virginia Housing Solutions Program- the CoC received level funding for FY2017 which runs July 1, 2016-June 30, 2017.

b. HUD CoC Competition FY2015- Our CoC lost 15% of our funding during the last funding cycle which resulted in a transitional housing program- LynCAG's Family Living Center, closing and a decrease in funding to Housing First Lynchburg (formerly 3 separate programs; Rush, Cornerstone and Shelter Plus Care).

c. HUD CoC Competition FY2016- The notice of funding availability (NOFA) was released and the application is due on September 14th.

Ginny requested committee reports from committee chairs:

a. Public Information- Chris Howell reported that the next meeting will be on Wednesday, July 20th at 4pm at Armstrong Place

b. CoC Training- Caroline Hudson had no report

c. Point in Time- Sue Coleman was absent and no report submitted

d. Program/Peer Reviews- Joan Phelps reported that reviews for the CoC FY2015 projects would occur soon and requested assessment materials from Sarah.

e. HMIS- Sarah announced that the next meeting would be July 19th at 10am at Miriam's House.

f. Nominating- Denny Huff had no report

g. Homeless and Housing Services- Sarah reported that the next committee meeting is July 27th at 9am and that the next Community Case Review meeting was July 13th at 10am.

Ginny asked if there were any announcements:
a. Ken Vance with the Central Virginia Alliance for Community Living shared information about their weatherization program and asked for referrals.

b. Joan requested that Melissa Yuille provide an update on disaster response in Appomattox following the tornado. Melissa provided an update.

The meeting adjourned at 10:25am. Next CVCoC quarterly meeting will occur on October 11, 2016, 9am at Lynchburg General Hospital in the First Colony Conference Room. Free valet parking available.

Submitted by: Sarah Quarantotto, CVCoC Board Secretary
NOTICE OF FUNDING AVAILABILITY
Central Virginia CONTINUUM OF CARE (VA 508)
FY16 HUD CoC Competitive Program

The Central Virginia Continuum of Care is soliciting project applications for inclusion in the CoC’s annual submission to HUD’s CoC Competitive grant program. According to the FY 2016 CoC PROGRAM COMPETITION: FUNDING AVAILABILITY PAGE, new projects can be of four types:

1) To create new, permanent supportive housing (PSH) opportunities exclusively for people experiencing chronic homelessness.
2) To create new, rapid re-housing (RRH) projects to serve families.
3) To create a new, supportive services only (SSO) project specifically for a centralized or coordinated assessment system. See HUD’s Coordinated Entry Policy Brief for eligible activities under this funding type.
4) To create a new dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37 that must be carried out by the HMIS Lead.

ELIGIBLE APPLICANTS: Public Housing Authorities and units of local government
Eligible nonprofit organizations with demonstrated capacity to manage federal grant funding

APPLICANT REQUIREMENTS:
- All project applicants must have a DUNS number and have active registrations in SAM. Since this process can take time, interested applicants who are not registered are encouraged to start the process as soon as possible.
- Applicants and potential sub recipients must demonstrate the financial management capacity and experience to carry out the project as detailed in the project application and to administer federal funds.

PROJECT REQUIREMENTS:
- Projects must meet all guidelines, restrictions, and requirements for projects under HUD’s Continuum of Care Competitive Program and the FY16 CoC NOFA. For program guidelines, training materials and resources, visit the 2016 NOFA resources page and CoC Competition: e-snaps resources.
- Projects for PSH must target 100% chronically homeless individuals, projects for RRH must target families and individuals coming directly from the streets or emergency shelter.
- SSO projects must be specifically dedicated to creation of a centralized or coordinated assessment system.
- Projects must adopt a Housing First approach. Programs may not include any requirements or conditions for entry into the program (i.e. sobriety, income requirements, etc.)
- Projects must agree to receive client referrals through the CoC Coordinated Assessment/Central Intake system.
- Projects must participate in Affordable Care Act enrollment and outreach activities to ensure eligible households take advantage of the new healthcare options.
- Projects must maximize leveraging and identify non-HUD supportive services funding, including the use of mainstream resources.
- Must request less than 10% in administrative funding.
- Must agree to participate in the local Homeless Management Information System. Victim service providers must use a comparable database that meets the needs of the local HMIS.
- PSH and RRH Project Applications must clearly demonstrate:
  - The type, scale, and location of the housing fit the needs of the program participants.
NOTICE OF FUNDING AVAILABILITY
Central Virginia CONTINUUM OF CARE (VA 508)
FY16 HUD CoC Competitive Program

- The type, scale, and location of the supportive services, and the mode of transportation to those services fit the needs of the program participants (regardless of supportive services funding source)
- The specific plan for ensuring program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants.
- The program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs.
- At least 75% of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, or safe havens.
- Amenities are accessible in the community. Applicants must administer their programs or activities in the most integrated setting appropriate to the needs of qualified homeless with disabilities.
- SSO Project Applications must clearly demonstrate:
  - Whether the centralized or coordinated assessment system is easily accessible for all persons within the CoC’s geographic area who are seeking information regarding homelessness assistance.
  - Whether there is a strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers within the CoC’s geographic area.
  - Whether there is a standardized assessment process.
  - Whether the program ensures that program participants are directed to appropriate housing and services that fit their.
- New HMIS project applications must clearly demonstrate:
  - How the HMIS funds will be expended in a way that is consistent with the CoC’s funding strategy for the HMIS and furthers the CoC’s HMIS implementation
  - Whether the HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards
  - Whether the HMIS un-duplicates client records
  - Whether the HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g. APR, quarterly reports, data for CAPER/ESG reporting).

TIMELINE:
HUD requires that all project applications are to be submitted at least 30 days prior to the CoC application due date on September 14, 2016. In order to meet this deadline, applications must be submitted to The Central Virginia Continuum of Care for review by 8/12/2016.

The Ranking and Prioritization Committee may wish to discuss options with potential applicants in order to achieve the greatest potential benefit to increasing homelessness resources for the community. However, because project applications need to be submitted by early August, each potential applicant will need to prepare their proposed project in e-snaps. There will not be a separate proposal process prior to entering the application in the HUD e-snaps system. Information from the draft e-snaps application, in PDF format, will be used for project selection.
NOTICE OF FUNDING AVAILABILITY
Central Virginia CONTINUUM OF CARE (VA 508)
FY16 HUD CoC Competitive Program

Project Application Deadlines:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/22/2016</td>
<td>Intent to Submit Project Application notification due to CVCOC [email to <a href="mailto:dcrews@lynzag.org">dcrews@lynzag.org</a>].</td>
</tr>
<tr>
<td>8/12/2016</td>
<td>Submission of application and project documents in e-snaps by applicant. PDF copy due to CVCOC[email to <a href="mailto:dcrews@lynzag.org">dcrews@lynzag.org</a>].</td>
</tr>
<tr>
<td>8/22/2016</td>
<td>Ranking and Prioritization Committee meets, selects and ranks projects.</td>
</tr>
</tbody>
</table>

INTENT TO SUBMIT PROJECT APPLICATION PROCESS:
Please email your notice of intent to submit a new project application via email to Denise Crews at dcrews@lynzag.org by 7/22/2016. Please include your organization’s name, contact information, and brief descriptions of your proposed project and the organization’s eligibility and capacity to manage this type of project, including experience managing federal funds. Notices received after 7/22/2016 will not be considered.

ESTIMATED FUNDING AVAILABLE:
There are two sources of potential funding for new project applications:

1) Reallocated Funds: Funding from existing renewal projects may be reallocated to fund new projects. Currently, the CoC has $327,287 available to fund renewal projects. This includes 3 permanent supportive housing (PSH) projects, 1 transitional housing (TH) project and 1 HMIS project. In order for a new project to be awarded funding for RRH, PSH, SSO, or HMIS and ranked in the CoC’s Project Priority Listing, funds from these existing PSH, TH and HMIS projects must be reallocated and therefore not available to continue to fund existing program participants’ housing assistance. Therefore, the CoC is prioritizing existing renewal projects during the ranking and review process.

2) Permanent Housing Bonus: Approximately $21,256.00 (5% of FPRN) is available to fund new permanent supportive housing projects dedicated 100% to the chronically homeless or rapid re-housing projects dedicated to singles and families and youth coming directly from the street or emergency shelter as part of the overall ranking and prioritization process in the FY16 competition. The PH Bonus is no longer offered as part of a set-aside funding pool, and will now be ranked against renewal and new projects created out of reallocation. Therefore, the CoC will prioritize existing renewal projects over PH Bonus projects during the ranking and review process. Additional information on this opportunity can be found starting on page 15 of the FY16 Notice of Funding Availability.

REVIEW AND SELECTION:
Central Virginia Continuum of Care (VA 508) has established a Ranking and Prioritization Committee that will rank and select projects and funding levels for submission to HUD. All proposed project applicants will be notified by 8/30/2016 if their project is selected for inclusion in the full application.

Projects will be reviewed and selected based on their alignment with HUD and local plans and priorities, ability to meet threshold, eligibility, and capacity requirements as well as the extent to which they contribute to the competitiveness of the overall CoC application. Applicants are encouraged to review the FY16 Notice of Funding Availability and the Interim Rule for more detailed information on requirements and priorities.
Central Virginia Continuum of Care

Minutes of the September 7, 2016 Ad hoc Ranking and Review Committee

Present: Denise Crews, Tracey Dixon, Kate Donaldson, Chris Howell, Caroline Hudson, Denny Huff, Ginny Huntington, Jim Meador, Joan Phelps, Tab Robertson, Melva Walker and Jeremy White.

Denise Crews, CoC Lead, asked the committee members to review the Ranking and Review Policy and Tools distributed and approved by the CVCoC board. She offered the following synopsis of the FY2016 ranking priorities:

Priority #1 is Permanent Supportive Housing with renewal projects ranked over new projects.

Priority #2 is HMIS and CoC Planning

Priority #3 is Rapid Rehousing. Renewal projects (we have none at this time) ranked over new projects.

Priority #4 is Transitional Housing (we have no projects in this category at this time).

Priority #5 is/are bonus project(s)

With those priorities in mind the committee reviewed the project applications, APRs, monitoring visit report, score cards, and new project checklists. Given the above priorities and the supporting materials, Joan Phelps moved to rank the project applications in the following order.

1. Housing First Lynchburg (PSH) – Lynchburg Redevelopment and Housing Authority
2. Magnolia Street Supportive Housing (PSH) – Miriam’s House
3. HMIS- Miriam’s House
4. CoC Planning- Lynchburg Community Action Group
5. Community First Rapid Re-Housing (RRH) – Miriam’s House
6. Magnolia Street bonus project (PSH) – Miriam’s House

Virginia Huntington seconded the motion and the committee passed the motion unanimously. There were no previously rejected applications. Denise Crews will notify the applicants of their project’s ranking and remind them of the grievance policy should they wish to appeal the decision. Joan Phelps will publish both the priority listing and the minutes from this meeting to the United Way website to make publically available. Chris Howell will circulate via the CoC Mailing List.

Respectfully submitted,

Chris Howell, CVCoC board member
Central Virginia Continuum of Care  
Reallocation Policy  
HUD CoC Competition FY2016

**Reallocation Policy**

The Monitoring and Evaluation Committee will meet annually or as needed to discuss potential reallocation of HUD CoC Competition Program project grants. Each project will be evaluated based on extent to which the project is necessary and addresses the CoC’s priorities identified in the CVCoC Strategic Plan to End Homelessness. If a decision is reached to do so then a recommendation for reallocation of a specific project grant or project type will be submitted to the CoC Board. Criteria to be considered in a decision to recommend reallocation of a project/project type include:

- Alignment with the CVCoC Strategic Plan to End Homelessness  
- Alignment with federal and state goals to end homelessness  
- Monitoring and Evaluation Committee’s audit report findings including fiscal responsibility, compliance with program guidelines and performance  
- HMIS Data Quality Report Card score in accuracy, completeness and timeliness  
- Meeting the CoC Project Performance Outcome Standards  
- Consideration of unspent CoC funds  
- Consideration of impact on the Consolidated Application score

If the Board endorses the recommendation to reallocate funding, the grantee will be notified by the Board and a request for proposals (RFP) will be widely distributed in the community to be solicited for use of the reallocated funds. The details of the RFP will be based on the current HUD CoC Competition Notice of Funding Availability.

**Reallocation and Ranking Appeals Process**

An ad hoc Reallocation/Ranking Appeals Committee will be formed by 3-5 CoC non-conflicted members to review all appeals and will make recommendations to the CoC Board. The Appeals Committee will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving. Applicants may appeal any of the following decisions of the CoC Board:

- Placement of a project in Tier 2  
- Reduction of a renewal grant amount  
- Reallocation of a renewal grant

Applicants wishing to submit an appeal must notify the Collaborative Applicant’s representative, Denise Crews at dcrews@lyncag.org by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:
• Agency name
• Project name
• Reason for appeal (no longer than 2 pages)
• Documentation to support the appeal

Applicants will be notified of the outcome no later than 2 business days after the appeal has been received.
Central Virginia Continuum of Care
Policies and Procedures

Serving the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford and Campbell.

Adopted September, 2016
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CoC Governance

I. CoC Membership

   A. Roles and Responsibilities

      1. Ethics Statement

         a. The Central Virginia Continuum of Care (CoC) board and membership shall uphold the
            highest ethical standards at all times. All members shall demonstrate professional behavior
            and pursue collaboration and teamwork. These efforts shall serve as a model for both the
            community and the individuals served by the CoC.

         b. In order to fulfill the CoC’s responsibilities to the community and clients in an ethical and
            effective manner, all members shall:

            i. Represent the interest of donors and individuals served by the CoC;
            ii. Maintain and do nothing to violate the trust of those served by the CoC;
            iii. Respect and preserve the confidentiality of discussion and/or privileged information.
            iv. Communicate and support CoC values, mission, goals, policies, decisions and
                strategies to all constituents;
            v. Support and encourage pride, diversity, and accountability within the framework of
                CoC’s mission and goals;
            vi. Be active participants in the CoC, working diligently, in a timely fashion, and
                emphasizing due process and fairness;
            vii. Not use this organization or our service for personal advantage or for the individual
                advantage of friends, supporters, or organization(s);

      2. Conflict of Interest

         a. Members must act in the best interests of the organization and avoid situations where
            personal interests or relationships interfere with acting in good faith on behalf of the CoC.

         b. Conflicts of interest, even a perceived conflict of interest, must be disclosed to the Board and
            avoided. The awareness of possible conflicts of interest should be particularly heightened
            regarding all decisions with respect to funding, awarding contracts, and implementing
            corrective actions as a result from CoC Collaborative Applicant monitoring activities of the
            CoC.

            i. The member shall disclose to the CoC any conflict or appearance of conflict which may
               or could be reasonably known to exist.
            ii. Members shall not vote on any item that would create a conflict or appearance of
                conflict.
            iii. When acting on behalf of the CoC, members may not engage in activities that are in
                conflict with the interests of the CoC or that may negatively impact the reputation of the
                CoC.
            iv. Members shall conduct CoC business in accordance with the by-laws and policies of
                CoC.
            v. Members must maintain the highest standards of confidentiality regarding information
               obtained directly or indirectly through their involvement with the CoC. This includes but
               is not limited to information about members and their organizations and funded
               agencies.
vi. CoC business will be conducted in a manner that reflects the highest standards in accordance with federal, state, and local laws, regulations, CoC bylaws and CoC policies.

3. Diversity Statement
   a. The members, Board, contractors and volunteers of the CoC will respect and honor differences among individuals. Decision-making shall be based on program standards and eligibility criteria, following all applicable state and federal regulations. The CoC shall not discriminate against any CoC member or client because of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, gender identity or gender expression, intellectual, or physical disability.

4. CoC Record Keeping/Retention
   a. The activities of the CoC are undertaken on behalf of the community, and at the behest of funding organizations. The CoC shall retain adequate records to provide transparent operations and decision-making, and in support of any necessary audits. The CoC Board Secretary shall be responsible for overseeing the necessary record-keeping for the CoC. Constituent agencies shall maintain records of their operations and finances as required by CoC and funding organization policies and applicable law, including the recordkeeping requirements of HUD regulation 24 CFR 578.103.
   b. The CoC Board Secretary will ensure minutes of all meetings are taken. Minutes shall be maintained for public review upon request. The minutes of Board meetings shall include documentation of attendance; decision-making, including discussion and alternatives considered; evaluations of actual or possible conflicts of interest, including names of persons involved, actions taken to determine whether a conflict of interest was present, and the Board’s conclusions. The Secretary shall maintain the CoC Board roster, Policies and Procedures, application forms, and attendance records.
   c. Records shall be retained for a minimum of 5 years, unless otherwise required by law; and except for records of Board meetings, Policies and Procedures, and grant applications, which shall be maintained for the lifetime of the CoC.

5. Data and Counts
   a. The CoC shall operate a Homeless Management and Information System (HMIS), as required by HUD and in accordance with the written standards and procedures of HUD and the CoC. Data from the HMIS will be utilized by the CoC for reporting, in agency program performance evaluations, in system performance evaluations, and for strategic planning purposes.
   b. The CoC shall conduct an annual Point in Time Count in accordance with the written standards of HUD. The Count shall include a census of unsheltered individuals, to be performed at least biennially, in odd-numbered years.
   c. The CoC shall collect data from agencies annually, as needed to perform the Housing Inventory Count, and other mandated reports, in accordance with the written standards of HUD.

6. Strategic Plan
   a. The CoC will develop a Continuum of Care Strategic Plan to be reviewed and approved by the Continuum of Care Board. The plan will be reviewed at least biennially, and updated at least every three years. The plan will contain at minimum:
      1. HUD Goals
      2. Continuum of Care Goals
      3. HUD Objectives
4. Continuum of Care Local Objectives
5. Action Items that identify who and what steps will be taken to address the objectives and achieve the goals
6. Performance measures.
7. System Wide Performance Measures
   a. The CoC will collect and report CoC System Performance Measures, in accordance with HUD standards and the requirements of the CoC Strategic Plan. These measures will be used for reporting, funding prioritization, and to gage progress in achieving the goals of the Plan.
8. Attendance
   a. Members of the CoC should attend 75% of quarterly CoC meetings and participate on at least one committee of the CoC.

II. CoC Board
   A. Composition
      1. The CoC Board shall be comprised of individuals and agencies concerned with the development and coordination of the CoC’s homeless response system. The Board shall consist of an uneven number of voting members equaling at least three but no more than 17 members and shall include:
         a. One representative from each participating jurisdiction in the Central Virginia Planning District.
         b. One representative from each agency or organization currently receiving funding to operate housing grant programs.
         c. At least two representatives from the public or private sector with no self-interest in the public funding programs influencing the CoC.
         d. At least one member who has had the experience of being homeless or is presently experiencing homelessness
         e. Examples of additional representation may include:
            i. Non-profit organizations representing veterans and individuals with disabilities
            ii. Faith-based organizations
            iii. Public housing agencies
            iv. Advocates
            v. Mental health agencies
            vi. School districts
            vii. Hospitals
            viii. Universities
            ix. Affordable housing developers
            x. Law enforcement
            xi. Representatives of business and financial institutions
            xii. Representatives of private foundations and funding organizations
            xiii. Social service providers
            xiv. State and local government agencies
B. Selection

1. Central Virginia CoC Board positions for any agency, organization or jurisdiction receiving grant funding are filled by representatives selected by the respective agency/organization or jurisdiction. Additional Board members shall be invited to serve on the basis of their express interest in pursuing the CoC’s mission. New Board members shall be elected at the annual meeting of the Board, which takes place in April of each year. As part of this process, there shall be an annual call for nominations from the public by the Chair of the Nominating Committee to fill any remaining member vacancies that exist on the board.

   a. Candidates shall complete both the Board Application and Commitment Form, and the acknowledgement of the Conflict of Interest Policy. These documents will be submitted to the chair of the Nominating Committee for review.

   b. Approved candidates shall then be presented and elected by a majority vote of the Board members at the April Board meeting.

   c. Results of this annual process will be communicated to the General Membership by the CoC Chairperson during the April Membership meeting.

   d. Whenever a vacancy occurs which results in an even number of voting Board members, the Board must vote to either fill the position and re-establish an uneven number of voting members or designate the Board Chair as non-voting until such time as the vacancy is filled. The vote to address the vacancy may take place at the next regular or special meeting, and shall occur within 45 days of the vacancy. The term of a Board member elected to fill a vacancy shall expire at the next meeting at which members are elected. The board member may be re-elected to the Board at the annual meeting to serve a normal term.

C. Term Limits

1. Central Virginia CoC Board members shall serve terms of two years, renewable for a second term. After serving two full terms, the Board member may be eligible for re-election after a one-year hiatus. Term limits will not be in place for CoC funded agency representatives.

D. Conflict of Interests

1. CoC Board members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but shall recuse themselves from voting on any issue in which there may be a conflict of interests. No member of the CoC Board shall vote upon any matter which shall have direct financial bearing on the organization that the member represents or sits as a board member for the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions as a result from CoC Collaborative Applicant monitoring activities. Board members whose agencies/organizations are applying for grant funding shall not lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.

E. Officers

1. The officers of the Central Virginia CoC shall be drawn from the members of the Board who shall annually elect a Chair, Vice-Chair, and Secretary. Additional officers, including additional Vice-Chair(s), as may be deemed necessary, also may be elected or appointed by the Board from time to time. The officers shall serve for a term of one year and be eligible for reelection. The Chair, or Vice-Chair in the absence or inability of the Chair to act or as requested by the Chair, shall:

   a. Preside at all meetings of the Board,

   b. Set agendas for all Central Virginia CoC Board and Membership meetings,
c. Serve as the formal signatory for the CoC, and
d. Discharge the usual functions of the office of Board Chair.

2. The Secretary shall prepare and distribute all Board notices, including date, time and location of meetings; record and maintain minutes of the proceedings of all meetings and formally approved documents of the CoC; and keep membership accounts showing the names of members and relevant contact information.

3. The duties of any remaining officers shall be to perform such tasks that are incident to the office or offices which they hold and shall carry out all other duties that may be required of them by the Board or the Chair or Vice-Chair.

4. In the absence of any officer, the Board may delegate power to any other officer or Board member, who shall perform those duties in the event of the absence, inability, or unavailability of the officer to perform.

5. Board members will be nominated to fill these offices prior to the annual meeting of the Board, which takes place in April of each year. Candidates shall be elected by a majority vote during the annual Board meeting. Elected officers shall be presented to the CoC General Membership during the April Membership meeting.

F. Responsibilities

1. The CoC Board is responsible for the following:
   a. Conducts an annual gaps analysis of the needs of homeless people as compared to available housing and services within the CoC geographical area.
   b. Works closely with government agencies, funders, advocates, providers, and consumers to coordinate the implementation of a housing and service system within the CoC’s geographical area that meets the needs of homeless individuals and families. The system encompasses:
      i. Outreach, engagement, and assessment
      ii. Shelter, housing, and supportive services
      iii. Prevention strategies

2. Board Members are expected to adhere to the following:
   a. Attend Board and Membership meetings and contribute to informed dialogue on actions the group undertakes. If the Board member cannot attend, they shall notify the Chair as soon as the conflict arises.
   b. Serve on a committee of the Central Virginia CoC
   c. Support and participate in at least one of the activities of the Central Virginia CoC. These include the Point- in- Time count, HMIS oversight, strategic planning, advocacy and public education efforts, project and system performance reviews, and the application processes for CoC Homeless Assistance Grants and other funding proposals

G. Voting

1. A simple majority (50% + 1) of the number of Board members shall constitute a quorum for the transaction of business. Vacancies may be filled by a majority of the remaining members even though the remaining members do not constitute a quorum.
   a. In cases of emergency, a quorum may be declared if fewer than the majority of the Board is present under the following conditions:
      i. At least one-third of the members of the Board are present,
ii. All members present are unanimously in favor of declaring such an emergency quorum; and

iii. Under conditions of an emergency quorum, any action must be approved by a three-fourths vote of the members present.

2. Any action requiring a vote of the Board shall be approved upon consent of a majority of voting Members, assuming presence of a quorum.

3. During the ranking process for CoC funding, representatives from funded agencies, or agencies that have an interest in the outcome of the vote, shall recuse themselves from the room during the process.

H. Attendance

1. CoC Board members shall demonstrate a commitment to the goals and objectives of the Continuum of Care Strategic Plan and shall attend and participate in no less than 75% of called CoC Board meetings as agreed upon by signature on the CoC Board Application and Commitment Form. Attendance shall be recorded at all Board meetings and included in meeting minutes. The CoC Board will review and approve minutes from the previous meeting and consider recommendations from committees during its Board proceedings.

2. Regular meetings of the Board may be held at such time and place as may be fixed from time to time by the Board with at least quarterly meetings.

3. Annual meetings shall be held in the month of April of each year to elect a Chair, Vice-Chair, Secretary, and members of the Board and conduct such other business as may be necessary.

4. Special meetings may be held at any time upon the call of any two Board members.
   a. Notice of a special meeting may be either oral or written, informing each member of the purpose of the special meeting and giving each member sufficient time to attend the meeting.
   b. Meetings may also be held by conference telephone call if it can be established that a quorum is present. Any action, which may be taken at a meeting of the Board, may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the Board members entitled to vote thereon, with the date(s) of signatures included, and delivered to the Secretary for inclusion in the minutes; and such consent shall have the same force and effect as a unanimous vote of the Board. The signature of a Board member may be provided electronically.

I. Termination and Resignation

1. A Board member may be removed without cause by a vote of the majority of the remaining members. Failure to attend three consecutive meetings, without prior excuse or cause, shall be grounds for removal. The Board shall require any appointing agency/organization or jurisdiction to appoint a substitute in the event of the removal of their representative member from the Board.

2. If a Board member wishes to resign, they shall submit a letter of resignation to the CoC Board Chair.

J. Committee Chairs

1. Selection
   a. In addition to the three primary offices of the Board, chairpersons shall be elected to lead each committee of the CoC. It is not required that committee chairs be members of the CoC Board. Chairs shall be elected by a majority vote of the Board at the annual meeting, which takes place in April of each year.
      i. The Chair of the Nominating Committee shall secure the written agreement, prior to election, for candidates for committee chairs.
2. Role and Responsibilities
   a. Committee chairs are responsible for:
      i. Facilitating the respective committee meeting.
      ii. Ensuring that goals and action steps are in accordance with the CoC’s mission and vision.
      iii. Implementing action steps and goals as set forth in the CoC’s 10-year plan.
      iv. Maintaining attendance records and documentation of action taken by the committee (i.e. maintaining meeting minutes).
      v. Distributing meeting minutes to committee and Board Members.
      vi. Reporting progress and recommendations to the CoC Board.

K. CoC Collaborative Applicant
   1. Role/responsibilities
      a. The Collaborative Applicant (CA) will provide staff support and technical assistance to the membership, committees and Board.
      b. The CA along with the Monitoring Committee will conduct an annual performance assessment that includes project site visits, random case file reviews, and financial management data reviews.
      c. The CA will respond to project requests for technical assistance that will result in enhanced performance.
      d. The CA will oversee the point in time (PIT) and housing inventory count (HIC) data collection and submission with the PIT committee, HMIS Lead, and HMIS committee.
      e. The CA will remain current on HEARTH Act implementation and CoC and VHSP Guidelines to ensure CoC compliance and provide technical assistance to funded projects to ensure compliance.
      f. The CA will provide annual updates to the CoC Board and Membership on system level performance and progress toward reducing homelessness.
      g. The CA is responsible for the development and submission of the HUD CoC Grants Inventory Worksheet, CoC Registration, and CoC Application and the Department of Housing and Community Development annual Virginia Housing Solutions Program application.
      h. The CA will apply for both DHCD and HUD planning grant funding, perform eligible grant activities and raise the match funds required.

2. Selection
   a. The CoC Board will select an eligible organization to serve as the Collaborative Applicant responsible for submission of the Continuum of Care’s application for the HUD Continuum of Care funding and conducting CoC program responsibilities.
   b. The selection will be formalized through a majority vote of the Board membership present. The vote must occur prior to submission of the HUD eSNAPS application for CoC Planning funds. The CoC Board will enter into a Memorandum of Agreement with the Collaborative Applicant detailing the roles and responsibilities of each entity.
   c. A Request for Qualifications (RFQ) for a Collaborative Applicant may be called by the CoC Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special subcommittee of the CoC to conduct the process for RFQ review and recommendation of a Collaborative Applicant to the Board.
3. Evaluation  
   a. The CoC Board is responsible for conducting an annual evaluation of the CA to assess the agency’s performance in fulfilling the roles and responsibilities set forth in section II.K.1 under ‘Governance’ (p. 10). If the CA consistently demonstrates poor performance, the CoC Board may decide to select a new CA using an evaluation tool developed by the Monitoring and Evaluation through a process which will be developed by the Policies and Procedures Ad-hoc Committee.

L. HMIS Lead  
   1. Role/responsibilities  
      a. The HMIS Lead will manage the HMIS, subject to the CoC’s HMIS Policies and Procedures. These responsibilities are as follows:
         i. Ensure that the HMIS is administered in compliance with HUD requirements.
         ii. Ensure the participation by recipients of CoC funding through the CoC program or VHSP.
         iii. Conduct quarterly trainings for HMIS users.
         v. Develop, update and implement CoC HMIS Data Quality Plan.
         vi. Work with homeless response providers not funded through the CoC to encourage data inclusion.
         vii. Generate data as requested for annual reports including but not limited to; the Point in Time report, Housing Inventory Count, and Annual Homeless Assessment Report.
         viii. Apply for HMIS funding through the CoC application and if awarded funding, enter into an agreement with HUD for grant activities and raise funds to satisfy match requirements.

   2. Selection  
      a. The CoC Board will select an eligible organization to serve as the HMIS Lead responsible for administering the HMIS in compliance with requirements prescribed by HUD.
      b. The selection will be formalized through a majority vote of the Board membership present. The vote must occur prior to submission of the HUD eSNAPS application for HMIS funds. The CoC Board will enter into a Memorandum of Agreement with the HMIS Lead detailing the roles and responsibilities of each entity.
      c. A Request for Qualifications (RFQ) for an HMIS Lead may be called by the CoC Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special subcommittee of the CoC to conduct the process for RFQ review and recommendation of an HMIS Lead to the Board.

   3. Evaluation  
      a. The CoC Board is responsible for conducting an annual evaluation of the HMIS Lead to assess the agency’s performance in fulfilling the roles and responsibilities set forth in section II.L.1 under ‘Governance’ (p. 11). If the HMIS Lead consistently demonstrates poor performance, the CoC Board may decide to select a new HMIS Lead through a process which will be developed by the Policies and Procedures Ad-hoc Committee.

III. CoC Committees  
   A. Creation/Dissolution
1. The CoC Board shall create committees as necessary to accomplish its purpose, roles and responsibilities. The Board will establish ad-hoc committees or working groups as needed. The purpose of these ad hoc committees and task forces will be to develop recommended solutions to the specific issues for which they were developed and will absolve once completed. All committees are encouraged to meet regularly but at least quarterly with the exception of the Nominating Committee which shall meet at least once prior to the Annual Meeting of the Board, and the Point in Time Committee, which shall meet as necessary to plan and conduct the annual census.

2. The creation or dissolution of committees shall occur after approval by a majority of the Board.

B. Standing Committees:

1. Homeless and Housing Services Committee
   a. Works to improve the homeless response system. This is done through developing programs recommendations consistent with best practices in homeless assistance.
   b. Oversees the implementation and improvement of coordinated intake for the CoC.

2. Homeless Management Information System Committee
   a. Works to ensure that the CoC meets its responsibilities regarding data collection, data sharing and privacy, data quality, implementation of new features, training and recruitment of new HMIS participating agencies.

3. Nominating Committee
   a. Works to ensure that the CoC Board is comprised of individuals representing homeless or formerly homeless persons, homeless service provider organizations, partner organizations and persons from each locality under the CoC.
   b. Publishes an annual call for candidates from the public for Board Members.
      i. The call shall be published in January of each year, using media channels that can reach both members of the CoC and the general public in the CoC’s service region.
   c. Collects and vettes applications for the Board, and obtains written agreements from nominees for other positions prior to presentation of candidates to the Board for a vote.
   d. Provides timely notification to candidates of the results of the Board vote prior to announcement to the CoC.

4. Point in Time Committee
   a. Plans and implements the annual Point in Time Count according to HUD guidelines.
   b. Works closely with the HMIS Lead to prepare, organize, and submit the data to HUD.

5. Advocacy/Outreach Committee
   a. Tasked with increasing public awareness and broaden support for implementing policies and programs aimed at ending homelessness.
   b. Keeps a listing of CoC members and works to increase membership through awareness efforts.

6. Training Committee
   a. Responsible for ensuring that funded and partner agencies have access to trainings required or recommended through HUD or DHCD.

7. Monitoring and Evaluation Committee
a. Reviews CoC funded (either through HUD or DHCD funds) projects through the Board approved standardized evaluation tool. The monitoring tool shall incorporate site visits, evaluation of outcomes, financial audits, and case files.

b. Provides the CoC Board with an annual assessment of each funded project and a recommendation on further funding.

c. Will be comprised of representatives from organizations not funded through the CoC and who do not have a conflict of interest.

C. Ad hoc Committees
   1. Ranking and Review Committee
      a. For both the HUD CoC Competition and DHCD’s Virginia Housing Solution Program’s application, the Board of the CoC will become the ad hoc Ranking and Review committee minus representatives from organizations applying for funds.
      b. For HUD, CoC Competition will score and rank projects in accordance with the scorecard created by the Monitoring and Evaluation Committee (see Appendix A).
      c. Meets during the application period for both HUD and DHCD to review and approve project application submittal according to the review policy (see, ‘Evaluation’, VII, p. 29).

IV. Community Case Review (CCR)
   A. Purpose & Background
      1. The CCR is a team staffed by anchor agencies from a variety of backgrounds interfacing with homeless individuals. The CCR process develops and reviews plans for individuals and families experiencing homelessness or at risk of homelessness to identify and secure services and supports that will lead to stable housing. The CCR has two separate but complimentary purposes: to problem solve difficult cases and determine prioritization for permanent supportive housing openings.

   B. Membership
      1. Due to the confidential material discussed at CCR meetings, formal membership is required of each attendee. The only exception to this policy is if a visitor with a pre-existing relationship to the client who is being staffed wishes to attend. See CCR Visitor Policy below. Members of the CCR commit to one year of membership with attendance of at least 75% of meetings. Each member signs an agreement at the beginning of their term indicating their commitment to maintain attendance, participation, and confidentiality standards. In addition, CCR members commit to prepare in advance of each meeting and submit client cases for review as appropriate. All information gained at a CCR meeting must remain confidential and not be disseminated to others.

   C. Visitors
      1. Visitors are often essential to staffing, as they may have information helpful in developing a housing plan. Therefore, visitors are allowed at CCR during the case staffing of an individual or household with whom they have a pre-existing relationship, i.e. social worker, probation officer, therapist, case manager, etc. Visitors must complete a CCR Visitor Form indicating their commitment to confidentiality.

   D. Convener
      1. The CCR convener is selected by the membership of the CCR to facilitate the two processes of the team. The CCR convener is responsible for collecting membership agreements, visitor forms, keeping track of member attendance, collecting CCR forms, setting the agenda, facilitating the meeting and developing and dispersing meeting minutes. The CCR convener should be selected annually.
E. Process

1. Client Staffing
   
a. Members of the CCR or community members interfacing with individuals at risk of homelessness or experiencing homelessness may wish to bring a case to the CCR for client staffing. The following outlines the process of client staffing:

b. The service provider working with a household that is homeless or at-risk of homelessness recognizes that the household is experiencing significant and/or unusual barriers to housing and completes the CCR Release of Information and Staffing Form.

c. The service provider submits both forms to the CCR Convener by 5pm on the Friday preceding the next scheduled CCR meeting.

d. The service provider may invite individuals who are working with the client. In this instance, a CCR Visitor Form must be completed and submitted to the CCR Convener prior to the meeting.

e. The CCR Convener will send out the confirmed agenda with materials on the Monday prior to the meeting.

f. The appropriate service provider will have up to 10 minutes to present the case prior to receiving feedback from CCR members. The service provider should bring a copy of the Housing Barrier Assessment if one has been completed by the CHIA Coordinator.

2. Permanent Supportive Housing and Rapid Re-Housing Prioritization
   
a. As PSH and RRH are vital tools in ending homelessness for priority populations, these slots are filled through a strategic process. This process is designed to identify the most vulnerable persons served by the CoC and ensure their placement in RRH or PSH. The following outlines the process for prioritization:

b. The Coordinated Homeless Intake and Access (CHIA) Coordinator will complete the CCR Release of Information and Vulnerability Index, HBA and Priority Subpopulation Checklist for all clients referred to next step services through either shelter or outreach efforts.

c. CHIA Coordinator will submit materials (Release, Vulnerability Index, Priority Subpopulation Checklist and HBA) to the CCR Convener by 5pm on the Friday preceding the next scheduled CCR meeting.

d. Service providers may invite individuals who are working with the client. In this instance, a CCR Visitor Form must be completed and submitted to the CCR Convener prior to the meeting.

e. The CCR Convener will send out the agenda and materials on the Monday prior to the meeting.

f. Referred client cases will be presented by their respective shelter case managers.

g. CCR members will prioritize referrals with a preference for those households belonging to priority subpopulations who have the greatest vulnerabilities and barriers based on the Priority Subpopulation Checklist, HBA and VI-SPDAT scores.

h. CCR members will vote to identify the top three candidates for each opening, with the candidates chosen by a majority vote. This ensures the process does not need to be repeated if the first individual is found to be ineligible for the service (i.e. is unable to obtain proof of having a disability of long duration, etc.).

V. Grievance Policies

A. Grievance Against the CoC Board or CoC Funded Project
1. Any written complaint against the CoC will be reviewed by the Board within fourteen (14) days of its receipt. The Chair or Vice-Chair will respond within thirty (30) days to:
   a. Seek and clarify the issues raised by the complainant;
   b. Determine what actions need to be taken;
   c. Respond in writing to the complainant with clear identification of the issue and the specific resolution.

B. Grievance Regarding a CoC Funding Decision

1. A grievance may be filed by any applicant organization that claims it has been adversely affected by:
   a. Improper application of rules, regulations and procedures concerning participation in the business of the CoC;
   b. Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
   c. Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Grant application process;
   d. Violation of rules, regulations or procedures concerning participation in the Consolidated Grant application process;
   e. The score assigned by the Ranking and Review Committee.

2. Process
   a. Informal resolution of a grievance should be pursued by an Applicant Organization by contacting the CoC Board Chair prior to a formal written grievance.
   b. A grievance should be submitted in writing to the Board within fourteen (14) days of the adverse action against the Applicant Organization. The written grievance should be from the Executive Director of the Applicant Organization and detail the action or inaction of which it complains.
   c. The Board will create an ad hoc Grievance Committee consisting of at least three Board members who have no conflict of interest in the outcome of the grievance investigation. The Grievance Committee shall meet with the grievant as soon as practicable and investigate the written grievance. The Grievance Committee shall issue a written response within fourteen (14) days of submission of the written grievance.
   d. Should the Applicant Organization be dissatisfied with the decision of the Grievance Committee, it may appeal within three (3) days to the Board.
      i. The Board will review the grievance, meet with the Applicant Organization and make a written decision within ten (10) days of the appeal.
      ii. If the applicant is not satisfied with the determination of the Board, the applicant organization may appeal to HUD or DHCD according to the applicable procedures.

C. Deadline Extension

1. Any deadline in the grievance procedures that falls on a weekend or state holiday will be deemed extended to the next business day. The timelines provided in the procedure must be followed strictly.

**CoC Program Written Standards**

I. Overview
A. The Central Virginia Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Lynchburg City and the Counties of Amherst, Appomattox, Bedford and Campbell.

B. Both the Emergency Solutions Grant (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area:
   1. Establish and consistently follow written standards for providing Continuum of Care assistance
   2. Establish performance targets appropriate for population and program type
   3. Monitor recipient and sub-recipient performance

C. In 2014, The Homeless and Housing Services committee, a sub-committee of the CoC, which is comprised of both homeless service providers and representatives from other interested stakeholders (i.e. mental health agencies, healthcare, local Community Services Board, etc.) reviewed admission criteria to each of the homeless response programs offered by the CoC. Recommendations to reduce identified barriers were made to the CoC Board, and adopted on March 14, 2015; the adopted changes were incorporated into these written standards.

II. Adherence
   A. All programs that receive VHSP (partially funded through ESG) or CoC funding are required to abide by these written standards, and agreement to abide by the written standards shall be a condition of being moved forward for CoC or VHSP funding.
   B. The CoC strongly encourages homeless response programs that do not receive either of these sources of funds to accept and utilize these written standards as well.

III. Purpose
   A. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are, however, some additional standards that have been established by the CoC which will assist programs in meeting and exceeding performance outcomes and help the CoC reach the goal of ending homelessness.
   B. The CoC written standards will:
      1. Ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.
      2. Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system.
      3. Assist in assessing individuals and families consistently to determine program eligibility.
      4. Assist in administering programs fairly and methodically.
      5. Establish common performance measurements for all CoC components.
      6. Provide the basis for the monitoring of all CoC and VHSP funded projects.

IV. Program Requirements for All Programs
   A. Program Policies and Procedures
      1. Programs must have written policies and procedures and must consistently apply them to all participants.
2. Programs must have a grievance procedure for consumers denied services, terminated services or who are in disagreement with a program’s actions toward them.

3. Programs must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.

4. Programs must comply with all federal statues including, the Fair Housing Act and the Americans with Disabilities Act.

5. Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant’s assistance is terminated only in the most severe cases.

6. Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
   a. Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
   b. Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
   c. Termination does not necessarily preclude assistance at a future date.

B. Accepting Individuals from Other Public Systems of Care

1. The McKinney-Vento Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocols in place to ensure that publicly-funded institutions do not routinely discharge individuals into homelessness.

2. Before accepting participants into CoC programs from the systems of mental health, foster care, correction or public health systems, these providers will work to ensure that all other discharge options have been exhausted.

3. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing options and the person meets the eligibility criteria for the program type.

C. Assistance with Mainstream Resources and CoC Coordination

1. Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible

2. Programs shall supply heads of household with transportation assistance when they have mainstream benefit appointments and employment opportunities.

3. Program staff should systematically follow-up to ensure mainstream benefits are received

4. Programs are required to provide support and assist eligible households to take advantage of healthcare options through the Affordable Care Act.

5. Programs must coordinate with other targeted homeless services within the CoC

D. Family Separation

1. To maintain family unity and compliance with HUD and DHCD requirements, no homeless response provider funded through the CoC may deny admission to any family based on age, gender, size, marital status, gender identification or sexual orientation.

2. Persons with children, who identify as a family unit, should be served as a household and allowed to remain together within the homeless response system.
3. The age and gender of a child under age 18 must not be used as a basis for denying any family’s admission to a project that provides shelter for families with children.

E. Educational Services for Children

1. Programs serving children must have:
   a. A staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
   b. Policies and practices that are consistent with the education subtitle of the McKinney-Vento Act and other laws relating to education and related services to homeless people to include:
      i. Informing homeless families and youth of their eligibility for McKinney Vento education services
      ii. Not requiring that children enroll in new schools as a condition of entry
      iii. Allowing children to remain in their school of origin

F. HMIS Participation

1. Programs receiving VHSP and CoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS.
2. Programs must meet minimum HMIS data quality standards.
3. Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.

G. Religious Activities

1. Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or VHSP. These activities can be conducted but must remain separate and voluntary for program participants.

H. Record Keeping Requirements

1. Participant Recordkeeping Requirements include:
   a. All records containing personally identifying information must be kept secure and confidential.
      i. Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested.
   b. Documentation of homelessness (following HUDs guidelines)
   c. A record of services and assistance provided to each participant
   d. Documentation of any applicable requirements for providing services/assistance
   e. Documentation of applicable CoC tools
   f. Records must be retained for the appropriate amount of time as prescribed by HUD.
2. Financial Recordkeeping Requirements include:
   a. Documentation for all costs charged to the grant
   b. Documentation that funds were spent on allowable costs
   c. Documentation of the receipt and use of program income
   d. Documentation of compliance with expenditure limits and deadlines
e. Retain copies of all procurement contracts as applicable
f. Documentation of amount, source and use of resources for each match contribution

I. Occupancy Standards for all Programs

1. All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards)
   a. Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents
   b. Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
   c. Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings
   d. Each room must have a natural or mechanical means of ventilation
   e. Must provide access to sanitary facilities that are in operating condition, private and clean
   f. Water supply must be free of contamination
   g. Heating/cooling equipment must be in working condition
   h. Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances
   i. Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner
   j. Building must be maintained in a sanitary condition
   k. Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

V. Coordinated Homeless Intake and Access (CHIA)

A. Purpose and Background

1. In compliance with the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the CoC implemented a coordinated assessment process in 2014. Coordinated intake is designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The specific purposes of CHIA are to:
   a. Provide uniform access to all persons experiencing a housing crisis
   b. Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers through the assessment and referral process
   c. Prevent households from becoming homeless or divert households from entering the homeless response system when other safe housing accommodations are available
   d. Provide an assessment to match a household’s housing needs with the appropriate level of intervention
      i. All CoC funded homeless response programs such a homeless prevention, emergency shelter, domestic violence shelters, transitional housing, rapid re-housing and permanent supportive housing are subject to the CHIA policies.
B. Diversion and Prevention
   1. All persons contacting CHIA for shelter placement will first complete a verbal diversion screen with the CHIA coordinator.
   2. If the household requires more extensive diversion and prevention efforts (landlord mediation, rental payments, family mediation, etc.) then the CHIA Coordinator will make a referral to the homeless prevention program.
   3. If the household is already experiencing homelessness (sleeping on the street, in a car, or a place not meant for human habitation) and cannot be diverted from homelessness, then the CHIA Coordinator will arrange shelter placement.

C. Notification of Shelter Vacancies
   1. All emergency and domestic violence shelters funded through the CoC must report bed and unit availability on a daily (Monday-Friday) basis to the CHIA Coordinator.
   2. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of the availability.

D. Shelter Placement
   1. When an individual or household requires emergency shelter, the CHIA Coordinator will complete the initial assessment of need and make a shelter referral based on shelter admission criteria and vacancies.
   2. Whenever possible the CHIA Coordinator will honor client choice.
   3. Clients will be prioritized for shelter placement based on the CoC’s priority populations outlined in Section VI.A under the Coc Written Standards (p. 23).
   4. The CHIA Coordinator will contact the appropriate shelter in order for them to prepare accommodations.
   5. If the referred client/household does not arrive to the shelter by 7pm, the bed becomes available to another individual or family.

E. Client Choice
   1. Clients may decline a referral to a shelter bed based on program requirements or accommodations inconsistent with their needs or preferences.
      a. For example, a client may decline a shelter referral based on the shelter’s requirement that clients participate in certain programming.
   2. If the client denies a shelter bed and there are no alternative shelter beds available, the CHIA Coordinator will request permission from the client to discuss their situation at the Community Case Review in order to successfully resolve their homelessness.

F. Domestic Violence Protocol
   1. Domestic violence (DV) service providers are engaged in all aspects of CHIA in order to provide coordinated services for victims of DV.
   2. If a DV victim contacts the CHIA Coordinator for shelter placement, the coordinator will refer the individual to the DV hotline.
   3. If the person wishes to be placed in an emergency shelter rather than a DV shelter, the Coordinator will honor this choice by referring to an emergency shelter.
   4. As part of the screening process, the Coordinator will ask every caller if they are a victim of DV and are in need of DV services.
a. If an individual identifies as a DV victim and wishes to receive DV shelter services, the Coordinator will not enter the client into HMIS in order to protect their confidentiality. Once in a DV shelter, a client may require next step services such as RRH or PSH.

   i. In this case, the client will follow the next step services policy found in Section V.H under the CoC Written Standards (p. 21).

G. Provider Decline Policy

1. Shelter
   a. Emergency shelters and domestic violence shelters may only decline individuals and families found eligible for services through CHIA under limited circumstances, such as:
      i. No vacancies,
      ii. The household presents with more people than referred by CHIA
      iii. Based on shelter policies and procedures the shelter feels that the household cannot be safely accommodated.
   b. The shelter must report this rejection to CHIA immediately in order for CHIA to attempt to find alternative shelter beds.
   c. CHIA will document shelter denials for use in CoC Board funding and program decisions.

2. Transitional Housing, Rapid Re-Housing and Permanent Supportive Housing
   a. Next steps programs may not deny a client referral for any reason other than that the household is ineligible for services based on the policies and procedures outlined for that service.
      i. For example, a referred person is no longer homeless at time of intake and is therefore not eligible for the program. Another example would be an individual who is referred to a PSH program but who is unable to obtain documentation of any disabling condition.
   b. The program must report the rejection to CHIA immediately in order for CHIA to refer to other providers.
   c. CHIA will document program denials for use in CoC Board funding and program decisions.

3. Client Declined by all Programs
   a. The CHIA Coordinator must attempt to staff any household who is denied services to all CoC homeless response programs during a meeting of the CCR.
      i. The purpose of the case conferencing will be to resolve barriers to the client receiving the necessary intervention.
   b. Client Grievance and Appeal Policies
      i. Clients requesting to file a grievance or appeal through CHIA will follow the same procedure as clients within the homeless response system. This policy is found in Section VIII under the ‘CoC Program Written Standards’ (p. 27).

H. Next Step Services Referrals

1. Once an individual or household is in shelter, it is expected that shelter staff are working along with the household to develop a housing plan within 5 days of entry.
   a. At this time the shelter staff and household should discuss whether the housing plan will result in the household gaining permanent housing within thirty (30) days or if more assistance is necessary.
   b. This assistance may include next step services such as RRH and/or PSH.
c. If the household is in need of next step services in order to gain permanent housing, the shelter staff contacts the CHIA Coordinator to facilitate a Housing Barrier Assessment (HBA) with the client.
   i. The HBA score will determine the household’s level of housing need and will ensure that the household is referred to the level of intervention appropriate for their situation.
   ii. The CHIA Coordinator will complete the HBA with the head of household, explain the programs the client is being referred for, notes if the client declines the referral and faxes the HBA and Next Step Referral Form to both the sending shelter and the referred programs.
   iii. Shelter staff coordinates next step services referrals by contacting referred programs and setting up intake appointments.

I. Roles & Responsibilities

1. Agency Providing CHIA Staffing shall:
   a. Provide designated staff for the coordinated assessment process, the number of which may change over time based on client’s needs and agency capacity.
   b. Allow assessment staff members to be evaluated on a regular basis by the CoC and any outside evaluators they might bring in
   c. Ensure assessment staff receive training on the assessment, referral, and data entry processes associated with coordinated assessment, as well as any other trainings the Homeless and Housing Services Committee deems necessary
   d. Make referrals based on the agreed-upon system-wide prioritization criteria, bed availability, admission criteria and the assessment tools
   e. Allow the assessment staff to take holidays and vacations, in accordance with the policies of the employer agency
   f. Allow the assessment staff to participate in meetings and trainings (at least quarterly) of the employer agency to enhance skills, maintain up to date knowledge of policies and procedures, and sustain interpersonal relationships with co-workers.

2. CHIA Coordinator shall:
   a. Administer assessments to consumers attempting to access the coordinated assessment process.
   b. Report any capacity issues to the coordinated assessment staff supervisor
   c. Record assessment tool results on paper and in the HMIS system as applies
   d. Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer
   e. Obtain a verbal agreement on data confidentiality from each consumer whose information is entered into the HMIS system
   f. Manage the priority list and bed availability lists for various interventions as requested
   g. Refer consumers ineligible for homeless assistance services to the CCR team as well as other, more appropriate community resources such as 211.
   h. Document gaps in the homeless assistance system and report out on these at the Homeless and Housing Services Committee
   i. Assist in the development of policies and procedures for coordinated assessment and distribute to participating programs

3. CHIA Coordinator Supervisor shall:
a. Ensure coordinated assessment staff are following all policies and procedures and help them address any obstacles to doing their jobs
b. Report to the board of the CoC the status of coordinated assessment and any concerns with the system or specific program non-compliance.

4. Programs Participating in CHIA shall:
   a. Treat all consumers with respect and kindness  
   b. Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness  
   c. Provide all program eligibility criteria to the Homeless and Housing Services Committee for use in making referrals  
   d. Participate in the Homeless Management Information System (HMIS) and enter coordinated assessment information into the HMIS unless they are legally prohibited from doing so  
   e. Meet with the Homeless and Housing Services Committee when requested to discuss concerns and issues around the coordinated assessment process  
   f. Abide by the policies and procedures of the coordinated assessment process

VI. Priority Subpopulations for all Projects  
A. The CoC Board has adopted the following homeless subpopulations as priority households for homeless response assistance:
   1. Chronically Homeless  
   2. Households with Children  
   3. Unaccompanied Youth  
   4. Veterans

B. As all four subpopulations have equal priority, households belonging to more than one subpopulation will be given greater priority for project admission.

VII. Program Requirements for Individual Projects  
A. Overview  
   1. Program failure to meet project standards for Access, Participant Eligibility Criteria, Minimum Standards, and Expected Performance Outcomes may result in loss of CoC funding.  
      a. See section III under ‘Evaluation’ (p. 28) regarding Evaluation of CoC programs.  
   2. Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders.

B. Homeless Prevention Program  
   1. The Homeless Prevention Program works to ensure that all households are prevented or diverted from experiencing homelessness. This is accomplished through:
      a. Rental assistance  
      b. Rental arrears assistance  
      c. Housing stabilization financial assistance  
      d. Housing stabilization case management  
      e. Housing search and placement  
   2. Access to Homeless Prevention Programs:
a. All referrals to homeless prevention programs shall come directly from the CHIA coordinator if the household is not already experiencing homelessness and if the use of the CoC Diversion Tool was unsuccessful in diverting the household from homelessness.

3. Eligibility Criteria
   a. Participants are not homeless but at risk of homelessness and unable to be diverted through CHIA

4. Minimum Standards
   a. All participants must have a completed CoC Housing Barrier Assessment and CoC Housing Plan
   b. Maximum participation in a homeless prevention program cannot exceed 24 months
   c. Services may include landlord outreach, assessment of housing barriers, financial assistance, and case management.
   d. Supportive services may be provided alone or with a combination of rental assistance and supportive services
   e. Case management must occur at least monthly
   f. Participants must be re-evaluated at least every 90 days to prove that services are necessary for the recipient to avoid becoming literally homeless.
      i. This requirement applies to both supportive services and rental assistance.

5. Expected Performance Outcomes
   a. 90% or more of all participants remain stable or exit to a different permanent housing situation
   b. 50% or more of adult participants will have income from sources other than employment
   c. 50% or more of adult participants will increase income from sources other than employment
   d. 50% or more of all participants have mainstream (non-cash) benefits at exit from program
   e. 20% or more of adult participants have employment income
   f. 20% or more of adult participants increase employment income

C. EMERGENCY and DOMESTIC VIOLENCE SHELTERS
   1. The shelter system in Central Virginia is currently composed of several emergency and domestic violence shelters.
      a. Emergency shelter programs serve various sub-populations:
         i. Households with children
         ii. Male and female individuals
         iii. Unaccompanied youth
         iv. Veterans
         v. Victims of domestic violence
   2. Access to Shelter
      a. Participants must be referred through CHIA after prevention and diversion efforts have been made
      b. Emergency shelters may receive referrals directly from the community during CHIA off-hours
      c. DV programs may receive referrals directly from the community rather than only through CHIA
3. Eligibility Criteria:
   a. Participants must first be screened for diversion and prevention and admitted to shelter only if no other options are available
   b. Participants must meet the HUD definition of homeless
   c. Participants who are registered sex offenders are not eligible to stay in a family homeless shelter.

4. Minimum Standards:
   a. Minimum hours of operation 4PM – 7AM
   b. Staff supervision whether paid or volunteer must be provided during hours of operation of program
   c. A full intake using CoC tools must be completed with each household
      i. At intake each participant shall be informed of evacuation procedures
      ii. Maps/diagrams of exits should be prominently placed throughout the facility
   d. All participants must have a completed CoC Housing Barrier Assessment and CoC Housing Plan

5. Expected Performance Outcomes
   a. Average length of stay is less than 30 days
   b. __60__% of participants exit to permanent housing
   c. Less than __30__% of participants exit to an unknown location
   d. __60__% of participants exit with cash income
   e. __60__% of participants exit with non-cash mainstream resources

D. RAPID RE-HOUSING (RRH)

1. Rapid Re-Housing (RRH) programs provide housing relocation and stabilization services and short or medium-term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.

2. Access to RRH Programs:
   a. The Community Case Review team will prioritize applicants as outlined in Section IV.E.2 under ‘Governance’ (p. 14).

3. Eligibility Criteria:
   a. Participants must meet the HUD definition of literal homelessness (HUD Category 1). Thus, participants must be in an emergency shelter or residing in a place not meant for human habitation
   b. Clients who are residing in a place not meant for human habitation will be staffed at a meeting of the Community Case Review prior to referral.
   c. Participants must have a completed VI-SPDAT during their current episode of homelessness

4. Minimum Standards
   a. Maximum participation in a rapid rehousing program cannot exceed 24 months.
   b. All participants must have a completed CoC HBA and CoC Housing Plan.
   c. Services may include landlord outreach, assessment of housing barriers, financial assistance, and case management
d. Supportive services may be provided alone or with a combination of rental assistance and supportive services

e. Support services must be occur at least monthly while financial assistance is being provided in accordance with HUD regulations 24 CFR Part 578

f. Supportive services may continue at the discretion of the program and client after financial assistance ceases but cannot continue past 6 months after rental assistance stops per HUD regulations 24 CFR 578.

5. Financial Assistance Standards

a. CoC RRH projects are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful

b. All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income toward their monthly rent. The tenant rent contribution may be adjusted at any time based on changes to household income, including but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.

c. Participants must be re-evaluated at least every 90 days to prove that services are necessary for the recipient to avoid becoming literally homeless. This requirement applies to both supportive services and rental assistance.

6. Expected Performance Outcomes:

a. _90___% of participants exit to permanent housing
b. _80___% of participants exit with non-cash mainstream resources
c. _60__% of participants exit with employment income
d. _50__% of participants exit with income from sources other than employment

E. PERMANENT SUPPORTIVE HOUSING

1. Permanent Supportive Housing is an evidence based housing intervention that combines non time limited affordable housing assistance wrap-around supportive services for people experiencing homelessness and have a disability of long duration.

2. Access to PSH Programs:

a. The Community Case Review team will prioritize applicants as outlined in Section IV.E.2 under ‘Governance’ (p. 14).

3. Eligibility Criteria:

a. Participants must meet the HUD definition of homelessness and have a disability of long duration

b. All eligible participants will have completed a HBA and Vulnerability Index - Service Prioritization Decision Tool (VI-SPDAT) with the CHIA Coordinator.

c. Participants must score a 3.5 or higher on the HBA tool.

4. Minimum Standards

a. There can be no predetermined length of stay for a PSH program

b. All participants must have a completed CoC Housing Barrier Assessment and CoC Housing Plan
c. Supportive services designed to meet the needs of the program participants must be made available to the program participants at least monthly.

d. Program participants in PSH must enter into a lease agreement for an initial term of at least one year. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

e. Turnover beds in PSH projects will be prioritized according to HUD Notice CPD-14-012 (See Appendix E, p. 46)

f. PSH programs will utilize Housing First approaches.

5. Minimum Performance Outcomes

a. 80% of participants remain stable in PSH or exit to a different permanent housing situation.

b. 50% of participants will have cash income at annual review or discharge.

c. 25% of participants will have cash income from employment at annual review or discharge.

d. 50% of participants will increase cash income at annual review or discharge.

e. 50% of all participants have mainstream (non-cash) benefits at annual review or discharge.

VIII. Consumer Grievance Procedure

A. All households shall have the right to appeal eligibility determinations and individual program acceptance decisions.

1. Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process.

   a. The entity receiving the appeal must respond in writing to all appeals within 7 business days.

B. All appeals of eligibility decisions made by an agency and appeals of receiving program acceptance decisions that could not be resolved to the satisfaction of the applicant through the receiving agency’s grievance process shall be managed in accordance with this procedure:

1. The individual of a household may provide a written grievance to an action by an agency that the individual believes is adverse:

2. Informal conference with an ad-hoc Screening Committee selected by the CoC Board.

   a. The individual must be given written notice of the result of the informal conference and have 10 days to request the hearing with the review panel in writing.

3. Review panel Hearing.

   a. A hearing with a three member CoC review panel comprised of non-conflicted members to be selected by the CoC Board shall be conducted after written notice from the individual.

   b. The individual must be given written notice of the result of the review panel hearing and be provided 10 days to request a Final Review.

4. Final Review with the Chair or Vice Chair of the CoC.

   a. The Chair or Vice Chair will conduct a final review with the individual.

   b. There is no further review with the CoC.

**Evaluation**

I. Needs/Gaps Analysis

A. The CoC Board is responsible to conduct an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area, in order to create priorities for new project proposals based on the assessment. The analysis is based on HMIS data,
performance data, point in time surveys, and agency surveys for data collection. The Collaborative Applicant shall conduct the analysis and present findings annually to the board.

II. System Wide Performance Measures

A. These measures will include at minimum:
   1. Length of time persons remain homeless;
   2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
   3. Number of homeless persons;
   4. Jobs and income growth for homeless persons in CoC Program-funded projects;
   5. Number of persons who become homeless for the first time;
   6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD’s homeless definition in CoC Program-funded projects;
   7. Successful housing placement.

B. The CVoC Board shall annually assign expected performance outcomes, as appropriate for each funded program, to monitor program contributions to system performance. Evaluation of these outcomes, and of the actions undertaken by programs in support of the outcomes, shall be included in funding ranking and review processes, including all funding sources under the purview of the CoC Board. (See section VII under ‘CoC Program Written Standards’, pp. 23-27, for expected performance outcomes by program type).

III. Project Evaluation

A. The Program Written Standards shall contain project level expected performance outcomes to be updated annually.

B. All CoC projects will receive an annual monitoring visit by the Monitoring and Evaluation Committee in the first quarter of the calendar year. This monitoring visit will include an evaluation of project outcomes, completion of a financial audit, a review of client case files, and satisfaction surveys. A report summarizing this monitoring visit will be provided to the project and the CoC Board.

C. Poor Performance and Reallocation of Funds

   1. The Monitoring and Evaluation Committee uses results of site monitoring to identify any underperforming project(s) with a score of less than 70%.
   2. The Monitoring and Evaluation Committee determines if technical assistance can improve the underperforming program(s).
   3. If yes, the application is included for renewal and a recovery plan, with annual and quarterly progress targets, is developed. Quarterly reviews are performed to determine progress. A second consecutive unsatisfactory annual score will result in reallocation of the program funds.
   4. If no, based on objective evidence, the project(s) will be recommended for reallocation.
   5. For reallocated projects, the agency is notified, in writing, as soon as possible but at least 14 days prior to the due date of the CoC application to the funder.

IV. VHSP Project Selection

A. On February 1 of each application year, the Collaborative Applicant shall publically announce that agencies not previously receiving DHCD funding must undergo an organizational audit conducted by the Monitoring and Evaluation Committee. This audit must be completed within the month of February and submitted to the Collaborative Applicant. The Collaborative Applicant will provide the ad hoc Ranking and Review Committee with the completed audits.
B. Upon notice of funding, the Collaborative Applicant will create an internal CoC project application to be approved by the board.

C. Projects will have 30 days from time of notice to submit their project application to the Collaborative Applicant.

D. The ad-hoc Ranking and Review Committee reviews the project applications to determine which projects and at what amount will be submitted for funding through the CoC. This decision shall be based on the project application and either the organizational audit or project monitoring visit report.

V. CoC Competition

A. Local Notice of Funding Availability
   1. The CoC will publish, in local and CoC media, a public notice requesting applications.
   2. The notice will include the CoC's priorities and details of eligible applications, according to the current year's requirements. Applications will be due to the CoC at least 30 days prior to the due date of the CoC Collaborative Application.
   3. If there is no availability of funds for new applications through bonuses, pro-rata, or reallocation, the CoC will publish a public notice on its website that it is not accepting new applications for the current CoC Application.
   4. New project applications will be accepted if additional funds are available bonuses, pro-rata, reallocation of funding due to poor-performing projects or agencies, or of agencies that are withdrawing projects from funding consideration.

VI. Reallocation Policy

A. The Monitoring and Evaluation Committee will meet annually or as needed to discuss potential reallocation of HUD CoC Competition Program project grants. Each project will be evaluated based on extent to which the project is necessary and addresses the CoC’s priorities identified in the CVCoC Strategic Plan to End Homelessness. If a decision is reached to do so then a recommendation for reallocation of a specific project grant or project type will be submitted to the CoC Board. Criteria to be considered in a decision to recommend reallocation of a project/project type include:
   1. Alignment with the CVCoC Strategic Plan to End Homelessness
   2. Alignment with federal and state goals to end homelessness
   3. Monitoring and Evaluation Committee’s audit report findings including fiscal responsibility, compliance with program guidelines and performance
   4. HMIS Data Quality Report Card score in accuracy, completeness and timeliness
   5. Meeting the CoC Project Performance Outcome Standards
   6. Consideration of unspent CoC funds
   7. Consideration of impact on the Consolidated Application score

B. If the Board endorses the recommendation to reallocate funding, the grantee will be notified by the Board and a request for proposals (RFP) will be widely distributed in the community to be solicited for use of the reallocated funds. The details of the RFP will be based on the current HUD CoC Competition Notice of Funding Availability.

VII. Ranking and Review Policy

A. Overview
   1. The ranking process is intended to accomplish the following objectives:
      a. To prioritize those activities that are most successful in ending homelessness
b. To maximize funding available to end homelessness in Central Virginia

c. To direct new resources toward the most pressing needs for resources in the community

d. To address populations that have been underserved, and prioritize assistance toward those with the greatest need

e. To provide an incentive for all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.

B. Evaluation/Prioritization Tools

1. The ad hoc Ranking and Review Committee (Section III.C under ‘Governance’, p. 13) will convene upon organizations’ submission of their project application to review and prioritize projects based on the following factors:

a. Review of Project Application

i. The project’s application will be reviewed to ensure compliance with Housing First, alignment with HUD priorities, commitment to best practices, capacity to administer the project and demonstration of fiduciary responsibility.

ii. *Completed for all project applications.*

b. New Project Eligibility Checklist (See Appendix B, p. 34)

i. To help ensure compliance with regulatory guidelines and local competition requirements, all organizations applying for new project funds under the HUD CoC Competition must demonstrate they meet the New Project Eligibility checklist.

ii. *Completed for new project applications only.*

c. Project Scorecard and Monitoring Visit

i. As the project performance outcomes have recently been developed by the CVCoC, renewal projects will be evaluated based on HUD’s performance measures relative to the project type and the annual project report submitted to the Board by the Monitoring and Evaluation Committee. (See Appendix A for Project Scorecard, p. 32)

ii. *Completed for renewal applications only with the exception of HMIS projects.*

d. Project Annual Performance Report (APR)

i. Performance will be evaluated using data from the project’s most recent APR submitted for the last full operating year including match, utilization, priority subpopulations served, outcomes, and financial management.

ii. *Completed for all renewal applications.*

2. As new project applications will not have performance outcomes to complete the Project Scorecard, will not have had a monitoring visit and will not have an APR, all new project applications will be evaluated based on their project application and New Project Eligibility Checklist. (See Appendix B, p. 34)

C. Decision Making Process

1. Where there are multiple projects in a priority group, renewal projects will be ranked according to their scorecard, APR, project application, and monitoring visit report. New projects will be ranked according to their project application and New Project Eligibility Checklist.

a. Priority Group 1: Permanent Supportive Housing

i. Renewal PSH projects

ii. New PSH projects with chronically homeless dedicated beds

b. Priority Group 2: Core CoC Services
i. HMIS
ii. Planning

c. Priority Group 3: Rapid Re-Housing
   i. Renewal RRH projects
   ii. New RRH projects

d. Priority Group 4: Transitional Housing
   i. Renewal TH

e. Priority Group 5: PH Bonus Projects
   i. PSH Projects
   ii. RRH Projects

2. The Collaborative Applicant will submit the project applications, APRs, and New Project Eligibility Checklist to the ad hoc Ranking and Review Committee. The Chair of the Monitoring and Evaluation Committee will submit the scorecard and monitoring visit report to the ad hoc Ranking and Review Committee. All documents will be received by 2 business days prior to the Ranking and Review meeting. The ad hoc Ranking and Review Committee will review all documentation to ensure that all projects meet the requirements set forth in the Notice of Funding Availability and are in alignment with the CVCoC’s Strategic Plan to End Homelessness.

3. At the Ranking and Review meeting, the committee will rank the projects according to the above Priority Groups. Where there are multiple projects within one group, the committee will review the materials to determine which project is most effectively and efficiently meeting the CoC’s need. A vote will occur on each Priority Group to determine rank within the Group starting with Priority Group 1. When all projects have been ranked, the ad hoc Ranking and Review Committee will vote on the final Priority Listing.

4. Following the committee meeting, the Collaborative Applicant will notify each project of its placement on the Priority Listing and the appeals process should they wish to appeal their ranking. The Chair of the Advocacy and Outreach Committee will notify the full CoC Membership via email and the listing will be publicly posted on the United Way’s website.

D. Reallocation and Ranking Appeals Process
1. An ad hoc Reallocation/Ranking Appeals Committee will be formed by 3-5 non-conflicted CoC members to review all appeals and will make recommendations to the CoC Board. The Appeals Committee will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving. Applicants may appeal any of the following decisions of the CoC Board:
   a. Placement of a project in Tier 2
   b. Reduction of a renewal grant amount
   c. Reallocation of a renewal grant

2. Applicants wishing to submit an appeal must notify the Collaborative Applicant’s representative by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:
   a. Agency name
   b. Project name
   c. Reason for appeal (no longer than 2 pages)
   d. Documentation to support the appeal

3. Applicants will be notified of the outcome no later than 2 business days after the appeal has been received.
Appendix A: CVCoC Project Scorecard

Name of Proposed Project: __________________________________________________________________________

Name of Organization: ____________________________________________________________________________

Primary Contact Person: __________________________________________________________________________

Telephone: ______________________________________________________________________________________

Email: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Part A: Type of Program</th>
<th>Maximum Points</th>
<th>Source</th>
<th>Project Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>10</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>7</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Supportive Services Only (coordinated entry)</td>
<td>5</td>
<td>Project application</td>
<td></td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>0</td>
<td>Project application</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part B: Priority Sub-populations</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serves one of the CoC’s subpopulations (CH, Veterans, Youth, Families including DV)</td>
<td>5</td>
<td>Project application</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Part C: HMIS Implementation</th>
<th>Max Points</th>
<th>Source</th>
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<tbody>
<tr>
<td>Did project meet standards in:</td>
<td>8</td>
<td>HMIS Annual Data Quality Report Card</td>
<td></td>
</tr>
<tr>
<td>Accuracy (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completeness (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeliness (2 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Standards (2 points)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part D: Performance Measures</th>
<th>Max Points</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>85% occupancy/utilization</td>
<td>5</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>100% literally homeless prior to entry</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>25% all adult leavers gained/increased earned income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>35% all adult leavers gained/increased non-employment income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>90% all adult participants have noncash benefits</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>Parameter</td>
<td>Max Points</td>
<td>APR/Provider report</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>Less than 10% of leavers exit to shelter/street/unknown</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>25% of stayers gained/increased earned income</td>
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<td>APR</td>
<td></td>
</tr>
<tr>
<td>35% all adult stayers gained/increased non-employment income</td>
<td>7</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td>90% of participants exit to PH</td>
<td>10</td>
<td>APR</td>
<td></td>
</tr>
<tr>
<td><strong>Part D: Compliance</strong></td>
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</tr>
<tr>
<td>No recaptured funds</td>
<td>10</td>
<td>Provider report</td>
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</tr>
<tr>
<td>Match equals or exceeds 25%</td>
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<td>APR</td>
<td></td>
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<tr>
<td>No HUD findings on a monitoring visit within 24 months</td>
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<td>Provider report</td>
<td></td>
</tr>
<tr>
<td>HUD drawdowns within 90 days</td>
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<td>Provider report</td>
<td></td>
</tr>
<tr>
<td>Penalty for late APR</td>
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<td>Provider report</td>
<td></td>
</tr>
<tr>
<td>No findings on Monitoring Report from annual site visit</td>
<td>5</td>
<td>Monitoring report</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Score</strong></td>
<td>135</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Organization CEO/Executive Director                                Date
Appendix B: New Project Eligibility Checklist

Central Virginia Continuum of Care CoC Competition

Name of Proposed Project:_______________________________________________________

Name of Organization: _________________________________________________________

Primary Contact Person: _________________________________________________________

Telephone: __________________________________________________________________

Email: _______________________________________________________________________

1. New Project Type:
   - permanent supportive housing
   - rapid re-housing

2. Priority subpopulation:
   - chronically homeless
   - veterans
   - households with children
   - unaccompanied youth

3. Describe your experience working with the priority subpopulation checked off above:
   - __________________________________________________________________________
   - __________________________________________________________________________
   - __________________________________________________________________________
   - __________________________________________________________________________

4. Is your agency eligible to apply for funding through HUD? __ yes       ___ no

5. Is your agency a 501(c)3 or eligible government entity? __ yes       ___ no

6. Does your agency have any outstanding findings from HUD or the State on any other projects your agency operates? __ yes       ___ no

7. Does your agency have any recent audit findings (within the last 24 months)?  __ no       ___ yes   (attach if yes)

8. Does the agency currently participate or agree to participate in Coordinated Homeless Intake and Access (CHIA)?  __ yes       ___ no
9. Does your agency agree to use Housing First principles in the implementation of the project?

☐ Voluntary Service Model?
☐ No drug testing or sobriety requirements?
☐ No income requirements for entry or maintenance?
☐ No restrictions based on criminal history?
☐ Emphasis on project maintenance and housing stability?

10. Does your agency participate or agree to participate in the Homeless Management Information System?

If you currently participate, attach a recent Data Quality Report Card for any projects currently participating.

___ yes  ___ no

11. Does your agency participate in the Central Virginia Continuum of Care through the following:

☐ CoC Membership
☐ Committee Membership
☐ Community Case Review Membership
☐ Board

All of the information submitted to the CoC Board of the Central Virginia Continuum of Care is a true representation of my project.

________________________________________
Signature of Organization CEO/Executive Director  Date
Appendix C: CVCoC Bylaws

BYLAWS OF THE

CENTRAL VIRGINIA CONTINUUM OF CARE

Article I – Name

Section 1 (General): The name of this association shall be the Central Virginia Continuum of Care (Central Virginia CoC), formerly named the Central Virginia Homeless and Housing Coalition and recognized by the U.S. Department of Housing and Urban Development (HUD) as the Lynchburg Continuum of Care.

Article II – Membership

Section 1 (General): Membership in the Central Virginia CoC shall be available to all individuals, organizations, and institutions in accordance with these Bylaws, without regard to race, color, sex, religion, or national origin. Only Members in good standing shall have voting rights. Any organization, institution, or individual interested in developing and coordinating homeless assistance programs or otherwise supporting the mission and purposes of the CoC shall be eligible for membership as a Member. Membership may include but is not limited to:

- Homeless or formerly homeless individuals and families,
- Non-profit organizations or other advocates representing homeless and formerly homeless individuals, veterans, and/or individuals with disabilities,
- Non-profit homeless assistance providers,
- Victim service providers,
- Faith-based organizations,
- Representatives of business and financial institutions,
- Representatives of private foundations and funding organizations,
- Social service providers and mental health agencies,
- School districts,
- Hospitals,
- Colleges and universities,
- Affordable housing developers,
- Law enforcement,
- Public housing agencies, and
- State and local government agencies.

The Board will require Members to make and/or reconfirm a written commitment to the Central Virginia CoC to become or remain a Member in good standing at the annual meeting. The nature and content of such written commitment shall be defined by the Board from time to time.
Section 2 (Meetings):  The Central Virginia CoC shall meet quarterly unless otherwise specified in these Bylaws, at dates and times agreed upon by the Membership or at the request of the Board. The Annual Meeting of the Members of the CoC shall be held in April of each year at such place as may from time to time be fixed by the Board. The annual membership meeting may be opened to the public as deemed appropriate by the Board.

Special Meetings of the Members may be called by any officer of the Board of the Central Virginia CoC. Notice of all meetings, whether annual, regular, or special, shall, at the discretion of the Chair or Vice-Chair, be mailed at least seven days prior to the meeting to each Member at her/his last address as shown on the Central Virginia CoC records, or broadcast by telephone or other form of electronic communication at least seven days prior to the meeting using his last known home or other telephone number as shown on the CoC records or other available means for transmission. The notice shall state the place, day, and hour of the meeting and, in the case of special meetings, the purpose or purposes for which it is called. Written agendas shall be distributed at meetings and/or published in advance at the discretion of the Board.

Notwithstanding any other requirements for notice of special and annual meetings, any meeting of the Members may be held if (a) a waiver of notice thereof is signed by the person or persons entitled to such notice, either before or after the meeting; or (b) the Member attends the meeting, unless (i) s/he objects at the beginning of the meeting to the holding of the meeting or transacting any business because the meeting is not lawfully called or convened, or (ii) the Member objects at the meeting when a matter is presented for consideration, on the basis that such matter is not within the purposes described in the meeting notice.

Any action, which may be taken at a meeting of the Members, may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the Members entitled to vote thereon, with the date(s) of signatures included, and delivered to the Chair for inclusion in the minutes; and such consent shall have the same force and effect as a unanimous vote of the Members.

A majority of the number of Members shall constitute a quorum for the transaction of any business required to be taken by the Membership. Any action requiring a vote of the Membership shall be approved upon consent of a majority of voting Members, assuming presence of a quorum.

A public invitation for new Members to join the CoC shall be circulated at least annually using such means as determined by the Board.

Article III – Governance

Section 1 (General):  The Central Virginia CoC is governed by the CoC Board, which acts as the primary decision-making body responsible for: (1) researching Federal homeless program requirements and funding sources and using this information to assist CoC members in the development of new or maintenance of existing programs, and (2) managing community planning, coordination, and evaluation with the goal of developing a cohesive, comprehensive system of homeless services and housing that leads to ending people’s homelessness permanently.
Specific responsibilities include:

- Overall direction and leadership;
- Making all formal decisions of the CoC;
- Strategic planning, goal-setting, and policy formulation, including, without limitation, developing system-wide goals for ending homelessness and working with Emergency Solutions Grants (ESG) program fund recipients to establish and consistently follow written standards for providing CoC assistance;
- Aligning and coordinating CoC and other homeless assistance and mainstream resources;
- Ensuring the availability of data for planning;
- Coordinating and establishing priorities for, and making decisions about the allocation of CoC resources;
- Establishing system and program targets appropriate for population and program type for evaluation purposes;
- Monitoring and evaluating both system wide and individual program performance on established goals, evaluating outcomes, taking action against poor performers, and reporting to HUD (as appropriate);
- Establishing committees and task groups as needed to perform CoC functions;
- Receiving reports and recommendations from committees and task groups;
- Selecting lead support agency (Collaborative Applicant);
- Designing, operating, and following a collaborative process for submitting applications for Federal funding;
- Designating and operating a single Homeless Management Information System (HMIS) for the CoC, including, without limitation, designating an eligible applicant to manage the HMIS (HMIS Lead);
- Establishing and operating a centralized or coordinated assessment system to provide an initial, comprehensive assessment of individual and family needs for housing and services;
- Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the CoC;
- Conducting an annual gaps analysis of homeless needs and services available within the CoC;
- Coordinating with the Consolidated Plan(s) within the CoC;
- Entering into all contracts and MOU’s, and otherwise acting on behalf of the CoC, and monitoring performance under such agreements and activities; and
- Developing and sending official communications from the CoC.

**Section 2 (Board Composition):** The Central Virginia CoC Board shall consist of an uneven number of members equaling at least three but no more than 17 members and shall include:

- One representative from each agency or organization currently participating in the Federal supportive housing grant programs,
- At least two at-large members recruited from membership institutions such as the United Way of Central Virginia or area colleges or universities, with no self-interest in the public funding programs influencing the CoC, and
- One representative from each participating jurisdiction in the Central Virginia Planning District.
The Board shall be configured to include at all times: (1) at least one member who has had the experience of being homeless or is presently experiencing homelessness, and (2) members from the public and private sectors.

Section 3 (Board Terms): Central Virginia CoC Board members shall serve terms of two years, renewable for a second term, and each member shall serve until the election and acceptance of their duly qualified successors; provided, however, that upon the election of a successor such member may be elected to a one- or three-year term as may be necessary or appropriate to ensure terms of Board members are staggered. Term limits will not be in place for CoC funded agency representatives.

Section 4 (Board Qualifications & Vacancies): Central Virginia CoC Board members shall be invited to serve on the basis of their express interest in pursuing the CoC’s mission. Board members shall be elected at the annual meeting of the Board. Board positions for named agencies or organizations and jurisdictions are filled by representatives selected by the respective agency/organization or jurisdiction. Candidates for remaining at-large positions are nominated by the Nominating Committee (described below) and elected by a majority vote of the Board members present and voting and subsequently approved by a majority of the Membership present at the annual meeting.

Whenever a vacancy occurs, it shall be filled by a majority vote of the Board members at a regular or special meeting and such replacement members shall fill the unexpired term of the vacating member. The term of a Board member elected to fill a vacancy shall expire at the next meeting at which members are elected.

A Board member may be removed without cause by a vote of the majority of the remaining members. Failure to attend three consecutive meetings, without prior excuse or cause, shall be grounds for removal. The Board will require any appointing agency/organization or jurisdiction to appoint a substitute in the event of the removal of their representative member from the Board.

The Board shall review the process for selecting Board Members at least once every five years to ensure it remains consistent with the Central Virginia CoC’s mission and responsibilities as well as all Federal, State, and local laws and regulations, update the process if and as appropriate, and approve it in its current or amended form, as applicable.

Section 5 (Board Meetings): All meetings shall be set by the Board unless otherwise specified in these Bylaws. Meetings may be held at any time without notice if all the members are present or if those not present waive notice thereof, either before or after the meeting. Meetings may also be held by conference telephone call if it can be established that a quorum is present. Any action, which may be taken at a meeting of the Board, may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the Board members entitled to vote thereon, with the date(s) of signatures included, and delivered to the Chair for inclusion in the minutes; and such consent shall have the same force and effect as a unanimous vote of the Board.
Regular meetings of the Board may be held at such time and place as may be fixed from time to time by the Board with at least four (4) regular meetings held annually. Annual meetings shall be held in the month of April of each year to elect a Chair, Vice-Chair, Secretary, and members of the Board and conduct such other business as may be necessary. Special meetings may be held at any time upon the call of any two Board members. Notice of a special meeting may be either oral or written, informing each member of the purpose of the special meeting and giving each member sufficient time to attend the meeting.

Section 6 (Board Quorum): A majority of the number of Board members shall constitute a quorum for the transaction of business, except that any vacancy occurring in the Board may be filled by a majority of the remaining members even though the remaining members do not constitute a quorum. In cases of emergency, a quorum may be declared if fewer than the majority of the Board is present under the following conditions: a) at least one-third of the members of the Board are present; b) all members present are unanimously in favor of declaring such an emergency quorum; and c) under conditions of an emergency quorum, any action must be approved by a three-fourths vote of the members present.

Section 7 (Chair/Vice-Chairs): The officers of the Central Virginia CoC shall be drawn from the members of the Board who shall annually elect a Chair, Vice-Chair, and Secretary. Additional officers, including additional Vice-Chair(s), as may be deemed necessary, also may be elected or appointed by the Board from time to time.

The officers shall serve for a term of one year and be eligible for reelection. The Chair and Vice-Chair, in the absence or inability of the Chair to act or as requested by the Chair, shall:

- Preside at all meetings of the Board,
- Set agendas for all Central Virginia CoC meetings, and
- Discharge the usual functions of the office of Board Chair.

The Secretary shall prepare and distribute all notices, including date, time and place of meetings; record and maintain minutes of the proceedings of all meetings; and keep membership accounts showing the names of members and relevant contact information.

The duties of any remaining officers shall be to perform such tasks that are incident to the office or offices which they hold and shall carry out all other duties that may be required of them by the Board or the Chair or Vice-Chair.

In the absence of any officer, the Board may delegate his/her power to any other officer, who shall perform those duties in the event of the absence, inability, or unavailability of the officer to perform.

Section 8 (Committees): The Central Virginia CoC Board is assisted in fulfilling its responsibilities as set forth in Article III, Section 1, above by a number of committees, including the following Standing Committees:
• The Public Information Committee facilitates collaboration, education, advocacy, and coordination through the distribution of information and resources to serve persons who are homeless or at risk of becoming homeless in the Central Virginia area.

• The Homeless and Housing Services Committee meets to coordinate services to the homeless population. This committee works to promote collaboration among homeless and housing providers through participation in coordinated assessment and centralized intake. The Committee works to ensure that all services provided are consistent with addressing the Ten Year Plan to End Homelessness in Central Virginia.

• The Clinical Services Committee facilitates the quarterly gatherings of the Clinical Services Network. This Committee works to promote increased collaboration among clinical providers that serve the homeless population including social workers, benefits workers, mental health support workers, health care workers, probation officers, school system representatives and other providers. The Clinical Services Network goals include increasing awareness of community resources among providers in order to better serve the homeless population and promoting collaboration.

• The Point-in-Time Count Committee plans and provides oversight of the Point-In-Time (PIT) Count to count homeless persons and families and identify housing needs and issues. This includes activities such as preparation of surveys or other information collection tools; engaging, organizing, and training volunteers; communicating with data collection sites; overseeing activities the day of the PIT count; collecting surveys or other data collection tools; and assisting with collation and reporting of information.

• The Program/Peer Review Committee evaluates and scores proposals submitted for new and/or renewal HUD funding according to funding priorities and other guidelines and/or plans of the Central Virginia CoC. The group also reviews performance outcomes from providers’ Annual Performance Reports (APRs), reaches out to providers not meeting CoC standards, and arranges for the provision of technical assistance and training for those agencies. The Committee shall be composed of individuals who do not have a conflict of interest due to funding or requests for funding and shall determine the procedure for any appeals of its decisions.

• The HMIS Committee guides the planning and implementation of the HMIS and HMIS data quality and compliance. The committee also coordinates Annual Homeless Assessment Report (AHAR) participation and efforts to ensure accurate, timely, and useful data reports. The group coordinates training and support around HMIS for providers.

• The Nominating Committee recommends candidates for election as Chair, Vice-Chair, Secretary, and Board members. The Board considers the recommendations of the Nominating Committee and may make changes before attaching its final list of nominees to the notice of the annual meeting or any special meeting called to elect officers and Board members.

The Board, at its discretion, shall have the power to create and dissolve committees as needed and on an ad hoc basis. All Committees report to the Board and may, from time to time at the Board’s discretion, propose policies and other actions to the Central Virginia CoC for its consideration. Membership in all Committees will be determined by the Board and composed primarily of members of the Central Virginia CoC.

Section 9 (Conflict of Interest and Code of Conduct).
Paragraph 1: Central Virginia CoC Members must conduct themselves at all times with the highest ethical standards. Members are required to follow the CoC Code of Conduct Standards. Conflicts of interest, and even the appearance of a conflict of interest, must be avoided.

Paragraph 2: All individuals and representatives of organizations who have, are seeking, or considering seeking funds under the endorsement of the Central Virginia CoC must adhere to the following:

- He or she shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
- He or she shall not vote on any item that would create a conflict or appearance of conflict.
- After disclosing the potential for conflict, and providing any background or other information the CoC believes could be useful in its deliberations, he or she shall not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the Member represents.
- He or she shall not lobby or seek information from any other Member of the CoC if such action would create a conflict or the appearance of a conflict.

Section 10 (Fiscal Year). The Fiscal Year of the Central Virginia CoC shall begin on the first day of January of each year.

Section 11 (Amendment). These Bylaws may be amended by a majority vote of the Board at regular, special, or annual meetings at which a quorum is present.

These Bylaws were duly approved by the Board of the Central Virginia CoC on October 3, 2013, and supersede the CoC’s original Bylaws and any and all prior amendments thereto.

________________________________________________________________________  ________________________
Chair  

Date

Adopted October, 2013
Appendix D: CVCoC Charter

AMENDED AND RESTATED

CHARTER OF THE

CENTRAL VIRGINIA CONTINUUM OF CARE

Pursuant to unanimous approval of the Board of the Central Virginia Continuum of Care (Central Virginia CoC), the following Amended and Restated Charter of the Central Virginia CoC is adopted.

Article I – Name

Section 1: The name of this association shall be the Central Virginia Continuum of Care), formerly named the Central Virginia Homeless and Housing Coalition and recognized by the U.S. Department of Housing and Urban Development (HUD) as the Lynchburg Continuum of Care.

Article II – Purpose of Charter

Section 1: This Charter sets out the mission, purpose, and organizational structure of the Central Virginia CoC.

Article III – Mission and Vision

Section 1: The mission of the Central Virginia CoC is to ensure that homelessness is rare, brief and non-recurring.

Section 2: The vision of the Central Virginia CoC is for all persons and families experiencing homelessness in the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell to have a permanent, safe, decent, and affordable place to call home by the year 2024.

Article IV – Purpose

Section 1: The purpose of the Central Virginia CoC is to develop and sustain a homeless response system in the city of Lynchburg and Counties of Amherst, Appomattox, Bedford, and Campbell.
Section 2: The Central Virginia CoC assists in the coordination and development of services and housing for homeless persons through planning, education, and advocacy. To achieve this purpose the Central Virginia CoC will seek to:

A. Enhance the knowledge of homeless response providers to ensure best practices and improve system performance.
B. Address the housing and service needs of persons facing or experiencing homelessness.
C. Identify in the homeless response system and prioritize local, state, and federal funding to meet those needs.
D. Engage in strategic planning and development to address prioritized needs.
E. Operate a coordinated access system that provides a comprehensive assessment of the needs of persons facing or experiencing homelessness.
F. Set system level and project level performance measures to gauge community progress in preventing and ending homelessness.
G. Utilize performance measures for monitoring recipient and system, recipient and subrecipient performance; take action against poor performers when needed and report to funders.
H. Operate a single Homeless Management Information System (HMIS).
I. Conduct an annual point-in-time count of homeless persons in the Central Virginia CoC region.
J. The Central Virginia CoC will identify and monitor the performance of an HMIS lead and collaborative applicant.

Article V – Organization

Section 1: The Central Virginia CoC is a membership organization, whose members include individuals and entities interested furthering the mission and purposes of the CoC. The rights, duties, and qualifications of Members shall be set forth in the Policy and Procedures.

Section 2: The management and direction Central Virginia CoC shall be vested in the Board. Composition of the Board, including number and terms of members, shall be fixed by the Bylaws. The Policies and Procedures outline the rights, duties and qualifications of Board Members.

Article VI – Review and Amendment of Charter

Section 1: The Board shall review this Charter at least biennially to ensure it remains consistent with the Central Virginia CoC’s mission and responsibilities. The Charter may be amended by a two-thirds vote at a meeting of the Board, with a quorum present, provided that the proposed amendment(s) shall have been submitted in writing to each member at least ten business days before action is taken by the Board. The amended charter shall be presented to the entire membership at the next regular meeting.

This Amended and Restated Charter was duly approved by the Board of the Central Virginia CoC in October 3, 2013.
This Amended and Restated Charter supersedes all prior versions.

Chair

Date

Adopted October, 2013
Appendix E: HUD Notice CPD-14-012: Prioritization for PSH Beds

Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

a. First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

   (i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

   (ii) The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

b. Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

   (i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

   (ii) The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

c. Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

   (i) The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at
least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

(ii) The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

d. Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

(i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and

(ii) The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.

3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.
Central Virginia Continuum of Care:
Lynchburg City, Amherst County,
Appomattox County, Bedford County,
Campbell County

HMIS Policies and Procedures

2016
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Definitions

**Client** – Any person who is, has been, or will be entered into HMIS.

**Continuum of Care (CoC)** - The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

**HMIS** – Homeless Management Information System. An HMIS is a computerized data collection tool used by communities to collect ongoing data on persons who are homeless or receive assistance from the community.

**HMIS Administrator** – The person(s) in charge of training and reporting on the HMIS to the Continuum of Care and participating agencies.

**HMIS Lead** – The organization that oversees and implements the HMIS.

**HMIS User** – A person from a participating agency that has been fully trained by the HMIS Administrator. This person is charged with the responsibility to ensure that all data is accounted for and accurate. The quality of this person’s data entry is provided by the HMIS Administrator.

**Participating Agency** – Any agency within the CoC that has an agency agreement and a license to use HMIS.

**ServicePoint** – A web-based HMIS that is licensed from Bowman Systems, LLC, and that is currently used by the Central Virginia Continuum of Care.
HMIS Structure

Continuum of Care (CoC) – The official CoC name for federal and state purposes is known as the Lynchburg Continuum of Care (VA-508). Locally VA-508 is named the Central Virginia Continuum of Care.

HMIS Solution – The vendor supplying the HMIS solution is Bowman Systems, located in Shreveport, Louisiana. The organization that serves as the HMIS Lead for the CoC is Miriam’s House who contracts with The Planning Council, located in Norfolk, Virginia, to provide technical support.

Participating Agency – Any agency within the CoC may participate in HMIS. Participating agencies are required to have an Agency Agreement signed by their Executive Director. In addition to the Agency Agreement, all participating agencies are required to have a representative at the HMIS committee meeting each quarter.

Agency Users – HMIS users are required to sign a User Agreement form at the time of their formal training and attend quarterly HMIS trainings.

HMIS Committee Meeting – The HMIS Committee will meet on a regular schedule decided by the committee members, normally quarterly. Committee members will be notified prior to the meeting of any schedule change.

Data Collection

HUD Required Universal Data Elements – These are fields in HMIS that must be answered by any and all Clients that are entered into HMIS. These elements are not negotiable for specific programs, although more can be added per agency. The following is a list of the data elements that need to be answered. For clarification, refer to the HUD HMIS Data Standards or contact a HMIS Administrator.

1. Name
2. Social Security Number
3. Date of Birth
4. Race
5. Ethnicity
6. Gender
7. Veteran Status
8. Disabling Condition
9. Living Situation
10. Project Entry Date
11. Project Exit Date
12. Destination
13. Personal ID
14. Household ID
15. Relationship to Head of Household
16. Client Location
Data Quality – All client data shall be entered consistently and accurately into the ServicePoint database, and agencies will strive for real-time, or close to real-time data entry. Clients added to the HMIS database shall have entry and exit dates that accurately reflect the paper files or intake packets.

The HMIS Lead shall distribute client data quality reports to each agency at the beginning of each month via email. Users will correct errors and confirm that they have fully entered correct demographic information and entry/exit dates for each client. The partner agency can produce actual files that contain information that matches the data entered into the HMIS. For more detail on data quality requirements see Appendix I: CVCoC 2015 HMIS Data Quality Plan.

Implementing HMIS

Agency Agreements – Every participating agency must have their Executive Director read, agree, and sign an Agency Agreement. Before any training may take place, a signed Agency Agreement must be presented to the HMIS Administrator. Any agency that wishes to join HMIS should contact the HMIS Lead to start the process of getting Agency and User Agreements signed.

HMIS Training - The HMIS Administrator must provide training to all agency users before they are allowed access to the ServicePoint system. HMIS users are required to sign a User Agreement form at the time of their formal training.

User License – Upon completion of training, each user will be provided a license with a unique ID and password, which must not be shared with anyone. Sharing is grounds for immediate termination from the ServicePoint system. As staff members no longer require access to the HMIS, the Agency must notify the HMIS Administrator immediately, so that the HMIS user accounts are immediately inactivated or changed to accommodate their change in status.

Training Manuals and Forms – Software and privacy training manuals and forms shall be available on the Southeastern Virginia Homeless Coalition(SVHC) website (www.shrhomeless.org) or may be requested from the HMIS Administrator.

ShelterLink Systems Administrators – Technical assistance requests and training issues should be limited to contact with a ShelterLink Systems Administrator.
Joshuah Cohen – 757-622-9268 ext. 3026, jcohen@theplanningcouncil.org
ShelterLink
Agency Partner Agreement

ShelterLink ServicePoint is a Client information system that provides a standardized assessment of consumer needs, creates individualized service plans, and records the use of housing and services. Communities can use the aggregated data to determine the utilization of services of participating agencies, identify gaps in the local service continuum, and develop outcome measures.

The signature of the Executive Director of the Partner Agency indicates agreement with the terms set forth for a ServicePoint account for the agency.

In this Agreement, “Partner Agency” is an agency participating in ServicePoint, “Client” is a consumer of services, and “Agency” is the agency named in this agreement.

I. Confidentiality

The Partner Agency shall uphold relevant federal and state confidentiality regulations and laws that protect Client records and the agency shall only release Client records with written consent by the Client, unless otherwise provided for in the regulation.

A. The Partner Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Partner Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients. A copy of 42 CFR Part 2 can be found at http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html.

B. The Partner Agency shall provide a verbal explanation of the ServicePoint database and the terms of consent and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form.

C. The Partner Agency agrees not to release any confidential information received from the ServicePoint database to any organization or individual without proper Client consent.

D. The Partner Agency shall maintain appropriate documentation of Client consent to participate in the ServicePoint database.

E. The Partner Agency shall ensure that all staff, volunteers, and other persons issued a User ID and passwords for ServicePoint receive basic confidentiality training.
F. The Partner Agency understands that the Client data will be encrypted at the server level using encryption technology.

G. The Partner Agency understands the file server, which will contain all Client information, including encrypted identifying Client information, will be located with ServicePoint’s server at Bowman Internet Systems Inc., 400 Travis Street, Suite 1900, Shreveport, LA 71101.

H. The Partner Agency shall not be denied access to Client data entered by the Partner Agency. Partner Agencies are bound by all restrictions placed upon the data by the Client of any Partner Agency. The Agency shall diligently record in the ServicePoint system all restrictions requested. The Agency shall not knowingly enter false or misleading data under any circumstances.

I. If this Agreement is terminated, ShelterLink and remaining Partner Agencies shall maintain their right to the use of all Client data previously entered by the terminating Partner Agency. This use is subject to any restrictions requested by the Client.

J. The Agency will utilize the ServicePoint Client Consent/Information Release form for all Clients providing information for the ServicePoint database. The Client Consent/Information Release form, once signed by the Client, authorizes Client data to be entered into the ServicePoint database and authorizes information sharing with ServicePoint Partner Agencies as to the extent allowed by the Client. If the Client does not sign the Client Consent Information Release Form, the Client data may still be entered into ServicePoint, but is not to be shared outside of the agency providing the service.

K. If a Client withdraws consent for Release of Information, the Partner Agency remains responsible to ensure that Client’s information is unavailable to all other Partner Agencies.

L. The Partner Agency shall keep signed copies of the Client Consent Form/Information Release forms for ServicePoint for a period of three years after the last date of Client service.

M. ShelterLink ServicePoint does not require or imply that services must be contingent upon a Client’s participation in the ServicePoint database. Services should be provided to Clients regardless of ServicePoint participation provided the Clients would otherwise be eligible for the services.
II. ServicePoint Use and Data Entry

A. The Partner Agency shall follow, comply with and enforce the User Policy, Responsibility Statement & Code of Ethics. Modifications to the User Policy, Responsibility Statement & Code of Ethics may be modified as needed for the purpose of the smooth and efficient operation of the ServicePoint system. ShelterLink ServicePoint will announce approved modifications in a timely manner via email and NewsFlash in ServicePoint.

1. The Partner Agency shall only enter individuals in the ServicePoint database that exist as Clients under the Agency’s jurisdiction. The Agency shall not misrepresent its Client base in the ServicePoint database by entering known, inaccurate information.

2. The Partner Agency shall use Client information in the ServicePoint database, as provided to the Agency or Partner Agencies, to assist the Agency in providing adequate and appropriate services to the Client.

B. The Partner Agency shall consistently enter information into the ServicePoint database and will strive for real-time, or close to real-time data entry.

C. The Partner Agency will not alter information in the ServicePoint database that is entered by another agency with known, inaccurate information. (I.e. agency will not purposefully enter inaccurate information to over-ride information entered by another agency). If the Partner Agency discovers inaccurate information entered by another agency, the Partner Agency will contact the HMIS Administrator to correct the inaccurate information.

D. The Partner Agency shall not include profanity or offensive language in the ServicePoint database.

E. The Partner Agency shall utilize the ServicePoint database for business purposes only.

F. ShelterLink ServicePoint will provide initial training and periodic updates to that training to select agency staff on the use of the ServicePoint software.

G. ShelterLink ServicePoint will be available for technical assistance within reason (i.e. troubleshooting and report generation) related to software operating issues.

H. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.

I. The Partner Agency shall not use the ServicePoint database with intent to defraud federal, state or local government, individuals or entities, or to conduct any illegal activity.
J. The Partner Agency shall immediately notify the HMIS Administrator of any status changes for Agency HMIS users to ensure the timely activation or deactivation of user accounts.

III. Reports

A. The Agency shall retain access to identifying and statistical data on the individual Clients it serves.

B. The Partner Agency’s access to data on Clients it does not serve shall be limited to non-identifying and statistical data.

C. ShelterLink ServicePoint may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify individual Clients.

D. ShelterLink ServicePoint will use only unidentified, aggregate ServicePoint data for advising homeless policy and planning decisions, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.

IV. Proprietary Rights of Bowman Internet Systems

A. The Partner Agency shall not give or share assigned passwords and access codes of the ServicePoint database with any other Agency, Business, or individual.

B. The Partner Agency shall not cause corruption of the ServicePoint database in any manner.

V. Terms and Conditions

A. Neither ShelterLink ServicePoint nor the Partner Agency shall transfer or assign any rights or obligations without the written consent of the other party.

B. This agreement shall be in force until revoked in writing by either party provided funding is available.

C. This agreement may be terminated by either party with 30 days written notice.

Licenses - Agency Directors and/or Supervisors dictate who their users will be. HMIS Administrators have the ability to move, delete, and purchase (at the agency’s expense) licenses. A part of the agreement states that licenses are on a per person (user) basis. Therefore, HMIS Users may never share or disclose their passwords, not even to the HMIS Administrator. Agency Directors and/or Supervisors are required to report to the HMIS Administrators on any changes needed for user privileges. Failure to uphold the User Agreement is grounds for the immediate termination of the user from using the ServicePoint system.
User Policy, Responsibility Statement, & Code of Ethics

User Policy

Partner Agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Partner Agencies.

Partner Agencies shall at all times have rights to the data pertaining to their Clients that was created or entered by them in the ServicePoint system. Partner Agencies shall be bound by all restrictions imposed by Clients pertaining to the use of personal data that they do not formally release.

It is a Client’s decision about which information, if any, entered into the ServicePoint system shall be shared and with which Partner Agencies. The ServicePoint Client Consent/Release of Information shall be signed if the Client agrees to share information with Partner Agencies.

Minimum data entry on each consenting Client will include:

- All programs are required to complete the HUD Required Universal Data Elements in the HUD 40118 (HUD APR) Assessment.
- Programs funded by HUD Continuum of Care Homeless Assistance will enter HUD Required Program-Specific Data Elements.

To the greatest extent possible, data necessary for the development of aggregate reports of the homeless services, including services needed, services provided, referrals, and Client goals and outcomes should be entered into the system.

User Responsibility

Your user ID and password give you access to the ServicePoint system. Initial each item below to indicate your understanding and acceptance of the proper use of your user ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the ServicePoint system.

1. My user ID and password are for my use only and must not be shared with anyone.
2. I must take all reasonable means to keep my password physically secure.
3. I understand that the only individuals who can view information in the ServicePoint system are authorized users and the Clients to whom the information pertains.
4. I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
5. If I am logged into ServicePoint and must leave the work area where the computer is located, I must log off of ServicePoint before leaving the work area.
6. A computer that has ServicePoint “open and running” shall never be left unattended.
7. Failure to log off ServicePoint appropriately may result in a breach in Client confidentiality and system security.
8. Hard copies of ServicePoint information must be kept in a locked file.
9. When hard copies of ServicePoint information are no longer needed, they must be properly destroyed to maintain confidentiality.
10. If I notice or suspect a security breach, I must immediately notify the HMIS Administrator (ShelterLink).
User Code of Ethics

A. ServicePoint users must treat Partner Agencies with respect, fairness, and good faith.

B. Each ServicePoint user should maintain high standards of professional conduct in his or her capacity as a ServicePoint user.

C. The ServicePoint user has primary responsibility for his/her Client(s).

D. ServicePoint users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.
Technological Requirement for Participating Agencies – All participating agencies must adhere to these requirements wherever HMIS will be accessed.

ShelterLink HMIS Security Policy

Purpose: This document is designed to establish security standards for participating agencies within the ShelterLink HMIS system. The following requirements and recommendations are based on the Security Standards as defined in the HUD HMIS Data and Technical Standards Revised Draft Notice of July, 2009. A goal of ShelterLink is to support and assist agencies in meeting these requirements.

Security Standards: The ShelterLink Security Standards are divided into two sections. Security Requirements are minimum standards with which all HMIS participating agencies must comply. Additional Security Recommendations are best practices recommended by the ShelterLink HMIS Administrator. The security standards include both technology solutions and protocols for staff use of technology.

Security Audit: The ShelterLink HMIS Administrator will conduct a security audit to document compliance with the security requirements. The ShelterLink HMIS Administrator will work with agencies to assess and overcome any identified barriers to security compliance.

Security Requirements

<table>
<thead>
<tr>
<th>Action</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicability</td>
<td>HMIS Security Requirements apply to all networked computers at HMIS participating agencies as well as all non-networked computers that are used by HMIS participating agencies to access HMIS software. The Security Requirements specifically apply to:</td>
</tr>
<tr>
<td></td>
<td>a. All computers connected to the agency’s network</td>
</tr>
<tr>
<td></td>
<td>b. All computers that access the agency’s network via Virtual Private Network (VPN)</td>
</tr>
<tr>
<td></td>
<td>c. All other computers, such as employee or volunteer owned computers, used to access HMIS over the Internet</td>
</tr>
<tr>
<td>2. Passwords</td>
<td>Computers must be secured by a user password at computer login. Computer passwords and HMIS software passwords must meet the following minimum criteria:</td>
</tr>
<tr>
<td></td>
<td>a. Passwords must contain at least 1 number and 1 letter.</td>
</tr>
<tr>
<td></td>
<td>b. Written information pertaining to passwords must not be displayed in any publicly accessible location. Password recording must be disabled at each computer. (Do not use the &quot;Remember Password&quot; feature of applications.)</td>
</tr>
<tr>
<td>3. Anti-virus</td>
<td>All computers must have anti-virus software installed.</td>
</tr>
<tr>
<td></td>
<td>a. Anti-virus software must be updated regularly.</td>
</tr>
<tr>
<td>4. Firewall</td>
<td>All computers must be protected by a firewall.</td>
</tr>
<tr>
<td>5. System Updates</td>
<td>All computers must be regularly updated for protection against security threats and must have the latest service packs installed.</td>
</tr>
<tr>
<td>6. Computer Locking</td>
<td>Computers must be locked when unstaffed to prevent unauthorized access to the HMIS. Computers must be secured via locking screensavers or by logging off.</td>
</tr>
<tr>
<td>7. Anti-spyware</td>
<td>All computers must have anti-spyware/anti-malware software installed.</td>
</tr>
<tr>
<td></td>
<td>a. Anti-spyware/anti-malware software must be updated regularly.</td>
</tr>
</tbody>
</table>
8. **Digital Certificates**  All computers must be identified by HMIS through the use of a locally installed digital certificate employing standard Public Key Infrastructure technology.

9. **Wireless Access Points (WAP)**  All wireless LAN devices must utilize WPA or WPA2 security protocols and strong passwords of at least 14 random characters or must utilize a corporate-approved Virtual Private Network (VPN) configured to drop all unauthenticated and unencrypted traffic.

10. **Electronic Data Storage**  All HMIS data is classified as confidential and must be handled discreetly.
   a. Electronic copies shall be stored only on an encrypted device where a password is required to access the data.
   b. Electronic copies shall be stored only where the appropriate staff can access the data.

**Additional Security Recommendations**

<table>
<thead>
<tr>
<th>Action</th>
<th>Definition</th>
</tr>
</thead>
</table>
| 1. **Computer and HMIS Passwords** | Computer passwords should routinely change at a rate of no less than three times a year.  
   a. Computer and HMIS passwords within an agency department should be changed immediately upon personnel changes within that department.  
   b. HMIS software user passwords should be different from users' passwords for other non-HMIS accounts.  
   c. HMIS software passwords should not be disclosed to anyone else. All passwords should be treated as sensitive, confidential information. Follow these precautions:  
   - Do not reveal a password over the phone to anyone  
   - Do not reveal a password in an email message  
   - Do not reveal a password to the boss  
   - Do not talk about a password in front of others  
   - Do not hint at the format of a password (e.g., "my family name")  
   - Do not reveal a password on questionnaires or security forms  
   - Do not share a password with family members  
   - Do not reveal a password to co-workers while on vacation  
   - If someone demands a password, refer them to this document or have them contact the ShelterLink HMIS Administrator.  |
| 2. **Avoid Unsafe Behavior** | Computers used to access HMIS should never be used for downloading files offered through various file sharing services such as music sharing services, as such behavior increases the risk of contracting viruses or spyware/malware.  |
ShelterLink
HMIS Client Consent Form
Authorization for Release of Information

Agency Name __________________________ Program Name __________________________

Client Name __________________________

Dependent children, if any (first and last names and date of birth)

I know that this agency is part of the Central Virginia Continuum of Care HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

With this written consent, HMIS agencies that offer me services may enter, see, and update basic information about me and my children including name, social security number, gender, and birth date. No restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement.

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter, or use information kept in the HMIS system. This agency will never give information about a person to anyone outside this system without the person’s written consent, or as required by law through a court order.

My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I may revoke my consent at any time, in writing, and no new information will be shared unless I sign a separate agreement. This consent will end three years from today.

I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

☐ I authorize this agency to share my basic information with other agencies on the Central Virginia Continuum of Care system.

☐ I do not authorize this agency to share my basic information with other agencies on the Central Virginia Continuum of Care system.

______________________________  __________________________
Client Signature             Date

______________________________  __________________________
Agency Witness              Date
ShelterLink
HMIS Client Consent Form
Authorization for Release of Confidential Information

Agency Name ___________________ Program Name ___________________

Client Name _____________________

Dependent children, if any (first and last names and date of birth)

I know that this agency is part of the Central Virginia Continuum of Care HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

With this written consent, the HMIS agencies listed on page two of this agreement may enter, see and update restricted information about me and my children including health, medical needs, mental health and domestic violence information. The purpose of the disclosure authorized in this consent is to coordinate services.

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter or use information kept in the HMIS system. This agency will never give information about a person to anyone outside this system without the person’s written consent, or as required by law through a court order.

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records.
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164.
- The records cannot be shared without my written consent except as provided for in the regulations.
- I also understand that I may end this consent and no new information will be shared.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that any notice to end this consent must be in writing.
- This consent will end three years from today.
Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

☐ I authorize this agency to share my restricted information with the agencies on the Central Virginia Continuum of Care HMIS.

☐ I do not authorize this agency to share my restricted information with other agencies on the Central Virginia Continuum of Care HMIS.

__________________________________________________________________________  __________
Client Signature                                      Date

__________________________________________________________________________  __________
Agency Witness                                       Date
Client Privacy Statement Policy

Privacy Statement Requirements - A requirement for homeless service organizations participation in a Homeless Management Information System (HMIS) is the collection of Protected Personal Information (PPI) from Clients. Homeless service organizations must collect PPI by “lawful and fair means and, where appropriate, with the knowledge or consent of the individual.”

To meet this requirement, homeless service organizations must post a Client Privacy Statement at each intake desk that explains the reasons for collecting this information. A copy of the Client Privacy Statement must be posted on each participating agency’s public website, if applicable. The posted statement refers to the Notice of Privacy Practices which should be given to all Clients. If your agency already has a privacy notice, please submit it to The Planning Council so that we may review it for compliance.
Client Privacy Statement

We collect personal information directly from you for the reasons that are discussed in our Notice of Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Notice of Privacy Practices is available to all Clients upon request.
Central Virginia Continuum of Care
NOTICE OF PRIVACY PRACTICES

Purpose of This Notice

ServicePoint is a centralized case management system that allows authorized participating agency personnel to collect Client data, produce statistical reports, and share information with select partner agencies if a signed “release of information” form is signed by the Client.

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to complain to us or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted at our location or on our website

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your private personal information. We are also required to make this notice about our privacy practices, our legal duties, and your rights concerning your private personal information available upon request. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect immediately, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all private personal information that we maintain, including private personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

How We Use or Disclose Your Private Personal Information

To Provide Services

We will use private personal information about you to provide you with services. We may share this information with members of our staff or with others involved in your support.
For Administrative Operations

We may use or disclose your private personal information for operational purposes. For example, we may use your private personal information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.

Uses or Disclosures That Are Required or Permitted by Law

For Administrative Functions - We may use or disclose your protected personal information to carry out the administrative functions of our office.

Academic Research Purposes - We may use or disclose protected personal information to individuals performing academic research who have a formal relationship with ShelterLink.

Required by Law – We may use or disclose medical information about you when we are required to do so by law.

Public Health Activities – We may disclose private personal information about you if the HMIS user or developer, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Victims of Abuse, Neglect or Domestic Violence – We may disclose private personal information about you to a government agency if we believe you are the victim of abuse, neglect, or domestic violence.

Legal Activities – We may disclose private personal information about you in response to a court proceeding. We may also disclose private personal information about you in response to a subpoena or other legal process.

Disclosures for Law Enforcement Purposes – We may disclose private personal information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order, subpoena or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- To investigate allegations of misconduct that may have occurred on our premises
- To report a crime in emergency circumstances.

Funeral Directors, Coroners and Medical Examiners – We may disclose protected personal information about you as necessary to allow these individuals to carry out their responsibilities.
National Security and Intelligence – We may disclose protected personal information about you to authorized federal officials for national security and intelligence activities.

Protective Services for the President and Others – We may disclose protected personal information about you to authorized federal officials for the provision of protective services to the President of the United States or other foreign heads of state.

Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying our Complaint Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any effect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following:

A request to provide your private personal information to an attorney for use in a civil law suit.

Your Rights

The information contained in your record maintained by ShelterLink is the physical property of ShelterLink. The information in it belongs to you. You have the following rights:

Right to Request Restrictions – You have the right to ask us not to use or disclose your private personal information for a particular reason related to our services or our operations. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or ShelterLink can stop a restriction at any time.

Right to Inspect and Copy Your Protected Personal Information – You have the right to request to inspect and obtain a copy of your private personal information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

Right to Request Amendments to Your Protected Personal Information – You have the right to request that we correct your private personal information. If you believe that any private personal information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision.

Right to an Accounting of Disclosures of Private Personal Information - You have the right to find out what disclosures of your private personal information have been made. The list of
disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before July 1, 2004.

We are not required to include disclosures for services, payment or operations or for National Security or Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an account may be temporarily suspended if it will impede the agency’s activities. The notice of suspension should specify the time for which such a suspension is required. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings.

Right to Obtain a Copy of the Notice – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

Complaints

You have the right to complain to us and to the United States Secretary of Housing and Urban Development if you believe we have violated your privacy rights. There is no risk in filing a complaint.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your private personal information or in response to a request you made to amend or restrict the use or disclosure of your private personal information, or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in this notice.

To file a complaint with us, contact by phone or by mail:

Complaint Officer: Julie Dixon, Senior Director of Planning and Program Development
The Planning Council
5365 Robin Hood Road, Suite 700
Norfolk, VA 23513
Phone (757) 622-9268

Questions and Information
If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Sarah Quarantotto, MSW
Executive Director
Miriam’s House
PO Box 3196
Lynchburg, VA 24503
434.847.1101

A written request for information is defined under the Your Rights section of this notice. Complaints or questions may be made by phone or in writing. We support your right to protect the privacy of information. We will not retaliate in any way if you choose to file a complaint with us.
HMIS Standards of Care

The following standards apply to all HMIS users of the ShelterLink HMIS and will be subject to a compliance audit by the HMIS Administrator.

Data Collection and HMIS

Standard F1: The agency does not share HMIS data with any unauthorized entity.

Guideline F1: The agency has a policy that precludes unauthorized data sharing. The policy and Release of Information is available for review.

Standard F2: The agency collects, enters and extracts only HMIS data that are relevant to the delivery of homeless services.

Guideline F2: The agency has a policy regarding data collection, entry and extraction that specifies appropriate use of data. The policy is available for review.

Standard F3: The agency accurately enters all the required HMIS data by the 15th working day of the month following the end of the preceding quarter.

Guideline F3: The agency has a Quality Assurance plan in place and a monthly verification that data was entered accurately and by the 15th working day of the month following the end of the preceding quarter. The program can provide verification that the Systems Administrator implements the plan on a quarterly basis. A file review confirms that this has been completed.

Standard F4: The agency has completed a “ShelterLink User Policy, Responsibility Statement & Code of Ethics” agreement for each authorized system user and has provided a copy to Miriam’s House.

Guideline F4: User agreements are up-to-date and on file at the agency and The Planning Council for each user. Agency user agreements are available for review and match the ShelterLink user list.

Standard F5: The agency limits access to information provided by the HMIS database to its own employees specifically for verifying eligibility for service, entering data for services provided, tracking client services, monitoring data quality, and evaluating programs.

Guideline F5: The agency has a policy regarding access to the HMIS database that is available for review. The policy should prohibit employees from using HMIS data in an unethical or unprofessional manner.

Standard F6: All staff entering/viewing HMIS data in the ServicePoint HMIS system must be appropriately trained and have an individual user license with a unique user name and password.

Guideline F6: The HMIS Administrator can describe training provided to staff and the process for ensuring that each user has a license with a unique name and password. Relevant documentation or tracking system is available for review.
**Standard F7:** As staff members no longer require access to the HMIS, their HMIS user accounts are immediately inactivated or changed to accommodate their change in status. The agency must contact the HMIS Administrator to make these changes.

Guideline F7: The agency has a written procedure for handling HMIS account activation and deactivation as a user’s status changes. The written procedure is available for review.

**Standard F8:** Technical assistance requests and training issues should be limited to contact with the HMIS Administrator.

Guideline F8: The HMIS Administrator can describe how technical assistance requests are handled internally and how technical assistance and training needs are communicated to ShelterLink.

**Standard F9:** Signed “ShelterLink HMIS Client Release of Information” forms from clients are kept on file.

Guideline F9: The agency has a Quality Assurance Plan in place and monthly process that verifies that consent was obtained. Relevant documentation is available for review.

**Standard F10:** Service Items and/or Worksheets added to the HMIS database have entry and exit dates that accurately reflect the paper files or intake packets.

Guideline F10: The agency has a Quality Assurance Plan in place and a process for verifying that entry and exit dates in the files match the HMIS. The agency can produce actual files that contain information that matches the data entered into the HMIS.

**Standard F11:** The agency has a written policy that requires that staff inform clients of the purpose for data collection and explain client rights concerning the collection and use of their private information.

Guideline F11: Signs informing clients of the “purpose for data collection” and the agency privacy policy are posted and easily viewable in each area where intakes are completed. Intake staff can explain how they inform clients of these rights.

**Standard F12:** Agency computers used for accessing the HMIS are located in a secure location where access is restricted to authorized staff and employ screen and software security and access restriction measures.

Guideline F12: The agency has a written security procedures that includes the use of the following: for each work station -- locking screen savers, virus protection with auto-update, individual or network firewalls, software password recording features disabled; for digital data files and storage disks: encryption and password protections.
Appendix I

Central Virginia Continuum of Care
2015 HMIS Data Quality Plan

INTRODUCTION

This document describes the Homeless Management Information System (HMIS) data quality plan for the Central Virginia Continuum of Care (CVCoC). This document provides basic information regarding an HMIS, the data quality plan and the monitoring plan that will be used to ensure compliance to the data quality plan and the requirements set forth by the Department of Housing and Urban Development (HUD). It has been developed by the HMIS Lead Agency, Miriam’s House, with input from the HMIS Committee of the CVCoC and the Board of the CVCoC. This plan is to be updated as necessary to comply with current HMIS data standards and local changes.

HMIS Data and Technical Standards

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD’s annual CoC funding competition are directly related to a CoC’s progress in implementing its HMIS.

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). In May 2014, HUD, the Department of Health and Human Services (HHS) and the Department of Veteran Affairs (VA) announced the release of the 2014 HMIS Data Dictionary and 2014 HMIS Data Manual. This joint release was a product of collaboration between the three agencies to update the HMIS Data Standards to allow for standardized data collection on homeless individuals and families across the system.

Data Quality Defined

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can ‘tell the story’ of the population experiencing homelessness. The quality of the data is determined by assessing certain characteristics such as timeliness, completeness and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.
A Data Quality Plan Defined

A data quality plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders and is formally adopted by the CoC. In short, a data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system. A plan that sets data quality expectations will help case managers better understand the importance of working with their clients to gather timely, complete and accurate data.

A Data Quality Monitoring Plan Defined

A data quality monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

DATA QUALITY PLAN

Data Timeliness

Entering data into an HMIS in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction or a program exit. Therefore, the sooner the data is entered, the better chance the data will be correct. Timely data ensures that the data is accessible when it is needed especially as the CoC participates in a coordinated assessment and intake system. Programs that provide short term assistance (shelter, prevention, and rapid re-housing) should enter data in a timelier manner than programs with longer assistance (transitional housing and permanent supportive housing). Please see Appendix I for a listing of Universal Data Elements and Program Specific Data Elements.

The following benchmarks for data entry are by program type:

- **Homeless Prevention:** All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- **Emergency Shelters:** All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- **Rapid Re-Housing:** All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- **Transitional Housing:** All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- **Permanent Supportive Housing:** All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
**Data Completeness**

All data entered into the HMIS should be complete. Partially complete or missing data (e.g., missing digits in a SSN, missing the year of birth) can negatively affect the ability to provide comprehensive care to clients. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness. The CVCoC’s goal is to collect 100% of all data elements. However, it is recognized that this is not always possible in all cases. Therefore, the CoC has established an acceptable range of unknown/don’t know/refused responses, depending on the data element and the type of program entering data. However, there is no acceptable range for missing/null data elements as case managers within all programs should ask the questions necessary to gain the required information. *Please see Appendix II for baseline data completeness for the CVCoC.*

It is the expectation of the CVCoC that 100% of clients served by participating programs are entered into HMIS. The acceptable range of missing and unknown responses is:

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Emergency Shelter</th>
<th>TH, PSH</th>
<th>RRH, HP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Missing</td>
<td>Unknown</td>
<td>Missing</td>
</tr>
<tr>
<td>Name</td>
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<td>0%</td>
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<tr>
<td>Date of Birth</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Race</td>
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<tr>
<td>Ethnicity</td>
<td>0%</td>
<td>5%</td>
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<tr>
<td>Gender</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>0%</td>
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<td>0%</td>
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<tr>
<td>Residence Prior to Project Entry</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
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<tr>
<td>Project Entry Date</td>
<td>0%</td>
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<tr>
<td>Project Exit Date</td>
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<tr>
<td>Destination</td>
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<tr>
<td>Program Specific Data Elements</td>
<td>Emergency Shelter</td>
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<tr>
<td>-------------------------------</td>
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<td>Missing</td>
<td>Unknown</td>
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<td>Income and Sources</td>
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<td>20%</td>
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<tr>
<td>Non-Cash Benefits</td>
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<td>Health Insurance</td>
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<td>Physical Disability</td>
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<td>Developmental Disability</td>
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<td>Chronic Health Problem</td>
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<tr>
<td>HIV/AIDS</td>
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<td>Mental Health Problem</td>
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<td>Substance Abuse</td>
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<tr>
<td>Domestic Violence</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Services Provided</td>
<td>N/A</td>
<td>N/A</td>
<td>0%</td>
</tr>
</tbody>
</table>
**Data Accuracy and Consistency**

Data should be collected and entered accurately and consistently. Accuracy of data in an HMIS can be difficult to assess because it depends on the client’s ability to provide the correct data and the intake worker’s ability to document and enter the data accurately. Data entered into the HMIS should regularly be compared to paper records to ensure consistency. The purpose of accuracy is to ensure that the data in the HMIS is the best possible representation of reality as it relates to homeless persons. To that end, all data entered into the HMIS should be a reflection of information provided by the client, as documented by the intake worker. Recording inaccurate information is strictly prohibited.

In order to ensure consistency, all programs participating in HMIS should use the standardized intake tool developed by the CVCoC. This tool parallels with the HMIS questions and allows all intake workers to collect and enter data in a consistent manner. Some programs will have additional intake materials but this basic tool should be used by all programs to capture HMIS data.

The data accuracy standard for all programs participating in HMIS is 95%. Thus, the percentage of client files with inaccurate HMIS data should not exceed 5%. (For example, if the sampling includes 20 clients’ files, then 19 out of 20 of these files must have the entire set of corresponding data entered correctly in HMIS.)

**DATA QUALITY MONITORING PLAN**
The CVCoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual programs, agencies and the CoC as a whole. As such, all agencies participating in HMIS are expected to meet the data quality benchmarks described in this document.

Roles and Responsibilities

The CVCoC Board provides overall direction and oversight of the HMIS Lead, HMIS Committee and all agencies participating in HMIS.

The HMIS Lead, Miriam’s House, is responsible for working with the HMIS Administrator, The Planning Council, to provide new user training and ongoing refresher training to HMIS users to promote data quality. The HMIS Lead chairs the HMIS Committee of the CVCoC and holds quarterly meetings in January, April, July and October. The HMIS Lead will monitor HMIS participating agencies to ensure that the standards of timeliness, completeness, accuracy and consistency are met through the following means:

1. Timeliness: Reports will be submitted to each HMIS user and supervisor on the previous month’s data timeliness within the first week of the following month. The program will be required to improve their data timeliness or provide explanation before the next month’s report. If the program requires technical assistance to make improvements, the HMIS Lead will provide or arrange this assistance.

2. Completeness: Reports will be submitted to each HMIS user and supervisor on the previous month’s data completeness within the first week of the following month. The program will be required to correct the missing data before the end of the month. If the program requires technical assistance to make improvements, the HMIS Lead will provide or arrange this assistance.

3. Accuracy and Consistency: The HMIS lead will conduct an annual visit to each program in order to compare client files with data entered into HMIS to ensure that the data accuracy standard is met.

The HMIS Committee will meet quarterly and review data quality reports. The committee will provide feedback and support to programs struggling with meeting the data quality benchmarks. The HMIS committee will note training needs amongst HMIS users and work alongside the HMIS Lead to provide training for all HMIS users in the CVCoC.

HMIS participating programs are responsible for ensuring that they maintain a high level of data quality by entering and correcting data in accordance with the data quality plan. The program’s Executive Director or equivalent should oversee HMIS user(s) to ensure quality data collection and entry practices. Each HMIS participating program should have an identified representative sit on the HMIS committee of the CVCoC and all users should participate in available trainings. Each HMIS participating program is responsible for receiving the monthly data timeliness and completeness reports from the HMIS Lead and making corrections by the end of the month. Each HMIS participating program is responsible for making an appointment with the HMIS Lead for an annual site visit to monitor data accuracy.
Compliance

It is expected that all programs participating in HMIS will maintain a high level of data quality. Each program participating in HMIS will receive an annual report from the HMIS Lead summarizing their monthly data timeliness, monthly data completeness and annual data accuracy reports. This annual report will also summarize the program’s response to make corrections in the specified time period and any other findings or concerns that either the HMIS Lead, HMIS Committee or Board of the CVCoC may have regarding data quality. Programs desiring funding through the Continuum of Care are expected to maintain compliance with the data quality plan and data quality monitoring plan.

VI. Appendix I

HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. The Universal Data Elements establish the baseline data collection requirements for all contributing CoC projects. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.

The Universal Data Elements are the foundation on which the Annual Homeless Assessment Report (AHAR) is developed. The AHAR provides Congress the national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. It is used locally to inform state and local communities on how their specific homeless information compares nationally. The AHAR is used by the U.S. Interagency Council on Homelessness to measure progress towards goals specified in Opening Doors and by all of the federal partners to inform departmental homelessness policy. Universal Data Elements also helps local communities to better target resources, and position programs to end homelessness.

The following are the Universal Data Elements:

1. Name
2. Social Security Number
3. Date of Birth
4. Race
5. Ethnicity
6. Gender
7. Veteran Status
8. Disabling Condition
9. Residence Prior to Project Entry
10. Project Entry Date
11. Project Exit Date
12. Destination
13. Personal ID
14. Household ID
15. Relationship to Head of Household
16. Client Location
17. Length of Time on Street, in an ES or Safe Haven

Program Specific Data Elements differ from the Universal Data Elements in that no one project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their programs. A Partner may require all of the fields or response categories in a data element or may specify which of the fields or response categories are required for their report. This section is organized to illustrate which Program Specific Data Elements are required by more than one Federal Partner and which are required by only one of the Federal Partners. Local CoCs may elect to require all contributing continuum projects to collect a subset of the data elements contained in this section to obtain consistent information across a range of projects that can be used to plan service delivery, monitor the provision of services, and identify client outcomes. However, these data elements do not constitute a client assessment tool, and projects must develop their own data collection protocols in order to properly assess client service needs.

The following Program Specific Data Elements are required by more than one Federal Partner:

1. Housing Status
2. Income and Sources
3. Non-Cash Benefits
4. Health Insurance
5. Physical Disability
6. Developmental Disability
7. Chronic Health Condition
8. HIV/AIDS
9. Mental Health Problem
10. Substance Abuse
11. Domestic Violence
12. Contact
13. Date of Engagement
14. Services Provided
15. Financial Assistance Provided
16. Referrals Provided
17. Residential Move-In Date
18. Housing Assessment Disposition
19. Housing Assessment at Exit

VII. Appendix II

Central Virginia Continuum of Care

Baseline Data Completeness (7.1.2013-7.1.2014)

<table>
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<tr>
<th>Universal Data Element</th>
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<td>Household ID</td>
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8/29/2016
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</table>
PART III: TENANT SELECTION

4-III.A. OVERVIEW

The PHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. The PHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. The PHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA’s selection policies [24 CFR 960.206(e)(2)]. The PHA’s policies must be posted any place where the PHA receives applications. The PHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The PHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

LRHA Policy

When an applicant or resident family requests a copy of the LRHA’s tenant selection policies, the LRHA will provide copies to them free of charge.
4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

LRHA Policy

The LRHA will use the following local preferences:

- Working
- Elderly, Disabled, Handicapped
- High Rent Burden – currently paying fifty percent (50%) of income for rent
- Veteran/Veteran Family

Homeless

- Victims of Domestic Violence
- Involuntarily Displaced
- Substandard Housing
- Currently enrolled in an educational training program
- Termination from LRHA HCV program due to insufficient program funding

All preferences will have equal weight. A person may have multiple preferences.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA’s HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA’s basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA’s housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a
PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA’s selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the LRHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family’s position on the waiting list. These families are considered non-waiting list selections. The LRHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the LRHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

LRHA Policy

The LRHA does not administer any type of targeted funding.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.
4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

LRHA Policy

Working
Elderly, Disabled, Handicapped
High Rent Burden - currently paying fifty percent (50%) of income for rent
Veteran/Veteran Family

Homeless

- Victims of Domestic Violence
- Involuntarily Displaced
- Substandard Housing
- Currently enrolled an educational training program
- Termination from LRHA HCV program due to insufficient program funding

All preferences will have equal weight. A person may have multiple preferences.

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

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

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

LRHA Policy

The LRHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.
City of Roanoke Redevelopment and Housing Authority

Agency Plan 2015 — 2019

City of Roanoke Redevelopment and Housing Authority

Please Do Not Remove Plan
PART III: TENANT SELECTION

4-III.A. OVERVIEW

RRHA has established tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. RRHA will not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. RRHA will not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

RRHA will maintain clear records of all information required to verify that the family is selected from the waiting list according to RRHA’s selection policies [24 CFR 960.206(c)(2)]. RRHA’s policies must be posted any place where RRHA receives applications. RRHA will provide a copy of its tenant selection policies upon request to any applicant or tenant free of charge. [24 CFR 960.202(c)(2)].

Program Admission

RRHA may admit an applicant to the program either:
1) As a HUD Special Admission, or
2) As an open waitlist applicant by preference and or date and time, or
3) HCV funding shortfalls that cause tenants to lose their voucher assistance.

4-III.B. SELECTION METHOD

RRHA’s method for selecting applicant families from the waiting list, including the system of admission preferences that RRHA will use is described below.

Local Preferences [24 CFR 960.206]

RRHA has established local preferences and gives priority to serving families that meet the criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits RRHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with RRHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

RRHA will use the following local preference:
In order to bring higher income families into public housing, RRHA will establish a preference for "working" families, where the head, spouse, cohead, or sole member is employed at least 20 hours per week.

As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

A family that includes a family member who is a victim of domestic violence.

Families who are homeless or who have been involuntarily displaced due to a disaster (e.g. fire, flood, earthquake), government action (e.g. code enforcement, public improvement), action by a housing owner that is beyond an applicant's ability to control (e.g. conversion of a unit to non-residential use, or owner wants the property for personal use).

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during RRHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income whichever number is higher [Federal Register notice 6/25/14]. To ensure this requirement is met, RRHA may skip non-ELI families on the waiting list in order to select an ELI family.

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


A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. RRHA will give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. RRHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, RRHA will first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. RRHA will not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

Units Designated for Elderly or Disabled Families [24 CFR 945]
Central Virginia Continuum of Care
HMIS Governance Agreement

The HMIS Governance Agreement summarizes roles and responsibilities between the VA 508 Continuum of Care (Central Virginia Continuum of Care), the Collaborative Applicant, and the Homeless Management Information System (HMIS) Lead Agency. Fulfilling the responsibilities as outlined in the Central Virginia Continuum of Care By-laws.

1. Lead Agencies

- Continuum of Care (CoC) Lead (or Collaborative Applicant) is designated by the CVCoC as the primary point of contact and the entity responsible for managing the advancements of the CoC. Lynchburg Community Action Group has been selected for this role in the CVCoC.

- Homeless Management Information Systems (HMIS) Lead is designated by the CVCoC as the responsible entity to manage the HMIS. Miriam's House has been selected for this position in the CVCoC. Miriam's House selected ServicePoint software operated by Bowman Systems LLC as the HMIS software program utilized by all agencies within the CoC's geographic area and contracted with The Planning Council for technical assistance and to serve as the HMIS Administrator.

2. CVCoC Responsibilities

- Carry out the activities of a Continuum of Care as defined by the U.S. Department of Housing and Urban Development;
- Coordinate and implement a system to meet the needs of the homeless population within the geographic area, including:
- Plan for and conduct an annual Point in Time Count of homeless persons;
- Conduct an annual gaps analysis of homeless needs and services;
- Report on and evaluate the performance of federal and state funded programs;
- Establish and consistently follow fair, equitable written standards for screening, evaluating eligibility, and administering assistance for homeless or at-risk individuals and families across the geographic area;
- Establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services;
- Designate a single Homeless Management Information System (HMIS) and an eligible applicant to manage the system; and
- Review, revise and approve all policies and plans required by the federal and state government agencies that oversee homeless assistance programs.

Virginia Cares • Suite 302 • Tel: (434) 455-1601/Opt. 1 • Fax: (434) 455-1604
Center for Employment Training • Suite 300 • Tel: (434) 455-1601/Opt. 2 • Fax: (434) 455-1604
Housing Counseling Services Department • Suite 201 • Tel: (434) 455-1601/Opt. 3 • Fax: (434) 455-1623
www.lyncog.org

"Helping to Meet the Needs of People in Central Virginia"
3. **CoC Lead Agency (Collaborative Applicant) Responsibilities:**

- Completes and submits all CoC-based applications for funding;
- Implements a collaborative process for the continuum of care;
- Evaluates outcomes funded under CoC-based applications including, but not limited to federal and state homeless assistance grants;
- Ensures CoC compliance with the CoC Interim Program Rule and HUD Notices and
- Coordinates and reports outcomes for the annual Point in Time Count and CoC Lead Agency (Collaborative Applicant) Responsibilities:

  - Directly manage contracts with the system vendor on behalf of the CVCoC;
  - Secure Agency and User Agreements between the HMIS Lead and agency/users;
  - Submit, at least on an annual basis, the Annual Homeless Assessment Report to HUD;
  - Produce annual shelter data to be submitted as part of the Point In Time Count report;
  - Provide all technical support, training, necessary program and security updates and coordinates aggregate data reporting for Covered Homeless Organizations;
  - Develop and run required data reports necessary to obtain and maintain funded homeless service programs, as well as demonstrate characteristics of the homeless population within the CoC geographical area;
  - Develop and monitor a Privacy Plan surrounding data limitations and purposes as required by federal and state agencies; and
  - Ensure all client level data meets security provision requirements detailed in the HMIS Data and Technical Standards Final Notice, to include: transmission encryption, limited access to workstations, off-site backup and recovery, proper disposal of storage devices and system monitoring procedures. (For further detail see the CVCoC HMIS Policies and Procedures Manual).

**Collaborative Applicant:** Lynchburg Community Action Group
**Address:** 915 Main Street, Second Floor Galleria, Lynchburg, VA 24504
**Representative:** Denise Crews

[Signature]
Date: 9/9/16

**HMIS Lead:** Miriam's House
**Address:** PO Box 3196, Lynchburg, VA 245043
**Representative:** Sarah Quarantotto

[Signature]
Date: 9/9/16
Minutes of the July 1, 2015 Board meeting

Called to order at 1:30pm. Present: Board members – Dawn Fagan, Caroline Hudson, Denny Huff, Virginia Huntington (Ginny), Denise Crews, Sarah Quarantotto, Randal Walton, Joan Phelps, Jim Meador and Chris Howell.

The May and June minutes were reviewed. Dawn moved approval of the minutes, Randal seconded. The motion passed.

Denise announced that Sue Coleman has stepped down from the board but is still available as a community volunteer. She still plans to be an integral part of the PIT count.

Denise informed the board that the Governor is concerned about the fact that our PIT veteran count did not decrease but doubled. Lyn-CAG will be requesting an additional 5-6K for Rapid Rehousing for veterans. The greatest concern is that the PIT numbers do not seem to be accurate. Although the deadline has passed (cannot resubmit numbers), the board members would like to re-examine the data. One area of potential data inaccuracy was the temporary shelter at Blue Ridge Community Church. Sarah has opened a dialogue with BRCC about the processes of the homeless response system and the best ways to be included in the system.

Consensus is that the board needs to research best practices to overhaul our PIT process. Jim and Dawn expressed a willingness to begin exploring resources. Denny Huff will get more information from Roanoke about their methodology. It was suggested that we begin with using the HUD form.

Denise moved that the board accept the nomination of Kate Donaldson to replace Sue Coleman on the board. Ginny seconded. The motion passed.

Dawn reported that she is reviewing available resources for VASH vouchers. Jim shared a concern about Salem not readily passing along vouchers/money in a timely fashion. In his experience, it is difficult to overcome resistance from the VA Regional office.

Denise reviewed the summary of the board training. She suggested that the board take time to review the materials in detail and discuss at the August meeting.

Sarah shared the need for the board to adopt HUD notice CPD-14-012 establishing the priorities for Permanent Supportive Housing in order for Community Case Review to begin reviewing cases for admission to PSH. Dawn moved the adoption, Denny seconded. The motion passed.

Jim Meador is meeting with the two shelter managers to discuss and educate the case managers. The board extensively discussed the CCR process to educate themselves. It is agreed that shelter case
management needs more intensive training. The board consensus is that we need to set a timeline for training and for compliance with training.

The peer review team recently reviewed the Prevention program to see if the protocols set up are being followed. Concerns include incorrect disclosure forms and other documentation items. The program was invited to respond to the review by June 23. The only response received was that the program manager had sent letters to get current HMIS disclosure. The program did not meet the July 1 deadline for compliance and was granted an extension to July 15. The program manager contacted the state and discovered that the CoC is not authorized to take current funding. The CoC’s only recourse is to not support future funding and/or revoke the HMIS license.

The board will need to develop a compliance policy so that non-compliant programs would face the consequence of the CVCoC not supporting future funding.

The peer review team also reviewed the Cornerstone program. It was a challenging review but the APR was submitted on time.

Sarah asked if there were questions about the CCR process. The board did not have any at the time.

The full CVCoC membership meeting is July 14 at Lynchburg General Hospital.

Meeting adjourned at 2:55.
Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>591</td>
<td>41</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>694</td>
<td>71</td>
</tr>
</tbody>
</table>

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

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.
### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exit to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months (0 - 180 days)</th>
<th>Returns to Homelessness from 6 to 12 Months (181 - 365 days)</th>
<th>Returns to Homelessness from 13 to 24 Months (366 - 730 days)</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>117</td>
<td>8</td>
<td>7%</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>73</td>
<td>2</td>
<td>3%</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>35</td>
<td>1</td>
<td>3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>225</td>
<td>11</td>
<td>5%</td>
<td>11</td>
<td>5%</td>
</tr>
</tbody>
</table>
Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY PIT Count</th>
<th>2015 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>220</td>
<td>237</td>
<td>17</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>159</td>
<td>172</td>
<td>13</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>58</td>
<td>55</td>
<td>-3</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>217</td>
<td>227</td>
<td>10</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>3</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>695</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>589</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>153</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Performance Measurement Module (Sys PM)

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>32%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>52%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

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

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH or TH during the reporting period.</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>627</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td></td>
<td>78</td>
<td>549</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>662</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td></td>
<td>83</td>
<td>579</td>
</tr>
</tbody>
</table>

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

This Measure is not applicable to CoCs in 2016.
## Performance Measurement Module (Sys PM)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited</td>
<td></td>
<td>626</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>311</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td></td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td></td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td></td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>
Central Virginia Continuum of Care

Strategic Plan to Prevent and End Homelessness: 2016
Vision and Process

The Central Virginia Continuum of Care’s (CVCoC) vision is:

...For all persons and families experiencing homelessness in the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell to have a permanent, safe, decent, and affordable place to call home by the year 2024.

This plan outlines how CVCoC intends to achieve its vision...

Background

Formed in 1994, CVCoC consisted of one agency, Miriam’s House, a transitional housing provider and the only of its kind receiving federal homeless assistance funding in the Central Virginia region. In twenty-two years, the CVCoC has grown dramatically in size and influence over homelessness response in the Central Virginia region. Recognizing its growth; the necessity to think strategically about how regional partners can align efforts to prevent and end homelessness; and to comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requirement to engage in thoughtful systems-level planning – the CVCoC embarked on a strategic planning effort in 2015.

Plan Development

The Central Virginia CoC contracted the Virginia Housing Alliance (VHA), a seasoned non-profit organization with experience preparing similar plans for Continuums of Care throughout Virginia to assist with the development of a strategic plan to prevent and end homelessness. Beginning in December 2015, the CVCoC convened a Planning Advisory Committee, comprised of CVCoC Executive Board members, to develop a vision and goals for the plan and to invite Continuum of Care (CoC) members and community stakeholders to develop strategy and action steps to achieve its vision.

The Planning Advisory Committee requested feedback at the outset from CoC member agencies and homeless consumers on where the CVCoC is excelling in addressing homelessness and where there is room for growth. Three survey instruments were sent to CoC and housing/service provider leadership, front-line staff and case managers, and consumers with first-hand experience of experiencing homelessness in the Central Virginia region. VHA aggregated the survey responses and provided each working group with the results relevant to their subject areas. Over the next six-months working groups met twice to develop strategies around specific components of the region’s homelessness response system. Agency representatives with knowledge of their group’s subject matter focus chaired the groups.

At the midway point in the planning effort, the public, CoC general membership, and regional leadership convened for a community forum to learn about the progress made and offer their own insights into the future direction of the CVCoC. The vision, goals, strategies, and action steps in this document are the culmination of this effort and will guide the CVCoC’s efforts to prevent and end homelessness over the next three years. The Planning Advisory Committee will revisit the
strategies and action items annually to determine how much progress in the previous year, and to adapt strategies accordingly.

Why a Strategic Plan?

There has been a major change in the field of homelessness in the last decade. Communities have changed their approach, focus, and strategy to addressing homelessness mostly through the development and implementation of ten year plans to prevent and end homelessness. While there are many factors outside of their control which contribute to increases or decreases in rates of homelessness – such as the economy and unemployment – strategic plans focus on creating and implementing strategies to prevent and end homelessness that are more data-focused, outcome-oriented, and targeted. They utilize strategies developed and/or replicated from best practices from similar communities. Homelessness is a complex and challenging issue to address, yet the philosophy of the strategic plan is that by bringing together a broader constituency of partners, a community can and must better address and ultimately solve the tragedy of homelessness.

Beginning in 2000, the United States Interagency Council on Homelessness, and the National Alliance to End Homelessness have published their own strategic plans to prevent and end homelessness and have encouraged Continuums of Care to embark on their own planning processes to align with national strategies. With the HEARTH Act of 2009, HUD took this a step further, requiring that CoCs conduct planning initiatives in order to remain competitive for annual Continuum of Care funding. Since then 300 communities around the United States, including 18 in Virginia have created ten-year plans to prevent and end homelessness.

The benefits of conducting a strategic planning initiative include:

- Creating a community dialogue on the local causes of and solutions to homelessness;
- Incorporating research-driven and outcome-oriented strategies for homeless prevention and assistance;
- Identifying new and evidence-based programs to assist those experiencing homelessness to access housing faster and maintain that housing;
- Bringing more partners to the table to coordinate and leverage existing resources;
- Streamlining services and supports for those experiencing or at risk of homelessness;
- Attracting new funds to combat the problem;
- Making preventing and ending homelessness a community priority; and
- Reducing the number of people experiencing homelessness.

Where are we?

On Page 6 is the Central Virginia Continuum of Care Systems Map. It is the embodiment of the CVCocC housing and service providers’ commitment to coordinate efforts and pool resources to systematically end homelessness across the Central Virginia region, the new paradigm in homeless response. The HEARTH Act of 2009 dramatically changed the way that the Federal government
funds homelessness assistance. Prior to the Act, homelessness was addressed through emergency shelters and transitional housing. Programs met basic needs and provided onsite life skills training and other treatment services until a person either exceeded program time limits or graduated out to permanent housing of their own. Over time studies showed that this “housing ready” approach was, at best, managing the homeless problem at high costs and with limited impact.

The HEARTH Act of 2009 transitioned communities away from the housing ready to a more housing oriented approach to homeless response. The “Housing First” principles state that:

- Homelessness is not a lifestyle, it is an emergency. Homelessness is first and foremost a housing crisis and should be treated as such;
- Housing is a right to which all are entitled;
- And people experiencing homelessness should be returned and stabilized in permanent housing as quickly as possible – no matter the circumstances. Programs do not screen out based on substance abuse, mental health, or similar issues. These issues and others that contributed to homelessness are best addressed once a person/family is housed.

**Permanent Housing Interventions**

In the Central Virginia region, providers agreed that the solution to homelessness is housing and that the transition to “Housing First” meant creating rapid rehousing (RRH) programs and providing more permanent supportive housing (PSH). RRH is the newest housing model that provides move-in financial assistance, short-term rental assistance, and case management services to help homeless consumers find rental housing and work with case managers to stabilize in their new homes. PSH, similarly provides rental assistance and case management but for the most vulnerable, chronic homeless persons. Assistance, however, is not time-limited and high-need consumers can permanently remain in PSH units if they choose. Along with emergency shelter and transitional housing, RRH and PSH rounded out a suite of housing and service options to address housing crisis and instability for consumers of all needs.

**Community Coordination and System Development**

Another major advancement in the transition to a “Housing First” response to homelessness is the CVCoC’s emphasis on meaningful community coordination and system development. The “Central Virginia Continuum of Care Homeless Response” diagram on Page 6 demonstrates how all component programs are linked to provide immediate, coordinated access to services, assess people for their barriers to housing and level of need, and then refer them to a provider that can offer them housing assistance most tailored to his/her needs. The system is constructed to facilitate quick and effective access to permanent housing and supportive services if and when people fall into homelessness.

**Coordinated Homeless Intake and Access**

One of CVCoC’s latest and most progressive system advancements is its Coordinated Homeless Intake and Access (CHIA) program. Staffed full-time since 2015, the CHIA program is a centralized
entry and diversion point for all households facing homelessness. As the CVCoC homelessness response system’s “Front Door”, CHIA streamlines access and referral to the other components of the system to shorten the amount of time and number of referrals standing between homeless households and housing assistance.

The CHIA Coordinator also performs the important function of preventing homelessness when possible and diverting households away from costly shelter and housing interventions when appropriate. Those that call CHIA and are not literally homeless are referred to homelessness prevention services at Lynchburg Community Action Group (Lyn-CAG) in an attempt to address the housing crisis and prevent the homeless episode before it occurs – also saving the system valuable time and resources in the long-term. When surveyed, all but one the provider staff and/or case manager respondents noted that the biggest accomplishment in the past year was the implementation of CHIA, and the 2016 Point-in-Time (PIT) count results, which are discussed in the next section, seem to confirm its value.
Central Virginia Continuum of Care Homeless Response

Coordinated Homeless Intake and Access (CHIA) for households facing a housing crisis

Homeless Prevention and Diversion for households not already homeless or w other resources

Household retains housing or locates new housing, bypasses shelter

Rapid Rehousing

Short term rental assistance and case management

Household self-resolves or exits without need for next step services

 Onion Rehousing

Short term facility housing and intensive case management

Transitional Housing

Household w moderate/high barriers

Highest barrier households

Permanent Supportive Housing for chronically homeless persons

Household homeless & determined by Community Case Review to bypass shelter for permanent supportive housing
Central Virginia Continuum of Care Homeless Response

**Coordinated Homeless Intake & Access (CHIA):** Megan Wood, megan.wood@lynchburgva.gov, 434.455.5722

**Homeless Prevention & Diversion:**

LynCAG VHSP: Melissa Yuille, myuille@lyncag.org, 434.455.1602

**Emergency Shelters:**

The Hand-Up Lodge: Jacqueline Jones, jjones@lyncag.org, 434.846.2778

The Salvation Army: Jamie Warrick, jamie_warrick@uss.salvationarmy.org, 434.845.5939

**Domestic Violence Shelters:**

Bedford Domestic Violence Services (BDVS): Heather Jones, 540.587.0970

Domestic Violence Prevention Center (DVPC): Linda Ellis-Williams, lewywc@yahoo.com, 434.528.1041

Frannie’s House: Angela Davis, angeladywc@yahoo.com, 434.369.9176

**Rapid Re-Housing Providers:**

LynCAG Rapid Re-Housing & Veteran Rapid Re-Housing: Jacqueline Jones, jjones@lyncag.org, 434.846.2778

Miriam’s House Community First: Amber Teer, amber@miriamshouseprogram.org, 434.847.1101

Supportive Services for Veteran Families (SSVF): Evelyn Jordan, evelyn.jordan@tapintohope.org, 540.283.4918

**Transitional Housing:**

Miriam’s House: Kristen Nolen, kristen@miriamshouseprogram.org, 434.847.1101

**Permanent Supportive Housing:**

Housing First Lynchburg: Jeff Bennett, jbennett@humankind.org, 434.384.3131 x3634

Veteran Affairs Supportive Housing (VASH): Kate Donaldson, katherine.Donaldson@va.gov, 540.521.7451
Homelessness by the Numbers

Understanding the “Housing First” model and its application in the Central Virginia region is important, but there is no way to know if it is reducing homelessness without a thorough analysis of system data. The most successful homeless response systems emphasize data and performance to ensure that the system’s shelter, housing, service capacity, and funding is aligned to permanently end homelessness for anyone experiencing a housing crisis in the community.

This section contains the latest data from the January 2016 Point-In-Time count of those experiencing homelessness in the Central Virginia region; the 2016 Housing Inventory Count, a snapshot of the availability and utilization of various bed and unit types on a particular date; and the Annual Homelessness Assessment Report, an annual estimate of persons frequenting shelter, transitional housing, and permanent supportive housing from October 1, 2014 through September 30, 2015.

Point-In-Time (PIT) Count – January 27, 2016

During the last week of January, HUD requires all continuums of care around the country to conduct an annual survey of those experiencing literal homelessness within their regions. Over a 24 to 36 hour period, volunteers go into the community to conduct one-on-one surveys with everyone experiencing homelessness. Whether they are living outside, in a car, abandoned building, in an emergency shelter/transitional housing, or another place not meant for human habitation, all homeless individuals are anonymously asked to provide information about themselves and the circumstances surrounding their housing crisis. The PIT count does not include those in RRH or PSH programs, as these individuals are permanently housed and no longer considered homeless.

On January 27, 2016 CVCoC conducted its annual PIT count and Housing Inventory Count (HIC). As the chart below demonstrates, Central Virginia region’s homelessness decreased by 27 percent from the 2015 to 2016 PIT counts. This is a wonderful achievement, and a significant drop, but it is a one-day snapshot and does not necessarily capture the full extent of homelessness in the region. The Housing Inventory Count and Annual Homeless Assessment Reports discussed in the subsequent sections help to put some context around the PIT count and the state of CVCoC’s response to homelessness.
Housing Inventory Count (HIC)

In addition to the annual PIT count, HUD requires CoCs to conduct an inventory of all transitional housing, rapid re-housing, permanent supportive housing, and emergency shelter units/beds and whether they were utilized on the night of the PIT count. HIC counts are important for two key reasons:

1) They identify the portfolio of housing and shelter beds/units available for use by the homeless response system (and any changes from the previous year)
2) They identify how well agencies are utilizing available bed space

Separately, the HIC and the PIT are helpful tools for systems planning, but analyzed together, they can expose systems barriers for getting people out of homelessness and into their own permanent housing as quickly and effectively as possible.

The CVCoC also conducted its HIC on January 27th and found that the system was not operating at full capacity. In fact, the emergency shelter vacancy rates showed that just over half (55 percent) of shelter beds were empty on the night of the count. This indicates that 21 individuals went unsheltered, which is an increase from 10 in 2015. That level of vacancy indicates a lack of awareness among the homeless population of the crisis response resources available to them, or the presence of barriers limiting use/entry to the shelter. Targeted strategy and action can address either issue, but with continued reductions in federal and state homeless service funding, and with funding opportunities at their most competitive, the efficient use of current resources is more important than ever.

Annual Homelessness Assessment Report (AHAR)

HUD’s AHAR report captures similar information as the PIT count, but provides a more accurate representation of how many consumers the system's emergency shelter (ES), transitional housing (TH), and permanent supportive housing (PSH) programs serves using an entire year of unduplicated client data pulled directly from the Homeless Management Information System (HMIS). This eliminates certain inconsistencies that result when requesting that consumers self-report their information at a single point in time. The total number of persons served in 2014 and 2015 are included in the graph on the next page.
Survey Highlights

The following section provides the highlights and themes resulting from the consumer, service provider/case management staff, and CoC leadership surveys conducted in February 2016.

Consumers

In February 2016, 22 current and formerly homeless consumers with experience in navigating the CVCoC homelessness response system provided their thoughts through a survey on where the system was functioning well and where it could improve its response to housing crisis. Of the consumers that responded to the survey, 15 were currently housed and had accessed their permanent housing through the Central Virginia region’s homeless service system. Of those in shelter awaiting housing assistance, 75 percent anticipated being housed within two months and all agreed that the services offered them while in shelter were focused on getting them back into permanent housing as quickly as possible. However, the majority of respondents indicated that they were not offered or placed in permanent housing within 30 days of falling into homelessness. Common reasons included:

- Longer time period to complete required paperwork;
- Choosing to stay in transitional housing;
- Limited rental options due to criminal record (felon);
- Health-related issues;
- Accessible apartments not being available (e.g. “needed a three-bedroom on the first floor”);
- Waiting list to get into transitional housing.

Consumers were also asked to identify from a list of options the services and assistance that they were offered and that they most need(ed) to get into their permanent housing. Consistently at the top of the list were (in descending order of frequency):
• Rental assistance;
• Funding for assistance other than rent – deposits, utilities, etc.;
• Help locating an apartment;
• Mental health treatment;
• Case management.

When asking those that were currently housed what services they needed the most to maintain their housing, the top five answers listed in descending order were:

• Rental subsidy;
• Help with budgeting/money management;
• Help with life skills;
• Case management;
• Mental health supports.

Consumer respondents consistently reported that housing affordability and support services were most pivotal in addressing their housing crisis and for long-term stability in their new housing. They recognized that they needed help with rent, mental health, and life skills challenges to end their homelessness, and the majority, 58 percent, were satisfied with the assistance that they received once becoming homeless. However, a vast minority, 42 percent, strongly disagreed that it was not easy for them to locate or access these services when they became homeless. See the Appendix for complete analysis of survey results.

Service Provider Front-Line and Case Management Staff

The second round of surveys went out to CVCoC provider front-line and case management staff, the individuals working directly with homeless consumers on a day to day basis. Thirty-one staff responded to questions covering levels of awareness and expertise in best practice service methods; awareness of system-wide processes to prevent and end homelessness; and perceptions of where the system is excelling in housing and stabilizing persons, and where they recognize room for growth. Overall, respondents showed a high-level of awareness and involvement in coordinated, systems-level processes such as community case conferencing, and most agreed that the providers work together to plan and coordinate homeless services. However, there was less consensus around the system’s effectiveness. See the Table on Page 12 for detail on these responses (ratings on a scale of 1 – Strongly Disagree to 5 – Strongly Agree)
Although 70 percent of staff agreed that services offered are ones that consumers need to obtain and sustain housing, less than half, 47 percent, agreed that these services are designed and administered to get them into permanent housing quickly. This indicates that staff may think that the services are in place, but question the system’s ability to quickly and effectively connect them with consumers. Some of this could stem from a perceived lack of affordable housing in the community – 77 percent of staff disagreed or strongly disagreed that the community has an adequate supply of affordable permanent and permanent supportive housing units to accommodate each household’s needed level of support.

Finally, the staff was asked to provide a self-assessment of their knowledge, training, and expertise on a number of best practice programs and service delivery models. The results showed that respondents felt strongest about their training and abilities in permanent supportive housing and income supports and mainstream benefits systems, with roughly 75 percent having intermediate or advanced knowledge and expertise. At the other end of the spectrum and tied for the least awareness and expertise was housing stabilization case management. This coupled with the fact that less than half agreed that case managers are adequately trained and skilled to stabilize formerly homeless households in permanent housing, indicates that there may be a need to expand training around housing focused case management services. See the Chart on Page 13 to view the weighted average of all staff responses for each program/service method.
Please describe your level of knowledge, training, and expertise in the various programs/service methods.

(Housing Stabilization Case Management) (Coordinated Entry and Assessment) (Income Supports and Mainstream Benefits) (Permanent Supportive Housing Programs) (Rapid Re-Housing Programs) (Diversion/Prevention Programs)

(Scale of 1 - little to no knowledge, expertise, or training to 5 – expert knowledge, expertise, and training)

Continuum of Care and Agency Leadership

When contrasting the answers to the same questions, CVCoC homelessness response leaders were generally more aware of how their various programs fit into and contribute to the CVCoC’s homelessness response system and held a more positive view of the system’s effectiveness than their staff.

In response to a statement that providers use standard assessment tools to prioritize housing placement and services based upon vulnerability and need, roughly 86 percent of directors and other CoC leadership either agreed or strongly agreed compared to 55 percent of staff respondents. When asked if the community employs strategies that prevent people from losing their housing and divert them away from the shelter system, roughly 78 percent of leaders agreed or strongly agreed compared to 33 percent of staff. These results indicate that much of the systems planning and conversation around unifying the providers’ efforts has not been relayed to staff within each of the component programs.

Limited awareness of how they fit into the coordinated response to housing crisis may also affect staffs’ confidence in the system’s ability to effectively prevent and end homelessness. When asked to respond to a “big picture” vision statement, “We can provide enough housing and service options to make homelessness rare, brief, and nonrecurring in the Lynchburg region,” nearly half (43 percent) of staff either strongly disagreed or disagreed, whereas roughly the same percentage (45 percent) of leadership agreed or strongly agreed that it could be a reality.
Where are we headed?

To realize the goals in this section will effectively end homelessness in the Central Virginia region. The CVCoC’s accelerated growth in size and sophistication over the last decade is a testament to what systems-level planning, coordination, and funding can achieve in a relatively short time, and this plan is the next step in that growth. The strategies and action steps listed here are the community’s most-informed strategies and have set the CVCoC’s priorities for the near future. They will be revisited regularly and honed, revised, or changed to reflect the CVCoC’s growth and until it has achieved its vision for the Central Virginia region.

Scope

This is not a ten-year plan to prevent and end homelessness. The national response to homelessness is more dynamic than ever, and Virginia’s recent and unprecedented success in reducing homelessness is attributed to communities’ ability to quickly adapt and evolve with best practice and changing policy. Therefore, communities must apply the same formula in their strategic planning efforts if they hope to stay adaptable and remain competitive for future funding. This plan was developed to guide the CVCoC’s implementation of best practice solutions over the next three years while also staying focused on long-term goals that will help the Central Virginia region arrive at its effective end to homelessness.

Working Groups

This plan is made possible through the commitment of working group chairs and participants, both from within CVCoC member agencies and the surrounding community. Each group focused on one of five larger subject areas including housing, data, homeless systems, advocacy/community outreach, and prevention, diversion and coordinated assessment/entry strategies. Participants were led in a facilitated conversation to develop realistic and impactful action steps for CVCoC committees and member agencies to undertake over the next three years that will significantly advance the CoC’s vision to prevent and end homelessness for all in the region by 2024. The focus areas and long-term goals informing each group’s efforts are discussed below.

Housing

**GOAL:** Increase the production and availability of affordable, permanent housing for low-to-moderate income households that are homeless or at-risk of becoming homeless.

Access to affordable rental units and/or vouchers is a significant component of a “Housing First” response to homelessness, given the system’s bottleneck effect that can result when increased system demand is met with limited stock.

The CVCoC Executive Board and Planning Advisory Committee identified this housing goal and tasked the working group with reviewing survey responses, identifying what has helped to increase the amount of housing units and resources available to housing providers in the past, and
brainstorming strategies that will meet the housing placement demands of the CVCoC homeless response system going forward.

**Data**

**GOAL:** Create a data-driven system to guide decision-making and align housing and services with successful outcomes and proven strategies.

Sophisticated homeless response systems use uniform performance measures and expectations and require programs to demonstrate improvement or attempted improvement on these measures. The only way to demonstrate that the system is responding appropriately to a community's homelessness is through its data. The CVCoC Data working group developed strategies and action steps that will equip the system to:

- Understand changes in trends among the homeless population;
- Adjust the types of housing interventions and services to meet the needs of the community efficiently and as cost effective as possible;
- Raise public awareness about the realities of homelessness and to advocate for additional support;
- Measure community progress toward prevention and end homelessness for all neighbors in the Central Virginia region.

**Homeless Systems**

**GOAL:** Coordinate the existing homelessness response system to ensure a streamlined process for accessing services and housing supports to reduce duplication and gaps in services.

Given their experience and what they learned through consumer, staff, and leadership survey results, the Homeless Systems Working Group developed a list of strategies and action steps to advance the development of a system of housing and service providers working in unison to coordinate, leverage, and prioritize resources to end homelessness as quickly and effectively as possible for people of all range of needs and vulnerability.

**Advocacy and Community Outreach**

**GOAL:** Educate and advocate for change. Build community awareness and support for a system focused on housing stability and the changes needed to prevent and end homelessness.

Often, nonprofit homeless service providers and local government representatives are the only groups represented within CoCs. Because homelessness is the result of the failures of many systems of care and of a lack of community priority on adequately addressing the issue, many more stakeholders need to be at the table. The Advocacy and Community Outreach Working Group provided ways to engage other stakeholders and resources around the unified vision for preventing and end homelessness for the entire Central Virginia region.
GOAL: Enable people at greatest risk of homelessness to maintain permanent housing through targeted prevention and diversion activities. When homelessness cannot be avoided, connect people with appropriate resources to stabilize them in housing as quickly and effectively as possible.

The “Front Door” to the homeless response system is one of its most pivotal components, and one of the more difficult to perfect. Coordinated access that prevents homelessness from occurring; diverts those that may not need intensive housing and service assistance; triages a person’s needs and connects them with the correct housing and service program as quickly as possible can eliminate unnecessary burden on the rest of the system resources. The Prevention, Diversion, Coordinated Assessment and Entry Working Group developed a list of action steps that will strengthen CHIA and prevention providers’ ability to address more housing crises at the system’s point of entry – shortening the time that those households are in crisis; reducing burden on the rest of the system to serve them; and freeing up crucial resources for higher need, high priority households.
First Year Action Plan

After the development of the strategies and action steps, working group chairpersons were asked to suggest which CVCoC committee, and in some cases agency, will have oversight responsibility for each action step, and to determine which three or more action steps, depending on time/effort associated with completing the task would take priority in the first year of the implementation.

Provided below are CVCoC committees’ first year action steps listed by working group focus area color coded per priority. The color code is as follows:

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Priority 4+</th>
</tr>
</thead>
</table>

Action steps not prioritized or not reasonably achievable in the first year are included in the next section, “Year 2 and 3.” The CVCoC Executive Board has agreed to assign each working group goal a set of performance indicators in the first year of implementation. They will revisit the plan annually and the results of the performance indicators will inform any decisions to adjust strategies for the next year.
## Year One

<table>
<thead>
<tr>
<th>Focus Area/Strategies</th>
<th>Action Steps</th>
<th>Responsible Committee/Entity</th>
<th>First Year Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homeless Systems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve coordination to streamline client progression out of the system</td>
<td>Establish CoC-wide program standards to bring consistency to prevention, diversion, emergency shelter, permanent supportive housing, transitional housing, and rapid re-housing interventions and services</td>
<td>Housing and Homeless Services (HHS)</td>
<td>Priority 2</td>
</tr>
<tr>
<td>Improve quality of housing attainment and stabilization services and access to mainstream resources</td>
<td>Create training opportunities focused on: Housing navigation, Motivational Interviewing, Critical Time Intervention and Trauma-Informed Care, Managing landlord relationships, Moving on, moving up strategies, HUD-recommended trainings</td>
<td>Training Committee</td>
<td>Priority 3</td>
</tr>
<tr>
<td>Formalize CoC governance</td>
<td>Create CVCoC policies and procedures</td>
<td>CVCoC Board</td>
<td>Priority 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Data</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Collect and analyze regional Homeless Management Information System (HMIS)/VA-DATA trend data to inform funding decisions and reward high performing, cost-effective programs</td>
<td>Establish baseline measures and system/program outcome targets for: Exits to permanent housing, Increase in income, Length of time homeless, Cost per household, Recidivism, Unit/bed utilization rate</td>
<td>HMIS Lead and HMIS Committee</td>
<td>Priority 1</td>
</tr>
<tr>
<td>Enhance HMIS accuracy and quality</td>
<td>Set performance indicators for each of this Strategic Plan's goals to track pursuit of each and revisit/adjust strategies and priorities annually</td>
<td>CVCoC Board subcommittee</td>
<td>Priority 4</td>
</tr>
<tr>
<td></td>
<td>Integrate data accuracy check into Data Quality Plan</td>
<td>HMIS Lead</td>
<td>Priority 2</td>
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<tr>
<td></td>
<td>Integrate process for providers to address low data accuracy/quality and establish thresholds for reallocating grant funding if data issues are not addressed</td>
<td>HMIS Committee and CVCoC Board</td>
<td>Priority 3</td>
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### Year One

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<tr>
<td><strong>Housing</strong></td>
<td><strong>Expand resources by educating stakeholders on affordable housing needs and benefits (funders, developers, city officials, landlords, community stakeholders)</strong></td>
<td>Request a meeting with Liberty University to address the burden that homeless online students have on the homelessness response system</td>
<td>CVCoC Board and CVCoC Lead</td>
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<td></td>
<td></td>
<td>Be represented at all of the City of Lynchburg's HOME/CDBG/Affordable Housing Financing input sessions to advocate for the CVCoC</td>
<td>CVCoC Board and CVCoC Lead</td>
</tr>
<tr>
<td></td>
<td>Increase access to quality affordable housing units</td>
<td>Create landlord-service provider agreement template that outlines the partnership and expectations for landlord, provider, and tenant (regular communication, fulfill conditions of lease if tenant defaults, etc.)</td>
<td>HHS</td>
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<tr>
<td></td>
<td></td>
<td>Revisit Lynchburg Redevelopment and Housing Authority (LRHA) Administration Plan to streamline homelessness preference and address overly stringent application of Housing Quality Standards (HQS)</td>
<td>CVCoC Board and CVCoC lead with HHS Support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Merge individual agency landlord networks to make them available for use by all CVCoC members/partners</td>
<td>HHS</td>
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<td></td>
<td></td>
<td>Develop a list of HQS compliant units ready for PSH placement</td>
<td>LRHA/Support Services</td>
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## Year One

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<tr>
<td><strong>Advocacy and Community Outreach</strong></td>
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<tr>
<td>Diversify representation on CVCoC Executive Board and encourage participation on other committees</td>
<td>Conduct network mapping to identify gaps in board representation in preparation for turnover, specifically focusing on: Faith-based partners  Probation/parole representatives  McKinney-Vento School Liaisons</td>
<td>CVCoC Nominating Committee</td>
<td>Priority 3</td>
</tr>
<tr>
<td></td>
<td>Assign committee recruitment duties to each of the various committee chairs focusing on participation gaps that are limiting the effectiveness of the committees</td>
<td>CVCoC Board</td>
<td>Priority 1</td>
</tr>
<tr>
<td></td>
<td>Group this strategic plan's action steps by committee responsibility and use as a tool to recruit representatives to accomplish the initiatives</td>
<td>CVCoC Public Information Committee</td>
<td>Priority 2</td>
</tr>
<tr>
<td>Educate stakeholders (local governments, education, faith-based and business community) on what it takes to prevent and end homelessness and engage them to fill critical resource gaps identified in this Strategic Plan</td>
<td>Convene CVCoC Public Information Committee to develop plan for expanding online media presence</td>
<td>CVCoC Public Information Committee</td>
<td>Priority 4</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Create short &quot;Where to transport homeless&quot; informational video for use by public safety offices and other service agencies that shows how to connect homeless with the response system</td>
<td>CVCoC Public Information Committee</td>
<td>Priority 5</td>
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<tr>
<td><strong>Prevention/Diversion/Coordinated Assessment and Entry</strong></td>
<td>Streamline assessment and referral processes to reduce the number of steps and length of time from system access to housing</td>
<td>Develop a program with the Salvation Army to train staff to carry out CHIA duties during off hours</td>
<td>CHIA</td>
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<tr>
<td></td>
<td></td>
<td>Explore the feasibility of completing a vulnerability assessment at the point that homeless persons enter CHIA</td>
<td>HHS/CHIA</td>
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<td></td>
<td></td>
<td>Partner with emergency shelters to educate, streamline, and remove barriers to entry</td>
<td>HHS</td>
</tr>
<tr>
<td></td>
<td>Prioritize prevention resources to those in immediate threat of losing their housing</td>
<td>Convene McKinney-Vento Liaisons from each school district to target prevention resources to families at imminent risk of literal homelessness</td>
<td>Public Information/Homeless Prevention</td>
</tr>
<tr>
<td></td>
<td>Provide direct client assistance to reduce demand for shelter beds/housing units and to help stabilize households after prevention and diversion services</td>
<td>Provide prevention, diversion, and case managers housing counseling training and certification</td>
<td>Training Committee</td>
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### Central Virginia Continuum of Care Strategic Plan to Prevent and End Homelessness

#### Years Two and Three

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<tbody>
<tr>
<td>Improve coordination to streamline client progression out of the system</td>
<td>Use systems map to show service providers where they fit and their role within the homelessness response system and to inform stakeholders how to connect homeless and those at-risk with assistance</td>
<td>CVCoC Public Information Committee</td>
<td>Year 2 – Priority 4</td>
</tr>
<tr>
<td></td>
<td>Hire full-time CoC Coordinator to lead ongoing planning and coordination efforts</td>
<td>CVCoC Collaborative Applicant</td>
<td>Year 3 – Priority 1</td>
</tr>
<tr>
<td></td>
<td>Conduct service gaps analysis and identify solutions to unmet service needs</td>
<td>HHS &amp; CHIA</td>
<td>Year 2 – Priority 3</td>
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<tr>
<td></td>
<td>Conduct regular training and orientation to equip service providers with the skills to facilitate self-resolution for lower need homeless persons</td>
<td>Training Committee</td>
<td>Year 2 – Priority 2</td>
</tr>
<tr>
<td>Match housing and services with persons based on vulnerability and priority</td>
<td>Expand Community Case Review (CCR) process to prioritize rapid re-housing and transitional housing resources based on sub-population status, vulnerability, and housing barriers</td>
<td>Community Case Review (Membership &amp; convener)</td>
<td>Year 3 – Priority 4</td>
</tr>
<tr>
<td></td>
<td>Integrate priority sub-population by-name list into CCR that identifies homeless persons by name and vulnerability and is updated regularly to track their status and progress toward permanent housing placement</td>
<td>Community Case Review (Membership &amp; convener)</td>
<td>Year 3 – Priority 5</td>
</tr>
<tr>
<td></td>
<td>Create and regularly update a housing and service resource list for display at CHIA, emergency shelters, etc. to help divert people away from the response system and to facilitate self-resolution</td>
<td>LRHA-Affordable Housing Resource Center &amp; HHS</td>
<td>Year 3 – Priority 3</td>
</tr>
<tr>
<td>Improve quality of housing attainment and stabilization services and access to mainstream resources</td>
<td>Sponsor (Social Security Income (SSI)/Social Security Disability Income (SSDI) Outreach, Access, and Recovery (SOAR) training and certification</td>
<td>Training Committee &amp; Horizon Behavioral Health</td>
<td>Year 3 – Priority 2</td>
</tr>
<tr>
<td></td>
<td>Integrate voluntary service clause into CVCoC program standards of care to encourage access to mainstream resources</td>
<td>CVCoC Board</td>
<td>Year 2 – Priority 1</td>
</tr>
<tr>
<td>Formalize CoC governance</td>
<td>Track progress toward strategic plan goals and update action steps/committee assignments annually</td>
<td>CVCoC Board</td>
<td>Year 2 – Priority 5</td>
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## Years Two and Three

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<tr>
<td><strong>Data</strong></td>
<td>Collect and analyze regional HMIS/VA-DATA trend data to inform funding decisions and reward high performing, cost-effective programs</td>
<td>CVCoC Board / HMIS Lead</td>
<td>Year 2- Priority 5</td>
</tr>
<tr>
<td></td>
<td>Establish standard reporting mechanisms for program outcome measures for use in Virginia Housing Solutions Program (VHSP) and the Notice of Funding Availability (NOFA) for Continuum of Care (CoC) Program from the U.S. Department of Housing and Urban Development (HUD) funding decisions</td>
<td></td>
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<tr>
<td></td>
<td>Ensure that system capacity and investment is aligned with homeless populations’ housing and service needs</td>
<td>CVCoC Board / CoC Lead</td>
<td>Year 2- Priority 2</td>
</tr>
<tr>
<td></td>
<td>Provide Monitoring Committee aggregated VA-DATA reports to consider at monthly meetings</td>
<td></td>
<td>Year 3- Priority 1</td>
</tr>
<tr>
<td></td>
<td>Complete baseline needs vs. capacity vs. investment analysis to determine where reallocation potential exists</td>
<td>CVCoC Board subcommittee</td>
<td></td>
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<tr>
<td></td>
<td>Establish a written reallocation strategy in response to the needs assessment results and focused on right-sizing the system</td>
<td></td>
<td>Year 2- Priority 2</td>
</tr>
<tr>
<td></td>
<td>Develop a regular system performance measure reporting function in HMIS to create system snapshots</td>
<td>HMIS Lead</td>
<td>Year 2- Priority 3</td>
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### Central Virginia Continuum of Care Strategic Plan to Prevent and End Homelessness

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<tr>
<td><strong>Housing</strong></td>
<td><strong>Expand resources by educating stakeholders on affordable housing needs and benefits (funders, developers, city officials, landlords, community stakeholders)</strong></td>
<td><strong>Utilize Virginia Housing Development Authority (VHDA) capacity building grant to complete an affordable housing needs assessment, analyzing:</strong>  &lt;br&gt; - Regional need and with heavy emphasis on Lynchburg  &lt;br&gt; - Current stock; quality; and housing cost burden  &lt;br&gt; - Number of permanent supportive housing (PSH) and rapid rehousing (RRH) units needed to meet homelessness response system demand</td>
<td>Housing Collaborative</td>
</tr>
<tr>
<td></td>
<td><strong>Create an awareness/education/resource development campaign built on the results of the affordable housing needs assessment</strong></td>
<td>CVCoC Public Information Committee</td>
<td>Year 3 – Priority 1</td>
</tr>
<tr>
<td></td>
<td><strong>Reconvene housing collaborative to respond to housing needs assessment</strong></td>
<td>In process</td>
<td>Year 2 – Priority 5</td>
</tr>
<tr>
<td></td>
<td><strong>Promote “Not In My Backyard” (NIMBY) training/awareness education</strong></td>
<td>HHS / CVCoC Public Information Committee</td>
<td>Year 3 – Priority 3</td>
</tr>
<tr>
<td><strong>Increase access to quality affordable housing units</strong></td>
<td><strong>Develop landlord appreciation and recruitment campaign to thank cooperating landlords, highlight success stories, and nominate a landlord of the year</strong></td>
<td>CVCoC Board, CVCoC Lead, CVCoC Public Information Committee, Affordable Housing Resource Center</td>
<td>Year 2 – Priority 1</td>
</tr>
<tr>
<td></td>
<td><strong>Work with Greater Lynchburg Habitat for Humanity to develop rental property management program</strong></td>
<td>HHS / Board</td>
<td>Year 3 – Priority 4</td>
</tr>
<tr>
<td></td>
<td><strong>Partner with companies providing ramps to meet accessibility needs of RRH and PSH tenants</strong></td>
<td>Board</td>
<td>Year 3 – Priority 2</td>
</tr>
<tr>
<td></td>
<td><strong>Hire new housing locators/navigators to liaison with landlords and advocate on behalf of homeless clients</strong></td>
<td>LRHA</td>
<td>Year 2 – Priority 3</td>
</tr>
<tr>
<td></td>
<td><strong>Assess alternate transportation options to provide tenants access to affordable units in the surrounding counties</strong></td>
<td>HHS</td>
<td>Year 2 – Priority 2</td>
</tr>
</tbody>
</table>
### Advocacy and Community Outreach

#### Focus Area/Strategies
- Diversify representation on CVCoC Executive Board and encourage participation on other committees
- Educate stakeholders (local governments, education, faith-based and business community) on what it takes to prevent and end homelessness and engage them to fill critical resource gaps identified in this strategic plan
- Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness

#### Action Steps

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<tbody>
<tr>
<td>Diversify representation on CVCoC Executive Board and encourage participation on other committees</td>
<td>Get feedback from consumers through committee representatives, surveys, etc.</td>
<td>HHS/CVCoC Public Information Committee</td>
<td>Year 2 - Priority 2</td>
</tr>
<tr>
<td>Educational outreach</td>
<td>Highlight committee successes whenever possible. Connect committee work to real-life examples of how these efforts improved the lives of local homeless persons.</td>
<td>CVCoC Public Information Committee</td>
<td>Year 2 - Priority 4</td>
</tr>
<tr>
<td>Diversify representation on CVCoC Executive Board and encourage participation on other committees</td>
<td>Submit consumer stories to CVCoC Public Information Committee to be foundation for ongoing education/awareness campaign around system successes</td>
<td>HHS</td>
<td>Year 2 - Priority 1</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Partner with Lynchburg College and use experience to engage other local universities</td>
<td>CVCoC Public Information Committee</td>
<td>Year 3 - Priority 3</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Present completed strategic plan for adoption by Lynchburg City Council</td>
<td>CVCoC Board/CVCoC Public Information Committee</td>
<td>Year 2 - Priority 5</td>
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<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Present completed strategic plan for adoption by Lynchburg City Council</td>
<td>CVCoC Board/CVCoC Public Information Committee</td>
<td>Year 2 - Priority 5</td>
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<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Develop strategy to engage more faith-based partners</td>
<td>CVCoC Public Information Committee</td>
<td>Year 3 - Priority 1</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Develop response system awareness/education training package - including materials for homelessness simulation, educational video, system data snapshot, etc.</td>
<td>CVCoC Board/CVCoC Public Information Committee/HHS</td>
<td>Year 3 - Priority 3</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Initiate discharge planning strategy conversation with the local jail(s) and healthcare system(s)</td>
<td>CVCoC Board/HHS/CVCoC Public Information Committee</td>
<td>Year 3 - Priority 2</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Integrate homeless consumer frequency/cost data analysis from local jail(s), hospital system(s), and other key public institutions as a deliverable of the capacity grant funded affordable housing needs assessment</td>
<td>HMIS</td>
<td>Year 3 - Priority 4</td>
</tr>
<tr>
<td>Engage police departments, jails, hospitals, mental health resources, local probation and parole, and other public institutions to divert consumers from homelessness</td>
<td>Begin attending monthly Re-Entry Council Meetings and regular McKinney-Vento School Summits to advocate for cross-system collaboration</td>
<td>HHS/CVCoC Board/CVCoC Public Information Committee</td>
<td>Year 2 - Priority 1</td>
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## Years Two and Three

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<tr>
<td>Streamline assessment and referral processes to reduce the number of steps and length of time from system access to</td>
<td>Develop an orientation training for front-line staff to understand the importance of coordinated assessment, prevention and diversion; how CHIA operates; and how their roles connect with the system’s “Front Door”</td>
<td>HHS/CHIA/Training</td>
<td>Year 2 – Priority 1</td>
</tr>
<tr>
<td>Strategy: Prioritize prevention resources to those in immediate threat of losing their housing</td>
<td>Create a prevention assessment tool based on the characteristics of current and former shelter clients that indicates imminent risk of homelessness</td>
<td>HHS/CHIA/HMIS Lead</td>
<td>Year 3 – Priority 2</td>
</tr>
<tr>
<td>Strategy: Provide direct client assistance to reduce demand for shelter beds/housing units and to help stabilize households after prevention and diversion services</td>
<td>Establish outcome measures to track how well diversion and prevention tactics are working (i.e. increase in number of successful diversions, reduction in number or referrals to emergency shelter, fewer households becoming homeless, etc.)</td>
<td>Prevention/HMIS/CVCoC Board</td>
<td>Year 3 – Priority 1</td>
</tr>
<tr>
<td></td>
<td>Develop a local funding campaign that highlights the need using results of outcome measures and makes the case for additional diversion and prevention service funding</td>
<td>Public Information/CVCoC Lead Agency</td>
<td>Year 2 – Priority 2</td>
</tr>
<tr>
<td></td>
<td>Fund diversion/prevention case management staff to reduce the likelihood that people become at-risk of losing their housing again</td>
<td>CVCoC Lead Agency/Prevention</td>
<td>Year 2 - Priority 3</td>
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Appendix: Survey Results

**Homeless/Formerly Homeless Consumers**

- 22 respondents (14 of which are currently living in permanent housing)
  - Of those not in housing, 50% expected to be housed this month; 25% next month; and 25% did not know
  - 100% were satisfied with their current housing
- Seven of eight responses indicated that the individual was not offered or placed in permanent housing within the first 30 days of homelessness.
  - Reasons given for taking longer to find permanent housing:
    - Took longer to complete required paperwork
    - Chose to stay in transitional housing
    - Criminal record (felon)
    - Health-related issues
    - Apartment not available (i.e. "needed a three-bedroom on the first floor")
    - Waiting list for transitional housing
- When asked, "What services or assistance did you need the most to get into permanent housing?" The most frequent responses (in descending order):
  - Rental assistance
  - Funding for assistance other than rent – things like deposits, utilities, rental applications, or other financial assistance
  - Help finding an apartment
  - Mental health treatment
  - Case management
  - Healthcare
  - Shelter
  - Help finding a job
  - Substance use treatment
  - Help with budgeting
  - Help reconnecting with family and/or friends
  - Transitional housing
- When asked, "What services or assistance were you offered to get into permanent housing?" The most frequent responses (in descending order):
  - Rental assistance
  - Funding for assistance other than rent – things like deposits, utilities, rental applications, or other financial assistance
  - Mental health treatment
  - Case management
  - Healthcare
  - Shelter
  - Transitional housing
  - Help finding a job
Substance use treatment
- Help with budgeting
- Help to reconnect with family and/or friends

When asked, “What services or assistance do you need the most to keep your housing and not become homeless again?” The most frequent responses (in descending order):
- Rental subsidy
- Help with budgeting/money management
- Help with life skills
- Case management
- Mental health support
- Healthcare
- Other financial assistance
- Help with parenting or reuniting with children
- Addiction supports/treatment
- Help finding a job
- Childcare
- Help getting trained or upgrading your education (e.g. getting a GED)
- Help accessing affordable and nutritious food

8/9 respondents strongly agreed that services received once in permanent housing have helped retain housing.
No respondent disagreed or strongly disagreed with the statement, “You are satisfied with the quality of services you have received since becoming homeless.” (42% neither disagreed nor agreed, 25% agreed, 33% strongly agreed)
42% of respondents strongly disagreed that it was easy for them to find services when they became homeless.
No respondent was dissatisfied with the quality of services while experiencing homelessness.
All respondents agreed that services were focused on getting clients into housing as quickly as possible.
No respondent thought he/she would become homeless again (two responded that they “did not know”).
- Reasons given for the “did not know” answers:
  - No income
  - Health

When asked, “Thinking about your most recent homelessness, what could have prevented you from becoming homeless?” The most frequent responses (in descending order):
- Rental assistance
- Other financial assistance
- Help finding an apartment
- Mental health treatment
- Help finding a job
- Substance use treatment
- Healthcare
Front-Line Staff and Case Managers

- Nearly 40% neither agreed nor disagreed that the community uses a standard assessment tool to prioritize housing placement and services based on vulnerability and need (may indicate that many are unaware of assessment and referral processes).
- Nearly 83% agreed or strongly agreed that their organization supports and participates in joint meetings/case conferences regarding specific consumers to coordinate efforts with other service providers in the community.
- 37% neither disagreed nor agreed that the community employs strategies to prevent people from losing their housing and diverts them away from the shelter system.
  - 30% either disagreed or strongly disagreed
  - 33% either agreed or strongly agreed
- 11 of 30 respondents have “Basic knowledge with little to no expertise or training” in Diversion/Prevention programming. The weighted average is tied for lowest when describing their level of knowledge, training, and expertise in the following programs/service methods:
  - Diversion/Prevention
  - Rapid Re-Housing
  - Permanent Supportive Housing
  - Income Supports and Mainstream Benefits Systems
  - Coordinated Entry and Assessment
  - Housing Stabilization Case Management (tied for lowest with diversion/prevention)
- 77% of respondents disagreed or strongly disagreed that the community has an adequate supply of affordable permanent and permanent supportive housing units to accommodate each household’s needed level of support (only 6% either agreed or strongly agreed)
- Nearly 75% of respondents agree that providers work together to plan and coordinate homeless services.
  - 13% neither disagree nor agree
  - 13% either disagreed or strongly disagreed
- 70% of respondents agreed that services offered are ones that consumers need to obtain and sustain housing.
- 47% agreed that services are designed and administered to get consumers into permanent housing quickly.
  - 27% neither disagreed nor agreed
  - 27% disagreed
- 48% respondents agreed that case managers are adequately trained and skilled to stabilize formerly homeless households into permanent housing (29% neither agreed nor disagreed, 23% disagreed or strongly disagreed)
Agency and CoC Leadership

- 86% either agreed or strongly agreed that the community uses a standard assessment tool to prioritize housing placement and services based on vulnerability and need.
- 79% either agreed or strongly agreed that the community employs strategies to prevent people from losing their housing and diverts them away from the shelter system.
  - 14% neither disagreed nor agreed
  - 7% either disagreed or strongly disagreed
- Two-thirds of respondents agree that service providers plan and coordinate well to end homelessness.
- Roughly half of respondents believe that funding and service decisions are based on best practices.
- Less than half of respondents agree that all important partners are at the table and share the same vision.
- 79% of respondents agreed or strongly agreed that the services offered in the community are ones that consumers need to quickly obtain and sustain housing.
- More than two-thirds of respondents agreed that services are focused on getting clients into permanent housing as quickly as possible.
- More than two-thirds of respondents agreed that local priorities are aligned with HUD’s subpopulation priorities.
- Only half of respondents agreed that case managers are adequately trained and skilled to stabilize formerly homeless households into permanent housing.
- Nearly two-thirds of respondents expressed no opinion as to whether clients are successful in remaining housed.
- There was no consensus as to whether the local system can make homelessness rare, brief, and non-recurring (4 disagree, 4 no opinion, 6 agree).
- Aside from funding, respondents noted the continuing challenges/needs for continued collaboration, buy-in and participation by all providers, and better skills/training for case managers.
- All but one respondent noted that the biggest accomplishment in the past year was the implementation of Coordinated Homeless Intake Assessment (CHIA). (One person mentioned the decrease in the “banned” period from shelters)
- Respondents stated that homelessness in the Central Virginia region area includes many high-barrier, single individuals who stay homeless because of barriers (criminal history and mental health) and lack of housing stock. (One respondent would like to see the “homeless” definition expanded to include doubled-up population)
September 9, 2016

Written Agreement between the Central Virginia Continuum of Care and Lynchburg Community Action Group, Inc. HEAD START PROGRAM

Recognizing the incredible importance of providing quality early childhood and educational services to children and youth experiencing homelessness, our program agrees to partner with the Central Virginia Continuum of Care which oversees the provision of shelter, transitional housing, permanent supportive housing and rapid re-housing for homeless households. The primary services provided through our program include:

- Educational and Social Development
- Medical, Dental, and Mental Health
- Family Development, Parental Involvement, and Nutritional Counseling
- Meals and Transportation

These services will be provided to all eligible homeless children and youth being served through the Central Virginia Continuum of Care throughout the FY2016 funding cycle.

Program Signature:  

Dorothy S. Holmes

Printed Name:  

Dorothy S. Holmes

Date:  

September 12, 2016

Central Virginia Continuum of Care Collaborative Applicant: Lynchburg Community Action Group

Collaborative Applicant Signature:  

Dorothy S. Holmes

Date:  

9/12/2016
Written Agreement between the Central Virginia Continuum of Care and
Lynchburg City Schools' Homeless Education Program

Recognizing the incredible importance of providing quality early childhood and educational services to children and youth experiencing homelessness, our program agrees to partner with the Central Virginia Continuum of Care which oversees the provision of shelter, transitional housing, permanent supportive housing and rapid re-housing for homeless households. The primary services provided through our program include:

- facilitate immediate enrollment of homeless children and youth
- coordinate transportation of homeless students to school of origin
- ensure homeless students receive free breakfast and lunch
- ensure unaccompanied minors are enrolled in school
- refer homeless families to local community resources as needed

These services will be provided to all eligible homeless children and youth being served through the Central Virginia Continuum of Care throughout the FY2016 funding cycle.

Program Signature: [Signature]
Printed Name: Sheila B. Ashworth
Date: September 12, 2016

Central Virginia Continuum of Care Collaborative Applicant: Lynchburg Community Action Group
Collaborative Applicant Signature: [Signature]
Date: 09/12/16
September 9, 2016

Written Agreement between the Central Virginia Continuum of Care and HumanKind’s Healthy Families Program

Recognizing the incredible importance of providing quality early childhood and educational services to children and youth experiencing homelessness, our program agrees to partner with the Central Virginia Continuum of Care which oversees the provision of shelter, transitional housing, permanent supportive housing and rapid re-housing for homeless households. The primary services provided through our program include:

- Linking parents and children with preventative health care services
- Educating parents about child development milestones
- Promoting positive parenting techniques
- Supporting parents to achieve their goals and become stable and self-sufficient
- Screening for family risk and protective factors, child development, maternal depression, and domestic violence

These services will be provided to all eligible homeless children and youth being served through the Central Virginia Continuum of Care throughout the FY2016 funding cycle.

Program Signature: [Signature]
Printed Name: Ashley Graham, MSW
Date: 9/9/16

Central Virginia Continuum of Care Collaborative Applicant: Lynchburg Community Action Group
Collaborative Applicant Signature: [Signature]
Date: 09-09-16

formerly
Presbyterian Homes & Family Services
and the Family Alliance
www.humankind.org