
Exhibit 1: Continuum of Care (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

2005 Application Summary

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: Norfolk Homeless Consortium

CoC Contact Person and Organization: Amy Nichols, The Planning Council, Inc.

Address: 130 W. Plume St., Norfolk, VA. 23510

Phone Number: (757) 622-9268 ext. 3057 E-mail Address: anichols@theplanningcouncil.org

Continuum of Care Geography

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Norfolk	511116		

Reproduce this page to include additional names and codes.

1. Your community's *planning process* for developing a Continuum of Care strategy.

a. Lead Entity

The Norfolk Homeless Consortium (NHC) is the lead entity for planning Norfolk's Continuum of Care and was established in 1992 by three family shelters. The NHC first received funding from HUD in 1995 for a transitional housing program for seven families. Since then, the continuum has grown to include over 25 participating members, six emergency shelter sites, six transitional housing programs, two day service centers, and 134 permanent supportive housing beds. A critical new member to this partnership this year is the Director of the newly-established Executive Office on Homelessness who was hired in March 2005 and has already begun to improve linkage and coordination with the many departments of the City of Norfolk.

b. The Planning Process

The NHC is a voluntary association that provides leadership, services, advocacy and information for addressing the needs of Norfolk's homeless population. Meetings are open to the public. The NHC coordinates a broad array of services that include, but are not limited to:

- Outreach
- Needs Identification
- Prevention of Homelessness
- Emergency Shelter/Assistance
- Day Services
- Access to Mainstream Resources
- Support Services
- Transitional Housing
- Non-supportive Permanent Housing
- Permanent Supportive Housing

The NHC takes a comprehensive look at the issues of homelessness and is continually working with other organizations to ensure that they are included in the planning process. This year we have facilitated seven different meetings with civic leagues to educate the community on the new SRO project and to facilitate its successful approval for rezoning by the City Council. We have also held meetings with the Norfolk Sheriff, Norfolk Police Department, the Director of Foster Care, Park Place Medical Center, The Norfolk Foundation, the United Way and various faith communities to address community systems that impact the homeless in Norfolk.

The NHC formed committees to address specific needs for Norfolk's homeless. The Executive Committee conducts the business of the Consortium on an ongoing basis by determining the general policies and guidance of the affairs of the Consortium. It is comprised of the following officers: Chair, Vice Chair, Treasurer, Secretary, Continuum of Care Chair, Planning Council Liaison (staff support) and one Homeless Advocacy Coordinator. Elections are held annually in which each paid member agency or individual has one vote. Executive Committee members are appointed for two years, and the positions up for election are staggered ensuring a consistency in leadership.

The Executive Committee establishes standing and ad hoc committees as the need arises. Standing and ad hoc committees are structured to consist of sufficient numbers to provide

broad representation of the Consortium as appropriate. All committees develop their own agendas, solicit membership, and establish work plans around their particular issue. Committee Chairs report their planned activities and progress back to the Executive Committee which ensures coordination and non-duplication of efforts.

Specific committees of the Consortium include:

- **Continuum of Care** – Conducts annual Point in Time Count, writes the Continuum of Care Statement, solicits and updates information from applicants, assures adherence to HUD changes, develops protocols for grant submission and ranking and submits them to the Consortium for approval, and presents the final Continuum of Care document to the Consortium.
- **Chronic Homeless Committee** – Develops and guides the implementation of the plan to end chronic homelessness.
- **Nominating** – Recruits and selects qualified, willing members of the Consortium to serve on the Executive Committee and presents the slate to the Consortium at the annual meeting for elections.
- **Ranking** – Evaluates, reviews and scores all new and renewing projects for HUD CoC funding. Ranking committee interviews are held with all applicants to determine the priority of the program before final ranking and prioritizing of applications. This is typically comprised of persons outside the NHC to prevent conflict of interest.
- **Standards of Care** – Develops Standards of Care for shelters, housing and service programs, conducts on-site reviews of service providers, provides written and verbal feedback and recommendations to the service providers and local funders.
- **Housing** – Works to identify and eliminate barriers to affordable housing, develop sources of funding that may be used for the creation of housing, and develop agency capacity to develop permanent housing projects. A subcommittee for Efficiency Housing, which included several persons from four cities in Hampton Roads, worked to secure a site for a Regional SRO to provide permanent supportive housing for 60 single homeless adults.
- **Discharge Planning** – Researches current discharge policies for all publicly funded institutions or systems and develops processes that will prevent the discharge of people into homelessness.
- **Access to Mainstream Resources** – Assesses the effectiveness of homeless programs in Norfolk in accessing mainstream resources, develops and implements training and policies to improve utilization of mainstream resources by the homeless.
- **Strategic Planning** – Develops and implements a process to create a strategic plan for the NHC and reviews progress on the plan.

In addition to the above committees, the NHC appointed members to service on the five committees of the Mayor's Commission to End Homelessness to ensure coordination and provide input to the Blueprint to End Homelessness, which was completed in May 2005. Those Committees included: Substance Abuse and Mental Health, Resources and Awareness, Support Services, Housing, and Prevention.

Since 2001, the Consortium has received funding from both a private foundation and the City of Norfolk to pay a half-time salary for a Continuum of Care Coordinator. For FY

2006 this funding has been increased by the City, which reflects their support of the work of the NHC. The Coordinator facilitates the Continuum of Care process for Norfolk, as well as all ongoing activities of the Consortium, including monthly meetings, committee meetings, information exchanges and training events. Due to this dedicated staffing, the NHC has made significant progress in its planning, coordination and communication of efforts on behalf of the homeless persons in our city.

c. Meeting Schedule

During the past year, the Consortium has met as a whole each third Wednesday of every month. During these meetings, presentations are made on homeless-related topics to provide ongoing education for all participants. Members share information and resources and report on progress and outcomes for their service programs, while discussing solutions to both short and long-term problems. The Consortium’s Annual Meeting is held in July and includes elections of Executive Committee members, as well as a concerted outreach to invite new members. Committees meet on an as-needed basis, with some meeting monthly and others meeting only a few times annually.

<p>1. Norfolk Homeless Consortium</p>	<ul style="list-style-type: none"> ▪ Reviewed and evaluated 2004 CoC process and application. ▪ Planned and Conducted the 2005 Homeless Point-In-Time Count ▪ Directed and monitored the work of all subcommittees ▪ Reviewed and established policy and updated bylaws ▪ Participated in strategic planning sessions in order to work toward drafting a strategic plan for the NHC ▪ Conducted agency presentations to update members on program and agency changes, as well as new community programs ▪ Conducted training on accessing mainstream benefits 	<p>August 18, 2004 September 15, 2004 October 20, 2004 November 17, 2004 January 19, 2005 February 16, 2005 March 16, 2005 April 20, 2005 May 18, 2005 June 15, 2005</p>
<p>2. Executive Committee</p>	<ul style="list-style-type: none"> ▪ Established sub-committees to accomplish NHC/CoC planning and implementation goals ▪ Worked toward the development an NHC strategic plan ▪ Appointed representatives to serve on the City of Norfolk’s Commission to End Homelessness Committees ▪ Recommended changes to NHC bylaws to include more stringent membership participation requirements ▪ Developed the agenda for all NHC meetings ▪ Strategized on how to productively interface with the new City Office on Homelessness and considered new NHC structure to accommodate this important new partner. 	<p>July 14, 2004 August 10, 2004 August 30, 2004 September 7, 2004 October 4, 2004 October 11, 2004 November 1, 2004 January 3, 2005 February 7, 2005 March 7, 2005 April 4, 2005 June 6, 2005</p>
<p>3. Continuum of Care Committee</p>	<ul style="list-style-type: none"> ▪ Reviewed funding requests through Letters of Intent ▪ Developed the timeline for CoC application submissions ▪ Dealt with funding issues that applied to all renewing and new CoC applicants ▪ Resolved barriers in reporting accurate program outcomes ▪ Developed evaluation plan for comprehensive evaluation ▪ Set threshold standards for all renewing and new project applicants 	<p>December 8, 2004 January 12, 2005 January 26, 2005 February 2, 2005 March 3, 2005 March 21, 2005 March 29, 2005 April 4, 2005 April 5, 2005 April 11, 2005</p>
<p>4. Access to Mainstream Resources Committee</p>	<ul style="list-style-type: none"> ▪ Identified barriers to program participants accessing mainstream benefits ▪ Planned a series of trainings on mainstream benefit programs ▪ Worked on the development of a case management tool for the identification of eligibility of program participants ▪ Tracked the number of program participants that were assessed to require assistance in applying for Social Security Benefits. The 	<p>February 9, 2005 March 23, 2005 April 21, 2005</p>

	<p>outcome of this tracking is to provide specific staff to assist homeless individuals and families in applying for Social Security and Medicaid benefits.</p> <ul style="list-style-type: none"> Established contact persons in mainstream benefit agencies 	
5. Chronic Homeless Committee	<ul style="list-style-type: none"> Identified barriers for the chronic homeless population in accessing resources and services Developed a Request for Proposals to target the 2005 Permanent Housing Bonus toward low-barrier, permanent housing for the chronically homeless Reviewed proposals and met with applicants who submitted proposal in response to the committee's RFP Discussed assessment/intake forms that are currently being used by service providers in identifying individuals that are chronically homeless 	<p>September 7, 2004 October 12, 2004 November 10, 2004 December 3, 2004 December 8, 2004 January 27, 2005 March 9, 2005 March 22, 2005 March 28, 2005</p>
6. Standards of Care Committee	<ul style="list-style-type: none"> Developed timeline for reviewing agencies Discussed recruitment of volunteer reviewers Developed a training program for reviewers Trained reviewers on the Standards of Care and methods for reviewing agencies Conducted a pilot project by reviewing two service providers Debriefed with committee and made recommendations for next round of reviews 	<p>November 18, 2004 December 15, 2004 February 4, 2005 February 17, 2005 May 18, 2005</p>
7. HMIS Implementation	<ul style="list-style-type: none"> Signed contract with Bowman Industries on July 1, 2004 Administrative Training, which included Systems Administration, Project Director, The Planning Council Director and IT Supervisor, and NHC Support Staff HMIS Conference in Chicago User Training for all HMIS participating agencies and end users HMIS planning meeting, Governor's Housing Conference Met with Union Mission shelter to plan for data input and participation in ShelterLink Met with the YWCA Domestic Violence Program to plan for data input and participation in ShelterLink 	<p>July 1, 2004 August 24-26, 2004 September 13-15, 2004 September 23-24, 2004 November 17, 2004 February 3, 2005 March 17, 2005 April 14, 2005 April 21, 2005 April 22, 2005 April 28, 2005</p>
8. Housing Committee	<ul style="list-style-type: none"> Discussed other funding sources for the development of housing for homeless subpopulations and identified possible applicants Discussed selected SRO site and next steps, especially regarding support services Discussed implementation of first SRO project and began preliminary discussions regarding the second SRO Strategized plans for the second SRO in light of 80% cuts in HUD's Permanent Housing Bonus 	<p>January 18, 2005 January 27, 2005 February 10, 2005 April 6, 2005</p>
9. Discharge Planning Committee	<ul style="list-style-type: none"> Established committee goals Contacted publicly funded institutions to document current discharge planning policies 	<p>November 16, 2004 January 27, 2005 March 24, 2005</p>
10. Nominating Committee	<ul style="list-style-type: none"> Recommended NHC members for election to the following seats on the Executive Committee: Chair, Vice-Chair, Secretary, and Homeless Advocacy Coordinator 	<p>May 2, 2005 June 5, 2005</p>
11. City of Norfolk Blue Ribbon Commission to End Homelessness	<ul style="list-style-type: none"> Creation and Tasking of Subcommittees: Substance Abuse and Mental Health, Resources and Awareness, Support Services, Housing, and Prevention. Committee Reports Review of Point-in-Time Count Review of national data on effective models Review of draft Blueprint to End Homelessness Discussion of staffing for Office on Homelessness 	<p>August 26, 2004 September 23, 2004 October 28, 2004 November 29, 2004 January 27, 2005 April 21, 2005 May 26, 2005</p>

d. **Involvement of Elected Officials:** In July 2004 the Norfolk City Council established the Mayor’s Commission to End Homelessness to develop and implement a performance-based, results-oriented strategic plan to end homelessness within ten years in the City of Norfolk. The Commission is chaired by the Mayor and Vice Mayor and membership includes our Federal House of Representatives member Bobby Scott. In March 2005, the Norfolk Executive Office on Homelessness was established to carry out this plan. This new office and the NHC have quickly formed a strong partnership to marshal resources from all sectors of the community to end homelessness. The leadership of Commission members, many of whom are key decision makers in the community, is helping us to address public systems that previously were out of reach of the NHC. To best coordinate efforts between the NHC and the Commission and to ensure no duplication of efforts, our Continuum of Care Chair was appointed to the Commission and has been an integral part in the work of developing Norfolk’s “Plan to End Homelessness”

The Commission’s draft plan was released on May 2, 2005. Norfolk’s Executive Office on Homelessness convened a special meeting of the Norfolk Homeless Consortium to gain their insights on the strengths and weaknesses of the draft to use for the final Plan.

e. **Continuum of Care Planning Process Organizations**

CoC Organizations/Persons	Sub-Population Represented, if any	Level of Participation (activity and frequency) in Planning Process								
		1	2	3	4	5	6	7	8	9
	SMI – Seriously Mentally Ill SA – Substance Abuse VETS- Veterans HIV/AIDS DV – Domestic Violence Y-Youth	1. Norfolk Homeless Consortium 2. City of Norfolk’s Commission to End Homelessness 3. Executive Committee 4. Chronic Homeless Committee 5. Access to Mainstream Resources Committee 6. Discharge Planning Committee 7. Standards of Care Committee 8. Housing/Efficiency Housing Committee 9. Continuum of Care Committee ***Attends all meetings (80-100%) ** Attends most meetings (50%-79%) * Attends infrequently (<50%) + Committee Chair								
Federal agencies:										
Department of Veterans Affairs/ Medical Center	VETS, SA, SMI	*			**					
Social Security Administration						**				
U.S Representative			**							
State agencies:										
Tidewater Community College			*							
Local government agencies:										
City of Norfolk, Mayor’s Office			*** +							

CoC Organizations/Persons	Sub-Population Represented, if any	Level of Participation (activity and frequency) in Planning Process								
	SMI – Seriously Mentally Ill SA – Substance Abuse VETS- Veterans HIV/AIDS DV – Domestic Violence Y-Youth	1. Norfolk Homeless Consortium 2. City of Norfolk’s Commission to End Homelessness 3. Executive Committee 4. Chronic Homeless Committee 5. Access to Mainstream Resources Committee 6. Discharge Planning Committee 7. Standards of Care Committee 8. Housing/Efficiency Housing Committee 9. Continuum of Care Committee ***Attends all meetings (80-100%) ** Attends most meetings (50%-79%) * Attends infrequently (<50%) + Committee Chair								
		1	2	3	4	5	6	7	8	9
City of Norfolk, City Manager’s Office			***							
Department of Human Services		*** +		*** +		*** +	***			*
Norfolk Community Services Board	SMI, SA	***	***		**	*			***	***
City of Norfolk Executive Office on Homelessness (opened April '05)		**	***							*
Norfolk City Attorney			**							
Norfolk Planning Commission			**							
Norfolk Public Schools			**							
Public Housing Authorities:										
Norfolk Redevelopment and Housing Authority			**							
Nonprofit organizations: (includes Faith-Based organizations):										
AARP Senior Services			***							
Barrett Haven, Inc.		***		***	*** +			**		***
Children’s AIDS Network Designed for Interfaith Involvement (CANDII)	HIV/AIDS	***	*					**		***
Dwelling Place		***						***		
Independence Center		**								
ForKids, Inc.		***	***	***		*		*		*** +
Norfolk Emergency Shelter Team		*								
Norfolk Homeless Advocacy and Action Group (NHAAG)		***								
St. Columba Ecumenical Ministries		***			***	*				***

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		1	2	3	4	5	6	7	8	9
Step-Up, Inc.		*								
STOP Organization		*	*							
The Planning Council		***		***	***	***	***		*** +	***
The Salvation Army		***		***		***	*** +	**		***
Tabernacle Church			**							
Tidewater AIDS Crisis Taskforce	HIV/AIDS	*								
Union Mission Ministries		**			***	**				
United Way			***							
Urban League of Hampton Roads		*								
Virginia Social Ventures		*								
Virginia Supportive Housing									*	
YWCA	DV, SA	***						*** +		***
Businesses / Business Associations:										
Vandeventer Black LLP			**							
Goodman and Company			*							
Suntrust Bank			*							
Sentara Health Systems			**							
Homeless / Formerly homeless persons:										
Bill Groom		***			*					
Michelle Lassiter			***							
Edwin Roberts			***							
Other (medical/hospitals, funders, law enforcement, funders, community members):										
Norfolk Foundation		*								
Legal Aid		*								

CoC Organizations/Persons	<i>Sub-Population Represented, if any</i>	Level of Participation (activity and frequency) in Planning Process								
	SMI – Seriously Mentally Ill SA – Substance Abuse VETS- Veterans HIV/AIDS DV – Domestic Violence Y-Youth	1. Norfolk Homeless Consortium 2. City of Norfolk’s Commission to End Homelessness 3. Executive Committee 4. Chronic Homeless Committee 5. Access to Mainstream Resources Committee 6. Discharge Planning Committee 7. Standards of Care Committee 8. Housing/Efficiency Housing Committee 9. Continuum of Care Committee ***Attends all meetings (80-100%) ** Attends most meetings (50%-79%) * Attends infrequently (<50%) + Committee Chair								
		1	2	3	4	5	6	7	8	9
Catholic Worker					**					
St. Pius X		*			*					
PIN Ministries					*					
Sacred Heart		***		**	**					
Sherri Heimstra			***							
Bernard Leidl			***							
John Massey			***							

Exhibit 1: Continuum of Care Goals and System

1. Community's CoC goals, strategy, and progress

(a). Chronic Homelessness Goals/Strategy

(1). Past Performance.

a. Specific actions taken to address chronic homeless population:

Targeted funding to increase permanent housing options: In 2004, the Norfolk Homeless Consortium agreed to target its funding for the 2005 Continuum of Care application by prioritizing permanent supportive housing for the chronically homeless and actively seeking applicants to develop this type of housing. The Chronic Homeless Committee developed a Request for Proposal (RFP) that sought applicants for the 2005 Continuum of Care to develop low-barrier housing that took into account the unique needs of the chronically homeless, including safe havens, housing first options, and the establishment of set-asides of units of affordable housing for the chronically homeless. The RFP included specific evaluation criteria that was used to evaluate proposals to ensure that the proposed project fit the unique needs of this population and addressed critical service gaps. This RFP was issued in October 2004 and the NHC received two applications. The Norfolk Homeless Consortium accepted an application from Virginia Supportive Housing for the development of a second regional Single Room Occupancy project that will target the chronically homeless.

Successful Site Search and Rezoning for First Regional SRO in the U.S.: Development of the first regional Single Room Occupancy (SRO), Gosnold Apartments, has continued to move forward and the anticipated occupancy date is September 2006. 70% of all units for the project will be set aside for the chronically homeless and will include 29 permanent supportive beds for the chronically homeless in Norfolk. This SRO, once fully established, will house a total of 60 single homeless adults from the cities of Norfolk (42 units), Virginia Beach (12 units) and Portsmouth (6 units). All three cities have contributed SHP and other city funding to the project. The NHC worked diligently to educate all relevant communities to overcome objections and to educate the public on the implementation of this project. The Norfolk Planning Commission and the Norfolk City Council both unanimously supported the rezoning necessary for this project to move forward. Despite the exhaustive efforts needed to bring about this project, the NHC is proud to have the only regional SRO in the country.

Increased support services to support the population: The Norfolk Community Services Board was recently awarded additional funding to provide additional mental health services to homeless persons experiencing serious mental health issues. These services are in the form of an additional PATH Outreach worker, who will focus half of his/her time on helping these individuals apply for and obtain Social Security benefits. Multiple trainings for all NHC agency case managers and outreach workers have been provided to ensure front line staff has basic knowledge to assist homeless individuals. These trainings have occurred quarterly and focused on accessing Mainstream Resources.

Initial steps toward the creation of a low-income housing trust fund: The Norfolk Plan to End Homelessness has proposed the creation of an affordable housing trust fund and received the support of our Mayor, Vice Mayor and members of the Commission to End Homelessness. This trust fund would offer a new important source of funding for the creation of housing for the chronically homeless.

b. Remaining Obstacles:

A lack of a sufficient number of affordable housing units and permanent supportive housing continues to be the largest and most difficult barrier to the chronically homeless securing housing. In the 2004 Point in Time Count, approximately 39 percent of all chronically homeless individuals reported that they had no source of income and another 43 percent reported that they were receiving either SSI or SSDI. The average reported income (for those who reported an income) was \$517 per month, which makes it extremely difficult for the chronically homeless to secure and maintain housing without receiving some form of subsidy.

Although progress has been made in the last year in the ability of service providers to correctly assess individuals for chronic homelessness, difficulties remain in correctly identifying this population. The new HMIS system has the capacity to correctly identify a chronically homeless individual, but does not have a policing agent if data is entered incorrectly. The Norfolk Homeless Consortium will work with providers during the upcoming year to create intake and assessment forms that lend themselves to correctly identifying this population.

Decreasing federal and state funding for services such as substance abuse and mental health treatment, transportation and clinical case management continues to affect the local agencies. While service providers have attempted to compensate by providing sporadic and often non-clinical services in-house, additional adequate financial support for *qualified* personnel to provide ongoing services is vital to addressing the problem of ending chronic homelessness. To this end, the NHC has begun investigating two critical options; 1) the creation of an intensive outreach team to work with the chronically homeless population and 2) developing funding capacity for clinical services.

c. Changes in the total number of chronic homeless persons

The number of chronically homeless in Norfolk has remained relatively stable from 2004 to 2005. In 2004, Norfolk counted 94 chronically homeless individuals and in 2005, there were 89.

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	94
2005	89

Beds Chart

Number of permanent beds for housing the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	0	0	0
2005	0		

(2) Current Chronic Homeless Strategy:

The Norfolk Homeless Consortium estimates from its Point-in-Time Count that approximately 20% of homeless individuals in Norfolk face chronic homelessness due to a disability of some kind. In the 2005 Point in Time Count, 89 out of 443 individuals were identified as chronically homeless. 63 of the 89 identified individuals were temporarily sheltered in emergency programs and 26 were unsheltered. We believe this number to be undercounted as many of the observably chronic homeless were reluctant to participate in surveys and many refused to talk with interviewers. Therefore, the number of identified chronic homeless is an estimate and we fully believe there are significantly more individuals who actually fit this criterion.

While providing permanent supportive housing for the chronically homeless is the most effective way to cut costs and streamline services within a community, there must also be adequate

support resources to accompany this housing, including appropriate mental and physical health services, access to mainstream resources, substance abuse treatment, transportation and other support such as intensive life and employment skills training. The Consortium has been working on a long-range approach to “ending” versus “managing” chronic homelessness.

The **NHC Chronic Homeless Plan** identifies both current and future goals that are linked. The goals focus on elements of prevention, data collection, outreach and support services, and permanent supportive housing.

Prevention: The City of Norfolk’s “Ten Year Plan to End Homelessness” identifies the need to assess whether public institutions are discharging persons into homelessness. They will create a regional working group to assess existing discharge planning policies and their effectiveness in order to create a strategy to decrease these entries into homelessness. The NHC’s Discharge Planning Committee will continue to work with the City’s Executive Office on Homelessness to ensure that all people leaving publicly funded programs are not discharged into homelessness, and have the necessary supports to remain housed once discharged.

Support Services & Outreach: The NHC recognizes that many homeless individuals that fall into the category of chronic homelessness may need a more streamlined system that is more effective at identifying needs and providing services to meet those needs. In the current system, the chronically homeless often cycle between programs without a joint effort being made to identify needs and provide services that move them beyond homelessness. NHC will work with the City’s Office on Homelessness to investigate the advantages of a central intake system.

Permanent Supportive Housing: A capacity assessment conducted in October 2002 showed that of all subsidized one- and two-bedroom units, there is a zero vacancy rate and at least a six-month waiting list. There is a longer waiting list for public housing units, which make up 4% of Norfolk’s housing stock.

The new application for the Virginia Supportive Housing SRO under the Samaritan Initiative will be central to a permanent housing solution for chronically homeless individuals. VSH identifies the chronically homeless as its target population and states that 100% of its new funds will be used for persons who are chronically homeless prior to entering the program. The creation of this new housing type has broken through significant political and services barriers to addressing the needs of the chronically homeless. Additional housing will be essential to further progress with this population. The long-term goal that is being pursued is to have one SRO in each jurisdiction in the region. In addition to the development of two SRO’s in the region, Norfolk also has a Shelter Plus Care program and three separate agencies providing Permanent Supportive Housing for People with Disabilities.

Additionally, the NHC will work with the Office on Homelessness in the creation of an affordable housing trust fund. This will be a critical new source of funding for affordable housing. A feasibility analysis will be done over the next 12 months and if it is determined to be feasible we will commence creation of legal documents in July 2006 and begin receiving funds in 2007.

Data Collection: The Planning Council has worked to implement an HMIS system in Norfolk that includes identifying questions to assess the chronicity of homeless individuals. This includes training homeless service providers on the definition of chronic homelessness and how to correctly identify this population. The NHC will begin working with individual services providers that serve this population to create intake and assessment forms that lend themselves to correctly identifying this population. The NHC expects that the result of these trainings will be to obtain more accurate data on the number of chronically homeless in Norfolk in order to develop systems to meet their needs.

(3) Coordination with Overall Homeless Strategy

The City of Norfolk, with significant input from the NHC has developed a Blueprint to End Homelessness in which the chronicity of homeless individuals is addressed. The Commission to End Homelessness will consider the timing of the implementation of the proposals in the Plan. One specific proposal that would assist the chronically homeless is the development of a housing trust fund. The City’s Office on Homelessness, the Mayor’s Commission to End Homelessness and the Norfolk Homeless Consortium will work collaboratively to ensure a coordinated effort to address homelessness in Norfolk.

(4) Chronic Homelessness Goals Chart

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Goal 1: Increase the supply of permanent supportive housing units that take into account the unique needs of the chronically homeless.	<ol style="list-style-type: none"> 1. Advocate for permanent supportive housing projects aimed at serving the chronically homeless for 2006 Continuum of Care’s Samaritan Initiative bonus. 2. Submit application for permanent supportive housing for the chronically homeless in the 2005 Continuum of Care application. 3. Research other funding possibilities for the creation of low-barrier housing that meets the needs of the chronically homeless, who may not be appropriate for housing funded through HUD grants. 	Chronic Homeless Committee Norfolk Homeless Consortium Chronic Homeless Committee	October 2005 June 2006 December 2005
Goal 2: Research a system of outreach and intensive case management that engages the chronically homeless to provide assessments and links to appropriate mainstream resources to secure and maintain housing.	<ol style="list-style-type: none"> 1. Develop a plan for the creation of a multidiscipline outreach team and identify funding sources. 2. Secure funding for the creation of an outreach team. 	Chronic Homeless Committee Norfolk Homeless Consortium	January 2006 January 2007

<p>Goal 3: Ensure that all chronically homeless individuals have all necessary health care at the time they need it.</p>	<ol style="list-style-type: none"> 1. Continue to work with the Portsmouth Community Health Center to support Health Care for the Homeless funding to create a mobile health outreach team. 2. Develop recommendations for addressing any inadequacies in health care services for the chronically homeless. 	<p>The Planning Council</p> <p>Health Care Subcommittee</p>	<p>January 2006</p> <p>December 2005</p>
<p>Goal 4: Develop a systematic plan for all shelters to assure that all homeless families and individuals are accessing mainstream resources.</p>	<ol style="list-style-type: none"> 1. Develop a tool to be used by all homeless services providers who receive HUD funding to assure that the provider system is acting in a coordinated approach to assure all families and individuals are accessing mainstream resources. 2. Work with the City of Norfolk’s Department of Human Resources to create a specific team of case management specialists whose only responsibility is to assist homeless persons with accessing specific mainstream benefits. 3. Conduct quarterly mainstream benefits trainings, specifically Social Security benefits, for all homeless service providers 4. Monitor all current HMIS submissions on a quarterly basis to assess each agency’s performance in helping clients to receive mainstream resources. <p>Work with each agency by providing technical assistance to increase performance as needed.</p>	<p>The Planning Council</p> <p>Mainstream Resources Committee</p> <p>Mainstream Resources Committee</p> <p>Continuum of Care Committee</p> <p>The Planning Council and Continuum of Care Committee</p>	<p>June 2005</p> <p>May 2006</p> <p>Quarterly as submitted</p> <p>Quarterly</p> <p>As needed</p>

Other Homeless Goals Chart

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1: Increase the supply of permanent supportive housing units for families and individuals who are not chronically homeless.	1. Prioritize housing needs and develop RFP's for permanent housing projects to meet these needs for 2006 Continuum of Care application.	Norfolk Homeless Consortium	October 2005
	2. Communicate housing priorities to Office on Homelessness to inform utilization of funds for the to-be developed Norfolk Housing Trust Fund	Executive Committee & Office on Homelessness	November 2005
	3. Increase CoC system capacity of agencies able to apply for permanent supportive housing through training.	CoC Committee	January 2006
	4. Refine and strengthen funding thresholds for applicants.	CoC Committee	November 2005
	5. Submit application for permanent supportive housing for families and/or individuals who are not chronically homeless in the 2006 CoC application.	Norfolk Homeless Consortium	March 2006
	6. Advocate for CDBG funding to be used annually for Permanent Supportive Housing Projects.	Norfolk Homeless Consortium	March 2006
Goal 2: Implement Standards of Care for all NHC service providers.	1. Refine Standards of Care tool based on pilot study which occurred early in 2005 of two initial agencies.	Standards of Care Committee	August 2005

	<p>2. Review 50% of all Norfolk homeless service providers using Standards of Care and address any deficiencies.</p> <p>3. Fully implement Standards of Care for 100% of all service providers.</p>	<p>Standards of Care Committee</p> <p>Standards of Care Committee</p>	<p>June 2006</p> <p>June 2007</p>
<p>Goal 3: Strengthen Preventive Services for families and individuals who are at-risk of becoming homeless.</p>	<p>1. Advocate to the Commission to End Homelessness for policies to prevent people from being discharged from publicly funded institutions into homelessness.</p>	<p>Discharge Planning Committee & Office on Homelessness</p>	<p>December 2005</p>
	<p>2. Use elements from Minneapolis model to create a plan to build relationships with landlords & offer preventative case mgt. to at-risk families and individuals,</p>	<p>Prevention Committee</p>	<p>October 2005</p>
	<p>3. Advocate for funding of plan by City Council</p>	<p>NHC</p>	<p>Spring 2006</p>
	<p>4. Implement Plan</p>	<p>NHC</p>	<p>July 2006</p>
<p>Goal 4: Develop Systematic plan for all service providers to assure that all homeless families and individuals are accessing mainstream resources.</p>	<p>1. Assess the current means for homeless services providers assuring that all homeless individuals and families access mainstream resources.</p>	<p>Mainstream Resources Committee</p>	<p>June 2005</p>
	<p>2. Work with the City of Norfolk's Department of Human Services to create a specific team of case management specialists whose only responsibility is to assist homeless persons with accessing</p>	<p>Mainstream Resources Committee</p>	<p>August 2005</p>

	<p>specific mainstream benefits.</p> <p>3. Conduct quarterly mainstream benefits trainings for all homeless service providers. HUD funded CoC agencies will be required to have quarterly participation in the trainings.</p> <p>4. Develop quarterly report from HMIS provider to CoC Committee to monitor each agency's performance in helping clients to receive mainstream resources.</p> <p>5. Work with each agency by providing technical assistance in improving their successes as needed.</p>	<p>Mainstream Resources Committee</p> <p>Continuum of Care Committee</p> <p>Mainstream Resources Committee</p>	<p>Every three months beginning March 2005</p> <p>Quarterly as they become available.</p> <p>Quarterly as needed</p>
Goal 5: Refinement of 10-Year Plan to End Homelessness in Norfolk.	<p>1. Meet regularly with Office on Homelessness to provide input for 10-year plan.</p> <p>2. Provide the City with any data and support that is requested.</p>	<p>Norfolk Homeless Consortium</p> <p>Norfolk Homeless Consortium</p>	<p>Monthly</p> <p>As Needed</p>
Goal 6: Research, development and implementation of plan for centralized intake.	<p>1. Work with the Office on Homelessness to research effective prototypes for centralized intake.</p> <p>2. Develop plan for centralized intake.</p> <p>3. Plan implementation</p>	<p>Norfolk Homeless Consortium</p> <p>NHC and Office on Homelessness</p>	<p>August 2005</p> <p>November 2005</p> <p>March 2006</p>

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

Development and Implementation of Discharge Planning
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	Yes	Yes	Yes	Yes
Health Care	Yes	Yes	No	No
Mental Health	Yes	Yes	Yes	Yes
Correctional	Yes	No	No	No

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
VA36K301001	Virginia Supportive Housing	Gosnold Apartments	\$1,821,600
		Total	\$1,821,600

Form HUD 40076 CoC-E

Continuum of Care Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart						
Component: <i>Prevention</i>						
Services in place: The following prevention services are available in the community:						
	Financial Assistance (Rent, Mortgage, Utilities, etc.)	Job Training/Referral	Budget/Credit Counseling	Medical/Mental Health/Substance Abuse Services	Housing Placement Assistance/Counseling	Community Education/Advocacy
CANDII	X				X	X
Catholic Charities	X		X		X	X
Department of Human Services HART Team	X	X	X	X	X	X
Department of Public Health				X		
Endeppence Center					X	
Family Services			X		X	X
Foodbank	X					
ForKids, Inc.	X				X	X
Ghent Area Ministries	X					
Norfolk Community Services Board	X	X		X	X	
Opportunity Inc.		X				
Second Chances		X				
St. Columba Ecumenical Ministries	X	X				
The Planning Council	X		X		X	X
The Salvation Army	X	X		X		X
The STOP Organization	X		X		X	
Tidewater AIDS Crisis Taskforce	X		X		X	X
Tidewater Community College		X				
Union Mission	X	X				X
Urban League	X		X			X
VA Medical Center				X		X
Virginia Employment Commission		X				
Virginia Social Ventures		X				
YWCA	X	X	X	X	X	X

Component: *Outreach to persons living on the street*

Services in place: The following prevention services are available in the community:

- ◆ Norfolk’s Division of Human Services (DHS) operates a **Homeless Action Response Team (HART)** to work with homeless families and individuals who are on the street. This ten-person team receives calls from all city agencies, churches, and homeless families and individuals to immediately respond and assist homeless persons. Placing them in permanent housing is the preferred course of action, although emergency shelter, temporary hotel/motel rooms and adult care are also an option for families. While managing these homeless persons, the team also enrolls them into all eligible benefits and assists them with medical and employment needs in an expedited way.
- ◆ The Norfolk Community Services Board houses a **PATH outreach worker** position. This Outreach Worker works closely with all emergency shelters, the Department of Human Services, the Downtown Norfolk Council (DNC), and the Police Department to conduct street outreach. Street canvassing is conducted to assist homeless persons to find shelter, mental health care, financial resources, and other survival resources. Assessments, transportation, and case management are provided for all clients in order to obtain long-term care, medications, and counseling. Case management and support services are also provided by the PATH worker once the clients enter services and obtain shelter. The PATH worker also assists homeless individuals, who are living on the streets, to apply for Social Security benefits.
- ◆ The **Veterans Affairs Medical Center** provides street canvassing for all veterans. Outreach workers seek out homeless veterans to provide jobs, housing, and mental health and substance abuse treatment, and offer assistance with benefits.

Component: *Supportive Services*

Services in place: The following prevention services are available in the community:

Agency/Service Provider	Case Management	Life skills	Alcohol and drug treatment	Mental Health Treatment	AIDS-related Treatment	Education	Employment Assistance	Childcare	Transportation	Other-Ex-Offender Services	Other-Legal Services	Other- Mainstream Benefit Assistance	Other - Healthcare	Other – Housing I & R
Alcoholics Anonymous			X											
Barrett Haven	X	X	X	X		X	X		X			X		X
CANDII	X	X			X			X	X			X		X
Department of Human Services	X						X	X	X			X	X	X
Endeppendence Center														X

Agency/Service Provider	Case Management	Life skills	Alcohol and drug treatment	Mental Health Treatment	AIDS-related Treatment	Education	Employment Assistance	Childcare	Transportation	Other-Ex-Offender Services	Other-Legal Services	Other- Mainstream Benefit Assistance	Other - Healthcare	Other – Housing I & RA Re
ForKids, Inc.	X	X	X	X		X	X	X	X			X	X	X
Legal Aid											X			
Norfolk Community Services Board	X	X	X	X	X		X		X	X		X		X
Norfolk Public Schools						X								
Opportunity, Inc.								X						
Park Place Medical Center													X	
Second Chances										X				
St. Columba Ecumenical Ministries	X					X	X		X				X	
The Dwelling Place	X	X		X		X	X	X	X					X
The Salvation Army	X		X				X	X	X					X
The Planning Council	X						X					X		X
The STOP Organization														X
Tidewater AIDS Crisis Taskforce	X		X		X	X	X		X			X		X
Tidewater Community College						X								
Union Mission		X					X					X		X
Veteran’s Affairs	X		X	X	X	X						X	X	X
Virginia Employment Commission							X							
Virginia Social Ventures	X						X							
YWCA	X	X	X					X	X		X	X		X

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart														
EMERGENCY SHELTER														
Provider Name	Facility Name	HMIS			Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds		
		Part. Code	Number of Year-Round Beds			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Seasonal	Over-flow/ Voucher	
Current Inventory			Ind.	Fam.										
Ecumenical Family Shelter, Inc.	Dwelling Place	A	0	47	511116	FC		14	47		47			
ForKids, Inc.	Haven House	A	0	35	511116	FC		8	35		35			
Norfolk Emergency Shelter	NEST	Z	0	0	511116	M						90		
The Salvation Army	Hope Center	N	0	0	511116	SM				16	16			
Union Mission	Union Mission	N	0	0	511116	M		5	12	125	137		75	
YWCA	Women-in-Crisis	N	0	0	511116	M	DV	2	6	6	12			
TOTALS			0	82		TOTALS		29	100	147	247	90	75	
Anticipated Occupancy Date														
Under Development														
						TOTALS								
Unmet Need						TOTALS		0	0	35	35			
1. Total Year-Round Individual ES Beds					147	4. Total Year-Round Family ES Beds					100			
2. Year-Round Individual ES Beds in HMIS					0	5. Family ES Beds in HMIS					82			
3. HMIS Coverage Individual ES Beds					0%	6. HMIS Coverage Family ES Beds					82%			

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Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart												
<i>Transitional Housing</i>												
Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds				
		Part. Code	#Yr. Round			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds	
Current Inventory			Ind	Fam								
Barrett Haven, Inc.	Barrett Transitional Home	A	10	0	511116	SF		0	0	10	10	
ForKids, Inc.	Morgan Place	A	0	54	511116	FC		12	54	0	54	
St. Columba Ecumenical Ministries	Next Step	A	16	0	511116	SMF		0	0	16	16	
Tidewater AIDS Crisis Taskforce	HOPWA	A	4	0	511116	SMF	AIDS	0	0	4	4	
Norfolk Community Service Board	Transitional Housing	A	27	0	511116	SMF		0	0	27	27	
YWCA	Women-in-Recovery	A	2	6	511116	SMF	DV	2	6	2	8	
YWCA	Norcova	A	0	13	511116	FC	DV	4	13	0	13	
TOTALS			59	73		TOTALS		18	73	59	132	
Anticipated Under Development Occupancy Date												
Salvation Army	Women's HOPE Center		Oct-05		51116	M		3	15	8	23	
TOTALS								3	15	8	23	
Unmet Need								TOTALS	0	0	58	58
1. Total Year Round Individual TH Beds											59	
2. Individual TH Beds in HMIS											59	
3. HMIS Coverage Individual TH Beds											100%	
(Divide line 2 by line 1 and multiply by 100. Round to whole number)												
1. Total Year Round Family TH Beds											73	
2. Family TH Beds in HMIS											73	
3. HMIS Coverage Family TH Beds											100%	
(Divide line 5 by line 4 and multiply by 100. Round to whole number)												

15a

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart																		
<i>Permanent Supportive Housing</i>																		
Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds										
		Part. Code	#Yr. Round			A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds							
Current Inventory			Ind	Fam														
Children's AIDS Network Designed for Interfaith Involvement	CANDII	A	0	33	51116	FC	AIDS	10	33	0	33							
ForKids, Inc.	Legacy	A	0	36	51116	FC		6	36	0	36							
Norfolk Community Services Board	Shelter Plus Care	A	18	47	51116	M		15	47	18	65							
TOTALS			18	116	TOTALS			31	116	18	134							
Anticipated Occupancy Date																		
Under Development																		
Virginia Supportive Housing	Gosnold Apartments	Sep-05		51116	SMF			0	0	42/29	42							
TOTALS								0	0	42/29	42							
Unmet Need								TOTALS	149	559	240/75	799						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Total Year Round Individual PSH Beds</td> <td style="width: 50%; text-align: right;">18</td> </tr> <tr> <td>2. Individual PSH Beds in HMIS</td> <td style="text-align: right;">18</td> </tr> <tr> <td>3. HMIS Coverage Individual PSH Beds</td> <td style="text-align: right;">100%</td> </tr> <tr> <td colspan="2">(Divide line 2 by line 1 and multiply by 100. Round to whole number)</td> </tr> </table>											1. Total Year Round Individual PSH Beds	18	2. Individual PSH Beds in HMIS	18	3. HMIS Coverage Individual PSH Beds	100%	(Divide line 2 by line 1 and multiply by 100. Round to whole number)	
1. Total Year Round Individual PSH Beds	18																	
2. Individual PSH Beds in HMIS	18																	
3. HMIS Coverage Individual PSH Beds	100%																	
(Divide line 2 by line 1 and multiply by 100. Round to whole number)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">4. Total Year Round Family PSH Beds</td> <td style="width: 50%; text-align: right;">116</td> </tr> <tr> <td>5. Family PSH Beds in HMIS</td> <td style="text-align: right;">116</td> </tr> <tr> <td>6. HMIS Coverage Family PSH Beds</td> <td style="text-align: right;">100%</td> </tr> <tr> <td colspan="2">(Divide line 5 by line 4 and multiply by 100. Round to whole number)</td> </tr> </table>											4. Total Year Round Family PSH Beds	116	5. Family PSH Beds in HMIS	116	6. HMIS Coverage Family PSH Beds	100%	(Divide line 5 by line 4 and multiply by 100. Round to whole number)	
4. Total Year Round Family PSH Beds	116																	
5. Family PSH Beds in HMIS	116																	
6. HMIS Coverage Family PSH Beds	100%																	
(Divide line 5 by line 4 and multiply by 100. Round to whole number)																		

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 15%

Form HUD 40076 CoC-H page 1

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	307 (N)	72 (N)	64 (N)	443
2. Homeless Families with Children	22 (N)	24 (N)	0 (N)	46
2a. Persons in Homeless Families with Children	70 (N)	87 (N)	0 (N)	157
Total (lines 1 + 2a only)	377 (N)	159 (N)	64 (N)	600
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	63 (S)		26 (N)	89 (S)
2. Severely Mentally Ill	59 (S)		*	59 (S)
3. Chronic Substance Abuse	92 (S)		*	92 (S)
4. Veterans	68 (S)		*	68 (S)
5. Persons with HIV/AIDS	37 (S)		*	37 (S)
6. Victims of Domestic Violence	44 (S)		*	44 (S)
7. Youth (Under 18 years of age)	1 (S)		*	1 (S)

Form HUD 40076 CoC-I page 1

Continuum of Care Information Collection Methods

1. Housing Activity Chart.

a. In order to correctly assess the number of beds listed in the “Current Inventory 2005” column on the Housing Gaps Analysis chart, the Continuum of Care Coordinator conducted an in-person survey of all agencies listed in the chart at the Continuum of Care Committee meeting on April 4, 2005, including emergency shelters, transitional housing, and permanent supportive housing. The survey focused on collecting and/or verifying data on each agency’s total bed count, target population, and type of unit (family, individual, year-round, seasonal, and/or overflow/seasonal) that is currently available.

All new/planned beds listed in the “Under Development 2005” column come from previously awarded grant applications under the Continuum of Care process that are currently in the process of being executed. There was 100% response rate to the survey.

The Norfolk Homeless Consortium uses the following definitions for emergency shelter and transitional housing:

(1) Emergency Shelter – Housing with a maximum stay of 30-45 days for homeless¹ individuals and families needing emergency assistance.

(2) Transitional Housing – Housing with supportive services and a usual maximum stay of no more than two years, designed to offer needed support and to foster independence and transition into permanent housing for homeless individuals and families.

2. Unmet Housing Needs.

a. In 2003 the Norfolk Homeless Consortium created a three-year Priorities document (2003-2005) that outlines the community’s strategy in order to determine priorities for planning services and funding. Included in this document are housing needs, both long-term and short-term, for our homeless population, as well as supportive services that are either missing or are inadequate. This document includes numbers and types of beds needed in Norfolk to respond to our homeless population needs. It is required that all applications for HUD funding meet at least one of the stated priorities. The specifics on the number of needed beds comes from a 2003 Capacity Assessment conducted over a one-month period of requests from homeless persons, as well as the expertise of shelter providers who continuously strive to eliminate gaps in services. The unmet need in Norfolk is determined by the difference between what is currently being provided and the amount and type of beds that the Consortium determined is necessary in the 2003-2005 Priorities document.

The Consortium will hold a special meeting in the fall of 2005 to develop new 3-year Priorities to guide funding decisions and the efforts of the NHC.

¹ Homeless persons defined by the McKinney-Vento Act Section 103

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

a. Sheltered Point-in-Time Count

Since 1998, the Consortium has used a shelter and street survey form to count all homeless persons in one twenty-four hour period on an annual basis. This year's Point in Time Count was conducted in conjunction with the statewide count on January 26, 2005, for both sheltered and unsheltered homeless persons. The shelter count incorporated all emergency and transitional housing sites with all shelter providers fully participating.

The Consortium as a whole provides input on the survey form and its questions to ensure that there is a consistent document that gathers the numbers and types of homeless persons in Norfolk. The form is updated on an annual basis with input from all homeless assistance providers as to what type and how much data can be collected from homeless persons. The NHC Coordinator and the Continuum of Care Committee Chair were the lead persons for this count, soliciting help from all providers and volunteers, and assigning them to various sites to ensure all access points are covered.

The Continuum of Care Committee Chair, the NHC Coordinator, and the PATH outreach worker conducted training with the majority of count volunteers on how to conduct the sheltered and unsheltered count. The training focused on the importance of filling out the survey as accurately and completely as possible, as well as understanding how to assessing specific data elements, for example, the definition of disability.

To the extent possible, personal interviews are conducted at shelter sites on each homeless individual and family during the Point in Time Count. Emergency Shelters required that their residents take part in this interview upon entry, and transitional and permanent supportive housing sites conduct the interviews at various times throughout the day. Once all surveys have been collected from each participating site, they are entered into a master spreadsheet. Careful filtering of the unique identifiers is done to ensure there are no duplications of persons who may have been counted at more than one site during the twenty-four hour period.

Choices of subpopulations included in the survey form include:

Chronic Substance Use/Abuse	Seriously Mentally Ill
HIV/AIDS	Single Youth (under 18)
Domestic Violence	Veteran

Subpopulations were estimated using a statistically reliable number based on the information gathered from the homeless persons that participated in the survey. As an example: of the entire single homeless adult population that was staying in emergency shelters on the night of the count, 73% (223 of 307 persons) were surveyed. Of the total number of this population that was surveyed, 21% (46 of 223 persons) were chronically homeless. This percentage was applied against the total number of single persons staying in emergency shelters (307) on the night of the count and was used to calculate the total number of chronically homeless sheltered persons (89).

The NHC's goal for conducting an annual sheltered Point in Time count for 2007 includes using its HMIS system, Service Point. The NHC had planned on utilizing the HMIS for its 2005 count but without the participation of two of the largest shelters for single adults (Union Mission and NEST) in Norfolk, as well as the domestic violence shelter, an accurate count was not feasible this year. The NHC has been working with the Union Mission and the domestic violence shelter to elicit their participation in inputting client-level data for all their clients. It is anticipated that by the time of the next count, 100% of all clients entering their shelters will be entered into the NHC's HMIS. Further, the NHC now requires that all CoC-funded agencies input 100% of their client-level data in order to apply for renewal funding through the NHC's CoC process.

b. Unsheltered Point-in-Time Count

Since 1998, the Consortium has used a street survey form to count unsheltered homeless persons in Norfolk in one twenty-four hour period on an annual basis. The Norfolk Homeless Consortium used an in-person survey to collect data on the unsheltered population on January 26, 2005. For the first time, the majority of CoC-funded agencies, as well as other community volunteers and homeless service providers, provided over 75 trained and experienced volunteers to conduct outreach in order to count as many unsheltered homeless persons as possible from all areas of the city. The unsheltered count included meal programs, hospital emergency rooms, libraries, and homeless day centers, as well as a day and night street count. The Norfolk Homeless Consortium mapped off sections of the city where homeless persons were expected to be found. Teams of three outreach workers were sent to those areas to conduct the survey.

The Norfolk Homeless Consortium will conduct an unsheltered point-in-time homeless count during the last week of January 2007 using the same in-person survey format as in previous years. However, the NHC has continued to identify difficulties with the count process and reliability of results, as there are many areas of the city where unsheltered persons are thought to be sleeping that are not accessible to the count volunteers. In addition, many unsheltered homeless persons declined to be interviewed by volunteers and the information that was gathered is based on self-reporting and does not always accurately portray all disabilities or conditions a homeless person or family may be experiencing.

To address these issues, the NHC plans to work closely with currently and formerly homeless persons to identify places where homeless individuals may be sleeping. The NHC and the City of Norfolk will work in partnership to use the City's resources in order to more accurately plot the sections of the city that homeless persons have identified. In 2007, the NHC plans to elicit the help of currently and formerly homeless persons in actually conducting the count, as well as continuing to coordinate the efforts of soup kitchens, social services, Veterans Affairs, Public Safety Ambassadors, and homeless service providers to conduct street counts that cover all areas of the city that unsheltered homeless individuals and families may be located.

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

Please complete the information below. Your response to this item will not count towards your 30-page limitation.

1. HMIS implementation:
 - a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy):

March 1997

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other _____

Data Collection Start Date:

September 27, 2004

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		12/2005
Transitional Housing	05/2005	
Permanent Supportive Housing (McKinney-Vento funded units)	05/2005	
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	0	0%
Other non-housing programs participating in HMIS	8	66%

Form HUD 40076 CoC-J page 1

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

- b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

On July 1, 2004, The Planning Council contracted with Bowman Industries to utilize their ServicePoint software program for ShelterLink, Norfolk's HMIS. ServicePoint has a proven track record of providing ease of use, consistent and timely technical support and superior administrative and user training. By September 27, 2004, administrative and user training was

completed and the HMIS was operational. As of April 1, 2005, twelve (12) of Norfolk's thirteen (13) participating agencies are entering data into the HMIS. The one (1) agency that is currently not entering data, Norfolk's Department of Human Services, has completed training and has the necessary computer hardware to use the HMIS. The Norfolk Department of Human Services will finalize their internal process and input data by July 2005.

The Planning Council worked with the YWCA to resolve concerns on how to safeguard the confidentiality of victims of domestic violence to ensure their safety and access to services. The Virginia Sexual and Domestic Violence Action Alliance recommended that domestic violence programs in Virginia use their VAdata victims coding system as unique identifiers for HMIS. The YWCA agreed to follow the Alliance's recommendations and began inputting information in May 2005.

The Union Mission remains our largest non-participating provider but substantial progress has been made through the involvement of the Office on Homelessness and the Mission has now agreed to input information. They are now developing data collection forms and the Office on Homelessness has offered staff to assist in data input. We expect full implementation of HMIS at the Mission by December 2005.

c. Describe any challenges and/or barriers the CoC has experienced implementing the HMIS since July 2004.

Our largest challenge since July 2004 has been the implementation of a new HMIS system. Providers had become extremely frustrated by our former system and were skeptical regarding Service Point. All providers had to once again be thoroughly trained in the new system and begin input. Additionally, multi-grant providers such as ForKids had to work extensively with The Planning Council to develop protocols for inputting clients into multiple grants.

The COC has also faced the challenge of non-participation by organizations because of confidentiality concerns. This issue has been resolved through the use of unique client identifiers and closed systems where the data can only be viewed in aggregate, not by individual records, by outside providers.

Another barrier to implementation has been the lack of capacity of service providers to enter data into HMIS. Many providers have never before collected the volume of data required by HUD and lack the necessary staffing to collect and input data. The COC is working toward developing a single intake form that can be used by all participating HMIS agencies in order to facilitate data collection and insure that data collected is consistent for all organizations. Most organizations have resolved their capacity issues and the Office on Homelessness is now working with organizations such as the Union Mission and the Department of Human Services to address their staffing requirements to collect and input data.

2. Current and/or future strategies to implement the HMIS Data & Technical Standards and the CoC's strategy to monitor and enforce compliance.

The Norfolk Homeless Consortium has been using HUD's HMIS Data and Technical Standards

as a guide for recruiting participants for Norfolk's HMIS. HUD has recommended that the implementation of HMIS occur in three stages:

Stage One: The NHC has secured participation of 100% of all transitional housing programs serving the homeless in Norfolk and will complete full implementation of all emergency shelters by December 2006. We have begun meetings with the State Coordinator for the PATH Outreach Program and will meet with the Veteran's Affairs representative by the fall of 2005.

Stage Two: 100% of Permanent Housing Programs that serve the homeless in Norfolk currently participate in the HMIS.

Stage Three: Norfolk has two homeless prevention programs that are run by the Planning Council and STOP. Currently both of these programs are inputting 100% of data in HMIS. 100% of non-housing programs funded through HUD are also now inputting data.

To ensure the quality of data and the collection of HUD's Universal Data Elements, the NHC is working with service providers to develop a standardized data form that accommodates the unique needs of individual providers.

Enforcement: The NHC now requires that all COC funded agencies input 100% of their client level data into HMIS in order to apply for renewal funding through the SuperNOFA process. In addition, the NHC is currently working with the City of Norfolk's Grants Management Office and Office on Homelessness to require ESG, Human Services Grants and CDBG recipients to participate in HMIS and utilize the system to generate and produce required reports. Our partnership with the Office on Homelessness and their commitment to gathering high-quality data through HMIS now gives us substantial leverage to obtain HMIS participation for all city-funded agencies.

We have limited ability to enforce participation with agencies that are not publicly funded. However, many of these agencies are willingly participating. In 2005 we will begin canvassing faith communities to determine interest and willingness to participate in HMIS and the Office on Homelessness will develop a methodology for collecting faith community data.

Monitoring: The Planning Council will monitor data quality through the development of quarterly reports that are reviewed with each participant through on-site meetings.

Security: The HMIS system is password protected and each user is bound by their User Agreement that stipulates stringent protection for HMIS data. The system uses secure socket levels (SSL) which means all data is encrypted when it is transmitted via internet. This is the same level of encryption used by banks. Passwords are also required to be changed every 45 days.

3. Counting Procedures

a. CoC’s methodology and strategy to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street).

The NHC intends to have the capacity through our HMIS to generate an unduplicated count of sheltered homeless persons by December 2005 with the Union Mission inputting data. Currently, street outreach programs collect client data on one night of the year, for the Point in Time Count. Collecting data in this manner is often incomplete as it is difficult to find, identify and interview clients. Therefore it is the goal of the COC to have street outreach programs collect and enter data year round to insure a more accurate and complete count of the unsheltered homeless population. In 2005 we will work with the PATH outreach workers, the Office of Veteran’s Affairs, and Salvation Army’s Canteen to bring them into the HMIS system.

b. Total Duplicated Client Records Entered in 2004: 424
 Total Unduplicated Client Records Entered in 2004: 424

4. HMIS Lead Organization Information:

Organization Name: The Planning Council

Contact Person: Joann Schutze

Phone: (757) 622-9268 ext. 3002

Email: jschutze@theplanningcouncil.org

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation.

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Norfolk CoC	VA501		

Exhibit 1: Continuum of Care – Project Priorities Chart

(This entire chart will count as only one page towards the 30-page limitation)

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Virginia Supportive Housing (Samaritan Initiative)	Virginia Supportive Housing	Efficiency Housing of South Hampton Roads II (Samaritan Initiative)	1	\$282,240	10 year					SRO
The Planning Council.	The Planning Council	ShelterLink	2	\$50,533	1 year		HMIS			
CANDII	CANDII	CHAPS-Norfolk	3	\$164,814	1 year		PH			
ForKids	ForKids	Legacy	4	\$149,166	1 year		PH			
ForKids	ForKids	Morgan Place	5	\$125,038	1 year		TH			
St. Columba Ecumenical Ministry	St. Columba Ecumenical Ministry	NEXT STEP	6	\$130,179	1 year		TH			
ForKids	ForKids	LEAP	7	\$86,644	1 year		TH			
ForKids	ForKids	ESI	8	\$155,400	1 year		TH			
YWCA	YWCA	Norcova	9	\$38,516	1 year		TH			
Barrett Haven	Barrett Haven	Barrett Transitional Home	10	\$144,913	1 year		TH			
Norfolk Community Services Board	Norfolk Community Services Board	Supportive Housing Program	11	\$71,531	1 year		PH			
CANDII	CANDII	Housing Solutions	12	\$347,020	2 years	PH				
Virginia Supportive Housing (non-Samaritan Initiative)	Virginia Supportive Housing	Efficiency Housing of South Hampton Roads II	13	\$211,680	10 Year					SRO
**Total Requested Amount:				\$1,957,674						

**Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions
(only for eligible Hold Harmless Continuums)**

The Norfolk CoC has continued to operate within the Preliminary Pro Rata. All projects that are ranked for the 2005 SuperNOFA fall within the PRN. Two projects (YWCA Women In Recovery and St. Columba Medications/Medical Transportation) have voluntarily withdrawn their projects for funding and one project (Salvation Army Day Center) was eliminated. Further, six projects have voluntarily reduced their budgets to create funds for new permanent housing projects. The Norfolk CoC has ranked all renewal projects and three new permanent housing projects within the Preliminary Pro Rata.

Reduced or Eliminated Grant in the 2005 Competition

A	B	C	D	E	F
Expiring Grants	Prog. Code	Comp -onent	Annual Renewal Amount	Reduced Amount	Retained Amount from Existing Grant
YWCA Women in Recovery	SHP	TH	\$68,244	\$68,244	\$0
St. Columba	SHP	SSO	\$35,796	\$35,796	\$0
Salvation Army	SHP	SSO	\$208,250	\$208,250	\$0
St. Columba	SHP	TH	\$136,500	\$6,321	\$130,179
YWCA Norcova	SHP	TH	\$39,281	\$765	\$38,516
City of Norfolk	SHP	SSO	\$121,914	\$50,383	\$71,531
ForKids ESI	SHP	TH	\$194,250	\$38,850	\$155,400
ForKids LEAP	SHP	TH	\$142,294	\$55,650	\$86,644
Barrett Haven	SHP	TH	\$182,594	\$37,681	\$144,913
TOTAL:			\$1,129,123	\$501,940	\$627,183

Newly Created Permanent Housing Projects in the 2005 Competition

G	H	I	J
2005 Project Priority Number	Prog. Code	Comp-onent	Transferred Amounts
#1- Virginia Supportive Housing (Samaritan Initiative)	SRO		\$25,515
#12- CANDII Housing Solutions	SHP	PH	\$347,020
#13- Virginia Supportive Housing (non-Samaritan Initiative project)	SRO		\$211,680
TOTAL:			\$584,215

Continuum of Care Priorities Narrative Instructions

- a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed **(Check all that apply):**

Audit APR Site Visit Monitoring Visit Client Satisfaction

All projects requesting renewal funding were initially evaluated to determine their compliance with NHC standards, effectiveness in achieving the stated goals of the project and in addressing local priorities. This evaluation included: a review of the original HUD proposal and renewal application and any amendments to the grant (if applicable); a supplemental application that included a project narrative and detailed discussion of project performance; the most recent annual performance report (APR) submitted to HUD; HUD monitoring reports when applicable; agency audit; and other relevant information and data about the project.

b. Description of New Projects and How New Projects Fill Gaps

Norfolk Homeless Consortium has continued to pursue the development of more permanent supportive housing units. The concerted effort to ensure the majority of funds are allocated to housing has been productive for the Norfolk CoC as we have identified three new permanent supportive housing projects for the upcoming year. This year, three new applications have been selected for funding, all of which will provide new permanent supportive housing to the Norfolk MSA.

#1: Virginia Supportive Housing: Samaritan Initiative. SRO. \$282,240.

Virginia Supportive Housing, on behalf of the Homeless Consortia in the four cities of Chesapeake, Norfolk, Portsmouth and Virginia Beach, will develop a second regional SRO. In this project, all cities are combining their collective resources to begin a second project. The first SRO (Gosnold Apts.) is located in Norfolk and is expected to open in September 2006. It will house single adult homeless, many of whom are chronically homeless. This proposed project will be located in another participating city and is expected to also be 50-60 units. Permanent supportive housing for single adults and families is the top priority for the Norfolk Homeless Consortium and this project will fill the gap for single adults.

#12. Children's AIDS Network Designed for Interfaith Involvement, CANDII. Permanent Supportive Housing for Persons with Disabilities. \$347,020.

CANDII is proposing to provide permanent supportive housing to individuals and families who are diagnosed with HIV/AIDS as a disability. CANDII has created a project that is collaborative with three other AIDS Service Organizations in Norfolk. CANDII will collaborate with The Tidewater AIDS Community Taskforce (TACT) and Full Circle AIDS Hospice to provide a joint effort to serve homeless individuals who are also living with HIV/AIDS. The project will provide 16 scattered-site units, 13 of which will be designated for individuals and 3 for families. This project is proposed with no supportive service funding. The three ASO's will provide all supportive services through other funding sources, i.e. HRSA/Ryan White Title I for case management, outreach and

transportation; Virginia Dept. of Health for HIV/AIDS Education, Life Skills and other support services, etc. TACT, CANDII and Full Circle have worked collaboratively for 12 years on the HOPWA grant. This project targets the NHC priority of providing permanent supportive housing for individuals and families.

#13: Virginia Supportive Housing: SRO. \$211,680.

Virginia Supportive Housing has proposed to provide an additional three units in the second regional SRO. VSH has applied under the Samaritan Initiative to develop an SRO for the chronically homeless. This proposal will provide even more access to the project for individuals and will keep them from becoming chronically homeless. The addition of three permanent housing units in the SRO continues to meet the Norfolk Homeless Consortium's goal of developing more permanent supportive housing for individuals.

c. Demonstrate how the project selection and priority placement processes for all projects were conducted fairly and impartially.

(1) Open solicitation efforts for projects - Applications were solicited in a two part process. An RFP was issued for a project to address the needs of the chronically homeless. All members of the Norfolk Homeless Consortium were advised of the application process for the Continuum of Care and the RFP was forwarded to other regional Consortia. Two applications were received in response to that RFP. Virginia Supportive Housing requested funding for an SRO and that application is forwarded under this COC. A second application was made by the PIN Ministries and it was denied due to non-participation in the NHC (a threshold requirement), lack of capacity and application errors. We have encouraged the PIN ministries to become involved in the NHC and have offered feedback for the weaknesses in the application.

Secondly, after the SuperNOFA was published, the Continuum of Care Committee met to identify strategies that would allow us to develop new permanent housing projects within our PRN. Two agencies voluntarily withdrew their projects for funding and a third agency was eliminated from funding (the Salvation Army Day Center) due to low housing and mainstream resources outcomes. Additionally, six agencies voluntarily decreased support services budgets allowing additional PRN to be utilized for housing projects. This process was attended by all participating agencies and there was a consensus of the majority and often unanimous decisions made regarding voluntary budget cuts and recommendations.

With limited time available, an announcement was made to the NHC that new applications would be accepted for housing-only projects. Only applicants that were able to provide support services from other sources were accepted for application. At that time CANDII made an application for Permanent Supportive Housing and the Salvation Army made an application for Transitional Housing. Virginia Supportive Housing also submitted a proposal that would serve individuals in the SRO who did not meet the chronic homeless eligibility guidelines. (VSH had applied under the Samaritan Initiative, but those funds are 100% targeted to Chronic Homeless.) The transitional housing program proposed by Salvation Army was not ranked for funding. CANDII ranked #12 and VSH's second application ranked #13.

(2) Objective rating measures applied to the projects - In order for a project to be considered for funding through the Norfolk Continuum of Care, applicants had to meet the following threshold requirements: 1) Participation in NHC activities; 2) Participation in HMIS; 3) Leveraging of at least one-to-one; 4) Statement of HUD Objectives; and 5) Effectiveness in Addressing Previously Identified Issues.

The process and criteria for reviewing and ranking projects for the 2005 Continuum of Care (CoC) application was intended to take maximum advantage of the current HUD funding system in the short-term, while continuing to meet the broad needs and priorities for our Continuum of Care. The following ranking guidelines for 2005 were proposed by the CoC Committee and approved by the NHC:

1. A new project that qualifies for the Samaritan Initiative housing bonus will be ranked as the top project for eligible activities up to the bonus amount.
2. The HMIS project application will be ranked second on the project priority list.
3. Renewal projects will be ranked above new projects in an order specified by the Ranking Committee.
4. New Supportive Services Only projects will not be accepted for the 2005 submission.
5. The Continuum of Care Ranking Committee will consider the community impact of projects after reviewing the program evaluation, project application and other written information. Each project will be assessed for its impact on the community's Continuum of Care in relationship to the other projects seeking HUD funding.

(3) Unbiased review panel: The Norfolk CoC support staff facilitates the ranking process to ensure no conflict of interest is present and objectivity is maintained. The Ranking Committee was made up of two representatives from other cities' Continuum of Care processes, the City's Director of the Office on Homelessness, a representative from the Norfolk Department of Human Services and a representative from the regional planning agency. The rankers for 2005 were:

1. Katie Kitchin, Director of the Norfolk Office on Homelessness
2. Beth Reavis, Department of Human Services, Norfolk, VA.
3. David Gist, Hampton Roads Planning District Commission, Regional
4. George Davies, Virginia Beach
5. Lynne Carruth, Consultant

(4) Voting system/decision making process used - The Continuum of Care Ranking Committee met to rank project applications and develop recommendation for the prioritization of projects for the Norfolk Homeless Consortium. Each project was presented to the CoC Ranking Committee for discussion. The Ranking Committee developed the following recommendations for the Norfolk Homeless Consortium: 1)

Priority ranking order; 2) Funding amount and duration; 3) Other recommendations related to project evaluation and/or application process, as appropriate.

All projects were reviewed to determine the extent to which they address local Continuum of Care priorities determined by the NHC. An objective scoring tool was used to evaluate the effectiveness and efficiency of each renewing application. Each application could receive a total of 30 base points.

Continuum of Care Rankers had the ability to award 5 additional Community Impact points. Community Impact takes into account additional program performance outcomes as reported by each agency, quality of leveraging, extra participation in the Norfolk Homeless Consortium and the Continuum of Care process, HUD monitoring reports, audits, plans to address program deficiencies and proposed program improvements. Applicants could receive a maximum of 35 points.

Renewing projects were prioritized in the Continuum of Care statement based on their score, with the highest scoring project receiving the highest ranking and the lowest scoring project receiving the lowest ranking. Written notices were emailed to programs immediately following the Ranking Committee meeting in order to provide opportunity to appeal any of the recommendations.

(5) *The open decision making process used to reduce and/or eliminate projects to free up PRN to create new projects* - Norfolk CoC has continued to operate within the PRN. In an attempt to create more permanent housing, we met to discuss options to create funds from the PRN for the development of new permanent housing projects. Two agencies voluntarily eliminated their projects by not submitting a renewal application this year. YWCA, Women In Recovery opted not to continue their program and St. Columba indicated they would seek funding for their Medications/Medical Transportation program through other resources that were more appropriate, since the program did not have any housing related goals. Finally, by majority vote, the group eliminated the Salvation Army Day Center, due to low outcomes related to acquiring housing and accessing mainstream resources. Six additional programs voluntarily decreased their support services budgets in an attempt to fund more permanent housing. Support Services Only projects voluntarily decreased their budgets by the largest percentage to ensure the majority of funds coming to Norfolk CoC were targeted to housing activities. All participating agencies agreed with the final outcome. No written complaints have been received about the process.

(6) No written complaints concerning the process were received during the last 12 months.

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

Form HUD 40076 CoC-L

Exhibit 1: CoC Project Performance - Housing and Services

A. Housing

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here if there are no applicable permanent housing renewal projects.

Check here to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? 5.

b. What is the number of participants who did **not leave** the project(s) during the operating year?

3 existing clients, 2 new clients (entered less than 6 months before the end of the grant year).

c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 4.

d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing?

3 existing clients.

e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)?

88%.

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing, and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here if there are no applicable transitional housing renewal projects.

Check here to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) 109.

b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing**? 73.

c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? 67%.

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here if there are no applicable renewal projects.

Check here to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
137	a. SSI	20	15%
137	b. SSDI	6	4%
137	c. Social Security	2	1%
137	d. General Public Assistance	0	0%
137	e. TANF	41	31%
137	f. SCHIP	0	0%
137	g. Veterans Benefits	0	0%
137	h. Employment Income	82	60%
137	i. Unemployment Benefits	0	0%
137	j. Veterans Health Care	0	0%
137	k. Medicaid	77	57%
137	l. Food Stamps	76	56%
137	m. Other (please specify)	7	4%
137	n. No Financial Resources	22	16%

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 30-page limitation*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	South Hampton Roads Efficiency Apartments (SHREA) II	Cash Match	Virginia Supportive Housing	\$282,240
2	ShelterLink	Cash Match	City of Norfolk CDBG	\$12,633
2	ShelterLink	Cash Match	The Planning Council	\$13,300
2	ShelterLink	Computer costs, Internet costs, staff time	ForKids,inc.	\$6,903
2	ShelterLink	Computer costs, Internet costs, staff time	Tidewater AIDS Community Taskforce	\$4,755
3	CHAPS	WICY Case Management	Ryan White Title I, City of Norfolk – MAI funds	\$20,000
3	CHAPS	Transportation	Ryan White Title I, City of Norfolk	\$50,000
3	CHAPS	Designations/Cash Match	United Way of Southhampton Roads	\$25,000
3	CHAPS	EFA, Housing	Ryan White Title I, City of Norfolk	\$4,000
3	CHAPS	Emergency Housing and Utility Assistance	HOPWA	\$25,000
3	CHAPS	Meals on Wheels Program	Full Circle AIDS Hospice Support	\$15,000
3	CHAPS	Case Management	Ryan White Title I, City of Norfolk	\$60,000
3	CHAPS	Volunteer Hours	Children’s AIDS Network Designed for Interfaith Involvement (CANDII)	\$10,000
4	Legacy PSH	Cash Match	ForKids	\$97,327
4	Legacy PSH	In-kind donations	ForKids	\$20,000
4	Legacy PSH	Administrative Expenses	ForKids	\$41,122
4	Legacy PSH	Volunteer Time	ForKids	\$15,000
4	Legacy PSH	Professional Coaching	Andrea Wistar	\$4,500
4	Legacy PSH	Tutoring Services	Mina Sachdev	\$1,000

4	Legacy PSH	Mental Health Assessments for 3 children	Tidewater Child Development Clinic	\$1,200
4	Legacy PSH	Auctioneering Services/Fundraising	John Marshall, Auctioneering	\$300
4	Legacy PSH	In-kind donation	Suited for Success	\$800
4	Legacy PSH Housing	Children's Event tickets	Constant Convocation Center	\$640
4	Legacy PSH	Literacy Programming	Norfolk Public Schools Stuart Even Family Literacy Program	\$8,000
4	Legacy PSH	Outreach Program	Community Mediation Center	\$2,800
5	Morgan Place Trans. Housing	Repairs	Marston Construction	\$550
5	Morgan Place Trans. Housing	Cash Match	ForKids	\$95,315
5	Morgan Place Trans. Housing	Administrative Expenses	ForKids	\$42,271
5	Morgan Place Trans. Housing	Volunteer Time	ForKids	\$20,000
5	Morgan Place Trans. Housing	In-kind donations	ForKids	\$20,000
5	Morgan Place Trans. Housing	New furniture	Quality Products and Supplies	\$2,000
5	Morgan Place Trans. Housing	Printing	Bon Secours DePaul Medical Center	\$1,475
5	Morgan Place Trans. Housing	Professional Coaching	Andrea Wistar	\$4,500
5	Morgan Place Trans. Housing	Art Camp	Chrysler Museum of Art	\$1,000
5	Morgan Place Trans. Housing	Meals	Marguerite Church	\$720
6	NEXT STEP Transitional Housing	Cash match	St. Columba Ecumenical Ministries	\$11,300
6	NEXT STEP Transitional Housing	In-kind donations and Volunteer Hours	St. Columba Ecumenical Ministries	\$36,019
6	NEXT STEP Transitional Housing	Operations for Day Center/Intake Point	City of Norfolk ESG	\$27,669
6	NEXT STEP Transitional Housing	Operations	City of Norfolk CDBG	\$40,000
6	NEXT STEP Transitional Housing	Discounted Counseling Services	Denis Patterson, LCSW	\$5,880

6	NEXT STEP Transitional Housing		Emergency Food and Shelter Program (EFSP)	\$16,749
7	LEAP	Cash Match	ForKids	\$48,434
7	LEAP	Operational Expenses	ForKids	\$47,275
7	LEAP	Administrative Expenses	ForKids	\$92,325
7	LEAP	In-Kind donations	ForKids	\$7,000
7	LEAP	Volunteer Hours	ForKids	\$10,000
7	LEAP	Tutoring & Transportation Services	Project HOPE	\$15,829
7	LEAP	Shelter Services and Operations	SHARE Shelter Support Grant (SSG)	\$59,200
7	LEAP	Shelter Services and Operation	Emergency Shelter Grant	\$50,281
7	LEAP	Shelter Services and Operation	City of Norfolk, Human Services Grant	\$40,800
7	LEAP	Haven House and Morgan Place Services and Operations	City of Chesapeake, Human Services Grant	\$3,632
7	LEAP	Rent and Utility Assistance	EFSP	\$7,315
7	LEAP	Children's Services	Child Services Coordinator Grant (CSCG)	\$20,250
7	LEAP	Meals	Hell's Kitchen	\$1000
7	LEAP	Literacy Program	REACH	\$2,000
7	LEAP	Musical & Art Programs	Tidewater Arts Outreach	\$1,080
8	ESI	Cash Match	ForKids	\$54,240
8	ESI	Administration	ForKids	\$40,825
8	ESI	Operational Expenses	ForKids	\$48,050
8	ESI	Volunteer Hours	ForKids	\$10,000
8	ESI	Tax Credits	Commonwealth of Virginia	\$34,000
8	ESI	Parenting Classes	Family and Children's Trust Fund	\$4,500
8	ESI	Accounting Services	Charles T. Saunders	\$12,500
8	ESI	Multidisciplinary Assessments	Tidewater Child Development Clinic	\$8,800
8	ESI	Infant Stimulation	Norfolk Community Services Board	\$4,000
8	ESI	Musician for Fund Raising Event	Sonya Lorelle	\$600
8	ESI	HIV/STD Prevention Classes	Tidewater AIDS Community Taskforce	\$200

8	ESI	Marketing/Public Relation Services	Dia	\$20,000
8	ESI	Discount Dental Services	Dr. Kevin Honore	\$500
8	ESI	Interns	Old Dominion University	\$16,000
8	ESI	Printing	Brooke Printing	\$2,800
8	ESI	Event tents & banners	Hustead's Canvas	\$3,000
9	Norcova Transitional Housing	Cash Match and in-kind donations	YWCA of South Hampton Roads	\$42,227
10	Barrett Transitional Home	Web Development	Xpert Designs	\$375
10	Barrett Transitional Home	Interns/Volunteer	Old Dominion University	\$24,960
10	Barrett Transitional Home	Marketing	LightSource	\$3,000
10	Barrett Transitional Home	Cash Donation, holiday gifts	Christ Unity Oceanside	\$4,000
10	Barrett Transitional Home	Cash Donation	St. Mary's	\$5,000
10	Barrett Transitional Home	Cash Donation, In-kind donation, transportation services, landscaping	Mary Babcock	\$7,135
10	Barrett Transitional Home	Cash Donation	Reverend Bessey	\$2,000
10	Barrett Transitional Home	Volunteer Time	Kandy Fullilove	\$360
10	Barrett Transitional Home	Cash Donation	Bethel Praise and Worship Center	\$1,200
10	Barrett Transitional Home	Accounting Services	A.J. Slizewski, CPA	\$3,500
10	Barrett Transitional Home	Volunteer Time	Dewey Phelps	\$1,500
10	Barrett Transitional Home	Cash Donation	Barrett Haven	\$1,000
10	Barrett Transitional Home	Advertising	Ballentine Civic League	\$600

10	Barrett Transitional Home	In-kind donations, fundraising	Stone Bridge Manor	\$2,500
10	Barrett Transitional Home	Advertising and fundraising	Norfolk Neighborhood University Alumni Ass.	\$2,500
10	Barrett Transitional Home	Maintenance	Whitt Johnson	\$1,800
10	Barrett Transitional Home	Landscaping, presentational speaker, and fundraising	Sharon Coutinho	\$1,800
10	Barrett Transitional Home	Marketing	Imagem Creative Studio	\$2,500
10	Barrett Transitional Home	Intern Time	Norfolk State University	\$55,875
10	Barrett Transitional Home	Cash Match, In-kind donations	Barrett Haven	\$38,043
10	Barrett Transitional Home	Ministry Outreach	New Beginnings Christian Ministries, Inc.	\$6,000
11	Supportive Housing Program	2 FTE staff positions	Norfolk Community Services Board	\$71,531
12	Housing Solutions	Meals	Full Circle AIDS Hospice Support	\$10,000
12	Housing Solutions	Transportation	Ryan White Title 1 – City of Norfolk (CANDII)	\$25,000
12	Housing Solutions	Advocacy Services	Ryan White Title 1 – City of Norfolk (CANDII)	\$3,000
12	Housing Solutions	Emergency Financial Assistance	Ryan White Title 1 – City of Norfolk (CANDII)	\$3,000
12	Housing Solutions	Outreach Services	Ryan White Title 1 – City of Norfolk (TACT)	\$20,000
12	Housing Solutions	Case Management	Ryan White Title 1 – City of Norfolk (Full Circle)	\$40,000
12	Housing Solutions	Case Management	Ryan White Title 1 – City of Norfolk (CANDII)	\$40,000
12	Housing Solutions	Case Management	Ryan White Title 1 – City of Norfolk (TACT)	\$50,000
12	Housing Solutions	Designations (Cash Match)	United Way of South Hampton Roads (CANDII)	\$15,000

12	Housing Solutions	Nutritional Supplements	Ryan White Title 1 – City of Norfolk (TACT)	\$4,000
12	Housing Solutions	ASO – Education Services	VDH Outreach (TACT)	\$25,000
12	Housing Solutions	HIV/AIDS Education	Virginia Department of Health (TACT)	\$25,000
12	Housing Solutions	Volunteer Hours	CANDII	\$10,000
12	Housing Solutions	Volunteer Hours	Full Circle	\$15,000
12	Housing Solutions	Housing/Nutritional Supplements	HOPWA (Full Circle AIDS Hospice)	\$25,000
12	Housing Solutions	Utility & Rental Assistance	HOPWA (TACT)	\$40,480
12	Housing Solutions	Housing & Utility Assistance	HOPWA (CANDII)	\$10,000
12	Housing Solutions	Outreach	Norfolk Community Services Board	\$19,200
12	Housing Solutions	Transportation	Ryan White Title 1 – City of Norfolk (TACT)	\$5,000
12	Housing Solutions	OraSure Grant/HIV Testing	Virginia Department of Health (TACT)	\$14,000
12	Housing Solutions	Minority AIDS Initiative Grant/AIDS Education	Virginia Department of Health (TACT)	\$25,000
13	South Hampton Roads Efficiency Apartments (SHREA) II	Cash Match	Virginia Supportive Housing	\$211,680
			TOTAL	\$2,628,170

**Please enter the value of the contribution for which you have a written commitment at time of application submission.*