

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** VA-504 - Charlottesville CoC

**1A-2. Collaborative Applicant Name:** Thomas Jefferson Area Coalition for the Homeless

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Thomas Jefferson Area Coalition for the Homeless

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	No	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

PSH Providers	Yes	Yes
Emergency Shelter Providers	Yes	Yes

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

The Service Providers Council of the Thomas Jefferson Area Coalition for the Homeless(TJACH) provides a forum for organizations and individuals with an interest in ending or preventing homelessness to share ideas, provide feedback on the homeless service system, and collaborate in the provision of services. This group meets monthly and has the following subcommittees: Community Case Review Committee, PIT Count, HMIS Committee, and CES Committee. The Service Provider Council meetings are open to the public with meeting dates, times and locations listed online and publicized among social service providers in our area. This body elects 5 members to serve on TJACH's governance board as provider representatives.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

TJACH attends community meetings and Interagency Council meetings throughout the CoC service area with the purpose of engaging all potential partners. TJACH manages an expansive email distribution list containing contacts for any group or individual who has expressed interest previously. The Service Provider Council acts as the main way of incorporating these organizations and individuals into the CoC's homeless service system. Special outreach is employed to engage organizations providing services to underserved populations or highly vulnerable populations like unaccompanied and parenting youth, LGBTQ youth and elderly and disabled individuals. The Service Providers Council also works with the Charlottesville Homeless Coalition, an advocacy group whose membership is predominantly made up of persons who are experiencing homelessness, to solicit ideas and feedback from homeless service system participants and those who have formerly experienced homelessness.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)**

TJACH distributed a broad call for proposals to 82 existing and potential providers, municipal leadership and community advocates on 7/14/17. Interested organizations were encouraged to reach out for information and technical assistance in submitting mini-proposals. The board selected programs for inclusion in the CoC application based on commitment to housing first strategies, willingness/experience with coordinated access, past performance, and collaborative history with TJACH.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Not Applicable
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Not Applicable
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Not Applicable
Other:(limit 50 characters)	

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

The Virginia Department of Housing & Community Development(DHCD) is the ESG recipient for the state and requires that each CoC submit a collaborative application for all interested applicants in each respective CoC. This process

requires that TJACH set performance goals, monitor local ESG funded projects against those goals, and make local funding decisions to meet the greatest needs with the strongest projects. TJACH collaborates with the City of Charlottesville and the Thomas Jefferson Planning District and contributed goals and strategies to the 2014-2018 Con Plan for both entities using PIT and HIC data and has provided revised and updated goals for the Action Plans and data for the CAPER. Though the representatives from the Thomas Jefferson Planning District and the City of Charlottesville Department of Neighborhood Services who are both responsible for consolidated planning no longer serve on the Governance Board, they participate in standing subcommittees.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.  
(limit 1000 characters)**

TJACH coordinates regularly with the local DV shelter, Shelter for Help in Emergency (SHE). When someone identifies domestic violence during coordinated intake, staff ask if they can talk in a more private place and then introduce them to services at SHE, including a secure shelter location. If interested, the homelessness staff will contact SHE to arrange transport of the individual to the hospital per SHE protocols for pick-up. When someone reports homelessness during intake to SHE, the staff ensure that a coordinated access packet is completed so that the individual has access to services within the CoC, including a rapid re-housing pool that has been designated for use with shared DV/homelessness clients. An information-sharing agreement, which starts with a signed client release, allows for direct problem-solving conversations among the providers. Email communication is limited to initials and prompts a phone call. Client files in are kept in locked cabinets, in locked offices.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.  
(limit 1,000 characters)**

**1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-**

**HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Charlottesville Redevelopment Housing Authority	12.00%	Yes-Public Housing
County of Albemarle/Office of Housing	5.00%	No
Piedmont Housing Alliance	0.00%	No

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

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

TJACH staff have meet with representatives from the Piedmont Housing Alliance and the County of Albemarle/Office of Housing to discuss how a homeless admission preference would serve to benefit the CoC homeless service system by providing high quality, long-term housing interventions for families with children and individuals in addition to helping both local PHAs better align with HUD's goals of providing housing for the most vulnerable persons and families. Specific HUD notices detailing ways that PHAs can adopt homeless admission policies have been shared with PHA staff and examples of other local PHAs that have adopted homeless admission preferences have been shared to provided helpful examples of how adoption of a preference could be realistically achieved while producing positive outcomes.

**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecttively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input type="checkbox"/>
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<b>Engaged/educated law enforcement:</b>	<input checked="" type="checkbox"/>
<b>Engaged/educated local business leaders</b>	<input checked="" type="checkbox"/>
<b>Implemented communitywide plans:</b>	<input type="checkbox"/>
<b>No strategies have been implemented</b>	<input type="checkbox"/>
<b>Other:(limit 50 characters)</b>	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

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

## Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

## 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
(limit 1000 characters)**

TJACH has committed to prioritizing eligible households for services based on vulnerability. Vulnerability is assessed using the VI-SPDAT screener, an evidence-informed tool that includes points for previous victimization and exploitation, health and behavioral health challenges including chronic substance abuse, serious mental illness and the presence of a disability; criminal history and involvement with legal system; frequency of use of deep-end emergency systems; and lack of income. This tool is used to determine referrals to our CoC-funded and non-CoC-funded permanent supportive housing programs regardless of the difficulty in engaging these households in supportive services, number of housing barriers or Medicaid eligibility. Baseline eligibility for permanent supportive housing in this community is chronic homelessness.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.**

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/23/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

## Attachment Details

### Document Description:

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

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required:** If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** 4

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Pathways MISI

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Single CoC

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	152	25	127	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	0	0	0	
Rapid Re-Housing (RRH) beds	22	0	22	100.00%
Permanent Supportive Housing (PSH) beds	80	0	80	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.  
 (limit 1000 characters)**

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 3

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 04/25/2017

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/25/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 04/25/2017

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

There was no change in methodology.

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** No

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from** No

**2016 to 2017?  
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

**2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

The CoC did not change the unsheltered PIT count implementation.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

The CoC made an effort to reach out to schools and other programs that work with youth. They offered suggestions on where they have heard of youth being outside and would keep a closer eye on their programs. The homeless youth questionnaire was added to garner more information on unsheltered youth.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

Prior to the PIT count, TJACH reached out to providers that work with individuals and families experiencing chronic homelessness, families with children and Veterans experiencing homelessness to ensure they were aware and understood the importance of the count and how to collect the needed information for the PIT Count. CoC outreach teams conducted special outreach ahead of the PIT Count focusing on areas where people often sleep outside or live in encampments to ensure proper coverage of people experiencing chronic homelessness was achieved.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

The number of people who experienced homelessness for the first time increased from 258 to 267 from 2015 to 2016. The CoC uses a phone line as the entry point for the Coordinated Entry System and the main factors that lead to caller's housing crises are identified and recorded in HMIS to track the main factors leading to homelessness. The Haven receives ESG funding for homelessness prevention focused on persons and families who are at the highest risk of becoming homeless through standardized assessment and these persons are connected with these services when they are identified using the phone entry system. As The Haven is the provider of all homelessness prevention services in our CoC, The Haven is the organization tasked with overseeing the CoC's strategy to reduce the number of families experiencing homelessness for the first time.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

Both the average and the medial length of time people remain homeless decreased significantly in our CoC from 2015 to 2016, from 51 days to 30 days and from 21 days to 11 days respectively. TJACH's adoption of the Housing First approach throughout the CoC homeless service system has led to this reduction. The CES works to quickly identify people experiencing homelessness through street outreach and the phone system entry point and connects those

persons with low-barrier RRH and PSH to quickly end their homelessness. In addition, special prioritization for available housing services has been in placed on those persons with the longest histories of homelessness. The Haven operates the CES phone system entry point, street outreach, and RRH programs and as such are responsible for leading the CoC's strategy to reduce the length of time people experience homelessness.

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

\*\*\* Need Data \*\*\* The CoC's adoption of the Housing First approach specifically for RRH and PSH projects has led to our increase in the number of people exiting to and remaining in permanent housing. Special focus was placed on lowering barriers for these housing projects, working with persons without income, and using RRH as an intervention for highly vulnerable persons when PSH was not available as bridge housing. All three factors impacted our CoC's increase in the number and percentage of people leaving homelessness for permanent housing. Region Ten is a recipient of 3 CoC Program-funded PSH grants and therefore are leading the CoC's strategy for retention of and placement into permanent housing.

**3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)**

The rate of returns to homelessness for Emergency Shelter programs was 21% in 2 years while the rate of returns for permanent housing programs is below 5% after 2 years. The very low rate of returns to homelessness from our permanent housing programs can be attributed to both our CoC's adoption of the Housing First approach and our CoC's policy regarding Homelessness Prevention. First, our CoC's adoption of the Housing First approach led to fewer people leaving a PH program to homelessness because of traditional barriers like sobriety and income requirements. In addition, more robust, client-centered supportive services were offered in housing to ensure long term stability. Finally, all Homelessness Prevention assistance administered in the CoC is dedicated to individuals and families who have previously experienced homelessness to ensure that long term housing stability can be achieved for former homeless service system participants.

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)**

TJACH has engaged the Interagency Workforce Initiative, Charlottesville Works and Charlottesville's GO Program to coordinated services. These agencies actively participate in and share information through the Service Provider Council and have adapted their approaches to meet the needs of households in a housing crisis. One of TJACH's funding priorities is to improve and expand housing stabilization case management services for households receiving housing assistance. Part of this strategy is to ensure that mainstream benefit and SSDI applications are submitted for eligible households as a matter of course. TJACH has supported training on the SOAR model and has secured private dollars to seed a full-time dedicated SOAR professional for this community. TJACH has excellent and coordinated working relationships with local departments of social services which ensures that emergency financial services, Adult Protective Services and SNAP benefits are provided to all who are eligible.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)**

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)** 06/05/2017

### 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

**Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	67	80	13

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	80
<b>Total</b>	<b>80</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

TJACH works closely with the local school systems and DSS to identify households experiencing homelessness outside of shelters in order to assist them as quickly as possible into permanent housing. To measure our CoC’s progress towards the goal of housing every family in under 30 days, our progress is measured during our Community Case Review meetings of our By Name List of families experiencing homelessness. TJACH utilizes the Family VI-SPDAT screening tool as the primary CES tool for families to ensure that the most vulnerable families are assisted first and provided with the most appropriate housing intervention. The Haven day shelter manages the Family VI-SPDAT assessments and utilizes a Housing First RRH program to assist families rapidly into housing. The Haven is the recipient of these RRH funds for use with families and thus The Haven is the organization overseeing the CoC's strategy to rapidly rehouse families within 30 days.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	38	38	0

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

TJACH ensures that all HUD-funded providers in the CoC that provide housing services follow the appropriate anti-discrimination policies as outlined above by making it a requirement of applying for these funding sources. TJACH asks for a copy of these specific policies from any interested applicant for ESG or CoC Program funding. In addition, TJACH ensures that all CoC provider partners are

aware of HUD requirements as they are released by announcing and discussing these requirements during monthly Service Providers Council meetings.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

\*\*\*Need information about Youth Programs\*\*\* Our CoC has a RHY funded provider that utilizes HMIS and we track the effectiveness of our youth-specific strategies using HMIS to measure the number of youth experiencing homelessness for the first time, the number of youth experiencing unsheltered homelessness, the number of youth exiting to permanent housing, and the number of youth returning to homelessness. TJACH believes these measures to be appropriate because they will help our CoC identify if the number of homeless youth is increasing or decreasing and which factors are responsible. In addition, these measures align with HUD's system performance measures. Our local RHY funded provider has been successful in contributing to the sustained low-number of 8 homeless youth in our CoC identified during the 2016 and 2017 PIT Counts.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

TJACH enjoys excellent coordination and communication with school representatives from the City of Charlottesville and Albemarle County. Two staff from Albemarle County attend the monthly Service Provider Council meetings regularly, one serves on the governance board and the other routinely attends the Community Case Review when there is a case involving school-aged children. A representative from Charlottesville schools attends Service Provider Council meetings regularly. A family homelessness program hosted by Albemarle Schools, Families in Crisis, serves as a subcontractor for TJACH providing housing navigation, coordinated access, and emergency hotel/motel vouchers for families experiencing homelessness that are unable to identify a shelter bed. Schools participate in coordinated access. Information-sharing agreements are in place and cross-system case coordination is the norm.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)**

The SSVF coordinator is housed at the Haven Day shelter in the same office as Coordinated Entry. There is a HUD VASH representative who comes to The Haven once a week to meet with homeless veterans. Through our CES, all

people who identify as being a veteran are immediately referred to SSVF and HUD-VASH staff. SSVF staff provides outreach to all programs that serve veterans to ensure they are aware of the services available and their eligibility requirements.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** Yes

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

TJACH providers refer people experiencing homelessness to the University of Virginia Health System, to be screened for financial benefits. UVA is required to provide health care, regardless of ability to pay and offers emergent care and assignment of a primary care physician to manage their health care needs outside of an acute episode. Region Ten CSB holds a contract for a limited expansion of benefits for single adults with serious mental illness and substance abuse. Central Virginia Health Solutions opened a Primary Care, Dental & Behavioral Health office. These offer sliding fee scale while assisting clients in applying for limited Medicaid coverage through the Governor's Action Plan that acts as a bridge to closing the insurance gap for the uninsured in Virginia. The CoC has funded a dedicated SOAR provider to help people who are homeless obtain their SSA benefits & local DSS staff are engaged at all levels of care to

ensure that everyone applies for their SNAP and TANF benefits.

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	3.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	3.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	3.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	3.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

The community has 3 dedicated outreach staff who work to know the CoC region. While they are centralized in Charlottesville, two work for the local CSB with the same geographic region and are able to communicate within their organization to educate and engage the rural communities. The street outreach staff are available daily and have been willing to meet with people whenever and wherever a person needs it. They focus on traveling to places where people are known to be and are willing to talk to all people whether the person is ready for engagement or not.

**4A-5. Affirmative Outreach**  
**Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to**

**persons with disabilities and those with limited English proficiency.  
(limit 1000 characters)**

All funded programs in the CoC follow the nondiscrimination and equal opportunity requirements set forth in 24 CFR 5.105(c) and show their practice in their policies. They affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. They provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws and work with clients to resolve any concerns that arise. Local DSS and UVA hospital have worked with the CoC to provide translation services as needed.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	38	38	0

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No

## 4B. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:**

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## Submission Summary

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

<b>Page</b>	<b>Last Updated</b>
<b>1A. Identification</b>	08/25/2017
<b>1B. Engagement</b>	09/19/2017
<b>1C. Coordination</b>	Please Complete
<b>1D. Discharge Planning</b>	08/25/2017
<b>1E. Project Review</b>	Please Complete
<b>1F. Reallocation Supporting Documentation</b>	No Input Required
<b>2A. HMIS Implementation</b>	09/19/2017
<b>2B. PIT Count</b>	09/19/2017
<b>2C. Sheltered Data - Methods</b>	09/19/2017
<b>3A. System Performance</b>	09/19/2017
<b>3B. Performance and Strategic Planning</b>	09/19/2017

<b>4A. Mainstream Benefits and Additional Policies</b>	09/19/2017
<b>4B. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required