

# 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** VA-501 - Norfolk CoC

**CoC Lead Organization Name:** The Planning Council

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

**Instructions:**

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Norfolk Homeless Consortium

**Indicate the frequency of group meetings:** Monthly or more

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 63%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

**Specify "other" process(es):**

Membership Dues

**Briefly describe the selection process including why this process was established and how it works.**

Individuals and agencies may become members of the Norfolk Homeless Consortium by paying dues (Currently \$30.00) at the annual meeting in July. Membership allows each individual member and agency one vote in the decision making process.

**\* Indicate the selection process of group leaders:  
(select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

The Planning Council (a 501(c)(3) organization) currently acts as the Norfolk Homeless Consortiums fiscal agent and would continue to act as fiscal agent if the CoC were provided with additional administrative funds. The NHC also has a grant funded .75 FTE staff person housed at The Planning Council who would be responsible for applying for and dispersing HUD funding, providing project oversight and monitoring. The staff person currently coordinates the submission of the Continuum of Care statement.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Executive Committee	Monthly or more
Continuum of Care...	Monthly or more
HMIS Committee	Monthly or more
Central Intake/Fa...	Monthly or more
Single Adults Com...	Quarterly
Ranking Committee	Annually
Nominating Committee	Annually
Healthcare Committee	Bi-monthly
Project Homeless ...	Quarterly
Regional Taskforc...	Monthly or more

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Executive Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Determines the general policies and guide the affairs of the Consortium.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Continuum of Care Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Assures adherence to HUD changes, develops protocols for grant submission and ranking and submits them to the Consortium for approval. The Continuum of Care Committee also writes the CoC Statement.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** HMIS Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Provides oversight and guidance to the Consortium on issues related to the implementation of HMIS. Ensures that all of the Consortiums HMIS users meet the established standards of care.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Central Intake/Families Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Coordinates the implementation of the Central Intake System for Homeless Families. Advocates for homeless families and funding and programs for homeless families within the Continuum.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Single Adults Committee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

Advocates for single homeless adults, develops programs and funding that will be used for permanent housing and services for single adults, and educates the Norfolk community about the needs of single homeless adults.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Ranking Committee

**Indicate the frequency of group meetings:** Annually

**Describe the role of this group:**

Evaluates, reviews, and scores all new projects for HUD CoC funding.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Nominating Committee

**Indicate the frequency of group meetings:** Annually

**Describe the role of this group:**

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.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Healthcare Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

Advocates for the homeless population to receive access to healthcare.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Project Homeless Connect

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

Coordinates the semi-annual Project Homeless Connect event, a one-day, mega service site to help homeless adults, especially those staying on the streets, connect to resources and services.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Regional Taskforce to End Homelessness

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

This group is developing a regional plan to eliminate homelessness and regional activities to assist all cities in moving toward decreasing homelessness.

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

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Norfolk, Office to End Homelessness	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Virginia Employment Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
AIDS Care Center for Education and Support Serv...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Barrett Haven, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Dwelling Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
ForKids, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Second Chances	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The STOP Organization	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Planning Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Tidewater AIDS Community Taskforce	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Urban League of Hampton Roads	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Virginia Social Ventures	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Virginia Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Ghent Area Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

Norfolk CoC				COC_REG_v10_000284
New Hope Christian Community Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Union Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Columba Ecumenical Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
VA Medical Center	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Tidewater Community College	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
Opportunity Inc.	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Norfolk Public Schools	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
Norfolk Community Service Board	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Ab...
Norfolk Department of Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Norfolk Public Health Department	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE
Virginia Dept. of Mental Health, Mental Retarda...	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Ab...
Virginia Dept. of Rehabilitative Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Norfolk, Mayors Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Norfolk, City Managers Office	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
City of Norfolk, Office of Grants Management	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
Norfolk City Attorney	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Norfolk Planning Commission	Public Sector	Local g...	None, Attend Consolidated Plan planning meetings during p...	NONE
Virginia Beach Dept. of Housing and Neighborhood...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Norfolk Redevelopment and Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Norfolk State University - Outreach	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
Norfolk Sherrif's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Norfolk Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Norfolk CoC				COC_REG_v10_000284
Dept. of Veterans Affairs	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Hampton Roads Planning District Commission	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Community Alternatives Management Group, Inc. (...)	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Empower Hampton Roads	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Hospitality For the Homeless	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Residential Options Inc.	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend 10-year planning...	Seriously Me...
South Hampton Roads Habitat For Humanity	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Touch of Patience	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
United Way	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Ghent United Methodist Church	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Love Unlimited Ministries, Inc.	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Norfolk Emergency Shelter Team	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
PIN Ministry	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Sacred Heart Catholic Church	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Norfolk Homeless Advocacy and Action Group	Private Sector	Funder	Committee/Sub-committee/Work Group	NONE
The Norfolk Foundation	Private Sector	Funder	Committee/Sub-committee/Work Group	NONE
Virginia Coalition for the Homeless	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Virginia Inter-Agency Council on Homelessness	Private Sector	Funder	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Norfolk Chamber of Commerce - Leadership Hampton...	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Sentara Norfolk General Hospital	Private Sector	Hospital	Committee/Sub-committee/Work Group	NONE

Norfolk CoC			COC_REG_v10_000284	
Bon Secours, Inc.	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Bernard Boykin	Individual	Hom eles.. ..	Committee/Sub-committee/Work Group	NONE
Bill Groom	Individual	Hom eles.. ..	Committee/Sub-committee/Work Group	NONE
Major Gene Hogg	Individual	Hom eles.. ..	Committee/Sub-committee/Work Group	NONE
Legal Aid	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:  
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):  
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):  
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement)

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

YWCA added an additional two (2) family beds.

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

Tidewater AIDS Community Taskforce added an additional three (3) new individual beds.

**Permanent Housing:** Yes

**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

Additional units for Chronic Homeless include six (6) new individual units for Housing First II.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 E-HIC	10/07/2008

## Attachment Details

**Document Description:** 2008 E-HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

## Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 06/23/2008  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** Housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** HUD unmet need formula  
(select all that apply)

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used.**

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:** VA-501 - Norfolk CoC, VA-508 - Lynchburg CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

**What is the name of the HMIS software company?** Bowman Systems, Inc.

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):** 02/01/1999  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** Inadequate staffing, No or low participation by non-HUD funded providers, HMIS unable to generate unduplicated count of homeless persons  
(select all the apply):

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

The Salvation Army and Union Mission host the majority of single homeless beds for the City of Norfolk and therefore HMIS coverage for Emergency Shelter beds remains low. The Norfolk Homeless Consortium will continue to encourage The Salvation Army, Union Mission, and other non-CoC funded agencies to participation in HMIS.

# Attachment Details

## Document Description:

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** The Planning Council  
**Street Address 1** 130 West Plume Street  
**Street Address 2**  
**City** Norfolk  
**State** Virginia  
**Zip Code** 23510  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** Non-Profit  
**If "Other" please specify**

## 2C. Homeless Management Information System (HMIS) Contact Person

**Prefix:** Ms  
**First Name** Julie  
**Middle Name/Initial** Ann  
**Last Name** Dixon  
**Suffix**  
**Telephone Number:** 757-622-9268  
**(Format: 123-456-7890)**  
**Extension** 3002  
**Fax Number:** 757-622-4223  
**(Format: 123-456-7890)**  
**E-mail Address:** jadixon@theplanningcouncil.org  
**Confirm E-mail Address:** jadixon@theplanningcouncil.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

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

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Annually

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

While all CoC funded programs currently enter data into HMIS, it is difficult to provide incentives to non-CoC funded agencies that already utilize internal systems of data collection. Unfortunately, two such agencies, Union Mission and the Salvation Army are the largest emergency shelter providers in our CoC, thus decreasing our bed coverage percentage. Salvation Army was entering data up until they were defunded in 2005. They are, however, currently working to execute a CoC transitional housing grant, which will require them to enter data into HMIS. Union Mission is currently constructing their new site, and leaders have agreed to work towards adopting and using HMIS after completion of the site in 2009. The Norfolk Homeless Consortium continues to encourage both agencies to utilize HMIS as soon as possible, while continuing to stress the importance of having all providers contribute to the overall picture of homelessness in our community.

## 2E. Homeless Management Information System (HMIS) Data Quality

### Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	1%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	0%	5%
* Disabling Condition	2%	1%
* Residence Prior to Program Entry	2%	0%
* Zip Code of Last Permanent Address	1%	16%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** No

**Did the CoC or subset of the CoC participate in AHAR 4?** No

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

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

The systems administrator creates client listing, null data value, and data quality exception reports using Advanced Reporting Tool (ART). CoC-funded agencies receive these reports on a monthly basis and non-CoC funded agencies receive them on a quarterly basis. The system administrator reviews percentages of null values for agencies and works with agency staff to improve data quality. Data quality reports are reviewed by the Norfolk CoC HMIS Committee for quality to ensure continued improvement.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

The Norfolk Homeless Consortiums Standards of Care (Section F. Data Collection and HMIS) provides agencies with policies and procedures for HMIS users. According to the Standards of Care all agencies must accurately enter all of the required HMIS data by the 15th working day of the month following the end of the preceding quarter. All agencies must also complete a ShelterLink User policy, "Responsibility Statement & Code of Ethics" agreement for each authorized system user. A copy of the agreement must be on file with The Planning Council.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Never
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Never
<b>Use of HMIS for performance assessment:</b>	Monthly
<b>Use of HMIS for program management:</b>	Monthly
<b>Integration of HMIS data with mainstream system:</b>	Never

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:**

* Unique user name and password	<b>Monthly</b>
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Never

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Monthly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 02/01/2008

**If 'No' indicate when development of manual will be completed:**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Annually

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
Households with Dependent Children - Sheltered Transitional  
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
Households without Dependent Children - Sheltered Transitional  
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the date of the last PIT count:** 01/24/2008

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	27	18	1	46
Number of Persons (adults and children)	82	53	4	139
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	279	27	57	363
Number of Persons (adults and unaccompanied youth)	279	27	57	363
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	306	45	58	409

Norfolk CoC			COC_REG_v10_000284	
<b>Total Persons</b>	361	80	61	502

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	59	19	78
* Severely Mentally Ill	67	0	67
* Chronic Substance Abuse	96	0	96
* Veterans	62	13	75
* Persons with HIV/AIDS	7	0	7
* Victims of Domestic Violence	61	0	61
* Unaccompanied Youth (under 18)	0	0	0

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Annually

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/22/2009  
(mm/dd/yyyy)

**Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.**

**Emergency Shelter providers** 100%

**Transitional housing providers:** 100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

**Instructions:**

**Survey Providers:**

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

**HMIS:**

The CoC used HMIS to complete the point-in-time sheltered count.

**Extrapolation:**

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

<b>Survey Providers:</b>	X
<b>HMIS:</b>	X
<b>Extrapolation:</b> (Extrapolation attachment is required)	
<b>Other:</b>	

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

A survey was used to count the unsheltered population during the street count and to count the clients residing in shelters that do not participate in HMIS. All of the survey data was entered into a Microsoft Access database and the HMIS client data was exported into the same database. The survey data and HMIS data were merged and checked for duplicates in order to produce an accurate count. Overall, 502 persons were identified as being homeless in the 24-hour count period. This compares to 540 counted in January 2007. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

**Instructions:**

**HMIS:**

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

**HMIS plus extrapolation:**

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

**Sample of PIT interviews plus extrapolation:**

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

**Interviews:**

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

**Non-HMIS client level information:**

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

**Other:**

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation: (PIT attachment is required)</b>	
<b>Sample Strategy:</b>	
<b>Provider Expertise:</b>	
<b>Non-HMIS client level information:</b>	
<b>None:</b>	
<b>Other:</b>	X

**If Other, specify:**

Point-in-Time (PIT) interviews with each adult and unaccompanied youth.

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

A survey was used to count the clients residing in shelters that do not participate in HMIS. All of the survey data was entered into a Microsoft Access database and the HMIS client data was exported into the same database. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

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

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:  
(select all that apply)**

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)**

<b>Public places count:</b>	<input type="checkbox"/>
<b>Public places count with interviews:</b>	<input checked="" type="checkbox"/>
<b>Service-based count:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Complete Coverage and Known Locations

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques used to reduce duplication.**

All of the survey data was entered into a Microsoft Access database and the HMIS client data was exported into the same database. The survey data and HMIS data were merged and checked for duplicates in order to produce an accurate count.

**Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.**

The Norfolk Homeless Consortium accomplished much-needed coordination for homeless families in our community by launching Virginia's second central intake system in January of 2007. There are several key elements of our system including a Standardized Decision Making (SDM) Model that is used to assess the family's risk for placement in the foster care system. Once this core element in our family system was put into place, the improved coordination has allowed other elements of our Central Intake system to progress more quickly. Contracts were signed in early June for Rapid Exit Case Management to deliver in-home services to low and low/moderate risk families placed directly into housing from the Central Intake System.

**Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).**

The Norfolk Homeless Consortium identifies a number of homeless individuals routinely sleeping on the streets and other places not meant for human habitation through Project Homeless Connect by offering the event twice a year, in the summer and winter. Norfolk has hosted a total of five (5) one day events and provided services to a total of 2,952 homeless individuals.

# Attachment Details

## Document Description:

# Attachment Details

## Document Description:

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Create new PH beds for chronically homeless persons

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expansion of My Own Place, a Housing First project for Chronically Homeless persons	Katie Kitchin, Office to End Homelessness
Action Step 2	Development of residential substance abuse program for the chronically homeless	Katie Kitchin, Office to End Homelessness
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	106
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	50

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to offer training to staff on engagement and case management strategies along with training on motivational interviewing, safety and harm reduction.	Yilla Smith, CoC Coordinator
Action Step 2	Continue to diversify housing products to include low barrier housing for hard to serve chronically homeless individuals in Housing First III	Katie Kitchin, Office to End Homelessness
Action Step 3	Continue to diversify funding connected to serving families by seeking additional funding sources with long term potential for the advancement of Norfolk's current Central Intake program.	Katie Kitchin, Office to End Homelessness

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	88
Numeric Achievement in 12 months	89
Numeric Achievement in 5 years	90
Numeric Achievement in 10 years	95

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to offer training to staff on case management strategies to increase independent living skills for clients living in TH through education, financial management, securing employment and linkage with mainstream benefits.	Yilla Smith, CoC Coordinator
Action Step 2	Continue expanding affordable housing inventory for low barrier housing through the Housing Broker Team for rapid placement into permanent housing.	Julie Dixon, The Planning Council
Action Step 3	Marketing of affordable housing database to increase landlord participation. Affordable housing database is available for use by entire Continuum of Care.	Yilla Smith, CoC Coordinator

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	82
Numeric Achievement in 12 months	83
Numeric Achievement in 5 years	85
Numeric Achievement in 10 years	90

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop relationships with business community to provide job development opportunities for homeless persons.	Katie Kitchen, Office to End Homelessness
Action Step 2	Continue to link clients with employment services and opportunities available through the Virginia Employment Commission.	Kurt Clemmons, Virginia Employment Commission
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	65
Numeric Achievement in 12 months	66
Numeric Achievement in 5 years	68
Numeric Achievement in 10 years	70

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Decrease the number of homeless households with children

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Exhibit 1	Page 46	11/06/2008

Norfolk CoC		COC_REG_v10_000284
<b>Action Step 1</b>	200 Families receive rapid rehousing, prevention and associated case management services to reduce the number of families with children in emergency shelter; and to reduce the length of stay of families with children in emergency shelter.	Katie Kitchin, Office to End Homelessness
<b>Action Step 2</b>	75% of homeless families placed into PH remain housed at 12 months post-assistance.	Katie Kitchin, Office to End Homelessness
<b>Action Step 3</b>	Establish a regularly scheduled working group of Human Services, Norfolk Public Schools, Department of Health, homeless service providers, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children.	Katie Kitchin, Office to End Homelessness

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	97
<b>Numeric Achievement in 12 months</b>	200
<b>Numeric Achievement in 5 years</b>	400
<b>Numeric Achievement in 10 years</b>	600

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Foster Care Discharge Protocol:** Protocol in Development  
**Health Care Discharge Protocol:** System of Care does not exist  
**Mental Health Discharge Protocol:** Formal Protocol Implemented  
**Corrections Discharge Protocol:** Protocol in Development

## **3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives**

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

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. These plans have been created to ensure that children discharged from foster care are not discharged to McKinney-Vento funded programs.

### **Health Care Discharge**

**For System of Care does not exist in CoC, explain:**

The Veterans Affairs Medical Center is the only publicly funded healthcare institution in the Norfolk Continuum of Care and does not have a written discharge policy. The VA Medical Center works extensively with patients to ensure that they are not discharged into homelessness; however, there is no formal policy or protocol. Park Place Medical Center administers the federally funded Healthcare for the Homeless program; however, they do not have inpatient beds and do not discharge patients so a discharge policy is not necessary.

### **Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

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, and appropriate living arrangements do not include HUD McKinney-Vento funded programs.

**Correction Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

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. In 2007, the City of Norfolk entered into a Reentry Pilot coordinated by the Virginia Policy Academy on Reentry. This pilot program is not HUD McKinney-Vento funded. This pilot targets all ex-offenders released from the Greensville and Fluvanna State Correctional facilities and provides them with assessments, employment, housing counseling, access to mentors and other assistance they may need. Ex-offenders are not discharged to McKinney Vento funded agencies.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	CSB Mental Discha...	09/22/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

## Attachment Details

### Document Description:

**Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.**

## Attachment Details

### Document Description: CSB Mental Discharge Planning Policy

**Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.**

## Attachment Details

### Document Description:

**Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.**

## Attachment Details

### Document Description:

**Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.**

### 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

**Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the Consolidated Plan:** Develop a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs assessment). Eliminate chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. Help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless..

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** Yes

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the 10-year plan(s):**

Norfolk Blueprint to End Homelessness priorities address the need to replicate Hennepin County Rapid Exit to reduce the number of families with children in emergency shelter and to reduce the length of stay of families with children in emergency shelter. Norfolk's Blueprint priorities also include the initiation of Housing First Projects to reduce the number of chronic street homeless and to provide safe, permanent, and supportive housing for the disabled and other homeless adults. The Blueprint addresses the need to establish a Healing Place and a 24-Hour Care Center to provide on-demand substance abuse treatment and housing for the homeless in South Hampton Roads; to reduce the number of chronic street homeless and to provide homeless adults with a safe place to go during the day; to increase income to the homeless and increase access to mainstream benefits programs.

## 3F. Hold Harmless Need (HHN) Reallocation

### Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	58	Beds	52	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	88	%	96	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	82	%	83	%
Increase percentage of homeless persons employed at exit to at least 18%	66	%	65	%
Ensure that the CoC has a functional HMIS system	70	%	71	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	126	36
2007	97	82
2008	78	88

Indicate the number of new PH beds in place <sup>6</sup> and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$134,423	\$0	\$0	\$0	\$8,433
<b>Total</b>	\$134,423	\$0	\$0	\$0	\$8,433

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	46
b. Number of participants who did not leave the project(s)	128
c. Number of participants who exited after staying 6 months or longer	32
d. Number of participants who did not exit after staying 6 months or longer	108
e. Number of participants who did not leave and were enrolled for 5 months or less	26
<b>TOTAL PH (%)</b>	<b>80</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	86
b. Number of participants who moved to PH	72
<b>TOTAL TH (%)</b>	<b>84</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

**Total Number of Exiting Adults: 132**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	24	18 %
SSDI	7	5 %
Social Security	1	1 %
General Public Assistance	0	0 %
TANF	22	17 %
SCHIP	0	0 %
Veterans Benefits	3	2 %
Employment Income	71	54 %
Unemployment Benefits	0	0 %
Veterans Health Care	2	2 %
Medicaid	52	39 %
Food Stamps	63	48 %
Other (Please specify below)	29	22 %
WIC and Child Support		
No Financial Resources	11	8 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

### Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or 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; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? No

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

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

If "Yes", specify the frequency of the training. Bi-monthly

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Dates: August 27-28, 2007

19 persons from Norfolk attended from 8 agencies

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

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

## Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

# Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

## Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	No
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	No

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>)</p>	Yes
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

## Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p><b>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</b></p>	No
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p><b>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</b></p>	Yes
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	No
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	No
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	No
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	No
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	No

## Continuum of Care (CoC) Project Listing

### Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
ShelterLink Norfolk	2008-09-12 13:24:...	1 Year	The Planning Council	50,533	Renewal Project	SHP	HMIS	F14
Next Step Transit...	2008-10-02 11:06:...	1 Year	Saint Columba Ecu...	130,179	Renewal Project	SHP	TH	F11
Morgan Place Tran...	2008-09-01 12:23:...	1 Year	ForKids, inc	125,038	Renewal Project	SHP	TH	F4
Housing Solutions	2008-08-29 16:35:...	1 Year	CANDII, Inc.	173,510	Renewal Project	SHP	PH	F2
CHAP Norfolk	2008-10-09 08:18:...	1 Year	CANDII, Inc.	164,183	Renewal Project	SHP	PH	F3
Legacy Permanent ...	2008-09-01 11:54:...	1 Year	ForKids, inc	149,166	Renewal Project	SHP	TH	F7
Elizabeth Place T...	2008-09-01 12:43:...	1 Year	ForKids, inc	103,804	Renewal Project	SHP	TH	F10
Shelter Plus Care	2008-10-02 11:46:...	1 Year	Norfolk Communit y...	525,840	Renewal Project	S+C	TRA	U6
Barrett Transitio...	2008-10-09 08:17:...	1 Year	Barrett Haven Inc	144,913	Renewal Project	SHP	TH	F8
Housing First V	2008-10-07 10:17:...	2 Years	Norfolk Communit y...	134,015	New Project	SHP	PH	F15
Norcova Transitio...	2008-09-15 09:15:...	1 Year	YWCA of South Ham...	38,516	Renewal Project	SHP	TH	F9
SHP/SSO	2008-09-30 12:06:...	1 Year	Norfolk Communit y...	25,000	Renewal Project	SHP	SSO	F12
RRH	2008-10-21 13:47:...	3 Years	City of Norfolk	522,561	New Project	SHP	TH	R17

Norfolk CoC							COC_REG_v10_000284	
Women In Crisis T...	2008-10-09 12:32:...	2 Years	YWCA of South Ham...	193,765	New Project	SHP	TH	F16
LEAP/ESI Transiti...	2008-09-01 13:09:...	1 Year	ForKids, inc	242,043	Renewal Project	SHP	TH	F13
Housing First II	2008-10-06 09:40:...	1 Year	Residential Optio...	67,212	Renewal Project	SHP	PH	F5
Housing First IV	2008-09-30 12:04:...	2 Years	Norfolk Communit y...	261,282	New Project	SHP	PH	S1

## Budget Summary

<b>FPRN</b>	\$1,741,877
<b>Rapid Re-Housing</b>	\$522,561
<b>Samaritan Housing</b>	\$261,282
<b>SPC Renewal</b>	\$525,840
<b>Rejected</b>	\$0