

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-504 - Charlottesville CoC

CoC Lead Organization Name: Thomas Jefferson Area Coalition for the Homeless

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: Thomas Jefferson Area Coalition for the Homeless (TJACH)

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) 80%

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

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

Specify "other" process(es):

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

The primary decision making group has been constituted to serve as the lead agency implementing the communitys Ten Year Plan to end homelessness. The initial directors of this organization including all relevant sectors of the community and homeless individuals were nominated by the homeless services providers coalition that had previously served as the lead agency. The new organization is a community partnership empowered to implement the Ten Year Plan.

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

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

Yes. The primary decision making body has taken on the responsibility to implement the Ten Year Plan. It is incorporating as a 501(c)(3) organization with the objective of providing coordination, leadership and oversight to the effort to end homelessness. Providing oversight and monitoring of McKinney Vento funding is consistent and complementary to the organizations mission of ending chronic homelessness.

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
Public Awareness ...	Bi-monthly
Structure Task Force	Monthly or more
HMIS Oversight an...	Bi-monthly
Permanent Support...	Monthly or more
Corrections Re-Entry	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: Public Awareness Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This committee seeks to increase public understanding of the needs of homeless people in the community, to solicit public involvement in the effort to end homelessness, and to facilitate the exchange of information on resources for homeless people among providers, the community and homeless individuals.

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: Structure Task Force

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee has been tasked to implement the action steps contained in the community's ten year plan to end chronic homelessness. A formal governing board to implement the Ten Year Plan was convened in September, 2008. This governing board represents a partnership of non-profits, the business community, government agencies and homeless people. The Structure Task Force will serve as the liaison between the governing body and the participants in the continuum of care planning process.

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 Oversight and Census Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This committee seeks to increase participation in HMIS and expand the utility of HMIS for program and services planning. It oversees the annual Point in Time count, soliciting participants to conduct the survey, and developing strategies to increase the reliability of the PIT. It will implement the new HMIS system which is being coordinated with the Richmond and Balance of State CoCs.

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: Permanent Supportive Housing

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The goal of this committee is to increase permanent supportive housing by identifying and developing resources, sites, and qualified providers. This committee has received grant pre-development funding from the Virginia Department of Housing and Community Development for SRO housing development.

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: Corrections Re-Entry

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This is a pilot group to implement the state's protocol for preventing people leaving correctional facilities and entering 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
Albemarle County Department of Planning and Com...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Albemarle County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Charlottesville Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Greene County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
OAR/Jefferson Area Community Corrections	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Region Ten Community Services Board	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Albemarle County Adult Education; Migrant Educa...	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Charlottesville City Schools: Project Hope for ...	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
University of Virginia	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Albemarle Charlottesville Nelson Regional Jail	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Fluvanna Correctional Center for Women	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
AIDS Services Group	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Su...
Albemarle Housing Improvement Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
CARES (Coalition Assisting Residents in Emergen...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Children Youth & Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Emergency Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

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Legal Aid Justice Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Monticello Area Community Action Agency (MACAA)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
On Our Own of Charlottesville	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Piedmont Housing Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Sexual Assault Resource Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Shelter for Help in Emergency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Alliance for Interfaith Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Love in the Name of Christ	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
People and Congregations Engaged in Ministry ...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Salvation Army Charlottesville	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Belmont Baptist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Ab...
First Baptist Church, West Main, Transformation...	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
First United Methodist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Holy Comforter Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Ab...
Living Stones Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Ab...
New Beginnings Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Sojourners United Church of Christ	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS, Su...
Blue Moon Fund	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Charlottesville/Albemarle Community Foundation	Private Sector	Funder ...	None	NONE
Madison House volunteers at University of Virginia	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Oak Hill Fund	Private Sector	Funder ...	None	NONE

Charlottesville CoC			COC_REG_v10_000374	
United Way Thomas Jefferson Area	Private Sector	Funder ...	None	HIV/AIDS, Youth
Ace Contracting	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Martha Jefferson Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Psychiatric Services at UVA	Public Sector	School ...	Committee/Sub-committee/Work Group	Seriously Me...
Thomas Jefferson Health District	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
First Baptist Church (Park St)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
First Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
First United Methodist	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Holy Comforter Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Christ Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Lynn Wiber	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Marty Fox	Individual	Hom eles. ..	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, d. Outreach to Faith-Based Groups, 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, 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, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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:

A temporary emergency shelter was opened at the Hope Community Center that operated from December 2007 to May 2008. In addition, some beds at the Region Ten Mohr Center had been classified as transitional housing, but the Mohr Center is now completely classified as emergency housing.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The number of transitional beds available was reduced due to the re-classification of some beds at the Region Ten Mohr Center from transitional housing to emergency shelter and ten (10) transitional beds at the Shelter for Help in Emergency were off line at PIT due to renovation.

Permanent Housing: Yes

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

Twelve (12) new beds have been added in the Region Ten Step Up (housing first) program. These beds are all designated for chronically homeless persons.

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 HIC -	10/20/2008

Attachment Details

Document Description: 2008 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: 01/30/2008
(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
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Local studies or non-HMIS data sources, HUD unmet need formula, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

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

The Continuum used the HUD unmet need formula to generate an estimate of unmet needs. This was then compared to the housing inventory. The PIT count sought to enumerate as many unsheltered persons as possible and this was compared to the HUD formula generated estimates. Finally, the resulting information was presented to shelter providers and other stakeholders and adjusted based on informed opinion.

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: Single CoC

Select the CoC(s) covered by the HMIS: VA-504 - Charlottesville 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: MetSYS Enterprise

What is the name of the HMIS software company? MetSYS

Does the CoC plan to change HMIS software within the next 18 months? Yes

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): (format mm/dd/yyyy) 06/16/2003

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, Inadequate resources, No or low participation of SHP funded providers, No or low participation of S+C funded providers, No or low participation by non-HUD funded providers

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:

An updated agreement is being implemented with MetSYS Inc. and other local users to address training and software compatibility issues that lead to low participation of funded and non funded providers. In addition, the new board of the local CoC will make fundraising a priority in 2009 to supplement resources and staffing needed to manage the system for the CoC.

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 Thomas Jefferson Planning District Commission
Street Address 1 401 East Water Street
Street Address 2 P.O. Box 1505
City Charlottesville
State Virginia
Zip Code 22902-1505
Format: xxxxx or xxxxx-xxxx
Organization Type Other (specify)
If "Other" please specify Regional government agency

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

Prefix:

First Name Billie

Middle Name/Initial

Last Name Campbell

Suffix

Telephone Number: 434-979-7310
(Format: 123-456-7890)

Extension 230

Fax Number: 434-979-1597
(Format: 123-456-7890)

E-mail Address: bcampbell@tjpd.org

Confirm E-mail Address: bcampbell@tjpd.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	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	0-50%

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:

In order to facilitate broader participation an expanded HMIS contract with a CSB module is now being negotiated. This will increase the utility of the HMIS and stimulate greater participation. Training is being scheduled in November 2008 on the HMIS and the new module and case management capabilities. In 2009 the CoC will mandate participation in HMIS as a qualification for McKinney -Vento funding for new and renewal projects.

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%	12%
* Date of Birth	1%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	1%	0%
* Veteran Status	0%	0%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	13%	0%
* 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? Quarterly

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

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

Data entry is done by trained and experienced users in a system with data validation processes embedded in the software. Training was offered February 2008 by a trainer from the software vendor. Initial training is provided to all new users. Refresher training, telephone and on-site support are offered to all users.

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

The users' manual was developed by the Thomas Jefferson Planning District Commission and issued to shelter providers. The agreement with their organization requires users to make data entries in a timely fashion.

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:

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

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

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: 08/12/2008

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: 01/30/2008

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			Unsheltered	Total
		Emergency	Transitional			
Number of Households		7	10	0		17
Number of Persons (adults and children)		22	34	0		56
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households		134	34	15		183
Number of Persons (adults and unaccompanied youth)		134	34	15		183
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households		141	44	15		200

Charlottesville CoC			COC_REG_v10_000374	
Total Persons	156	68	15	239

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)	77	5	82
* Severely Mentally Ill	57	2	59
* Chronic Substance Abuse	111	3	114
* Veterans	9	3	12
* Persons with HIV/AIDS	20	0	20
* Victims of Domestic Violence	14	0	14
* 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: 01/28/2009
(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):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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.

All shelter providers were surveyed and they provided detailed counts. The addition of the new emergency shelter in the Hope Community Center might have contributed to the reduced number of unsheltered persons found. The Hope Community Center was closed in May, 2008 and will not be reopened for community and code compliance reasons. The totals, authenticated by the qualitative assessment of the service providers, indicate that the number of homeless people increased.

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):

	HMIS	<input type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)		<input type="checkbox"/>
	Sample Strategy:	
	Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

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.

All shelter providers were surveyed and they provided detailed counts by subpopulation. The emergency shelter in the Hope Community Center might have contributed to the reduced number of unsheltered persons found. The totals, authenticated by the qualitative assessment of the service providers, indicate that the number of homeless people increased.

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)**

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

If Other, specify:

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

All shelter counts were conducted on the same day. It is highly unlikely that duplication would occur. Once individuals accept shelter for an evening, they generally remain at the shelter and do not access services at another location.

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)**

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

If Other, specify:

Describe the techniques used to reduce duplication.

Survey respondents were asked if they had previously been surveyed, and those responding in the affirmative were not included. Persons conducting the survey were few in number and familiar with the members of the homeless population.

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

There have been no authenticated cases of unsheltered families with children in the last two years. This has been a priority of shelter providers.

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).

Surveys are conducted by outreach workers of service organizations and members of the homeless community familiar with the movements of members of the community. The public areas where homeless people sleep are known to the service providers and law enforcement and they develop the plan for the PIT count. The emergency shelter in the Hope Community Center might have contributed to the reduced number of unsheltered persons found. The totals, authenticated by the qualitative assessment of the service providers, indicate that the number of homeless people increased. The Hope Community Shelter operated from October 2007 to May 2008. This shelter has been discontinued and will not reopen.

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
Decrease the number of homeless households with children
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%

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	Apply for new PH chronically homeless beds through Samaritan initiative	Chairperson, CoC
Action Step 2	Develop funding plan for new SRO facility.	Chairperson, TJACH Permanent Supportive Housing Committee
Action Step 3	Identify site for new SRO facility.	Chairperson, TJACH Permanent Supportive Housing Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	39
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	62
Numeric Achievement in 10 years	77

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
Action Step 1	Case managers will enroll all homeless families in the Section 8 waiting list in September 2008.	Chief, Division of Benefit Programs, Charlottesville Department of Social Services
Action Step 2	Develop a detailed inventory of all affordable housing resources in the community.	Deputy Director of Operations, Piedmont Housing Alliance
Action Step 3	Work with Habitat for Humanity to place homeless families into permanent housing.	TJACH liaison to Habitat for Humanity

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	17
Numeric Achievement in 12 months	15
Numeric Achievement in 5 years	10
Numeric Achievement in 10 years	5

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	Increase rate of clients in attaining social security benefits.	Client Services Director, ASG
Action Step 2	Increase referrals to substance abuse and mental health treatment services to increase housing stability.	Client Services Director, ASG
Action Step 3	Increase rate of clients utilizing internal mental health and substance abuse services.	Director of Mental Health Services, Region 10

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	95
Numeric Achievement in 12 months	96
Numeric Achievement in 5 years	96
Numeric Achievement in 10 years	97

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	N/A -- no HUD funded TH beds in CoC	
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	100
Numeric Achievement in 12 months	100
Numeric Achievement in 5 years	100
Numeric Achievement in 10 years	100

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	Case managers will make referrals to SAMHSA funded job readiness services to reduce barriers to employment of disabled individuals.	Client Services Director, ASG
Action Step 2	Collaborate with community based employment resource networking committee.	Chief, Division of Benefits, Charlottesville Department of Social Services

Charlottesville CoC		COC_REG_v10_000374
Action Step 3	Make referrals to job coach programs in the community.	Director of Dual Recovery Program, Region 10

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	19
Numeric Achievement in 5 years	23
Numeric Achievement in 10 years	27

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: Formal Protocol Implemented
Health Care Discharge Protocol: Initial Discussion
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Finalized

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 Care 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

Foster care discharge protocol supports the transition from foster care to safe and stable housing and prevents re-entry in to foster care, as instructed by section 11.7 of the Foster Care program policy manual. Services should be provided to the child and family to prevent the need for the child to return to foster care. For a youth who needs continuing services after emancipation, the service worker should consider services through independent living and/or refer the youth to the appropriate adult services provider.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Members of the CoC will follow up with University of Virginia and Martha Jefferson hospitals to coordinate the development of an appropriate discharge process to preclude individuals being discharged to homelessness. A protocol will be in development no later than June 30, 2009.

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

According to the Procedures for Continuity of Care between Community Service Boards and State Psychiatric Facilities (revised Case Management Standards, 1977), p. 16, section 4.9, states that discharge to an emergency shelter or similar temporary setting shall not be part of the discharge plan unless the individual's continued hospital stay is clinically contraindicated, a continued hospital stay is detrimental to the individual's course of recovery, and both of these conditions are clearly documented on the discharge plan. Such discharges must be accompanied with comprehensive community supports including a plan to secure longterm, stable housing. CSB staff must provide face-to-face follow-up of individuals discharged to emergency shelters or similar temporary settings within seven calendar days of discharge from the state psychiatric facility.

Corrections Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

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

Currently, the Offender Aid and Restoration program provides 8 weeks of classes prior to an inmates release from incarceration. They also offer transitional planning to individuals 30 to 45 days from release in collaboration with community agencies and organizations. In addition, the Charlottesville/Albemarle reentry committee has created an in depth initiative which includes housing and community, employment and education, social reintegration and health/mental health and substance abuse subcommittees to focus on improving resources for those exiting correctional facilities. One of the main focuses of the housing committee is to reduce the number of newly released inmates entering homelessness. This initiative is in the process of being formalized and, in addition to being offered as a resource for inmates in this region, is being proposed as a statewide pilot program.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/09/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/22/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/09/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Foster Care Discharge

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: Mental Health Discharge

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: Corrections Discharge

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:

1. Early intervention and prevention
2. Centralized intake
3. Increase housing options
4. Create a Local Housing Options team

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):

1. Early intervention and prevention
2. Centralized intake
3. Increase housing options
4. Create a Local Housing Options team

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	8 Beds	12 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	90 %	95 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	100 %	100 %
Increase percentage of homeless persons employed at exit to at least 18%	75 %	45 %
Ensure that the CoC has a functional HMIS system	75 %	65 %

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	48	32
2007	31	32
2008	82	39

Indicate the number of new PH beds in place 0 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	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

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)	12
b. Number of participants who did not leave the project(s)	28
c. Number of participants who exited after staying 6 months or longer	10
d. Number of participants who did not exit after staying 6 months or longer	30
e. Number of participants who did not leave and were enrolled for 5 months or less	1
TOTAL PH (%)	100
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	100
b. Number of participants who moved to PH	100
TOTAL TH (%)	100

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: 12

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	10	83 %
SSDI	1	8 %
Social Security	0	0 %
General Public Assistance	0	0 %
TANF	0	0 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	0	0 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	5	42 %
Food Stamps	1	8 %
Other (Please specify below)	0	0 %
No Financial Resources	1	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? Yes

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

Once per year when project review and selection 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? Yes

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

3/20/07, 6/19/07, 9/18/07, 12/18/07

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Quarterly

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? No

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

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
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Personal assessment and evaluation of needs	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Provider staff maintain contact with benefit providers and clients.	

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>	Yes
<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>	No
<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>	

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?	Yes
<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 (http://www.huduser.org/publications/destech/smartcodes.html)</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>	Yes
<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>	Yes

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<p>*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?</p> <p>(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.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*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?</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
Region Ten Shelte...	2008-10-20 12:28:...	1 Year	Region Ten CSB	111,696	Renewal Project	S+C	TRA	U1
Region Ten Suppor...	2008-10-20 12:31:...	1 Year	Region Ten CSB	143,946	Renewal Project	SHP	PH	F2
Support Housing p...	2008-10-22 13:21:...	1 Year	AIDS Services Group	57,696	Renewal Project	SHP	PH	F3
Positive Permanen. ..	2008-10-22 13:18:...	2 Years	AIDS Services Group	27,984	New Project	SHP	PH	S4

Budget Summary

FPRN	\$201,642
Rapid Re-Housing	\$0
Samaritan Housing	\$27,984
SPC Renewal	\$111,696
Rejected	\$0