

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/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

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Service Provider Council	The Service Provider Council is primarily responsible for implementing the community plan to end homelessness, collecting and analyzing community-level data and making recommendations about collaborative funding proposals.	Monthly	C'ville City & Albemarle Schools, CYFS, JABA, Region Ten CSB, PACEM, Salvation Army, MACAA, SHE, The Crossings, Probation/Parole, CDSS, The Haven, OKC, NDRA, VA, On Our Own, MHA, Charlottesville Government, Louisa DSS, Albemarle DSS, citizens
1C-1.2	TJACH Governance Board	The TJACH Governance Board is responsible for strategic planning, creation and monitoring of the community plan to end homelessness, and making funding determinations for federal, state, county and city funds.	Monthly	Liz Forney, Mike Murphy, Ed Bain, Stephen Hitchcock, Major Allen Johnson, Tom McQueeney, Sue Moffett, Dawn Grzegorzczk, Kathy Ralston, Billie Campbell, Charles Quigley, Paul Martin, Ron White, Kaki Dimock, Robert Johnson, Marnie Allen, Erin Briggs Yates
1C-1.3	PIT Planning Committee	The PIT Planning Group is responsible for designing the annual point in time count, collecting and aggregating sheltered and unsheltered count data, and collecting data from school districts on enrolled students experiencing homelessness.	Semi-Annually	Open Knowledge Collaborative, The Haven, TJACH, School Districts, Virginia Supportive Housing
1C-1.4	Data Quality Committee	The Data Quality Committee is responsible for reviewing community-level data and organizational level data pulled from HMIS. This committee further determines changes and recommendations for training from HMIS provider.	Monthly	PCNI, TJACH, Open Knowledge Collaborative, Virginia Supportive Housing, University of Virginia
1C-1.5	Community Plan Design Committee	This Committee is responsible for reviewing possible approaches to a community-wide review and revision of the community plan to end homelessness and presenting recommendations to the Service Provider Council and TJACH Governance Board for approval and adoption.	Bi-Monthly	Paul Martin - UVA, Kaki Dimock - TJACH, Ed Bain - TJACH, Mike Murphy - City of Charlottesville, Dawn Grzegorzczk - PACEM, Erin Briggs Yates - Virginia Supportive Housing

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.

(limit 750 characters)

TJACH is pleased to enjoy participation and representatives from homelessness prevention, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing, community case review, coordinated assessment, HMIS, and resource coordination within the coalition as members of the Service Provider Council and TJACH Governance Board. General members of the coalition further include experts in data-driven decision-making and funding. A professor of public policy from the University of Virginia provides expertise on the Governance Board. Officers are nominated and elected by coalition members; decisions are made by democratic consensus methods. Anyone may make an announcement or request time on the agenda.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

Programs were advised to submit proposals by 1/3/14 to be considered for CoC funding or reallocation. The three PSH programs with existing CoC funding were instructed to submit funding requests by 1/3/14 with 5% less than their 2012 budget amounts. These three programs made formal presentations to the Service Provider Council at its regular meeting on 1/7/14. Programs described utilization rates, outcomes, and methods for being in compliance with the new HUD requirements for a housing first approach to access. Programs were ranked and tiered based on their presentations and regular review of performance. The Service Provider Council voted and providers were notified on 1/8/14. The Governance Board adopted these recommendations on 1/10/14.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

CoC staff conducts site visits to gather information and provide programming advice throughout the year. CoC staff gathers and reviews data on program performance through HMIS data quality reports, the annual HIC report and the AHAR report. Data elements reviewed include utilization rates, lengths of stay, eligibility requirements and target client population characteristics, discharge status, HMIS participation, usability of AHAR data, increase in income at exit, and engagement in mainstream resources at exit. After presentations of data and program changes, Service Provider Council members vote to rank and prioritize programs, and discuss possible reallocation. The results of this vote are formally adopted by the governance board.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

Information about and a link to the HUD website announcing the 2013-2014 HUD CoC NOFA was distributed to coalition members and posted on the TJACH website 11/22/13. An e-mail detailing HUD's expectations and funding priorities was subsequently sent out to the broad coalition membership on 11/22/13, 12/9&10/13. Programs with an interest in rapid re-housing program operations and permanent supportive housing operations were contacted by the TJACH executive director to gauge interest in requesting CoC funding.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/08/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC ensures compliance with HUD rules, regulations and HMIS Data Standards by implementing the policies and procedures outlined in the attached TJACH HMIS Standard Operating Procedures (SOP). The HMIS Lead designates staff to periodically review changes to Data Standards and HUD required reports to ensure the HMIS system software and reports are in compliance. The CoC participates in the monthly Steering Committee meetings to stay apprised of the latest interim rule and proposed data standards. CoC and HMIS Lead monitor Housing Programs on a monthly basis to check for data quality and compliance issues. The CoC holds ongoing Planning meetings to monitor and implement processes that help to increase efficiency and effectiveness in service delivery. The CoC reviews HMIS processes to improve coordination of provision of housing and services.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Privacy Plan, Security Plan and the Data Quality Plan are currently in draft stage by the HMIS Lead and are regularly up for review and discussion at monthly Service Provider Council meetings. These plans will be finalized, and approved by the TJACH Governance Board after HUD issues further guidance.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Pathways Compass
Applicant will enter the HMIS software name (e.g., ABC Software).

**2A-5 What is the name of the HMIS vendor?
Applicant will enter the name of the vendor
(e.g., ESG Systems).** Pathways Community Network Institute

**2A-6 Does the CoC plan to change the HMIS
software within the next 18 months?** No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: VA-504 - Charlottesville CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$4,887
State and Local - Total Amount	\$4,887

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$5,000
Private - Total Amount	\$5,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$3,200
Other - Total Amount	\$3,200

2B-3.6 Total Budget for Operating Year	\$13,087
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	189
Transitional Housing	11
Safe Haven	0
Permanent Supportive Housing	14
Rapid Re-housing	2

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	23%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

100% of data for the federal reports is pulled from the HMIS system to include: APR, AHAR, and state-administered ESG.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The HMIS lead works with the CoC by conducting monthly conference calls and/or meetings to review data quality. Site visits are conducted for those agencies with high levels of missing or inaccurate data or ongoing data quality issues. Monthly AHAR data quality reporting is provided to the CoC for each of its agencies for review. Webinars are scheduled to address common errors that are discovered through the monitoring process. Web based tutorials have been created to allow users to review proper data entry processes. All users are required to participate in the Data Quality Training provided by Pathways.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Annually

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 51 of the Pathways User Manual, serving as part of a draft Policy & Procedures Manual, includes information on completing intakes and capturing information on participant entry and page 77 includes information on program exit.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%		
Transitional Housing		100%		
Safe Havens				

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In 2012, TJACH identified 164 individuals in shelter during the Point in Time count. Of these 164 individuals, there were 125 people in 117 households in emergency shelter and 39 people in 23 households in transitional housing. In 2013, TJACH identified 167 individuals in shelter on the date of the Point in Time Count. Of these 167 individuals, there were 128 individuals in 126 households in emergency shelter and 39 individuals in 12 households in transitional housing. This reflects a very small, statistically insignificant increase in the number of individuals in shelter, namely three. TJACH does not believe that this increase reflects a change in policy, eligibility or the true number of people experiencing homelessness in our community.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

This community uses two methods for determining the shelter count. The first is to generate an HMIS report based on the bed count for the selected date. The second method is to distribute a survey form for service providers to complete based on who used services in their program for the evening of the count. The survey includes all required data elements for the PIT and HIC. The two data points are compared to ensure accuracy and to serve as a tool for improving HMIS data quality.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)		
Provider expertise:		<input checked="" type="checkbox"/>
Interviews:		<input type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
Other:		<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Each provider in this region is provided a survey requesting information on number of beds available and number of individuals and households using them on the night of the count. Each provider is then provided a spreadsheet requesting information on household composition, HMIS number, and information of subpopulation characteristics. Providers are then contacted by CoC staff with questions, concerns and/or anomalies.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Survey providers are trained on completing the survey tool and provided written instructions on definitions and expectations for each data element. CoC staff are made available for questions throughout the process. CoC staff conduct follow-up reviews, by phone, with providers after receipt of the completed tools. Finally, survey data is compared to HMIS data to ensure accuracy and serve as a data quality reminder for providers.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

During the 2012 Point in Time Count, TJACH identified 27 unsheltered individuals whereas, 28 unsheltered individuals were identified in the 2013 Point in Time count. While this represents an increase in the number of unsheltered individuals found, the increase of one person does not reflect a significant enough change to warrant a thorough examination of methodology or a change in policies or practices in this community.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Using service provider staff, CoC staff, and volunteers, surveys are administered to people identified as unsheltered on the evening of the count and the following day. Surveys are administered at campsites, on the streets, at abandoned vehicles, soup kitchens, mental health dropin centers, and day shelters. Survey volunteers appear at every place that provides services and at places known to be frequented by people experiencing homelessness. Calls are made to area departments of social services, sheriff departments and parks departments to ensure that volunteers are aware of new or emerging campsites.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Survey administrators were provided training prior to survey administration efforts. This training included a description of the way the collected data is used in the community and an opportunity to complete mock interviews. Survey volunteers were assigned a location and lead staff person. Surveys ask two qualifying questions to ensure that respondents are appropriate for the count: are you homeless, where are you sleeping tonight, or where did you sleep last night.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		12	10	5
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	60	60	62	67
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		12	10	5
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

This community is dedicated to increasing the availability of PSH beds for chronically homeless individuals and increasing the number of beds available for chronically homeless individuals. Over the course of two years, beds currently not dedicated to the chronically homeless will be redefined from 'available' to 'dedicated'. Work continues to convert currently designated low-income units at The Crossings to units dedicated to the chronically homeless. Initial efforts in this regard were not successful, nevertheless, work continues in this area. A careful review of local data revealed that earlier emphasis on identifying resources for chronically homeless families was not based in evidence of need in the community. As a result, the coalition will focus development efforts on meeting the needs of chronically homeless individuals; a need which is clearly revealed by our annual counts and waiting lists. The revised community plan to end homelessness will focus on this particular solution.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The TJACH Governance Board will be responsible for strategic direction and oversight of the development of new dedicated beds for chronically homeless individuals. The Service Provider Council will be responsible for implementing the goals and strategies identified by the community plan to end homelessness, including the development of beds dedicated to chronically homeless individuals. Finally, the AIDS/HIV Services group, which manages the 12 beds currently not dedicated to, but available to, chronically homeless individuals, will be responsible for implementing the changes in policy and expectations identified by the TJACH Governance Board.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	60	62	63
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	53	56	59
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	88%	91%	93%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

All three CoC-funded projects - ASG's Positive Places, Region Ten's Dual Recovery Center and Region Ten's Shelter + Care project - provide comprehensive support services to match the housing services provided by HUD. As a result, they are all very successful in keeping clients in permanent supportive housing. Support services are created to help clients maintain housing and improve functioning overall. Life skills, critical time intervention, case management, socialization opportunities, access to substance abuse and mental health treatment services, and flexible tenant policies are all employed to support clients in maintaining housing.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The TJACH Governance Board will be responsible for strategic planning and oversight of the CoC and implementation of the plan to end homelessness. The Service Provider Council will be responsible for the implementation of the goals of the community plan to end homelessness, and those identified by HUD. Region Ten, operating Shelter + Care and Dual Recovery Programs, and AIDS/HIV Services Group will be responsible for providing effective strategies, listed above, to assist clients in achieving housing stability within permanent supportive housing programming.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 60

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	17%	20%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	34%	36%	40%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	8	13.33 %
Unemployment Insurance	0	%
SSI	5	8.33 %

SSDI	4	6.67	%
Veteran's disability	1	1.67	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	0		%
General Assistance	0		%
Retirement (Social Security)	0		%
Veteran's pension	1	1.67	%
Pension from former job	0		%
Child support	0		%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	0		%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

Increasing client income through non-employment sources, namely through the connection to mainstream cash benefit programs, is an expectation for all CoC-funded permanent supportive housing programs. As a result, it is a data element that is reviewed during monthly data quality reviews. In the following two years, this data element will be reported out at quarterly Service Provider Council meetings to ensure that program are held accountable for their internal case management efforts. The CoC benefits from strong involvement from three area departments of social services, the primary conduit to mainstream benefit programs, and an active SOAR program, all of which will be expected to support the efforts of CoC-funded permanent supportive housing programs.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

This CoC enjoys the participation and collaboration of the Virginia Employment Commission and Goodwill of the Valley, which provides significantly more information and resources to case managers working with clients in an effort to secure employment. In addition, the city of Charlottesville has launched an employment program specifically for felons and plans a similar approach to job training and pathways to employment for people experiencing homelessness called the Green Dot program. These resources will have a significant impact on CoC clients ready to work. An informal job connection and resume development program operates out of The Haven which has seen success in securing employment for CoC clients in the past 6 months. Finally, the City's Section 3 office has expressed an interest in engaging homeless individuals in Section 3 positions in the near future.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The TJACH Governance Board will be responsible for strategic oversight and monitoring of the community plan to end homelessness and projects funded through the CoC. The Service Provider Council will be responsible for implementing the community plan to end homelessness and reviewing community and program-level data at monthly meetings. Region Ten and AIDS/HIV Services Group will be responsible for effective case management and linkage programs to ensure clients have access to community resources aimed at employment or accessing mainstream benefits. The Virginia Employment Commission will be responsible for collecting and distributing information on available employment positions and job fairs. Area departments of social services will be responsible for effective administration of mainstream benefit programs. Virginia Supportive Housing will be responsible for managing and supporting this community's SOAR program.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 60 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	24%	25%	27%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	3	5.00 %
MEDICAID health insurance	4	6.67 %
MEDICARE health insurance	1	1.67 %
State children's health insurance	0	%
WIC	0	%

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	1	1.67	%
Other Source	0		%
No sources	0		%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

A community-wide SOAR training will continue improve access to SSI and SSDI benefits for clients engaged in permanent supportive housing projects in this CoC. In addition, area case managers are being encouraged to engage in supportive training such as Critical Time Intervention and Motivational Interviewing to improve follow through with case management plans, including assisting clients in accessing mainstream benefits. Finally, a community case review committee has been established to jointly plan and serve difficult to serve clients within this CoC. This process has provided meaningful feedback and information to area departments of social services about the interaction between their agencies and people seeking assistance. Gaining access to non-cash mainstream benefits is an expectation of case managers at the permanent supportive housing programs and is a data element that will be reviewed on a monthly basis, and reported out on quarterly to the Service Provider Council.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The TJACH Governance Board will be responsible for strategic oversight and monitoring of the community plan to end homelessness and projects funded through the CoC. The Service Provider Council will be responsible for implementing the community plan to end homelessness and reviewing community and program-level data at monthly meetings. Region Ten and AIDS/HIV Services Group will be responsible for effective case management and linkage programs to ensure clients have access to community resources aimed at accessing non-cash mainstream benefits. Area departments of social services will be responsible for effective administration of mainstream non-cash benefit programs.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	0	0
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	3	5	7

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

While this community's point in time data and shelter census data do not indicate a large population of literally homeless families, this CoC remains concerned that families are not seeking or receiving services when they need them. As a result, this CoC seeks data from area school districts on the number of homeless students enrolled and the housing situations of their families in its community-level data review. This data revealed a large number of area families that are unstably housed and doubled-up; nevertheless, these families do not tend to seek services through the traditional system of care. As a result, the Albemarle County and City of Charlottesville departments of social services sought designation as a pilot site for a TANF & Rapid Re-Housing Project, a collaboration between the state's Department of Health and Human Services and the Virginia Coalition to End Homelessness. This project will help this CoC correctly identify the extent of the need among homeless families and test an approach to rapid re-housing with those families.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The TJACH Governance Board will be responsible for strategic direction and oversight of the community plan to end homelessness. The Service Provider Council will be responsible for implementing the community plan and reviewing community-level data. Albemarle County Department of Social Services and City of Charlottesville Department of Social Services will be responsible for increasing the number of households with children that access rapid re-housing through the pilot project. Virginia Coalition to End Homelessness will be responsible for providing pilot sites with technical assistance and the Virginia DHHS will be responsible for creating enabling policies that support the use of TANF for rapid re-housing activities.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

TJACH anticipates that written policies and procedures for prioritizing eligible households will be developed as a result of the planning TANF & Rapid Re-Housing pilot project. In the meantime, TJACH's Community Case Review team is actively revising its prioritization and triage processes for the administration of state funds for rapid re-housing. The team recently participates in a coordinated assessment and screening tool webinar by the National Alliance to End Homelessness and is particularly considering the use of the Hennepin County Rapid Re-housing Triage Tool to fairly implement local preferences.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

RRH providers in this CoC do not provide case management to households residing in projects funded under the CoC. Local RRH providers are funded through state funds with very limited ability to provide supportive services outside the clients currently receiving RRH services. However, case management is provided at the CoC-funded site and staff between programs regularly interact and share resources.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Local RRH projects, funded by the state, are still operating in their first year so, there are limited households that meet this criteria. However, it is protocol to provide strong housing stabilization services and plans to RRH clients in an attempt to support them in maintaining housing after withdrawal of services and to follow up after the withdrawal of RRH services to identify levels of need.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

This CoC has engaged in discussion of the impact of youth aging out of foster care on agencies traditionally serving an older homeless population. While this change in demographic is anticipated, it has not yet manifested in this community. The City of Charlottesville, a member of the coalition, administers a Runaway and Homeless Youth grant, providing shelter and services to unaccompanied youth through a collaboration with Children, Youth and Family Services, also a member of the coalition. A member of the foster care prevention staff regularly attends Service Provider Council meetings, urging the community to respond swiftly and effectively to the needs of youth in foster care. Finally, this community seeks information during the annual PIT process on the overlap between homelessness and experience in foster care.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Foster care discharge protocol supports the transition from foster care to safe and stable housing and prevents re-entry in to foster care, as provided 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. State foster care agencies are responsible for coordinating appropriate care according to the policy guidelines. Children, Youth and Family Services is responsible for responding to the needs of unaccompanied youth and reconnecting them, if appropriate, to the foster care system. Departments of Social Services are responsible for responding to the emergent needs of youth on the street through Child Protective Services programming. A statewide Interagency Partnership to End Youth Homelessness is working to identify strategies that will support youth in transition out of foster care, with an emphasis on housing stability.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

The State of Virginia does not issue mandated policies for hospitals operating in the state. TJACH does not have authority or standing to create a policy of discharge planning for the two primary hospitals in the area - Martha Jefferson Hospital, a private institution, and the University of Virginia Health Care System, a public institution.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

TJACH has worked to develop working relationships between homeless service providers and health care providers. While these relationships have resulted in improved communication and coordination within the University of Virginia Health Care System, they have not led to permanent policy directives. However, common practice has improved dramatically in the last two years with hospital social workers routinely connecting with community providers in the development of a transition and discharge plan. The State Homeless Outcomes Coordinating Council has identified this area as a priority for the coming year. TJACH anticipates more formal relationships with area health care providers as a result of facilitation by the coordinating council, which will lead to better discharge practice and policy development.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The TJACH Governance Board is responsible for strategic development and oversight of the community plan to end homelessness. The Service Provider Council is responsible for implementation of the community plan to end homelessness and review of community-level data. CoC staff is responsible for building bridges with health care providers and engaging representatives in the Service Provider Council, providing presentations to health care staff on homelessness resources in the community, and participating in forums sponsored by the State Homeless Outcomes Coordinating Council aimed at improving discharge practices.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Procedures for Continuity of Care between Community Service Boards and State Psychiatric Facilities (revised Case Management Standards, 1977), p. 16, section 4.9 provide 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 long-term, 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. Ten permanent supportive housing beds, funded through the CoC, are available to chronically homeless individuals with serious mental illness local preference.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

TJACH Governance Board is responsible for strategic direction and oversight of the community plan to end homelessness. Service Provider Council is responsible for implementation of the community plan to end homelessness and review of community level data. Region Ten Community Service Board is specifically responsible for ensuring that individuals are not discharged from mental health facilities into homelessness. A recent public tragedy in Virginia involving discharge policies and mental health providers will, no doubt, lead to improved practice in this area and clarified responsibilities.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The state has pre-discharge protocols for inmates approaching their release dates in place. Pre-release efforts include assignment to a DOC Community Release Unit to identify housing and employment options. The Offender Aid & Restoration program provides a re-entry class of 8 weeks prior to an inmate's release from incarceration. The Charlottesville/Albemarle Re-entry Committee is considering long-term policy changes through 4 community workgroups: Housing & Community, Employment & Education, Social Reintegration, and Mental Health & Substance Abuse. Grant funds from the newly awarded Second Chance Act will support recommended policy changes. Representatives from the area jail and the Offender Aid & Restoration program are part of the local CoC. Virginia Executive Order 11 requires that offender have a housing plan at discharge and has reduced the number of prisoner being released without a housing plan by 73%.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

TJACH Governance Board is responsible for strategic direction and oversight of the community plan to end homelessness. Service Provider Council is responsible for the implementation of the community plan to end homelessness and review of community-level data. Stakeholders responsible for ensuring that individuals are not released from prison to homeless include the Virginia Department of Corrections and the Offender Aid & Restoration Program. The Thomas Jefferson Area Coalition for the Homeless is responsible for communicating with the Virginia Department of Corrections and Offender Aid & Restoration programs in an effort to collaborate and advocate.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The 2013-2018 Consolidated Plan includes the following goals related to the community plan to end homelessness: facilitate expansion and coordination of rapid re-housing, permanent supportive housing and associated services for the homeless population; expand regional housing and community development financing capacity; and foster awareness of the need for affordable rental housing of various income levels in the region.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

TJACH coordinates regularly with state-administered ESG program recipients as a matter of course. All ESG recipients are active members of the CoC and two are represented on the TJACH Governance Board. ESG program performance is evaluated and reviewed on a quarterly basis by CoC staff. The Virginia Department of Housing and Community Development, in its competitive ESG process of 2013, required a collaborative application from each CoC for ESG and HOPWA funds. Additional requirements were that program recipients must participate in coordinated assessment activities, contribute data to HMIS and adopt a housing first strategy. The CoC's state-administered ESG contract is managed and monitored by TJACH while fiscal agency is provided by the City of Charlottesville.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

This community prioritized rapid re-housing in its proposal for state-administered ESG funding. The CoC's proposal further included ongoing operational support for the low-barrier, seasonal emergency shelter. A smaller proportion of funds were allocated for prevention, to test the provision and implementation of prevention programming in the community. 39% of funds were allocated for rapid re-housing, 35% of funds were allocated for shelter operations at the low-barrier seasonal shelter, 16% of funds were allocated for prevention activities, 5% of funds were allocated for HMIS, and 5% of funds were allocated for grant administration activities.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

This CoC has taken significant steps to reduce the number of people experiencing homelessness in our region. Through state-administered ESG funds, The Haven administered a small pool of funds to prevent people from becoming homeless. Funds were used to pay debt to landlords to avoid eviction, past debt to utility companies to avoid shut-off, and for security deposits to prevent homelessness at the end of a current lease. The Haven received referrals from area providers, particularly from case managers in foster care prevention and social service offices. Case managers completed coordinated assessment packets, obtaining appropriate information-sharing permissions, and presented cases to the Community Case Review team, which made the final eligibility determination. Prevention funds were expended in the first two months of the contract year. This CoC is actively attempting to identify the true level of need for prevention in the area and the appropriate tools for targeting prevention services. The Community Case Review team is examining the Canton, Ohio diversion tool and the SPDAT tool for possible implementation.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

TJACH enjoys the active participation of local government representatives from housing, leadership and social services agencies in the monthly Service Provider Council meetings and as board members on Governance Board. The Veteran's Administration conducts weekly outreach at The Haven and attends Service Provider Council meetings. A SSVF project recently started at The Crossings. The Virginia Department of Housing and Community Development provides grant monitoring for ESG and HSG grants administered by the CoC, trainings and technical assistance. HUD representatives have regular communication with CoC leadership and plan to host a regional CoC meeting on February 10, 2014. This CoC is a member of the Virginia Coalition to End Homelessness and attends National Alliance to End Homelessness's conferences. VSH operates a SOAR project. Finally, this CoC will collaborate with local departments of social services and the state to implement a TANF & Rapid Re-Housing Pilot Project this year.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Despite this CoC's active efforts, the Charlottesville Redevelopment Housing Authority does not participate directly in CoC planning or implementation activities. Outreach on this front continues. Albemarle County Department of Housing is actively involved in CoC planning activities and the current director serves on the TJACH Governance Board. CoC staff communicate regularly with area public and private housing providers, regularly attending the regional housing director's meetings. Finally, the CoC has a permanent appointment to the City of Charlottesville Housing Advisory Council, which serves to advise city council on housing development opportunities and opportunities for funding from the local Housing Trust.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The current state-administered ESG contract was awarded based on the CoC's commitment to eliminating access barriers and unnecessary eligibility requirements. Eligibility for ESG funding is based on policies provided by the state; namely, that eligibility is determined solely on the condition of literal homelessness and a lack of additional resources. TJACH's Community Case Review team is responsible for determining use of ESG rapid re-housing and prevention funds, maintaining a commitment to this requirement. All CoC funded programs are required to eliminate eligibility barriers and requirements to engage in services for the 2014 and 2015 cycle. Each program was required to present its plan for doing so at the Service Provider Council prior to the Ranking & Prioritization vote. Regular program and use updates at the Service Provider Council and CoC staff monitoring visits will reveal any difficulties in making these programmatic changes.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

CoC-funded and locally-funded permanent supportive housing programs have committed to a housing first philosophy as a natural evolution in their practice and a requirement for federal funding. The current state-administered ESG contract was awarded based on the CoC's commitment to a housing first approach. The new TJACH Governance Charter specifically identifies this commitment and that this philosophy will inform the TJACH Governance Board's funding and programmatic decisions. Collaborative applications for funding from the Virginia Department of Housing and Community Development's Housing Solutions Grant, the City of Charlottesville's Homelessness Coordination Grant, and the City/County Agency Budget Review Team grant all commit to a housing first approach. Finally, any agency funded through TJACH, for federal, state, county or local funds, is required to adopt a housing first approach based on governance and membership documents.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

All service providers receiving federal, state, county or city homelessness funding participate in this CoC's coordinated assessment system. In addition, any agency seeking rapid re-housing services, prevention funds, or access to permanent supportive housing beds must use the coordinated assessment process. Coordinated assessment materials are available on the TJACH website and coordinated assessment is available every day at The Haven. Upon completion of the coordinated assessment packet, cases are presented at the Community Case Review for determination of eligibility. A validated vulnerability tool determines eligibility for the single room occupancy program; chronic homelessness determines eligibility for PSH programs; and literal homelessness determines eligibility for RRH services. The Community Case Review Team participated in a HUD webinar on Coordinated Assessment and is seeking technical assistance on the use of the Hennepin Rapid Re-Housing Triage Tool or the SPDAT tool.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

All housing and supportive services are made available to the public through low-barrier and street outreach programs. Low-barrier programs, including PACEM and The Haven, operate with very few limitations to eligibility to ensure that potential clients do not self-select out of services. Street outreach teams are specially trained to engage difficulty-to-reach individuals. The Piedmont Housing Alliance provides ongoing education to service providers and the general public on fair housing laws, including fair housing rights for children, people with disabilities and renters. Education is provided through workshops and flyers in multiple languages.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

Members of the CoC have agreed that school serves as a consistent and stable resource for children experiencing homelessness and that every effort should be made to ensure that they may remain in their home school, despite transportation concerns. All CoC members work directly with local schools to ensure that services are in place. A portion of the state-administered ESG grant was awarded to Families in Crisis, which acts as a liaison between schools and homeless service providers.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Representatives from the City of Charlottesville and Albemarle Public Schools are regular participants of the CoC committee and serve on the planning group. Each has provided critical written and verbal information on services for children experiencing homelessness within the school systems. Information on such programs is included on the Street Sheet and available at the day shelter. Finally, school representatives have contributed to the development of a coordinated protocol for serving a family experiencing homelessness.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Housing providers that serve families, including PACEM and Salvation Army which serve as emergency shelter providers, and Salvation Army and MACAA which serve as transitional housing providers, welcome families with children under 18, as a matter of policy. Salvation Army emergency shelter has flexible, independent units that may be configured to accommodate families and PACEM uses flexible funding to shelter families in hotels on a temporary basis to ensure that children are not separated from their parents. Salvation Army and MACAA transitional housing programs both have dedicated units with flexible number of beds to allow for families of varying sizes. Finally, Region Ten and Virginia Supportive Housing operate permanent supportive housing eligible for chronically homeless adults only. AID/HIV Services Group's Positive Places program is flexible and may include families with children as the demand or need requires. In no case, are children separated from their parents in order to seek or receive shelter in this community.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

This CoC is committed to supporting rapid re-housing and permanent supportive housing participants to help them avoid future homelessness. Upon resolution of the immediate housing crisis, service providers determine the need for additional social services, including access to mainstream resources, and makes necessary referrals. This community is aware that engagement in services may not be a condition of housing and so, is learning to offer services in as compelling a way as possible. TJACH is actively engaged in monthly discussions with our HMIS provider to establish appropriate methods for tracking returns to homelessness within the tool. Finally, Community Case Review protocols require regular updates on cases presented, allowing for a more qualitative method for tracking recidivism.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

This CoC does not have HUD-funded SSO or TH programs. The two TH programs in our region that are funded through private and local monies already prioritize families with children.

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The TJACH Governance Board is strongly aligned with Opening Doors, beyond adopting a housing first approach. Goal#1:Strengthen lead agency; TJACH underwent a renovation in 2013 resulting in a leadership structure including providers, the University, county and city government, private citizens, and formerly homeless individuals. A new governance charter defines activities and authority of CoC leadership. Goal#2:Establish coordinated assessment; a coordinated assessment is in place providing a pathway to bypass emergency shelter stays and move directly to housing. Goal #3:Create early intervention & prevention options; prevention & rapid re-housing services are now available. Goal#4: Increase affordable housing options; a local Housing Trust Fund was established and supports PSH projects. Goal #5: Increase supportive services; TJACH held a Housing & Homelessness Conference 11/13 to describe the need for supportive services, submitted a collaborative proposal to support these activities.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

This CoC has a strong interest in meeting the needs of families experiencing homelessness. As a result, prevention funds and a portion of rapid re-housing funds are available with a priority for families. However, this community's crisis response system does not serve many families through emergency overnight or day shelters. In order to more fully understand the extent of the need in this area, a February 2014 meeting is planned to design a data collection process that will reveal the number of homeless families in need. The CoC works very closely with school district leadership, family service workers, social workers at the department of social services, protective services and foster care prevention to serve families effectively. Piedmont Housing Alliance is convening a group to identify possible housing opportunities for families.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The Shelter for Help in Emergency (SHE) provides comprehensive domestic violence prevention and intervention services in this community. A longstanding member of the CoC, SHE provides community and court-based advocates, 24 hour hotline, 24 hour emergency shelter, supportive individual and group counseling, case management, child and adolescent advocacy, information and referral, outreach and support to the Spanish-speaking community, transitional housing program, community education and professional training. SHE fields 1000 calls on the hotline, provides 4000 nights of shelter, and serves over 200 women and their children every year. SHE has successfully housed clients through rapid re-housing programs in the last year.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Children, Youth and Family Services (CYFS), a member of the CoC, provides a 24 hour hotline for teens in crisis, a 24 hour emergency shelter, and individual counseling for unaccompanied youth in this community between the ages and 12 and 17. Together with the city of Charlottesville, CYFS is the recipient of a Runaway and Homeless Youth grant to improve our capacity to respond to the needs of homeless unaccompanied youth. Day shelter staff work closely with area police and child protective services to identify and support unaccompanied youth with appropriate services.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

Region Ten CSB works together with The Haven day shelter and On Our Own drop-in program to operate a PATH street outreach program. PATH staff spend time on the streets, at low-barrier shelters and in campsites building informal relationships with difficult-to-reach individuals in an attempt to inform/engage them of services. The Haven and Recovery Support Program staff conduct street outreach and offer flexible services. Area police officers have been provided Crisis Intervention Training. Finally, CoC staff work with area Parks & Recreation Departments to ensure outreach workers are aware of new campsites. TJACH maintains a comprehensive Street Sheet of area resources for outreach workers, officers and park staff to distribute.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

Virginia Supportive Housing operates an SSVF program in the region, providing supportive services and rapid re-housing assistance to veterans and their families. The Veteran's Administration conducts weekly outreach at The Haven, and has assisted area veteran's in accessing services and VASH vouchers. Those veteran's ineligible for assistance through the VA may access supportive services through Region Ten's Wounded Warrior program, coordinated assessment assistance at The Haven, rapid re-housing services, and permanent supportive housing programs in the CoC. Area veteran's volunteer regularly to provide transportation from Charlottesville to Richmond to access medical care at the VA's medical center, and to provide linkage to informal support networks.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The TJACH Governance Board monitors CoC-funded programs through its Service Provider Council. The Service Provider Council meets monthly to review program implementation successes and challenge, and share information. Members of the Service Provider Council report out on concerns with referral, program processes and changes in the average length of stay on a regular basis. At least once per year, each program provides a formal presentation on programming changes and outcomes. Members of the data quality subcommittee review data entered into HMIS to ensure that programs are providing high quality data to HMIS and to monitor status at program exit, with a focus on whether income sources increased at program exit, where program participants exited to, and the extent to which program participants were engaging in mainstream resources. The TJACH executive director conducts yearly site visits as well.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

TJACH provides project recipients with guidance, support, accountability and information. The TJACH executive director communicates regularly with providers to build effective collaborative relationships and trouble-shoot concerns, serving as a sounding board for program staff and agency leadership. The executive director also provides best practice information and access to trainings through frequent e-mail communications with members of the Service Provider Council and monthly presentations. Guidance provided by HUD is routinely forwarded to providers as well. Finally, providers benefit from real-time feedback from program users, partners and collaborators at the Service Provider Council meetings and the TJACH Governance Board meetings.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

While all three CoC-funded programs generally perform as described, members of the Service Provider Council provide referrals and feedback on access concerns and roadblocks when a bed becomes available to ensure that the bed is filled quickly. Going forward, all beds available through the CoC-funded permanent supportive housing projects will be filled through a Community Case Review process to ensure that a housing first approach is consistently adopted and that beds do not remain open. Data on performance is provided on a regular basis to program staff and targets are identified to improve outcomes at exit.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

TJACH has taken significant steps in this area in the last year. After widespread implementation of coordinated assessment in the region, TJACH established a Community Case Review process which serves to move people toward resources as quickly as possible, using a housing first approach. Individuals are assessed then staffed by the Community Case Review and referred to permanent supportive housing programming or rapid re-housing services, as appropriate. Funds traditionally provided by the state for shelter operations have been reallocated in this region to support increased capacity of rapid re-housing programs. Individuals are prioritized for rapid re-housing based on literal homelessness with an emphasis on the chronically homeless. Finally, the Service Provider Council routinely discusses housing first philosophy and HUD's definition of a high-performance community.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

This CoC has worked diligently to secure the participation of and collaboration of local departments of social services to ensure that people exiting homelessness programs do not return to homelessness. This effort has been rewarded by the involvement of Albemarle County and City of Charlottesville Departments of Social Services leadership on the TJACH Governance Board. This relationship allows for seamless referrals for individuals and families to access anti-poverty, work and self-sufficiently programs after resolving the housing crisis in an effort to avoid a return to homelessness. In addition, TJACH reinforces HUD's emphasis on engaging homeless clients in mainstream resources as a matter of course during program involvement.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

This CoC benefits from two coordinated efforts to conduct outreach in this community. The first is a PATH program combining traditional street outreach efforts, provided by Region Ten, with a community-based mental health support program, On Our Own. The PATH worker spends time engaging people experiencing homelessness on the street, under bridges, in campsites, and at the low-barrier shelters in an effort to build relationships that lead to engagement at On Our Own and other services. The second is a staff person at The Haven, providing flexible services to people at the low-barrier shelters and on the street, including transportation and individual-level advocacy. The PATH worker holds a seat on the Community Case Review to provide expertise and information on engaging the most difficult to serve members of the community. The procedure ensures that permanent supportive housing and rapid re-housing services are being provided to those with the highest housing barriers.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 04/04/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

Area providers are supporting the agencies in the region that received funding to facilitate ACA implementation and education efforts including United Way, Legal Aid Justice Center and Jefferson Area Board of Aging. Mainstream providers at the city and county departments of social services are diverting staff resources to answer questions about the ACA and make referrals as appropriate. All agencies, including CoC service providers and leadership are continuing to stay abreast of discussion at the Virginia State Legislature on the possibility of Medicaid expansion. Until this expansion is approved, very few people experiencing homelessness in our community will benefit from the ACA legislation.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

CoC funding for this region has and remains focused solely on permanent supportive housing programs. State funding provided by the Virginia State Department of Housing and Community Development is currently focused on increasing our community's capacity to provide rapid re-housing and a significant recent reallocation of Housing Services Grant funds from transitional housing programs and shelter operations to rapid re-housing. This year, TJACH has sought funding for supportive services through the City of Charlottesville and Albemarle County Agency Budget Review Team application and from the Charlottesville Area Community Foundation. Finally, TJACH facilitated a Housing and Homelessness Symposium on November 1, 2013 to share with funders, decision-makers and stakeholders a template for a coordinated system of care and the need for expanded supportive services locally.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate on Co...	01/31/2014
CoC Governance Agreement	No	TJACH Governance ...	01/31/2014
CoC-HMIS Governance Agreement	No	DRAFT HMIS Govern...	02/03/2014
CoC Rating and Review Document	No	Ranking Info - Sc...	01/31/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	Final Approved GI...	01/31/2014
FY2013 Rank (from Project Listing)	No		
Other	No	TJACH Proposed Sy...	02/02/2014
Other	No	Communication abo...	02/03/2014
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certificate on Consistency

Attachment Details

Document Description: TJACH Governance Charter

Attachment Details

Document Description: DRAFT HMIS Governance

Attachment Details

Document Description: Ranking Info - Screenshot

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Final Approved GIW for VA-504

Attachment Details

Document Description:

Attachment Details

Document Description: TJACH Proposed System of Care Flowchart

Attachment Details

Document Description: Communication about Project Applications 2013

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/31/2014
1C. Committees	01/31/2014
1D. Project Review	02/03/2014
1E. Housing Inventory	01/31/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	02/03/2014
2C. HMIS Beds	01/31/2014
2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/31/2014
2F. HMIS Policies and Procedures	01/31/2014
2G. Sheltered PIT	02/03/2014
2H. Sheltered Data - Methods	01/31/2014
2I. Sheltered Data - Collection	02/03/2014
2J. Sheltered Data - Quality	01/31/2014
2K. Unsheltered PIT	02/03/2014
2L. Unsheltered Data - Methods	01/31/2014
2M. Unsheltered Data - Coverage	01/31/2014
2N. Unsheltered Data - Quality	01/31/2014
Objective 1	02/01/2014
Objective 2	02/01/2014
Objective 3	02/03/2014
Objective 4	02/03/2014
Objective 5	02/03/2014
3B. CoC Discharge Planning: Foster Care	02/01/2014
3B. CoC Discharge Planning: Health Care	02/01/2014

3B. CoC Discharge Planning: Mental Health	02/01/2014
3B. CoC Discharge Planning: Corrections	02/01/2014
3C. CoC Coordination	02/01/2014
3D. Strategic Plan Goals	02/02/2014
3E. Reallocation	02/01/2014
4A. Project Performance	01/31/2014
4B. Employment Policy	01/31/2014
4C. Resources	02/03/2014
Attachments	02/03/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Thomas Jefferson Area Coalition for the Homeless VA-504

Project Name: Region Ten CSB, Dual Recovery Center Supportive Housing

Location of the Project: Charlottesville, VA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Charlottesville

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: May 14, 2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Thomas Jefferson Area Coalition for the Homeless VA-504

Project Name: Region Ten CSB, Shelter + Care

Location of the Project: Charlottesville, VA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: Charlottesville, City of

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: May 14, 2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Thomas Jefferson Area Coalition for the Homeless VA-504

Project Name: Supportive Housing Program, Positive Place, ASG

Location of the Project: Charlottesville, VA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Charlottesville

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: May 14, 2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Thomas Jefferson Area Coalition for the Homeless VA-504

Project Name: Virginia Supportive Housing, The Crossings SRO

Location of the Project: Charlottesville, VA

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Charlottesville

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: May 14, 2013



Thomas Jefferson Area Coalition for the Homeless (TJACH)

TJACH Continuum of Care Charter – ADOPTED 11-26-13

This charter sets out the composition, governance, roles, responsibilities and structure of the Thomas Jefferson Area Coalition for the Homeless.

Purpose of the Thomas Jefferson Area Coalition for the Homeless

The Thomas Jefferson Area Coalition for the Homeless is responsible for developing and implementing the Community Plan to End Homelessness to end and alleviate the impact of homelessness in our community. TJACH serves as the Lead Agency for the HUD Continuum of Care process. TJACH operates through a collaborative and inclusive community-based process and approach to planning for and managing homeless assistance resources and programs to most effectively end homelessness in our community. Our region includes the City of Charlottesville and counties of Albemarle, Louisa, Nelson, Greene, and Fluvanna.

Membership & Structure of the Coalition

- I. The Thomas Jefferson Area Coalition for the Homeless is a formal 501(c)3 as determined by the IRS March 2009.
- II. TJACH is governed by a formal Governance Board of no fewer than 9 and no more than 19 members responsible for fiduciary oversight, development of and implementation of the Community Plan to End Homelessness, and supervision of the Executive Director. Five members of the Governance Board are appointed by county and city executive leadership to represent the jurisdictions in the planning district. Of these five appointed members, no fewer than 1 member will represent the City of Charlottesville and no fewer than 1 member will represent Albemarle County. Five members are elected to represent service providers by members of the Service Providers Council. The remaining eight members represent the faith community, general public and include housing developers, landlords, funders, business owners, attorneys, accountants, and others with skills or experience needed by the coalition. The Governance Board meets no less frequently than bi-monthly. Meeting times and locations are published and meetings are open to the public.

- a. In June, an election shall be held to determine who will serve as Chair, Vice Chair and Treasurer of the TJACH Governance Board. These three officers, and any other board members designated by the board, will constitute the Executive Committee of the TJACH Governance Board. The Executive Committee shall represent members from more than one sector on the board.
 - b. The Executive Committee shall meet monthly to determine the agenda for the regular meeting, review financial statements, and address any emergent issues. At least quarterly, the Treasurer will review agency financial statements with the full board.
 - c. The Chair shall facilitate the regular meetings using Roberts Rules of Order. The Vice Chair shall do so in the event of The Chair's absence.
 - d. The Executive Director shall serve as Secretary, but will not have voting rights or responsibilities.
 - e. Terms will be three years in length with staggered terms for the first board to avoid significant turnover in any one year. Board members may serve no more than two three-year terms.
- III. Committees of the TJACH Governance Board include a Consumer Advisory Board and A Service Provider Council.
- a. The Service Provider Council meets monthly to share information, problem-solve, develop collaborations, and implement specific aspects of the Community Plan to End Homelessness. Meeting times and locations are published and meetings are open to the public. Bylaws, membership requirements and operating guidelines will be adopted by the TJACH Governance Board.
 - b. A Consumer Advisory Committee, populated by people who are currently or formerly homeless, provides ongoing feedback, engages in local advocacy efforts and operates a speaker's bureau.
- IV. Subcommittees of the Service Provider Council include standing committees: Community Case Review Subcommittee, Single Room Occupancy/Crossings Application Subcommittee, Point in Time Count Subcommittee, Homeless Management Information System (HMIS), Data Quality Subcommittee, Coordinated Assessment Process Subcommittee, and Ad Hoc subcommittees as necessary.
- V. Staff to the coalition include an Executive Director. Job responsibilities are available upon request.

- VI. A quorum of 51% of the TJACH Governance Board will be required to adopt or approve an item on the action agenda.
- VII. Members that fail to attend regularly shall be subject to removal from the TJACH Governance Board if they attend less than 75% of the regularly scheduled meetings annually following the agency's fiscal year calendar (July 1 – June 30).
- VIII. The TJACH Governance Board will establish a Nominating Committee to select and present new members of the board to populate seats reserved for members of the general public. The Executive Committee may serve as the Nominating Committee.
- IX. Meetings will be formally documented in the form of minutes adopted by the TJACH Governance Board.
- X. The coalition adheres to a formal Conflict of Interest Policy: No TJACH Board Member shall vote on a matter for which s/he or his/her member organization has a vested interest. Members of the TJACH Board and its Committees shall comply with federal, state and local laws.
 - In general, a conflict of interest occurs when Member takes an action, which results or has the appearance of resulting in personal organizational or professional gain. No Member of the TJACH Board or its Committees shall knowingly take action to influence the conduct of TJACH in such a way as to confer any financial benefit on such Member, his or her family members, spouse or partner, or any organization in which the Member, his or her family members, spouse or partner serves in an official capacity. Service in an official capacity shall include service as an employee, owner, stockholder, director, board member, consultant, or officer that represents any such entity or organization which is seeking or receiving funding, but shall not include service solely as a volunteer (that do not serve as board members or consultants) or recipient of services.
 - On issues in which a TJACH Board Member has a conflict of interest as described above, the Member may not vote. The Member may participate in discussion upon declaring a conflict of interest. The Board Chair will be responsible for monitoring the disclosure of Members' conflicts of interest.
 - In the event that a matter which raises a potential conflict of interest comes before the TJACH Board or its Committees for consideration, recommendation and decision, the Member shall disclose the conflict of interest as soon as he or she becomes aware of it, and the disclosure shall be recorded in the minutes of the meeting.

XI. Homeless Management Information System

The Thomas Jefferson Area Coalition for the Homeless will serve as the HMIS Administrator for this community. TJACH will select and provide an HMIS software provider for use by coalition members. This provider is currently Pathways Community Networks, Inc. (PCNI).

TJACH Responsibilities

- TJACH staff will serve as a liaison between HMIS users and the provider, arranging for onsite training when appropriate and addressing community-level concerns with the provider.
- TJACH staff will regularly review data entered into HMIS to assess regularity of contributions and data quality levels.
- TJACH staff will generate community and agency-level data quality reports for discussion at the HMIS Data Quality Subcommittee.
- TJACH staff will provide reports to HUD and DHCD based on data contributed to HMIS including, but not limited to, the Point in Time, Housing Inventory Assessment, and AHAR.

Agency/End User Responsibilities

- All agencies receiving housing and homelessness funding through TJACH, HUD, DHCD-ESG, DHCD-HSG, ABRT and other collaborative proposals will contribute data on individuals served by their agency to HMIS.
- Data will be entered at least weekly to ensure that reports reflect up-to-date information.
- Agencies using HMIS will participate in data quality reviews and exercises to ensure that community level data meets the highest HMIS quality standards.
- Agencies using HMIS will contribute financially to the cost of the software provider and staff engaged to coordinate HMIS activities at a rate to be determined during contract negotiation or collaborative proposal development.



TJACH HMIS Governance Charter

Section 1: Overview and Purpose

The purpose of the TJACH HMIS Governance Charter is to outline the governance roles, responsibilities, relationship, and authorities of TJACH (VA-504) hereinafter referred to as “the Continua”), serving as the HMIS Lead Agency, and participating agencies. This governance charter is designed to ensure the operation of and consistent participation in the coalition’s data collection efforts for the purpose of meeting HUD requirements and making planning and funding decisions. Where Continuums share a single HMIS implementation, it is important for data quality and other standards to be established for the entire HMIS implementation.

The HMIS currently operates over a shared human services database implemented by Pathways Community Network (Pathways). Pathways Community Network (otherwise referred to herein as “Vendor”) is a key partner in this HMIS implementation.

Through its portfolio TJACH serves as the HMIS Lead in the HMIS implementation. By participating in the HMIS implementation, the Continuums agree to adopt the initial terms of this Charter as stated herein.

Section 2: Continuum of Care HMIS Responsibilities

By agreeing to participate in the HMIS implementation, the local Continuum agrees to carry out the following responsibilities:

- Create an HMIS Advisory Committee, as part of the Data Quality Committee, to provide oversight of the implementation and represent the Continuum in HMIS decision-making.
- Accept the HMIS software selected as the designated software for its Continuum.
- Designate TJACH staff to manage the Continuum’s HMIS.
- Advisory Committee members will annually vote upon or adopt the TJACH HMIS Governance Charter.
- Understand HUD HMIS and reporting requirements.
- Ensure leadership has received training on the use of report and export functionality.
- Ensure participation by service providers within Continuum jurisdictions including compliance with data quality and completeness thresholds set forth in the HMIS Policies and Procedures.
- Require compliance with HMIS Policies and Procedures for all Continuum agencies. Identify and enforce requirements that TJACH Governance Board may set that are above HMIS participation requirements.



- Prepare, review and submit all HUD required Continuum reports (Housing Inventory Chart, Point in Time Count, Annual Homeless Assessment Report). The HMIS Lead will provide support to the Continuum in the form of technical assistance and training, thus enabling Continuum staff to address data quality issues once identified.
- Obtain and maintain funding for any additional staff or system enhancements that the TJACH Governance Board deems necessary. If TJACH applies for an HMIS grant, and in keeping with current HUD guidelines, TJACH should be the applicant and grantee for that grant as the HMIS Lead and the HMIS Lead should be consulted on its use.

Section 3: HMIS Lead Requirements

Subject to the availability of HUD and TJACH resources and unanticipated HUD mandates, and to the best of its ability, the HMIS Lead agrees to carry out the following responsibilities:

Project Management

- Obtain and maintain HMIS Participation Agreements with all participating agencies and users. PCNI user agreements may serve as appropriate Participation Agreements.
- Maintain a central queue and timeline for enhancements with PCNI.
- Maintain a central queue and timeline for custom reports and data exports that require TJACH HMIS staff or PCNI resources.
- Schedule, coordinate and hold monthly Advisory Committee meetings, as part of the Data Quality Committee, and provide updates on the following topics: enhancement timelines; software fixes; reporting; training and technical support provided; data and security procedures; troubleshooting; and others as necessary.

System Functionality

- Enter into a formal contractual relationship with the PCNI that outlines the requirements and responsibilities of the Vendor, including those required by HUD through its Data and Technical Standards, rules, notices, etc.
- Ensure the PCNI's software system maintains timely compliance with all Data and Technical Standards to include Victim Service Standards as well as the Privacy and Security Standards.
- Ensure software system maintains timely compliance with any other required standards set by other Federal and State programs that require HMIS use (such as the US Veterans Administration).



- Ensure the software system, within reasonable development timeframes, is capable of producing all HUD required reports, including data quality and completeness monitoring reports.

Policies and Procedures

- Develop and maintain HMIS Policies and Procedures in accordance with HUD requirements and notices. This document must be reviewed and adopted by the HMIS Advisory Committee (described in Section 4).
- Develop and maintain a privacy plan, security plan, and data quality plan for the HMIS in accordance with HUD requirements. These documents must be reviewed and adopted by the HMIS Advisory Committee. (DRAFT documents pending TJACH Governance review – 12/2013)
- Monitor participating agency compliance with security, privacy and confidentiality policies.
- If HMIS policies and procedures allow for the import of data from an alternate database, TJACH will establish standards for the process, schedule, and acceptance criteria for any data imported and provide a cost estimate for the service provided to the agency or Continuum requesting data import.
- Provide TJACH staff with tools necessary to monitor agency compliance with HUD Data Standards including reports and access to raw agency data.
- Set minimum general participation and timeliness standards for agencies. (Continuums can set more stringent requirements if they deem necessary.)

Training and Technical Assistance

- Ensure required basic training is available to participating agency staff and accessible on a regular basis. Training is currently available online and by appointment with PCNI.
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis. Help desk and trouble-shooting support is currently available via PCNI as part of HMIS contract.
- Ensure Continuums have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

Section 4: HMIS Governance: Decision Making & Authority

The HMIS Lead is subject to oversight by the TJACH HMIS Advisory Committee, which operates as the liaison between the HMIS Lead Agency and the Continuums for the purposes of overseeing HMIS-related activities. The HMIS Advisory Committee will be made up of designated committee members from all Continuums and the HMIS Lead. This participation must include one representative designated by the Collaborative Applicant and one representative from the Continuum Board or any other relevant



Committee. These representatives are responsible for ensuring their Continuum leadership is fully informed of HMIS decisions and for making decisions on behalf of the Continuum such as improvements and enhancements to the HMIS Policies and Procedures.

The HMIS Advisory Committee will provide input of local Policies and Procedures. Although the Continuums may also choose to add supplemental requirements or policies, they may not contradict the HMIS Lead Policies and Procedures. The HMIS Advisory Committee will periodically review changes to the current Data and Technical Standards and other reporting requirements to ensure system compliance.

The HMIS Advisory Committee will review the HMIS Governance Charter annually. Any amendments to this Governance Charter will be based on a majority vote by quorum of Advisory Committee members. TJACH as the HMIS Lead, has the right to accept or not accept proposed changes that may have an impact on their ability to successfully perform their duties as HMIS Lead.

Section 5: Acknowledgement and Acceptance

BY ADOPTING THIS GOVERNANCE CHARTER, THE CONTINUUM OF CARE AND HMIS LEAD ARE ESTABLISHING THAT IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

All parties will demonstrate a commitment to work together and support each other to achieve stated project goals.

The Continua agree to provide representation to the HMIS Advisory Committee for the purpose of ensuring HMIS policy and practice that is both consistent with federal and state requirement and with the local needs of the Continua.

The HMIS Lead agrees to the extent practicable to respond to recommendations by each Continuum as provided by them through the HMIS Advisory Group.

The Governance Charter will be revisited on, at a minimum, an annual basis to confirm that the Charter continues to be relevant and appropriate.

This Charter documents the mutual understanding between all parties of HMIS related roles, responsibilities, relationships, and authorities between the parties hereto. It should not be construed as the HMIS Memorandum of Agreement for services, which is the formal contracting agreement between the Continuums and the HMIS Lead administering Continuum HMIS funds.

Thomas Jefferson Area Coalition for the Homeless

*A coalition working to end homelessness
in Central Virginia.*

HUD Continuum of Care

The U.S. Department of Housing and Urban Development (HUD) has organized local areas of service providers into entities called Continuums of Care (CoC). CoCs are designed to increase local collaboration and communication in an effort to improve homelessness services. TJACH serves as the Continuum of Care for the City of Charlottesville and Albemarle, Louisa, Fluvanna, Greene and Nelson Counties. The Service Provider Council coordinates the competitive ranking of eligible projects based on criteria reflecting unmet community needs and submits the regional application of funding. HUD provides funding for Shelter + Care, Supportive Housing Programs and Single-Room Occupancy projects through the Continuum of Care competition.

After a review of the proposed programs for the 2013-2014 CoC funding cycle at the Service Provider Council meeting of January 7, 2014, the following programs were selected for funding based on the ranking below:

Tier 1 –

- 1) AIDS/HIV Services Group – Equity – Positive Places Program: 100% of requested allocation***
- 2) Region Ten Shelter + Care Program: 100% of requested allocation***

Tier 2 –

- 1) Region Ten Dual Recovery Center: 100% of requested allocation***

The chart below reflects which programs were funded in this Continuum of Care over the last several years:

HUD Continuum of Care Funding History for Thomas Jefferson Area Coalition for the Homeless

VA-504/Charlottesville CoC

Funding Year	Total	Program
2012	356,694	ASG Positive Places 62,920
		Region Ten Dual Recovery Center 149,162
		Region Ten Shelter + Care Program 144,612
2011	341,884	ASG Positive Places 60,004
		Region Ten Dual Recovery Center 146,160
		Region Ten Shelter + Care Program 1395,720
2010	328,936	ASG Positive Places 60,004

Kaki Dimock

From: Kaki Dimock [executivedirector@tjach.org]
Sent: Tuesday, December 10, 2013 4:19 PM
To: 'Erin Briggs'; 'Allison Bogdanovic'; 'Allen, Janice (VDSS)'; 'Amanda Cruely'; 'April Carman'; 'Barbara Foley'; 'Beatrice George'; 'Ben Houchens'; 'Beth Baptist'; 'Beth Elliott'; 'Billie Campbell'; 'Callie Tolbert'; 'CARES'; 'CHAD GRIFFITHS'; 'Charles Quigley'; 'Christina Delzingaro'; 'Cyndi Richardson'; 'Dawn G PACEM'; 'Donna Baker'; 'Drene DeGood'; 'Eboni Bugg'; 'ebouldin-clopton@goodwillvalleys.com'; 'Ed Bain'; 'Elizabeth Breeden'; 'Erin Tucker'; 'Gary Wilson'; 'Gloria Rockhold'; 'James Quinn'; 'Jesse Boeckermann'; 'Jim Miller'; 'Jim Neale'; 'Jo Olsen'; 'Josh Kaufman-Horner'; 'Judith Pitts'; 'Kaitlyn Wernsing'; 'kbeiber@oasis-village.org'; 'Kristin Yavorsky'; 'Latoria White'; 'Lettie Bien'; 'Linda Martin Warne'; 'Liz Emrey'; 'Lynn Horwitz'; 'Marcia Becker'; 'Margurite Murray'; 'Marnie Allen'; 'McHugh, Kathy'; 'michaelc@regionten.org'; 'Mike Farruggio'; 'Mike Murphy'; 'Nancy Kidd'; 'Patrick.Farrell@charlottesvilleschools.org'; 'Raymond Patterson'; 'Rob Hull'; 'Robin Goldstein'; 'Sandra Walker'; 'Sandy Wisco'; 'Sena Magill'; 'Shannon Noe'; 'Sharon Root'; 'stephen'; 'Sue Moffett'; 'Willie Gentry'; 'Cartie Lominack'
Subject: CoC Competition
Importance: High

Greetings All:

The Continuum of Care Competition is open! Project applications are due in e-snaps by January 3rd for official ranking and tiering at our SPC meeting in January. The final application is due February 3, 2014. Some things to keep in mind about process:

- 1) HUD is trying to make this a two year process this year so, is asking for information for this and next year's funding cycle.
- 2) HUD's priorities for this competition are:
 - a. Strategic resource allocation – funds for projects that are determined to be underperforming, obsolete, or ineffective should be reallocated to new projects that are based on proven or promising models.
 - b. Ending chronic homelessness – chronically homeless individuals should be given priority status for all programs funded by HUD's CoC funding, if CoC projects serve a targeted audience (like people with HIV or with co-occurring disorders) people experiencing chronic homelessness among their target populations should be given priority status.
 - c. A housing first approach will be taken by all CoC-funded projects. This means that housing assistance will be offered without preconditions (including sobriety or Medicaid, etc) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.
 - d. Ending family homelessness – CoC's may apply for new projects created through reallocation for rapid re-housing to serve homeless households with children. Rapid re-housing projects must serve households with children living on the streets or in emergency shelter.
 - e. Removing Barriers to CoC resources – A centralized or coordinated assessment system must be implemented for the CoC and used by CoC-funded projects. Transitional housing projects within the CoC should be carefully reviewed for cost-effectiveness, performance, and criteria used to determine eligibility.
 - f. Maximizing use of mainstream resources – CoCs should proactively seek and provide information to recipients within the geographic area about mainstream resources and funding opportunities.
- 3) **Projects submitting proposals (Region Ten's DRC and S+C programs, ASG's Positive Places program) should submit budgets that are a 5% less than the initial budget amounts. (If you need to know what that number is, just send me an e-mail.)**
- 4) New projects for rapid re-housing for families with children or permanent supportive housing for the chronically homeless adults, that will be reviewed and ranked, and possibly funded by reallocating money currently

supporting Region Ten or ASG, should send me an e-mail and begin to work on their project proposals in esnaps.
All projects applications are due January 3rd, whether new or old.

- 5) Representatives from ASG and Region Ten's DRC and S+C programs should be prepared to present on their program outcomes and changes to program processes required by this competition on January 7th.

Thank you!

Kaki

Kaki Dimock
Executive Director

Leading People Home



TJACH

Thomas Jefferson Area
Coalition for the Homeless

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www.tjach.org

Kaki Dimock

From: Kaki Dimock [executivedirector@tjach.org]
Sent: Monday, December 09, 2013 1:32 PM
To: 'Karen Rifkin'; 'Marcia Becker'; 'Chad Griffiths'; 'Christina Delzingaro'; 'Charles Quigley'; 'Peter DeMartino'
Subject: The FY 2013 - FY 2014 CoC Program Competition is Now Open
Importance: High

As you, no doubt, noticed, the Continuum of Care Competition is now open and that your project applications are due January 3rd! Then, the CoC will rank them and submit our Exhibit 1 by February 3rd. I will send out more information to the whole continuum but wanted you all to get started as soon as possible on your project applications. Pay close attention to whether they are asking for information about Fy13 or FY14 competition. As I understand it, they are attempting to move this competition to a two year cycle but it is not clear on whether that complete transition has been made now.

Kaki Dimock
Executive Director

Leading People Home



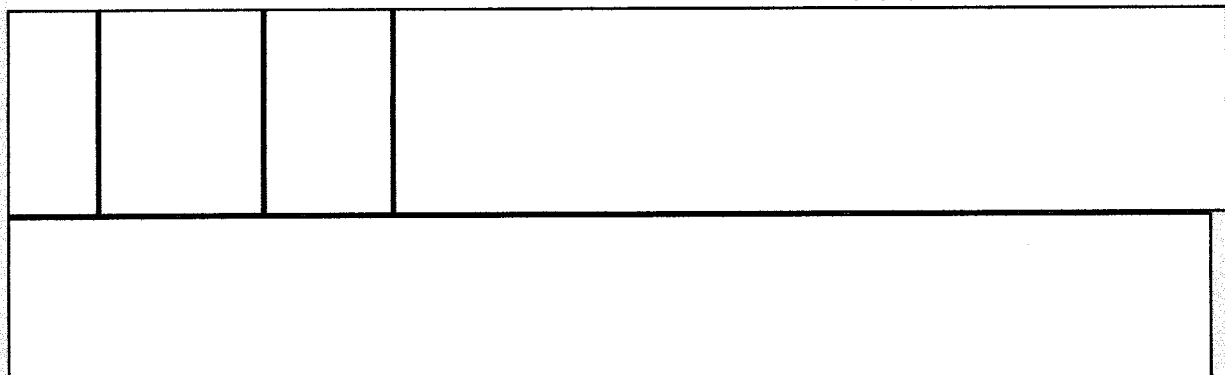
Thomas Jefferson Area
Coalition for the Homeless

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----- Forwarded message -----

From: **OneCPD Mailing List** <news@mail.onecpd.info>
Date: Fri, Nov 22, 2013 at 1:54 PM
Subject: The FY 2013 - FY 2014 CoC Program Competition is Now Open
To: tommy.phillips@pcni.org

Is this email not displaying correctly? [View it in your browser.](#)



The FY 2013 - FY 2014 CoC Program