

## Part I: CoC Organizational Structure

<b>HUD-defined CoC Name:*</b>	<b>CoC Number*</b>
<b>Norfolk CoC</b>	<b>VA- 501</b>
*HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: The Planning Council</b>		
<b>CoC Contact Person: Tracey Clark</b>		
<b>Contact Person's Organization Name: The Planning Council</b>		
<b>Street Address: 130 West Plume St.</b>		
<b>City: Norfolk</b>	<b>State:VA</b>	<b>Zip:23510</b>
<b>Phone Number:757-622-9268 x3057</b>	<b>Fax Number:757-622-4223</b>	
<b>Email Address: tclark@theplanningcouncil.org</b>		

CoC-A

### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

<b>Geographic Area Name</b>	<b>6-digit Code</b>
<b>Norfolk, VA</b>	<b>511116</b>

<b>Geographic Area Name</b>	<b>6-digit Code</b>

CoC-B

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## CoC Structure and Decision-Making Processes

### **C: CoC Groups and Meetings Chart**

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
<b>COC Primary Decision-Making Group</b> (list only one group)						
<b>Name:</b>	<b>Norfolk Homeless Consortium</b>		X			<b>26</b>
<b>Role:</b>	Develops, sustains and coordinates the comprehensive continuum of care in order to move the homeless population toward self-sufficiency and ultimately to eliminate homelessness.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	<b>Executive Committee</b>	X				<b>7</b>
<b>Role:</b>	Determines the general policies and guidance of the affairs of the Consortium.					
<b>Name:</b>	<b>Continuum of Care Committee</b>	X				<b>15</b>
<b>Role:</b>	Assures adherence to HUD changes, develops protocols for grant submission and ranking and submits them to the Consortium for approval, writes the CoC Statement.					
<b>Name:</b>	<b>Chronic Homeless Committee</b>		X			<b>6</b>
<b>Role:</b>	Develops and guides the implementation of the plan to end chronic homelessness.					
<b>Name:</b>	<b>Access to Mainstream Resources Committee</b>		X			<b>6</b>
<b>Role:</b>	Assesses the effectiveness of homeless programs in accessing mainstream resources, implements training and policies to improve the homeless' utilization of mainstream resources					
<b>Name:</b>	<b>Discharge Planning Committee</b>		X			<b>3</b>
<b>Role:</b>	Researches current discharge policies for all publicly funded institutions or systems and develops processes that will prevent the discharge of people into homelessness.					
<b>Name:</b>	<b>Efficiency Housing Committee</b>		X			<b>8</b>
<b>Role:</b>	Worked to secure a site for a Regional SRO to provide permanent supportive housing for 60 single homeless adults and is currently working to secure a second site for the next SRO.					
<b>Name:</b>	<b>Nominating Committee</b>			X		<b>4</b>
<b>Role:</b>	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.					
<b>Name:</b>	<b>Ranking Committee</b>			X		<b>5</b>
<b>Role:</b>	Evaluates, reviews, and scores all new projects for HUD CoC funding.					

## D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	Virginia Employment Commission			
	Virginia Dept. of Rehabilitative Services			
	Virginia Dept. of Mental Health, Mental Retardation, and Substance Abuse Services		SA	SMI
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	City of Norfolk, Office to End Homelessness			
	City of Norfolk, Mayor’s Office			
	City of Norfolk, City Manager’s Office			
	Norfolk Community Services Board		SA	SMI
	Norfolk Department of Human Services			
	Norfolk City Attorney			
	Norfolk Planning Commission			
	Virginia Beach Dept. of Housing and Neighborhood Preservation			
	<b>PUBLIC HOUSING AGENCIES</b>			
	Norfolk Redevelopment and Housing Authority			
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Norfolk Public Schools		Y	
	Norfolk State University- Outreach			
	Tidewater Community College			
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Norfolk Sherriff’s Office			
	Norfolk Police Dept.			
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	Opportunity, Inc.			
	<b>OTHER</b>			
	Department of Veterans Affairs		VETS	
Hampton Roads Planning District Commission				
Social Security Administration				
<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	Barrett Haven, Inc.			
	Chesapeake Resource Network			
	Children’s AIDS Network Designed for Interfaith Involvement (CANDII)		HIV	
	Community Alternatives Management Group, Inc. (CAMG)			
	Dwelling Place			

Empower Hampton Roads			
Endeppence Center, Inc.			
ForKids, inc.		Y	DV
Hotels for the Homeless			
Second Chances			
STOP Organization			
The Planning Council			
Tidewater AIDS Community Taskforce		HIV	
United Way			
Urban League of Hampton Roads			
Virginia Social Ventures			
Virginia Supportive Housing			
YWCA		DV	
<b>FAITH-BASED ORGANIZATIONS</b>			
Catholic Worker			
Norfolk Emergency Shelter Team			
PIN Ministry			
Sacred Heart Catholic Church			
St. Columba Ecumenical Ministries			
The Salvation Army			
Union Mission Ministries			
Ghent Area Ministries			
Ghent United Methodist Church			
<b>FUNDERS / ADVOCACY GROUPS</b>			
Virginia Coalition for the Homeless			
Virginia Inter-Agency Council on Homelessness			
Norfolk Homeless Advocacy and Action Group (NHAAG)			
<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
Norfolk Chamber of Commerce- Leadership Hampton Roads			
<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
VA Medical Center		VET	
Norfolk Public Health Department			
Sentara Norfolk General Hospital			
<b>HOMELESS PERSONS</b>			
Bill Groom			
Major Gene Hogg			
Michelle Lassiter			
Bernard Boykins			
<b>OTHER</b>			

\***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

## E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. <i>The Chair position has rotated between the public and private sector for the past 6 years however our bylaws do not require the rotation. To ensure participation by the public sector, (since our CoC is comprised primarily from the private sector), the NHC created a permanent position on the Executive Committee for the Director of Norfolk's Office to End Homelessness.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If your Continuum has not yet complied with <b>any</b> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.		

## F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

<b>1. Open Solicitation</b>			
a. Newspapers	<input checked="" type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input checked="" type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
<b>2. Objective Rating Measures and Performance Assessment</b>			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
<b>3. Voting/Decision System</b>			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input type="checkbox"/>	g. Abstain if conflict of interest	<input checked="" type="checkbox"/>
d. One Vote per Organization	<input type="checkbox"/>		

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## G: CoC Written Complaints Chart

<b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b>	<input type="checkbox"/> <b>Yes</b>
	<input checked="" type="checkbox"/> <b>No</b>
<b>If Yes, briefly describe the complaints and how they were resolved.</b>	

CoC-G

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## **Part II: CoC Housing and Service Needs**

### **H: CoC Services Inventory Chart**

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Alcoholics Anonymous											X							
Barrett Haven				X					X	X	X	X			X	X	X	X
CANDII	X	X	X	X					X	X		X		X			X	X
Catholic Charities		X	X	X					X	X	X	X			X			X
Department of Human Services	X	X	X	X					X	X					X	X	X	X
Department of Public Health													X		X			
Endeppence Center										X					X			
Family Services				X						X		X						
Foodbank				X						X								
ForKids, Inc.		X	X	X					X	X	X	X	X		X	X	X	X
Ghent Area Ministries	X	X	X			X							X					X
Legal Aid					X													
New Hope Christian Community Center		X				X			X	X	X			X	X		X	
Norfolk Community Services Board		X	X			X			X	X	X	X		X		X		X
Norfolk Downtown Ambassadors								X										
Norfolk Public Schools															X			
Opportunity Inc.									X						X	X		
Park Place Medical Center													X					
Second Chances				X						X								
St. Columba Ecumenical Ministries		X	X	X					X	X	X		X		X	X		X
STEP-UP, Inc.									X	X						X		X
The Dwelling Place				X					X	X		X			X	X	X	X
The Planning Council	X	X		X					X	X							X	
The Salvation Army	X	X	X	X					X	X	X	X				X	X	X
The STOP Organization	X	X	X	X					X	X					X	X	X	
Tidewater AIDS Community Taskforce	X	X	X	X			X		X	X	X			X		X		X
Tidewater Community College															X			
Union Mission										X	X					X		
Urban League														X				
VA Medical Center				X		X			X		X	X	X	X				
Virginia Employment Commission									X	X						X		
Virginia Social Ventures										X						X		
YWCA		X	X	X	X				X	X	X	X	X		X	X	X	X

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## **CoC Housing Inventory and Unmet Needs**

### **I: CoC Housing Inventory Charts**

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

**I: CoC Housing Inventory Charts**

**Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Other Beds		
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	Total Year-Round Beds	Seasonal	Overflow & Voucher
<b>Current Inventory</b>													
Ecumenical Family Shelter, Inc.	Dwelling Place	1	0	47	511116	FC		14	47		47		
ForKids, Inc.	Haven House	5	0	32		FC		8	32		32		
Norfolk Emergency Shelter	NEST	N	0	0		M						90	
The Salvation Army	19 <sup>th</sup> St. Shelter	P	0	0		SM				30	30		
Union Mission	Union Mission	P	0	0		M		1	3	154	157		40
YWCA	Women-in-Crisis	5	18	26		M	DV	8	26	18	44		
<b>SUBTOTALS:</b>			18	105		<b>SUBTOT. CURRENT INVENTORY:</b>	31	108	202	310	90		40
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>													
<b>SUBTOTALS:</b>			0	0		<b>SUBTOTAL NEW INVENTORY:</b>	0	0	0	0	0	0	0
<b>Inventory Under Development</b>													
Anticipated Occupancy Date													
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							0	0	0	0	0	0	0
<b>Unmet Need</b>			<b>UNMET NEED TOTALS:</b>										
1. Total Year-Round Individual ES Beds:			202	4. Total Year-Round Family Beds:									
2. Year-Round Individual ES Beds in HMIS:			18	5. Year-Round Family ES Beds in HMIS:									
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			9%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.									

**I: CoC Housing Inventory Charts**

**Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds	
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds		
<b>Current Inventory</b>												
Barrett Haven, Inc.	Barrett Transitional Home	5	10	0	511116	SF		0	0	10	10	
ForKids, Inc.	Morgan Place	5	0	34		FC		7	34	0	34	
Norfolk Community Service Board	Transitional Housing	P	0	0		SMF		0	0	11	11	
St. Columba Ecumen. Ministries	Next Step	5	16	0		SMF		0	0	16	16	
Tidewater AIDS Community Taskforce	HOPWA	5	4	0		SMF		0	0	4	4	
YWCA	Norcova	5	1	13		M		4	13	1	14	
YWCA	Yemaya House	1	4	2		M		1	2	4	6	
<b>SUBTOTALS:</b>			35	49		<b>SUBTOT. CURRENT INVENTORY:</b>	12	49	46	95		
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>												
ForKids, Inc.	Elizabeth Place	5	0	20		FC		5	20	0	20	
<b>SUBTOTALS:</b>			0	20		<b>SUBTOTAL NEW INVENTORY:</b>	5	20	0	20		
<b>Inventory Under Development</b>												
Salvation Army	Womens' Hope Village		Anticipated Occupancy Date Spring 2007			M		3	9	8	17	
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							3	9	8	17		
<b>Unmet Need</b>							<b>UNMET NEED TOTALS:</b>	0	0	63	63	
1. Total Year-Round Individual TH Beds:			46	4. Total Year-Round Family Beds:						69		

2. Year-Round Individual TH Beds in HMIS:	35	5. Year-Round Family TH Beds in HMIS:	69
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	76%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.	100%

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**I: CoC Housing Inventory Charts**

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individual /CH Beds	
<b>Current Inventory</b>											
Children's AIDS Network Designed for Interfaith Involvement	CHAPS- Norfolk	5	0	33	511116	FC		10	33	0	33
ForKids, Inc.	Legacy	5	0	36		FC		6	36	0	36
Norfolk Community Services Board	Shelter Plus Care	5	32	44		M		18	44	32	76
<b>SUBTOTALS:</b>			32	113		<b>SUBTOT. CURRENT INVENTORY:</b>	34	113	32		145
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>											
Residential Options, Inc.	Housing First I	5	2	0		SMF		0	0	2/2	2
<b>SUBTOTALS:</b>			2	0		<b>SUBTOTAL NEW INVENTORY:</b>	0	0	0	2/2	2
<b>Inventory Under Development</b>											
Anticipated Occupancy Date											
Children's AIDS Network Designed for Interfaith Involvement	Housing Solutions	7/06				M		3	8	13/5	21/5
Virginia Supportive Housing	Gosnold Apartments	12/06				SMF		0	0	42/29	42/29

Virginia Supportive Housing	SHREA II	12/08			SMF	0	0	11/9	11/9
Residential Options, Inc.	Housing First I	8/06			SMF	0	0	10/10	10/10
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>									
<b>UNMET NEED TOTALS:</b>									
						19	72	184/74	256/74
<b>1. Total Year-Round Individual PH Beds:</b>									
						34			113
<b>2. Year-Round Individual PH Beds in HMIS:</b>									
						34			113
<b>3. HMIS Coverage Individual PH Beds:</b>									
(Divide line 2 by line 1 and multiply by 100. Round to a whole number.)						100%			100%
<b>4. Total Year-Round Family Beds:</b>									
<b>5. Year-Round Family PH Beds in HMIS:</b>									
<b>6. HMIS Coverage Family PH Beds:</b>									
(Divide line 5 by line 4 and multiply by 100. Round to a whole number.)									100%

\*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

## J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

<b>(1) Indicate date on which Housing Inventory count was completed: 1/25/2006 (mm/dd/yyyy)</b>	
<b>(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):</b>	
<input checked="" type="checkbox"/>	<b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<u>100</u>	% Emergency shelter providers
<u>100</u>	% Transitional housing providers
<u>100</u>	% Permanent Supportive Housing providers
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:

**(7) If your CoC made adjustments to calculated unmet need, please explain how and why.**

The HUD unmet need formula was used to calculate the need for all permanent supportive housing and the need for transitional housing for individuals. Where the HUD formula resulted in negative amounts in the areas of emergency shelter and transitional housing for families, we elected to give a zero balance for unmet need. Our CoC felt that emergency shelter was an essential component in our continuum to assess and place those that require transitional and permanent housing and that the HUD formula did not take this into account. We also remain concerned that the HUD definition of homelessness excludes homeless families that (as research indicates) move from place to place with family and friends. This undercounts a significant portion of families that require emergency shelter.

We do believe that the creation of PSH and transitional units at the level determined by the HUD formula would result in a significant decrease in the need for emergency shelter. However, without a track record for determining the extent to which the increase in transitional and permanent supportive housing reduces shelter need over time and the large number of persons turned away from shelter each year due to lack of capacity we are unable to determine a specific number by which we could reduce shelter beds.

Finally, while we have indicated that there is no need for additional emergency shelter for individuals, the Norfolk CoC does require a reallocation of existing emergency shelter beds from single males to single females. Currently there is a lack of emergency shelter for single females.

\*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 01/26/2005 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	22	24	0	46
1. Number of Persons in Families with Children:	70	87	0	157
2. Number of Single Individuals and Persons in Households without Children:	307	72	64	443
<b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>	377	159	64	600

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	63	26	89
b. Severely Mentally Ill	59	*	59
c. Chronic Substance Abuse	92	*	92
d. Veterans	68	*	68
e. Persons with HIV/AIDS	37	*	37
f. Victims of Domestic Violence	44	*	44
g. Unaccompanied Youth (Under 18)	1	*	1

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source:  Point-in-time count **OR**  Estimate N/A

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees			
Of this total, enter the number of evacuees homeless <b>prior to</b> Katrina			

\*Optional for Unsheltered

CoC-K

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

### L-1: Sheltered Homeless Population and Subpopulations

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>		
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b>	Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>with interviews</u></b>	Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b>	Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input checked="" type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b>	Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b>	Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b>	CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b>	– please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>		
<input checked="" type="checkbox"/>	<b>Instructions</b>	– Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b>	– Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b>	– Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	<b>HMIS</b>	– Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	<b>Other</b>	– please specify:
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>		
<input type="checkbox"/>	Biennial (every two years)	
<input checked="" type="checkbox"/>	Annual	
<input type="checkbox"/>	Semi-annual	
<input type="checkbox"/>	Other – please specify:	
<b>(4) Month and Year when next count of sheltered homeless persons will occur: <u>1/2007</u></b>		
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>		
<u>100</u>	%	Emergency shelter providers
<u>100</u>	%	Transitional housing providers
<u>N/A</u>	%	Permanent Supportive Housing providers

**L-2: Unsheltered Homeless Population and Subpopulations\***

<b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews
<input checked="" type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	<b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	<b>Extrapolation</b> – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	<b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	<b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<b>(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Outreach teams</b>
<input type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will counts of unsheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
<b>(6) Month and Year when next count of unsheltered homeless persons will occur: <u>Jan 2007</u></b>	

\*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques. CoC-L-2

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

### M-1: HMIS Lead Organization Information

Organization Name: The Planning Council	Contact Person: JoAnn Schutze
Phone: 757-622-9268 x 3002	Email: <a href="mailto:jschutze@theplanningcouncil.org">jschutze@theplanningcouncil.org</a>
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

### M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

#### Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Norfolk CoC	VA 501		

\*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
9/2004			

CoC-M-3

### M-4: Client Records\*\*

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	424	424
2005	2725	1938

CoC-M-4

### M-5: HMIS Participation\*\*

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	0	0	0
Emergency Shelter	4	3	1
Transitional Housing	5	4	1
Permanent Supportive Housing	3	3	0
<b>TOTALS:</b>	12	10	2
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	07/2006		
Transitional Housing (all beds)	05/2005		
Permanent Supportive Housing (McKinney-Vento funded beds only)	05/2005		

**Challenges and Barriers:** *Briefly describe any significant challenges/barriers the CoC has experienced in:*

**1. HMIS implementation:**

Homeless service organizations have continued to be challenged with their lack of capacity to enter data into HMIS due to lack of staff and staff time to perform these additional tasks. The Norfolk Homeless Consortium made massive service funding cuts in the 2005 CoC application in order to increase our Housing score and that has magnified the deficit in staff capacity to input data.

Providing HMIS trainings has also proved difficult, as agencies are using less support staff to perform more tasks, their time to attend trainings is limited. Trainings must take place on an ongoing basis in order to maintain staff knowledge, supervise data entry and to train new agency staff. The NHC intends to address this issue in the next year by providing individualized, on-site training for agencies to address their specific challenges.

There continue to be problems with Bowman Industries' HMIS program, Service Point, that prohibit the entering of accurate data. For example, a child entering a household (through birth or family reunification) after the household has been entered into HMIS, shows up as a single individual. The NHC's HMIS Administrator has contacted Bowman Industries regarding these barriers and will continue working with them to resolve them.

**2. HMIS Data and Technical Standards Final Notice requirements:**

Enlisting the participation of non-publicly-funded service providers, including faith-based organizations, has proven difficult. Often these programs are run on small budgets and cannot afford the costs associated with implementing and maintaining the HMIS in their organization. The NHC has made progress in enlisting the participation of Norfolk's largest homeless shelter for single individuals, The Union Mission. The Union Mission is operated solely on private donations and is therefore not required by any Federal, State, or Local entity to report data on the population they serve. They have purchased user licenses and received training and plan to begin inputting universal level data by June 2006. They plan to have all their data entered by July 2006. The NHC intends to pursue the feasibility of designating one central entity to input data for those agencies that are not able to participate fully in the HMIS process, but are still willing to share their client-level information.

While the NHC requires all current and applying CoC-funded agencies to input 100% of their client level data into HMIS, as of yet there have not been the same requirements attached to other Federal, State, and Local funding. The NHC has done the following to enlist the participation of other funding sources in requiring HMIS participation:

- The NHC has held discussions with the City of Norfolk's Office of Grants Management and the Norfolk Department of Human Services (NDHS) to urge them to require all homeless serving agencies who receive CDBG and ESG funds to participate in Norfolk's HMIS. The Norfolk Office of Grants Management agreed that they would add this requirement to next year's CDBG contracts beginning on July 1, 2006. The NDHS also indicated that they will consider this requirement and will work with the NHC to implement this in the next grant cycle.
- In addition, the NHC approached the Virginia Department of Housing and Community Development (DHCD) regarding these requirements and DHCD contacted the agencies they fund to let them know that they will be making HMIS a requirement in their next year's grant.
- The NHC also contacted the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and discussed requiring all PATH Outreach workers to enter into HMIS. There was some hesitancy regarding HIPAA laws and confidentiality. Additional work will need to be done to ensure participation of Norfolk's PATH Outreach workers.

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

<b>1. Training Provided (check all that apply)</b>	<b>YES</b>	<b>NO</b>
Basic computer training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. CoC Process/Role</b>		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Data Collection Entered into the HMIS</b>		
Do all participating agencies submit universal data elements for <b>all</b> homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Security: Participating agencies have:</b>		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5. Security: Agency responsible for centralized HMIS data collection and storage has:</b>		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. Privacy Requirements</b>		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. Data Quality: CoC has protocols for:</b>		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8. Unduplication of Client Records: CoC process:</b>		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III: CoC Strategic Planning

### N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>Local Action Steps</b> (How are you going to do it? List action steps to be completed within the next 12 months.)	<b>Measurable Achievement in 12 months</b>	<b>Measurable Achievement in 5 years</b>	<b>Measurable Achievement in 10 years</b>	<b>Lead Person</b> (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 Beds</i>	<i>20 Beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	Completion of SRO I with 29 beds for CH.	29 beds			Alice Tousignant, Ex. D of VSH
	Apply for Samaritan Initiative funding for Virginia Supportive Housing (SHREA II) under 2006 HUD CoC for 4 CH beds.	Funding Awarded	4 CH beds		Alice Tousignant, ED of VSH
	Opening of My Own Place, a new Housing First project for CH..	12 beds	6 beds		George Pratt ED of Community Services Board
	Plan and secure funding for an additional 80 PH beds for Chronically Homeless persons.		40 beds	80 beds	Katie Kitchin, Office to End Homelessness
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Full implementation of Standards of Care Review to assure funding is directed to high performance agencies.	100% of funded agencies	100% of funded agencies	100% of funded agencies	Tracey Clark, CoC Coordinator
	Train staff on engagement strategies and case management standards.	2 classes	10 Classes	20 classes	Tracey Clark, CoC Coordinator

2. (cont.)	Diversify housing products to include low barrier housing for hard to serve chronically homeless individuals in Housing First I and II.	12 beds	6 beds		Katie Kitchin, Office to End Homelessness
	Apply for additional services funding to assist clients to maintain permanent housing.	\$750,000	\$5 million	\$10 million	Katie Kitchin, Office to End Homelessness
3. Increase percentage of homeless persons moving from TH to PH to 61%.	Creation of affordable housing database for use by entire continuum of care.	Full implementation			Joanne Shutze, The Planning Council
	Housing placement training for case managers	1 class	5 classes	10 classes	Thaler McCormick, CoC Chair
	Fund and hire housing specialists to be used by the entire Continuum of Care	2 housing specialists			Katie Kitchin, Office to End Homelessness
	Fund and hire two mainstream benefit specialists to be used by the entire continuum of care.		2 mainstream benefits specialists		Katie Kitchin, Office to End Homelessness
	Add 3 units of permanent supportive housing for families through the CANDII Housing Solution project	3 family units			Stacie Walls-Beegle, ED CANDII
	Add 13 beds of permanent supportive housing for individuals through the CANDII Housing Solution project	13 ind. beds			Stacie Walls-Beegle, ED CANDII
	Add four new permanent supportive housing units for families in the ForKids Legacy Program	Funding awarded	4 units		Thaler McCormick, ED of ForKids
4. Increase percentage of homeless persons becoming employed by 11%.	Fund and hire employment specialists to work with the entire continuum of care	2 employment specialists			Katie Kitchen, Office to End Homelessness
	Develop relationships with business community to provide job development opportunities for homeless persons.	4 partner companies	20 partner companies	50 partner companies	Judy Begland, ED of Opportunity Inc. (WIA)
5. Ensure that the CoC has a functional HMIS system.	Train new users in existing CoC-funded agencies to assure continuity of input despite staff turnover.	2 users	6 users	10 users	JoAnn Schutze, HMIS administrator The Planning Council
	Recruit non-CoC funded homeless service providers to participate.	1 new providers	3 new providers	5 new providers	

	Run quarterly reports on all agencies to monitor agencies to ensure data is being entered and to identify problem areas.	4 reports	20 reports	40 reports	JoAnn Schutze, HMIS administrator The Planning Council
	Annually verify HMIS data as part of Standards of Care review.	9 COC agencies	12 agencies	15 agencies	
	Provide on-site, individualized training as needed for agencies to address their specific challenges.	100% data accuracy	100% data accuracy	100% data accuracy	
	All HUD-funded agencies will produce HUD APRs from HMIS.	9 agencies	All agencies	All agencies	

<b>Other CoC Objectives in 2006</b>					
1. Improve coordination and increase efficiency in family shelter placement.	Implementation of Centralized Intake for homeless families	Develop MOAs for all family shelters	Fully Implemented		Katie Kitchin, Office to End Homelessness
2. Provide evidenced-based substance abuse treatment for the homeless.	Implementation of the Healing Place, an evidenced-based substance abuse treatment program for the homeless.	Obtain 501c3  Begin fundraising	150 beds		Katie Kitchin, Office to End Homelessness

CoC-N

## O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. \*If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Foster Care:</b>            The Norfolk Department of Human Services (NDHS) has adopted policy that requires the Department to develop an independent living plan for all children 16 and older, known as the Daniel Memorial Transitional Plan, and to provide housing assistance as needed, such as purchasing furnishings and household items or payment of security deposits for apartments. The Daniel Memorial Transitional Plan addresses opportunities for learning and practicing independent living skills, living options and financial planning, obtaining critical documents (i.e. birth certificates, social security cards and selective service cards for the boys), assessment of medical needs, and psychological and counseling needs and the ability to access these services once out of care. NDHS also develops a generic transitional plan with all 14 and 15 year olds in foster care that includes educational status and the child’s perception of their functioning level and addresses their career goals.</p>				
<p><b>Health Care:</b> Protocol under development</p>				
<p><b>Mental Health:</b>            Each year the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), in coordination with the local Community Services Boards (CSBs) develop a Performance Contract that allows the state to provide funding to the CSBs. The Performance Contract identifies the CSBs as being responsible for developing discharge plans for persons being treated at State facilities and specifically states that individuals may not be discharged to homeless facilities or to the streets. The CSBs must identify appropriate living arrangements for these consumers.</p>				
<p><b>Corrections:</b>            The State Department of Corrections (DoC) issued protocols in 2005 to specifically include housing needs in discharge plans. DoC directs inmates to the Probation and Parole District from which they were sentenced upon release to assist with housing needs. The District then uses any available local resource or a contract Community Residential Program (halfway house) if the inmate meets admission criteria. Districts have some strictly limited emergency assistance funds for those that do not meet admission criteria. Housing remains a problem especially for more serious or sexual offenders.</p>				

## P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

<b>Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Jurisdictional 10-year Plan Coordination</b>		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	1	
<b>Policy Academy* Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination with State Education Agencies</b>		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

## CoC 2006 Funding Priorities

### Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Norfolk CoC						CoC #: VA 501			
(1) SF-424 Applicant Name  (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Virginia Supportive Housing	Virginia Supportive Housing	SHREA II	1	\$290,400	10				SRO
The Planning Council	The Planning Council	ShelterLink	2	\$50,533	1		HMIS		
CANDII	CANDII	CHAPS	3	\$164,183	1		PH		
ForKids, Inc.	ForKids, Inc.	Morgan Place	4	\$125,038	1		TH		
ForKids, Inc.	ForKids, Inc.	Elizabeth Place	5	\$103,804	1		TH		
ForKids, Inc.	ForKids, Inc.	Legacy	6	\$149,166	1		PH		
YWCA	YWCA	Norcova	7	\$38,516	1		TH		
ForKids, Inc.	ForKids, Inc.	LEAP/ESI	8	\$242,044	1		TH		
St. Columba	St. Columba	Next Step	9	\$130,179	1		TH		
Barrett Haven	Barrett Haven	Barrett Transitional Home	10	\$144,913	1		TH		
Norfolk Community Services Board	Norfolk Community Services Board	Supportive Housing Program	11	\$71,531	1		SSO		
ForKids, Inc.	ForKids, Inc.	Legacy Expansion	12	\$368,652	3	PH			
Residential Options, Inc.	Residential Options, Inc.	Housing First II	13	\$134,423	2	PH			
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b>				<b>\$2,013,382</b>					
<b>(9) Shelter Plus Care Renewals:****</b>						<b>S+C Component Type**</b>			
Norfolk Community Services Board	Norfolk Community Services Board	Shelter Plus Care	14	\$480,696	1	TRA			
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$480,696</b>					
<b>(11) Total CoC Requested Amount:</b>				<b>\$2,494,078</b>					

CoC-Q

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

\*\*Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

\*\*\*The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

\*\*\*For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

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### S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Norfolk CoC	\$5,116,725

CoC-S

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### T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

**T: CoC Current Funding and Renewal Projections**

<b>Supportive Housing Program (SHP) Projects:</b>										
Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections							
	2006	2007	2008	2009	2010	2011	2008	2009	2010	2011
Transitional Housing (TH)	\$784,494	\$784,494	\$1,058,099	\$1,058,099	\$1,058,099	\$1,058,099	\$1,058,099	\$1,058,099	\$1,058,099	\$1,058,099
Safe Havens-TH	0	0	0	0	0	0	0	0	0	0
Permanent Housing (PH)	\$1,106,824	\$313,349	\$380,561	\$423,445	\$423,445	\$423,445	\$423,445	\$423,445	\$423,445	\$423,445
Safe Havens-PH	0	0	0	0	0	0	0	0	0	0
SSO	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531	\$71,531
HMIS	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533	\$50,533
<b>Totals</b>	\$2,013,382	\$1,219,907	\$1,560,724	\$1,603,608	\$1,603,608	\$1,603,608	\$1,603,608	\$1,603,608	\$1,603,608	\$1,603,608

<b>Shelter Plus Care (S+C) Projects:</b>										
Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections							
	2006	2007	2008	2009	2010	2011	2008	2009	2010	2011
0										
1	31	\$262,632	31	\$262,632	31	\$262,632	31	\$262,632	31	\$262,632
2	10	\$97,320	10	\$97,320	10	\$97,320	10	\$97,320	10	\$97,320
3	9	120,744	9	120,744	9	120,744	9	120,744	9	120,744
4										
5										
<b>Totals</b>	50	\$480,696	50	\$480,696	50	\$480,696	50	\$480,696	50	\$480,696

## Part IV: CoC Performance

### U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
<p>1. Increase the supply of permanent supportive housing units that take into account the unique needs of the chronically homeless.</p>	<ol style="list-style-type: none"> <li>1. Advocate for permanent supportive housing projects aimed at serving the chronically homeless for 2006 Continuum of Care's Samaritan Initiative bonus.</li> <li>2. Submit application for permanent supportive housing for the chronically homeless in the 2005 Continuum of Care application.</li> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>1. The NHC recruited three new agencies to submit applications that were aimed at the chronically homeless population for the 2006 Continuum of Care.</li> <li>2. The Norfolk Homeless Consortium submitted two applications with the 2005 Continuum of Care application that will provide 7 permanent supportive housing SRO units for the chronically homeless. Both applications were awarded funding.</li> <li>3. The NHC has been working with the Office to End Homelessness to research other funding opportunities. NHC met with VSH to discuss alternative funding sources for the chronically homeless population.</li> </ol> <p>The Residential Options' Housing First project was funded with alternative funding through CDBG and other funding sources including private grants.</p>
<p>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.</p>	<ol style="list-style-type: none"> <li>1. Develop a plan for the creation of a multidiscipline outreach team and identify funding sources.</li> <li>2. Secure funding for the creation of an outreach team.</li> </ol>	<ol style="list-style-type: none"> <li>1. Dept of Mental Health, Mental Retardations and Substance Abuse Services (DMHMRSAS) partnered with NCSB to fund a new PATH worker.</li> <li>2. Research was done by the Office to End Homelessness and the Norfolk Community Services Board regarding the development of an ACT team that would engage the chronically homeless through outreach and intensive case management. The SAMHSA grant was identified as a potential funding source for these services.</li> </ol>

		<p>3. The City of Norfolk applied for the SAMHSA grant in April 2006 in order to assist with the development of an ACT team for the chronically homeless in a Housing First environment.</p>
<p>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"> <li>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.</li> <li>2. Develop recommendations for addressing any inadequacies in health care services for the chronically homeless.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Portsmouth Community Health Center, with the assistance of The Norfolk Homeless Consortium, submitted an application to HRSA for a Community Health Center - Health Care for the Homeless grant that will provide expanded medical capacity for the homeless population in Norfolk and Portsmouth. A component of the grant supports outreach to areas where the homeless population is known to congregate.</li> <li>2. Members of the NHC also participate in Access Partnership which is a community collaboration focused on strengthening the depth and breadth of existing programs, implementing new services for identified gaps in primary care and chronic illness prevention; and coordinating care for medically indigent families.</li> </ol>
<p>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"> <li>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.</li> <li>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 specific mainstream benefits.</li> <li>3. Conduct quarterly mainstream benefits</li> </ol>	<ol style="list-style-type: none"> <li>1. A Mainstream Resource Assessment tool was created and added to HMIS so that all providers have access. Training was held on April 28, 2006 to discuss utilization of the assessment tool and changes were suggested. The tool will be finalized by July 2006.</li> <li>2. The Norfolk Department of Human Services (NDHS), as part of the NHC's Mainstream Resources Committee, approved the creation of two case management positions that will focus solely on assisting eligible homeless persons secure Medicaid, Social Security, and other NDHS mainstream benefits. Case managers were hired for these positions in March and April 2006. These case managers will be provided SOAR</li> </ol>

	<p>trainings, specifically Social Security benefits, for all homeless service providers</p> <ol style="list-style-type: none"> <li>4. Monitor all current HMIS submissions on a quarterly basis to assess each agency's performance in helping clients to receive mainstream resources.</li> <li>5. Work with each agency by providing technical assistance to increase performance as needed.</li> </ol>	<p>training through DMHMRSAS.</p> <ol style="list-style-type: none"> <li>3. Mainstream benefit trainings were conducted on the following dates: <ul style="list-style-type: none"> <li>➤ June 15, 2005 – Social Security Benefits</li> <li>➤ October 19, 2005 – Disability Determination Services Training</li> <li>➤ April 27, 2006- Workforce Investment and Virginia Employment Commission Training</li> <li>➤ May 17, 2006- Department of Human Services Benefits including TANF, Foodstamps, Medicaid, SCHIP.</li> </ul> </li> <li>4. HMIS monitoring will begin with finalization of the mainstream resource assessment tool. The first quarterly monitoring will occur in October 2006.</li> <li>5. The NHC reviewed individual agency intake forms to ensure all mainstream benefits were being assessed for during intake. Mainstream Benefits trainings were provided by the NHC to increase performance. A mainstream benefits file review was conducted on May 2, 2006 and the majority of agencies were determined to be performing well in the area of mainstream benefits.</li> </ol>
<p><b>Other Homelessness Goals</b></p>		
<ol style="list-style-type: none"> <li>1. Increase the supply of permanent supportive housing units for families and individuals who are not chronically homeless.</li> </ol>	<ol style="list-style-type: none"> <li>1. Prioritize housing needs and develop RFP's for permanent housing projects to meet these needs for 2006 Continuum of Care application.</li> <li>2. Communicate housing priorities to Office to End Homelessness to inform utilization of funds for the to-be developed Norfolk Housing Trust Fund.</li> <li>3. Increase CoC system</li> </ol>	<ol style="list-style-type: none"> <li>1. The needs of the NHC were prioritized in Fall of 2005 to include permanent supportive housing for all populations.</li> <li>2. The NHC's priorities are communicated on an on-going basis with the Office to End Homelessness during NHC Executive Committee meetings and other collaboration. The Housing Trust Fund was deferred by the city for consideration until next year along with the State Housing Trust</li> </ol>

	<p>capacity of agencies able to apply for permanent supportive housing through training.</p> <ol style="list-style-type: none"> <li>4. Refine and strengthen funding thresholds for applicants.</li> <li>5. Submit application for permanent supportive housing for families and/or individuals who are not chronically homeless in the 2006 CoC application.</li> <li>6. Advocate for CDBG funding to be used annually for Permanent Supportive Housing Projects.</li> </ol>	<p>Fund.</p> <ol style="list-style-type: none"> <li>3. Recruitment was done by the NHC in order to identify other agencies able to apply for permanent supportive housing programs. 4 new agencies initially expressed an interest in applying and 3 of those agencies did apply for services. 1 of those new agencies was selected for submission in the 2006 CoC application. CoC Committee meetings as well as individual meetings with the CoC Chairperson served as training for interested agencies.</li> <li>4. This year the NHC developed strict threshold requirements for applicants. Applications that did not meet these thresholds were not considered for funding.</li> <li>5. In the 2006 CoC application an application is being submitted by ForKids for the expansion of its Legacy Permanent Housing program. This project will provide an additional 16 beds for homeless families.</li> <li>6. Although CDBG funds were not utilized, the City of Norfolk allocated \$800,000 toward the development of SRO I project.</li> </ol>
<p>2. Implement Standards of Care for all NHC service providers.</p>	<ol style="list-style-type: none"> <li>1. Refine Standards of Care tool based on pilot study which occurred early in 2005 of two initial agencies.</li> <li>2. Review 50% of all Norfolk homeless service providers using Standards of Care and address any deficiencies.</li> </ol>	<ol style="list-style-type: none"> <li>1. It was determined by the NHC that an outside consultant was needed to refine the Standards of Care tool initially developed in 2005. An RFP was issued in February 2006 and a consultant was selected. The NHC will apply for funding to the Norfolk Foundation and, if funding is received, the consultant will begin during summer of 2006</li> <li>2. 100% of CoC-funded agencies participated in an initial file review to assess performance in accessing mainstream resources and to gather data for the refinement of Standards</li> </ol>

		of Care tool.
<p>3. Strengthen Preventive Services for families and individuals who are at-risk of becoming homeless.</p>	<ol style="list-style-type: none"> <li>1. Advocate to the Commission to End Homelessness for policies to prevent people from being discharged from publicly funded institutions into homelessness.</li> <li>2. Use elements from Minneapolis model to create a plan to build relationships with landlords &amp; offer preventative case mgt. to at-risk families and individuals.</li> <li>3. Advocate for funding of plan by City Council</li> <li>4. Implement Plan</li> </ol>	<ol style="list-style-type: none"> <li>1. The NHC worked with the Office to End Homelessness on discharge planning policies and implemented protocols for foster care, mental health and corrections.</li> <li>2. A plan was developed that included the funding and creation of an affordable housing database; development of permanent housing for ex-offenders; improved prevention services through the Department of Human Services; and training for case managers to prevent homelessness and advocate with landlords.</li> <li>3. Funding for the Housing Database was provided by United Way and the Office to End Homelessness has agreed to fund training.</li> <li>4. The Planning Council was hired to implement the database; they have purchased software and conducted meetings with landlords. The database is expected to be fully operational by August 2006. Harbor House, 16 beds of permanent housing for ex-offenders, has been funded and will open in September 2006 to ensure those being released from prison have stable housing upon release. Over \$600,000 was provided through DHS to prevent homelessness for approximately 500 families and 100 individuals resulting in a net decrease in family homelessness. Richard Amos, program director and housing specialist from Hennepin County has agreed to provide local training in building landlord relations and preventive case management. The training is planned for the summer of 2006.</li> </ol>

<p>4. Develop Systematic plan for all service providers to assure that all homeless families and individuals are accessing mainstream resources.</p>	<ol style="list-style-type: none"> <li>1. Assess the current means for homeless services providers assuring that all homeless individuals and families access mainstream resources.</li> <li>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 specific mainstream benefits.</li> <li>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.</li> <li>4. Develop quarterly report from HMIS provider to CoC Committee to monitor each agency's performance in helping clients to receive mainstream resources.</li> <li>5. Work with each agency by providing technical assistance in improving their successes as needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. A record review was done of all CoC funded agencies to determine what current methods are being utilized to track accessing of mainstream resources. A Mainstream Resource Assessment tool was created and added to HMIS so that all providers have access. Training was held on April 28, 2006 to discuss utilization of the assessment tool and changes were suggested. The tool will be finalized by July 2006.</li> <li>2. The Norfolk Department of Human Services (NDHS), as part of the NHC's Mainstream Resources Committee, approved the creation of two case management positions that will focus solely on assisting eligible homeless persons secure Medicaid, Social Security, and other NDHS mainstream benefits. Case managers were hired for these positions in March and April 2006.</li> <li>3. Mainstream benefit trainings were conducted on the following dates:  June 15, 2005 – Social Security Benefits  October 19, 2005 – Disability Determination Services Training  April 27, 2006- Workforce Investment and Virginia Employment Commission Training  May 17, 2006- Department of Human Services Benefits including TANF, Foodstamps, Medicaid, SCHIP.</li> <li>4. HMIS monitoring will begin with finalization of the mainstream resource assessment tool. The first quarterly monitoring will occur in October 2006.</li> <li>5. The NHC reviewed individual agency intake forms to ensure all mainstream benefits were being assessed for during intake.</li> </ol>
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		Mainstream Benefits trainings were provided by the NHC to increase performance.
5. Refinement of 10-Year Plan to End Homelessness in Norfolk.	<ol style="list-style-type: none"> <li>1. Meet regularly with Office to End Homelessness to provide input for 10-year plan.</li> <li>2. Provide the City with any data and support that is requested.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Director of the Office to End Homelessness holds a permanent seat on the Executive Committee of the NHC in order to allow for collaboration. The CoC Chair of the Norfolk Homeless Consortium serves on Norfolk's Commission to End Homelessness which oversees Norfolk's 10-year plan. The Executive Committee will meet with the City's Commission to End Homelessness on May 25, 2006 in order to continue to provide input and to align the City's 10 year plan with the NHC's plan.</li> <li>2. The NHC works collaboratively with the City on an ongoing basis to provide any data and support that is requested. The two worked hand in hand to conduct the Point-in-Time Count.</li> </ol>
6. Research, development and implementation of plan for centralized intake.	<ol style="list-style-type: none"> <li>1. Work with the Office to End Homelessness to research effective prototypes for centralized intake.</li> <li>2. Develop plan for centralized intake.</li> <li>3. Plan implementation</li> </ol>	<ol style="list-style-type: none"> <li>1. The NHC collaborated with the Office to End Homelessness to research prototypes for centralized intake.</li> <li>2. The Planning Council developed a plan and applied for funding under CDBG but funding was not awarded. Focus groups are taking place in order to discuss further development and interest in centralized intake.</li> <li>3. Once funding is secured the NHC is committed to implementing centralized intake.</li> </ol>

CoC-U

## V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	94	0					
2005	89	0					
2006	89	2	0	\$10,950	\$0	\$1,667	\$2,250
<p>(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).</p> <p>New permanent housing for the Chronically Homeless population will be completed this year with SRO I, Housing First I, and Housing Solutions beds that are under development. Additional chronic homeless beds will be created with SRO II and Housing First II applications that are being submitted with the 2006 HUD CoC.</p>							

CoC-V

## W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	18
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	52
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	14
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	37
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	73%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	81
b.	Number of participants who moved to PH	51
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	63%

CoC-W

## X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
118	a. SSI	19	16%
118	b. SSDI	3	3%
118	c. Social Security	1	1%
118	d. General Public Assistance	0	0%
118	e. TANF	27	23%
118	f. SCHIP	1	1%
118	g. Veterans Benefits	1	1%
118	<b>h. Employment Income</b>	74	63%
118	i. Unemployment Benefits	0	0%
118	j. Veterans Health Care	0	0%
118	k. Medicaid	44	37%
118	l. Food Stamps	47	40%
118	m. Other: (17 child support, 2 pension, 1 WIC)	22	19%
118	n. No Financial Resources	7	6%

CoC-X

## Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a <b>majority</b> of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

## Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
N/A	N/A	N/A	N/A
		<b>Total:</b>	N/A

CoC-Z

## AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative?  Yes  No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 45 %

CoC-AA

## AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <b>If you answered yes to Question 2:</b> What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? <b>Check all that apply:</b></p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB