

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

CoC Lead Agency Name: Homeward

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeward

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Homeward is a stand-alone community non-profit agency that is governed by a board and was incorporated to serve as the Richmond region's planning and coordinating agency for homeless services. Homeward was formed to serve as the community's lead homelessness agency and employs staff that supports the implementation of the community's Ten Year Plan. It is recognized as the continuum's lead agency by all of the local governments in our continuum

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 28%

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

Elected:

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

Specify "other" process(es):

Other- Employed

Homeward is a non-profit agency with a board of directors. The board employs a staff that is responsible for executing the agency's mission.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Members are elected to the Homeward Board of Directors after nomination or recommendation from one of the following sources 1) other board members, 2) members of the Continuum, 3) or by other community members. Additionally, the board has representatives from four local governments that have been invited to serve as ex-officio members and are appointed by the local governments' administrations.

Our goal for membership selection is to ensure regional diversity and to incorporate a broad variety of expertise and experiences from both the public and private sectors.

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

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

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

With the forthcoming HEARTH Act, Homeward is interested in accepting the continuum's administrative funds that will be used for administering the HUD funding process. Homeward currently provides this support to the continuum through funds that it raises privately. Given the increased oversight and monitoring burden that will come with local HEARTH implementation, Homeward will need additional resources to provide staff time for managing these increased responsibilities.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Data Review Workgroup	Provides oversight for HMIS administration. Responsible for regular reviewing system level data and identifying areas for further analysis. This group is responsible for providing input on the community's PIT counts.	quarterly (once each quarter)
Service Provider Leadership Council	Groups consists of the 12 largest homeless and supportive services providers in the continuum. The group meets to review trends in the homeless population and to discuss implementation of 10-Year Plan.	Bi-monthly
Executive Director's Network	Group consists of local homeless and supportive service provider executive directors. The group meets regularly to provide program updates and information sharing.	Bi-monthly
Central Intake Taskforce	Group consists of front line workers who directly serve those experiencing homelessness. Provides program updates and special presentations on topics of concern. This groups works to address discharge planning and other micro-level processes that cut across the continuum.	Bi-monthly
Ranking Committee	Consists of representatives from local government, local non-profit community, and service providing agencies. The role of this group is to review SHP applications, make recommendations, and ratify the final submission. Members also monitor project outcomes from year to year.	annually (every year)

If any group meets less than quarterly, please explain (limit 750 characters):

The Ranking Committee generally meets 3-4 months before the community's application is due to HUD. This group receives regular communications, but is convened for the sole purpose of 1) establishing a ranking process, 2) reviewing applications, 3) making recommendations for funding, and 4) ratifying the community application.

Since this is the group's only function is ranking, convening on a more frequent basis is not necessary. When the group is not being convened, members are kept informed of the continuum's activities through participation on other committees or groups.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Virginia Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Boaz & Ruth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Commonwealth Catholic Charities	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CARITAS (Congregations Around Richmond Involved...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Daily Planet	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Daughters of Zelophehad	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Emergency Shelter, Inc. (HomeAgain)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Freedom House & Conrad Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Hilliard House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Legal Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Offender Aid Restoration	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Richmond Behavioral Health Authority	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
McGuire VA Medical Center	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans

Rubicon	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Safe Harbor	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Second Chance Supportive Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
St. Joseph's Villa	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Healing Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Way of Greater Richmond and Petersburg	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Virginia Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, HI...
William Byrd Community House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
ACTS	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Paul's Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
ASWAN (A Society Without a Name for a People Wi...	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Embrace Richmond	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Chesterfield Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Richmond Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Richmond Behavioral Health Authority	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Richmond Department of Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Richmond City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Richmond Redevelopment and Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE

Henrico Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Richmond City Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Homeward	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Chesterfield Department of Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Henrico Department of Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Hanover Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
CapUp	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Hanover Safe Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Virginia Department of Corrections

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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Name of organization or individual: Boaz & Ruth

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Employment
(select all that apply)

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Name of organization or individual: Commonwealth Catholic Charities

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Mental health, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: CARITAS (Congregations Around Richmond Involved To Assure Shelter)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Daily Planet

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Prescription Assistance, Healthcare, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
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Name of organization or individual: Daughters of Zelophehad

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Emergency Shelter, Inc. (HomeAgain)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Freedom House & Conrad Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hilliard House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Child Care, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Legal Aid

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Offender Aid Restoration

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Case Management, Life Skills, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond Behavioral Health Authority

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Mental health, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: McGuire VA Medical Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Prescription Assistance, Mental health, HIV/AIDS, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Rubicon

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Safe Harbor

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Second Chance Supportive Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills
(select all that apply)

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- Type of organization
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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Joseph's Villa

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Transportation, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Healing Place

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Healthcare, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Child Care, Utilities Assistance, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: United Way of Greater Richmond and Petersburg

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Virginia Supportive Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Healthcare, Mental health, HIV/AIDS
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: William Byrd Community House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Child Care, Life Skills, Mortgage Assistance, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: YWCA

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ACTS

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Paul's Episcopal Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ASWAN (A Society Without a Name for a People Without a Home)

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Embrace Richmond

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chesterfield Department of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Child Care, Mortgage Assistance, Rental Assistance, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond Department of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Utilities Assistance, Life Skills, Child Care, Mortgage Assistance, Prescription Assistance, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond Behavioral Health Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Prescription Assistance, Mental health, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond Department of Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond City Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Law Enforcement, Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond Redevelopment and Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Case Management
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Henrico Department of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Child Care, Mortgage Assistance, Rental Assistance, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richmond City Public Schools

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Homeward

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chesterfield Department of Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Henrico Department of Community Development

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group,
(select all that apply) Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hanover Department of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Rental Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CapUp

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Utilities Assistance, Rental Assistance, Employment
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hanover Safe Place

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

Rating and Performance Assessment Measure(s): (select all that apply) g. Site Visit(s), k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement), b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The total number of beds is similar to last year (i.e., 3 more year-round beds were reported, and 10 fewer O/V beds were reported) due some minor fluctuations in provider inventories.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Not applicable.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

There was a decrease of 123 beds in the transitional category, mainly due to fluctuations in the number of beds reported by some of the programs that are less connected to the CoC. For example, while we had previously reported in 2009 that the Richmond Outreach Center (ROC) had 175 beds available, they reported 29 beds in 2010. Part of this is probably a learning curve for them as we have tried to engage with them more. We intend to continue to engage with some of these providers on the fringe of our system, and over time, it seems likely that their bed inventories will be more stable as they better understand our definitions and requests.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

An additional 19 PSH beds became available this year through the efforts of Virginia Supportive Housing, which brought online more beds for A Place to Start (for adults with serious mental illness) and their Finds/dFinds program.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

In determining unmet need, Homeward starts with a review of HUD unmet need formula results. Additionally, need is determined using by analyzing PIT counts and HMIS data. Special emphasis has been placed on understanding data on the local unsheltered population, veterans and children aging out of foster care. These general and sub-population analyses are shared with work groups and committees that include both providers and stakeholders who discuss local trends and prioritize need. Additionally, other local data sources on housing, services, and income are used to further prioritize needs.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? Yes

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Not Applicable

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

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

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 01/13/2003

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Other, No or low participation by non-HUD funded providers, No CoC formal data quality plan

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not applicable

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The Lead Agency on HMIS has worked to cultivate multi-level relationships and build trust with non-HUD funded providers not yet providing data to HMIS. Specifically, Homeward has worked to educate and orient non-HUD funded providers on the usefulness of the system and reporting functionality, in addition to involving them in community discussions about homelessness. All providers in the CoC report data for the point-in-time counts, and they all seem willing to work with us. However, some have alternative data tracking systems, and convincing them to enter people in multiple systems is a challenge. We have drafted a data quality plan and plan to formally implement it in 2011.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Homeward

Street Address 1 1125 Commerce Rd

Street Address 2

City Richmond

State Virginia

Zip Code 23224

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.
First Name Margot
Middle Name/Initial
Last Name Ackermann
Suffix Ph.D.
Telephone Number: 804-343-2045
(Format: 123-456-7890)
Extension 11
Fax Number: 804-343-2049
(Format: 123-456-7890)
E-mail Address: mackermann@homewardva.org
Confirm E-mail Address: mackermann@homewardva.org

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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 (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

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

Not applicable.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	7%
* Date of Birth	0%	0%
* Ethnicity	2%	1%
* Race	0%	1%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	8%	3%
* Residence Prior to Program Entry	3%	1%
* Zip Code of Last Permanent Address	6%	5%
* Name	0%	0%

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

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

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Data quality reports (known locally as "Data Coverage Reports") are run monthly for all participating agencies and reviewed by HMIS staff. When problems are identified, reports are delivered individually to agency administrators and formatted to facilitate easy and immediate correction of omissions. Low or declining percentages trigger personal follow up, revisions to training, retraining, and sometimes help with data entry. Additionally, we have recently begun providing some outcome data by shelter to executive directors in a group setting and facilitated one-on-one discussions about data quality - whether it accurately reflects their program on such measures as the number of clients served, the length of stay, and recidivism rates.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Every effort is made to integrate use of Entry/Exit dates into daily workflow. The distribution of client lists, bed night counts, and use of HMIS to manage bed lists leads directly to frequent review and immediate correction by shelter staff. While monthly review by HMIS staff is helpful, this integration with the daily workflow of front line staff has proven more effective than any after-action review. Additionally, staff at many agencies are participating in HPRP, and monthly review and distribution of these reports has helped enforce the need for valid entry and exit dates.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? Yes

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	Never
Point-in-time count of sheltered persons:	At least Semi-annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	At least Annually

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Semi-annually
* Locking screen savers	At least Semi-annually
* Virus protection with auto update	At least Semi-annually
* Individual or network firewalls	At least Semi-annually
* Restrictions on access to HMIS via public forums	At least Semi-annually
* Compliance with HMIS Policy and Procedures manual	At least Semi-annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 06/09/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Semi-annually
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? semi-annually (twice a year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 90-99%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

In spite of the poor economy, our overall numbers decreased 12% from January 2009 to January 2010. Within these totals, both sheltered and unsheltered numbers decreased. We believe that part of the sheltered decrease has to do with unreliability of point-in-time reports from a large faith-based provider. During this time, we also saw a 17% decrease in our unsheltered population and a 40% decrease in our chronic population, down from 72 to 50 individuals. This significant decrease is likely attributable to the success of Virginia Supportive Housing's A Place to Start program, which takes chronically homeless individuals living on the streets with mental illnesses and puts them into permanent supportive housing. Future counts (done twice a year) will help establish whether this is a reliable change.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

Shelter providers are asked to complete a bed count form for the night of the point-in-time count indicating how many people were sheltered that night. These forms provide information on the type of shelter, family composition, and other details (e.g., subpopulation data). The sheltered count from 2009-2010 is similar to previous counts with a similar number of beds. In 2011, we will be piloting the addition of HMIS counts, which will be conducted as a part of our community's data quality plan and be used to supplement and doublecheck the bedcount forms.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

Shelter population data was collected during the Winter Point-in-Time count when providers included information about subpopulations on the bed count form that they completed for the night of the point-in-time count. This information, along with knowledge of the characteristics of clients served and data from the point-in-time surveys, was used to estimate subpopulation data.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Other

If Other, specify:

We use a combination of going to known locations (e.g., encampments) with police and social services personnel; having trained individuals (police and social services personnel) do street outreach; and conducting surveys at area meals programs and in area social services offices.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

On the point-in-time survey, there is a question that asks where people will stay that night. Individuals who indicate that they will be in the cold weather shelter (opened by the city based on temperature) are not counted based on the fact that they have taken a survey; they are counted based on the number of people who stay at the cold weather shelter that night. In addition, all surveys are examined for potential duplication based on the age/birthday combination, along with other demographic information provided.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC did not count any unsheltered households with dependent children in the most recent winter Point-in-Time count.

In the Richmond continuum, homeless households with dependent children are usually served through local departments of social services and subsequently receive priority services. These services include priority for shelter placement through Central Intake, participation in the community's rapid re-housing demonstration, and assistance with coordinated child-welfare and homeless services.

HPRP has dramatically increased the ability to serve unsheltered households and each locality in our continuum that received funds designated a portion of its HPRP funding for rapid re-housing and homeless prevention for families. In 2011, our CoC hopes to enhance our partnership with the local school system to better identify households with children who may be homeless. We have had initial discussions with our McKinney-Vento coordinator and trainings are in the planning stage.

The focus of outreach efforts are on households with unsheltered adults without minor children.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Our efforts to address the unsheltered population have focused on enhanced coordination with mainstream resources and permanent housing. In the Spring of 2010, Homeward convened a group of stakeholders to host a peer-training for agencies interested in using the SOAR process to increase acceptance of Social Security applications from our community's unsheltered street population. The training was held on June 28, 2010, and an oversight group that includes a permanent supportive housing provider, state disability services, and Social Security has been formed and will meet to monitor take-up rates and community processes.

The CoC also relies on front-line outreach workers to provide community-based services to our unsheltered population. Richmond Department of Social Services employs three outreach workers to provide community-based services to those seeking shelter. With the additional permanent housing units, outreach workers have been able to conduct intakes and referral for permanent housing.

The Richmond Police Department continues to support the community's human services network by providing outreach support with its Operation HOPE team. This project partners law enforcement with an outreach social worker. The unit primarily works with those living in camps and chronic inebriates. The unit participates in the CoC Planning Meeting, and Homeward is partnering with this unit to provide additional training on outreach and engagement.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The continuum's primary method for increasing the number of permanent housing beds has been through re-programming existing SHP funds from supportive services and transitional housing to permanent supportive housing. In 2008, the continuum began a realignment process and created 21 new permanent housing units. In 2009, the continuum applied for and received funding for an additional 9 S+C subsidies and 6 units from the Samaritan bonus. In 2010, we will continue increasing the number of permanent housing beds by applying for a new permanent housing project to serve 12 individuals and a bonus request that would serve 8 individuals. We also anticipate bringing another 21 unit on-line through a regional SRO partnership in December 2010.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Longterm, the CoC expects to increase the number of beds for this population by continuing to encourage regional partnerships to increase the funds and vouchers dedicated to projects serving this group. In December 2010, the community will began construction on a regional SRO expansion that will increase the number of units for the chronically homeless by 21. Three local governments have partnered to provide funding for this expansion.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 90
- In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 131
- In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 242
- In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 332

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

Our CoC's current percentage is 93%, which is extremely high. This a slight decrease from our 2009 outcome of 97%. We anticipate maintaining our existing quality in permanent housing by adding additional focus on aligning property management with supportive services as needed. One of the ways our community is doing this by bringing supportive services and property management under one agency's roof. Our goal is to streamline services for the clients and continue to provide high quality services.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

Again, with a high retention rate, we feel that our efforts are adequate and that the continuum should continue to manage the permanent housing projects as they are.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 93

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 97

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 97

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 97

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

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The current percentage of those transitioning to permanent housing is 74%. The CoC has coordinated with HPRP efforts to target families and individuals living in transitional housing for rapid re-housing. Each of our three localities that received HPRP funds has a program that offers rapid rehousing for a variety of populations. The largest target for funds in the single adult population.

Our community's transitional shelters continue to develop aftercare projects to move people into permanent housing more quickly and to wrap the supports around them to keep them housed. Additionally, the continuum has partnered with the local public housing authority to give preference for entrance into public housing for homeless families leaving shelter.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Our CoC continues to emphasize increased permanent supportive housing stock and rapid rehousing as ways to decrease shelter stays and ensure long-term housing stability. Our expectation is that this will decrease the number of people requiring the services of transitional housing and increase the amount of resources per person that can be directed towards providing more intensive upfront resources and aftercare for those living in transitional shelter.

Additionally, we have begun reviewing shelter outcomes and are using HMIS data to identify which shelters exit to permanent housing and which ones exit to other locations. We hope to use these data to continue to match service intensity to service need.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 74
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 80
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 90
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 97

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

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

In 2009, Homeward reviewed data from PIT counts that indicated that employment and criminal records are the two most identified barriers to housing for our local homeless population. As a result of this review, Homeward's board established a barriers to employment subcommittee that has looked at enhancing the partnership between the workforce investment board and homeless services.

Additionally, CoC agencies have begun developing employment programs that are designed to provided work opportunities for those who may not be best served by the existing workforce system. In January 2010, CARITAS Works will begin operating a pilot project to provide job training and life skills services to 15 homeless individuals in the Richmond continuum. The goal is to bring this project to scale within the 12 months.

Given the current economic environment, we are cautiously optimistic that our effort will result in a moderate increase of those exiting with employment within the next 12-months.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Our long-term goal is to develop a formal MOU with the community workforce board to clearly define expectations about clients referred by homeless service agencies. Our hope is to continue to pressure the local workforce system to address the needs of clients who may not be "work ready" but need employment assistance to advance. We believe strongly that mainstream services should address the needs of this population, and we hope to assist those service systems in better serving this population.

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 12

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit? 15

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit? 30

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit? 50

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

Our continuum continues to believe that rapid re-housing and enhanced prevention services are the best method for addressing family homelessness. In 2010, The Richmond CoC implemented a pilot rapid re-housing project that targeted families entering and living in emergency shelter. Since May, the project has served 19 people in 5 households. We hope to expand on this demonstration in the future by working with agencies to re-align resources to provide more flexible funds to serve household with children.

Additionally, we anticipate HPRP continuing to target households with children for homelessness prevention.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

Long-term, our CoC hopes to increase the coordination between homeless service and child welfare to reduce the number of families entering into homeless. Our view is that this would enhance our child welfare service delivery, support families in a more comprehensive way, and increase our connections to mainstream resources.

We also see the PHA having a significant role in housing homeless families, and we hope to continue expanding our current homeless family preference with our housing authority to serve additional families facing a housing crisis and at risk of homelessness.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 78

In 12-months, what will be the total number of homeless households with children? 68
In 5-years, what will be the total number of homeless households with children? 40
In 10-years, what will be the total number of homeless households with children? 10

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify 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.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

Homeward is a member of CRILAY (The Central Region Independent Living Advocates for Youth) and headed a subcommittee to develop a protocol for youth aging-out-of-foster care. The committee met during the Spring and Summer of 2010, and Central Intake developed a protocol that was shared with CRILAY in August 2010.

While we have developed a protocol for entrance into shelter, the committee's long-term goal is to advocate for additional resources to support young adults leaving foster care and to expand state flexibility to re-accept young people who choose to discontinue services at 18 years of age.

The current protocol asks independent living coordinators to contact central intake for intake and assessment only after all other housing resources have been exhausted. An intake is done and central intake notifies coordinator once shelter is identified.

Health Care:

Central Intake has collaborated with local hospitals to develop a process for placing homeless patients into shelter upon release. Hospitals have agreed to contact Central Intake prior to release to make the agency aware of the patient and to provide notification of specific medical needs. Patients are referred to Central Intake for shelter placement and depending on level of medical care needed patients can be placed in medical respite, shelter, or a motel.

Mental Health:

Central Intake has collaborated with mental health facilities to develop a process for placing homeless patients into shelter upon release. Facilities have agreed to contact Central Intake prior to release to make the agency aware of the patient and to provide notification of specific medical needs. Patients are referred to Central Intake for shelter placement and depending on level of medical care needed patients can be placed in medical respite, shelter, or a motel.

Corrections:

Central Intake has collaborated with local corrections facilities to develop a process for placing homeless persons being released from jail or prison into shelter. Corrections facilities have agreed to contact Central Intake prior to release to make the agency aware of the client and to provide notification of specific medical needs. Clients are referred to Central Intake for shelter placement.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Support the Ten Year Plan to Prevent and End Homelessness in the Richmond Region developed by the coordinated agencies of the Continuum of Care partnership. High priority will be placed on programs that reduce homelessness and that support linkages between economic development and housing; community development; and social service needs.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

Homeward has led the efforts to coordinate the use of HPRP funds among the three communities that have received funds. Homeward provides HCIS administration for HPRP grantees and subgrantees and Homeward staff participates in each of localities regular HPRP monitoring workgroups. Homeward also maintains a HPRP webpage that details ways agencies and citizens can access these funds. Agency managers regularly meet to discuss individual cases and strategies on ways to improve data collection and to use other prevention resources including EFSP, LIHEAP, private, and local funds to support costs not covered by HPRP. These interactions take place between service providers within localities.

In the future, we hope to improve front-end coordination of prevention resources to provide better case management for those needing assistance from several funding sources.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

HUD VASH Coordination- The VA and local non-profits have partnered to provide furniture and security deposits for vets with vouchers. Unfortunately, our community is experiencing a long waitlist for HUD VASH vouchers so while agencies continue to refer potential clients to VASH, there has been a lull in clients accepted to the programs.

NSP and ARRA Funds- Homeward met with each locality upon the release of the funds to make recommendations on how the funds can be used to support the goals of the community's Ten Year Plan, especially around creating permanent supportive housing. As a result, three localities receiving additional CDBG funds have agreed to designate some of their funds for the support of a regional SRO.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place. As part of the protocol established by the McKinney-Vento liason for the Richmond Continuum, each family seeking shelter from our community's central intake is assessed for eligibility for McKinney-Vento services. This assessment has been incorporated into the community's standard shelter intake. Families are also assessed for possible service needs at shelter exit. Shelter and Central Intake staff are all trained on indentifying possible service needs by our local McKinney-Vento coordinators.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

On a system level, Homeward has worked to educate shelter providers about the responsibility of school systems to assist families experiencing homelessness. Our primary means of education is offering training at our annual best practices conference that target shelter management and frontline workers. In 2010, the conference had over 200 attendees who were exposed to sessions on increased coordination between shelters and schools.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

Homeward staff has regular contact with the continuum's McKinney-Vento coordinator, and the coordinator sits on the continuum's data review committee. In 2011, the CoC will partner with McKinney-Vento to host a training for educators and shelter staff on trauma informed practice and the special needs of families in shelter.

As the community prepares for the implementation of HEARTH, we hope to review the relationship between the CoC and schools and increase our emphasis on using schools as a referral source for families who are precariously housed and may be eligible for prevention services. Our community has done some informal work on this with HPRP, and we hope to formalize our effort during the preliminary HEARTH planning.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The CoC is committed to supporting the VA's 5-year plan to end veteran homelessness, and Homeward has had conversations with the local VA to discuss ways to better outreach out community's unsheltered adult veteran population. We regularly participate in the CHALENG process and coordinate our community's annual Project Homeless Connect efforts to meet our DOL Stand Down funding requirements of serving veterans with improved access to employment resources.

Currently, the community has 3 providers providing transitional shelter and 1 provider providing permanent supportive housing. The 3 providers serving veterans with transitional housing are The Daily Planet, HomeAgain, and FreedomHouse. All 3 providers provide grant and per diem beds for veterans. HomeAgain also operates a domiciliary on the campus of our McGuire VA. Virginia Supportive Housing provides 8 permanent housing beds for veterans through their Veteran's Apartment Program. Each of these agencies' work is consistent with the community's Ten Year Plan because of the emphasis on linking veterans with mainstream resources, especially at the VA.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	152	Beds	90	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	95	%	93	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	78	%	74	%
Increase percentage of homeless persons employed at exit to at least 20%	50	%	12	%
Decrease the number of homeless households with children.	80	Households	68	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

Create new PH beds for chronically homeless- As previously stated, our original estimate of chronic beds was incorrect leading to a high target for the creation of chronic beds. We have revised the bed counts and the new estimates are more realistic, as they are based on revised data. At this time, our CoC is slated to bring another 21 beds on-line as part of a regional SRO expansion. This project has taken over 2 years to bring into existence; however, groundbreaking is scheduled to start December 2010.

Permanent Housing Stayers- Given the high percentage of permanent housing stayers in our continuum, we believe this reduction in stayers may be the result of reporting errors, and we will further investigate the outcomes with our permanent housing providers.

Employment- Achieving our employment goal has become increasingly more difficult in the current economic environment because many of our shelter stayers are encountering great difficulty in obtain employment that is adequate for maintaining housing.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	72	102
2009	73	102
2010	92	90

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 15

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$50,000	\$400,000	\$250,000	\$50,000	\$50,000
Total	\$50,000	\$400,000	\$250,000	\$50,000	\$50,000

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The change in the number of chronically homeless and the number of chronically homeless beds is reflection of a methodology changes to better estimate the number of chronically homeless individuals in the continuum. This year's number of chronically homeless was determined by extrapolation, and we have revised the previous year's estimate based in this methodology.

This year's reported reduction of chronically homeless beds is a result of a error in previously reported beds. Virginia Supportive Housing has revised its report of beds dedicated to this population which has resulted in a reduction. So even with the addition of 15 beds in 2009, the continuum is reporting a reduced number of beds because of this error.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	31
b. Number of participants who did not leave the project(s)	141
c. Number of participants who exited after staying 6 months or longer	19
d. Number of participants who did not exit after staying 6 months or longer	141
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	93

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select 'Save.' The 'Total TH %' will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	34
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	25
TOTAL TH (%)	74

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 911

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	74	8	%
SSDI	43	5	%
Social Security	7	1	%
General Public Assistance	6	1	%
TANF	19	2	%
SCHIP	0	0	%
Veterans Benefits	13	1	%
Employment Income	105	12	%
Unemployment Benefits	9	1	%
Veterans Health Care	11	1	%
Medicaid	88	10	%
Food Stamps	280	31	%
Other (Please specify below)	96	11	%
child support, savings, unspecified			
No Financial Resources	18	2	%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

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

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

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

This process occurs annually during the CoC SHP application process. Coordination to mainstream services is reviewed by the Homeward Staff and Ranking Committee and applicants are scored based on their ability to connect clients to services.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

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

The Executive Director's Network meets bi-monthly and has regular participation from local Department of Social Services staff. Meeting Dates: 1/8/10, 3/12/10, 5/14/10, 7/9/10, 9/10/10, 11/12/10.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

6/28/10- Community training for providers interested in using SOAR process.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
During program intake and assesment, case managers review applications and work with clients to identify mainstream services that he/she may need. Case managers will refer clients to these services and assist with applications as needed.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Richmond DSS uses a universal application form that can be used to apply for FS, TANF, Medicaid, ER, GR, and other local programs.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
This is done on an as needed basis. After client apply for benefits and services, case managers may contact mainstream service providers to follow-up on eligibility determinations.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
dFIND1 - Families	2010-10-22 14:14:...	1 Year	Virginia Supporti...	39,860	Renewal Project	SHP	PH	F
Collaborati ve Tre...	2010-10-22 12:25:...	1 Year	The Daily Planet,...	90,300	Renewal Project	SHP	SSO	F
HCIS Richmond Con...	2010-11-15 17:21:...	1 Year	Homeward	1,165	New Project	SHP	HMIS	F3
Flagler Services ...	2010-10-20 14:23:...	1 Year	St. Joseph's Villa	272,000	Renewal Project	SHP	SSO	F
Richmond Shelter ...	2010-10-19 12:39:...	1 Year	City of Richmond, ...	1,020,804	Renewal Project	S+C	TRA	U
Supportive Housin...	2010-10-25 13:50:...	1 Year	City of Richmond ...	60,480	Renewal Project	SHP	SSO	F
New (2010) Scatte...	2010-11-16 19:21:...	2 Years	Virginia Supporti...	442,232	New Project	SHP	PH	F1
Safe Haven	2010-10-22 12:32:...	1 Year	The Daily Planet,...	208,171	Renewal Project	SHP	SH	F
HCIS Richmond	2010-11-01 16:27:...	1 Year	Homeward	26,745	Renewal Project	SHP	HMIS	F
Hilliard House	2010-11-16 22:14:...	1 Year	Hilliard House	262,917	Renewal Project	SHP	TH	F
Bonus (2010) Scat...	2010-11-16 19:17:...	2 Years	Virginia Supporti...	313,769	New Project	SHP	PH	P2
Family INRICH Tra...	2010-10-22 12:22:...	1 Year	Emergenc y Shelter...	544,806	Renewal Project	SHP	TH	F

dFIND3 - Veterans	2010-10-28 14:50:...	1 Year	Virginia Supporti...	48,466	Renewal Project	SHP	PH	F
Veterans Transiti...	2010-11-16 21:45:...	1 Year	Emergenc y Shelter...	99,960	Renewal Project	SHP	TH	F
HCIS Training Exp...	2010-11-09 12:16:...	1 Year	Homeward	21,654	Renewal Project	SHP	HMIS	F

Budget Summary

FPRN	\$2,118,756
Permanent Housing Bonus	\$313,769
SPC Renewal	\$1,020,804
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	ConPlan Doc	11/15/2010

Attachment Details

Document Description: ConPlan Doc