

# Application to DHCD Submitted through CAMS

The Planning Council

SVHC 2024-2026 Application

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**Application ID:** 109402232024113520  
**Application Status:** Pending  
**Program Name:** HSNH 2024-26 Application  
**Organization Name:** The Planning Council  
**Organization Address:** 2551 Eltham Avenue  
Norfolk, VA 23513  
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**Project Name:** SVHC 2024-2026 Application  
**Project Contact Name:** Amanda Ofsonka  
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**Project Location:** 2551 Eltham Avenue, Suite I  
Norfolk, VA 23513-2505

**Project Service Area:** Isle of Wight County, Southampton County, Chesapeake City, Franklin City,  
Norfolk City, Suffolk City

**Total Requested Amount:** \$1,435,856.00

**Required Annual Audit Status:** Accepted

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## Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
<b>Outreach</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Outreach	\$0.00	\$0.00	\$0.00
<b>Centralized or Coordinated Assessment/Entry</b>	<b>\$136,874.00</b>	<b>\$0.00</b>	<b>\$136,874.00</b>
Centralized or Coordinated Assessment/Entry	\$136,874.00	\$0.00	\$136,874.00
<b>Targeted Prevention</b>	<b>\$235,124.00</b>	<b>\$0.00</b>	<b>\$235,124.00</b>
Targeted Prevention	\$235,124.00	\$0.00	\$235,124.00
<b>Emergency Shelter Operations</b>	<b>\$133,954.00</b>	<b>\$0.00</b>	<b>\$133,954.00</b>
Emergency Shelter Operations	\$133,954.00	\$0.00	\$133,954.00
<b>Rapid Re-housing</b>	<b>\$690,596.00</b>	<b>\$0.00</b>	<b>\$690,596.00</b>
Rapid Re-housing	\$690,596.00	\$0.00	\$690,596.00
<b>CoC Planning</b>	<b>\$119,654.00</b>	<b>\$0.00</b>	<b>\$119,654.00</b>
CoC Planning	\$119,654.00	\$0.00	\$119,654.00
<b>HMIS</b>	<b>\$59,827.00</b>	<b>\$0.00</b>	<b>\$59,827.00</b>
HMIS	\$59,827.00	\$0.00	\$59,827.00
<b>Administration</b>	<b>\$59,827.00</b>	<b>\$0.00</b>	<b>\$59,827.00</b>
Administration	\$59,827.00	\$0.00	\$59,827.00
<b>Total VHSP Funding Request</b>	<b>\$1,435,856.00</b>	<b>\$0.00</b>	<b>\$1,435,856.00</b>
<b>HOPWA</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$1,435,856.00</b>	<b>\$0.00</b>	<b>\$1,435,856.00</b>

Budget Narrative:

## Questions and Responses:

### 1. Part I Community Analysis and Processes

1. Based on data from PIT Counts, HMIS/HGIS, and other data sources, who is experiencing or at risk of experiencing homelessness or at risk of homelessness in the CoC/LPG? Include details regarding target population demographics, increases/decreases, and/or those who are especially vulnerable in the service area.

### Answer:

**Point In Time Count.** According to the Southeastern Virginia Homeless Coalition's (SVHC) 2023 Point in Time Count, there were 653 homeless persons counted across the CoC's service area, which includes Norfolk, Chesapeake, Suffolk, the City of Franklin, Isle of Wight County and Southampton County. **This is a 12% decrease over the 2022 count of 738 persons.** Of the 653 persons counted in 2023, 523 (80%) were in Emergency Shelter, 20 (3%) were in Transitional Housing and 110 (17%) were unsheltered.

Based on the Point In Time Count, the rate of homelessness in SVHC also decreased from 115 per 100,000 in 2022 to 102 per 100,000 in 2023. By comparison, the State of Virginia's rate of homelessness was 79 per 100,000 based on the 2023 VA PIT Count total.

**Point in Time Count by locality.** The number of persons counted by city were as follows:

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- Norfolk 412 (63%)
- Chesapeake 172 (26%)
- Western Tidewater 69 (11%)

**Household Type.** Seventy-five percent (75%) of persons counted were in Adult Only households (aged 18 and older), and 25% were in Households with Children. In 2023, there were 9 Parenting Youth Households (a parent aged 18-24, which is a subset of Households with Children) compared to just 3 in 2022. In 2023, there were 22 Unaccompanied Youth compared to 21 in 2022. In 2023, there were 110 Unsheltered Adults, which is a 37% increase over 80 Unsheltered Adults counted in 2022. There were no Unsheltered Children in either 2022 or 2023.

**Race.** The 2023 SVHC Racial Disparity Report indicates that between October 1, 2022, to September 30, 2023, Black/African American persons comprised 70% of the SVHC's homeless population, followed by 17% White, 8% Multiracial, 1% Other Race, and 4% Unknown. Black/African American persons are disproportionately represented among those in poverty and those experiencing homelessness in the region.

**Program Enrollment.** According to the System Performance Measures, there were 1,426 unduplicated persons across Emergency Shelter, Safe Havens, and Transitional Housing programs in HMIS in the SVHC service area. This is an 11% decrease from the number of unduplicated persons in the prior year (1,615 persons).

**Other Demographics.** The number of Veterans slightly decreased from 66 in 2022 to 54 in 2023. The number of Chronically Homeless Individuals also decreased from 157 in 2022 to 123 in 2023. However, the number of adults Fleeing Domestic Violence slightly increased from 45 in 2022 to 51 in 2023. The number of adults reporting a Serious Mental Illness decreased from 114 in 2022 to just 67 in 2023. Those reporting a Substance Abuse Problem decreased by half, from 40 in 2022 to just 20 in 2023. While the number of adults with HIV/AIDS has remained steady over the years, there was a decrease from 12 in 2022 to 9 in 2023.

**Housing Inventory Count.** In 2023, there were 2,123 beds for persons experiencing homelessness identified during the Housing Inventory Count, which includes year-round and seasonal/overflow beds for Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing. In 2023, there was a net increase of 168 beds (9%). The HIC changes include:

- A decrease of 88 Emergency Shelter Seasonal/Overflow beds
- A decrease of 5 Transitional Housing beds
- An increase of 102 Rapid Rehousing beds
- An increase of 72 Other Permanent Housing beds
- An increase of 51 Permanent Supportive Housing beds
- An increase of 36 Emergency Shelter Year-Round beds

**Housing Crisis Hotline.** In addition, the CoC analyzed call data from the Housing Crisis Hotline for the calendar year January 1 to December 31, 2023. The Hotline data includes HUD's Category 1 definition of Homeless and HUD's Category 2 definition of Imminent Risk of Losing Housing (will be homeless within 14 days or fewer and no supports or resources).

In 2023, there were 2,248 unduplicated Homeless callers, which is more than three times the number of persons counted in the 2023 Point in Time Count. This number also represents a 31% increase in the number of Homeless callers from 2021. There were an additional 2,250 unduplicated callers at Imminent Risk of becoming homeless, which is a 79% increase over 2021.

Together, the Hotline assisted a total of 4,498 callers. Of these, 35% were in Adult Only Households, 37% were in Households with Children, and 28% of callers did not provide household information or were calling on behalf of a friend/family member or client. By contrast, in the 2023 Point in Time Count, 75% of persons were in Adult Only Households and 25% of persons were in Households with Children.

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2. Describe in detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement. Include how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

**Answer:**

The SVHC's Crisis Response System is comprised of four participation roles: Access Points, Assessment Points, Housing Providers, and Supportive Service Providers. Participating agencies may operate as one or multiple roles across the six jurisdictions.

The ForKids Housing Crisis Hotline is a universal Access Point and serves as a directory for hundreds of resources throughout Greater Hampton Roads. A diversionary assessment is completed for callers requesting prevention or shelter assistance ensuring all alternative options have been exhausted prior to a referral to a CoC housing programs. When emergency shelter is not readily available, callers are referred to outreach services and Assessment Points across the region. The Hotline monitors call trends and may adjust schedules and staffing to accommodate peak hours and maintains operations during severe weather events. Outside of operating hours, the answering system provides a list of available walk-in services and open resources. To supplement the Hotline, ForKids maintains an online database, Resources757, that catalogs a variety of directly accessible resources. Households At Imminent Risk of becoming homeless are screened for eligibility for CoC Prevention programs and given additional information and resources. ForKids, LGBT Life Center, STOP Inc., and VBCDC operate homeless prevention programs.

DHCD awarded ForKids a new grant for the Virginia Eviction Reduction Pilot (VERP) in January 2023 to support Chesapeake households, which has been renewed for FY24. VERP was implemented to address the exceptionally high eviction rates in the State. The City of Chesapeake is in the top ten for evictions nationwide. Prior to launching, the VERP team used publicly available eviction data to identify apartment complexes, property management companies and owners with the highest number of evictions. Data was further analyzed to determine those areas with high serial filing rates, where tenants get multiple filings per year to maximize the impact of a limited resource. The program uses an efficient progressive engagement model, moving households from initial contact at a scheduled clinic to resolution within 2 weeks. Households are referred to the program through the Hotline, landlords, court navigators, and targeted outreach. The first step is attendance at a Clinic or meeting the Court Navigator at an unlawful detainer hearing. If the self-help knowledge presented is not enough to resolve the housing crisis, participants schedule and individualized assessment that occurs within three business days. If the participant is eligible and going to need additional support to prevent the eviction an application is sent. A quick final determination and resolution are the last steps. VERP was able to operate for 9 months in its first year and was able to serve 107 Chesapeake households, resulting in an impact significantly greater than the program's financial input.

Outreach teams participate as Access and Assessment Points and include staff from the Norfolk Community Services Board (NCSB), Chesapeake DHS, ForKids, Hampton VAMC, and Western Tidewater CSB. Outreach programs accept referrals but mainly canvass the entire geographic region of the CoC in search of households that are experiencing homelessness to connect them to benefits, collect vital documents, and continued case management. During winter months, outreach workers visit winter shelter programs to connect households to the CES. Additionally, the Chesapeake day shelter program, St. Columba, the Union Mission, and The Salvation Army operate site-based day shelters. Households experiencing homelessness can visit day shelters to access a plethora of basic services, hot meals, computers, and meet with a case manager. ForKids, the Union Mission, and The Salvation Army operate general population shelters. The YWCA, Genieve, and H.E.R. Shelter are regional Victim Service Providers (VSP) that operate DV shelter programs and navigate clients through the CES.

Once a household has been connected to an Assessment Point, they are then case conferenced at Service Coordination Committee (SCC) meetings. The CoC organizes SCC meetings by household type: SCC Singles and SCC Families. SCC Singles meets bi-weekly while SCC Families meets weekly. At SCC, households with the highest vulnerabilities and highest prioritization are referred to appropriate housing interventions that will end their homelessness and lead to self-sustained permanent housing. ForKids, YWCA, and LGBT Life Center have Rapid Rehousing (RRH) funds. ForKids and NCSB operate HOME Tenant-Based Rental Assistance (TBRA) grants. VBCDC and STOP receive Supportive Services for Veteran Families (SSVF) grants. The Salvation Army runs a Transitional Housing (TH) project for single adults. ForKids, Chesapeake Integrated Behavioral Health, WTCSB, Virginia Supportive Housing (VSH), LGBT Life Center, St Columba, and NCSB operate Permanent Supportive Housing (PSH) projects.

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SVHC also coordinates with the Veteran's Affairs Medical Clinic (VAMC) to provide HUD VASH vouchers. VSH manages three Single Room Occupancy (SRO) programs that provide OPH.

During housing search and after entering housing units, agencies continue to connect the household to wrap-around services to ensure stabilization in housing. The SVHC partners with STOP, Virginia Career Works, and the Virginia Employment Commission to assist clients with locating and obtaining employment, as well as job readiness skills. SVHC has an agreement with the Norfolk Redevelopment Housing Authority (NRHA) and with Chesapeake Redevelopment and Housing Authority (CRHA) to support a Move-On program. NRHA sets aside up to 36 HCV and 80 LIPH units. CRHA sets aside up to 12 HCV. Households graduating from TH, RRH, TBRA, and PSH homeless programs, are system involved, and who have a housing stabilization plan with associated services provided to them are eligible for these Move On programs.

3. 3. Identify where gaps exist within the CoC/LPG Crisis Response System to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. What is the CoC/LPG doing to address these gaps?

**Answer:**

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Affordable housing options remain a large gap across the entire state. Data from the 2021 American Community Survey by the U.S. Census Bureau shows that 54.1% of renters in the HUD designated Virginia Beach-Norfolk-Newport News metro area are cost burdened or paying more than 30% of their income on housing. Cost-burdened renting often puts households in untenable financial positions, forcing them to choose between the outsized expense of rent and other necessities. The statewide average poverty rate is 10%, yet the average rate for Norfolk, Chesapeake, and Suffolk is 12.86%. Each of these cities ranked highly on the Eviction Lab's list of "Top Evicting Cities in the United States." Out of 313 cities across the US, Norfolk ranked #6 on the list, Chesapeake #10, and Suffolk #28. High eviction rates perpetuate the cycle of poverty and endanger the health and wellbeing of families. Greater Hampton Roads Connects reports that 19,351 or 6.17% of families with children in South Hampton Roads are living below the poverty line.

From July 1, 2022, through June 30, 2023, the Housing Crisis Hotline answered 65,402 calls from 35,374 households across Hampton Roads. In the SVHC service area in FY23, the Hotline answered 27,683 calls from 14,007 callers in FY23. For FY24 through mid-February, the Hotline has answered 16,698 calls from 9,445 callers.

Prevention services intervene during housing crises before homelessness can occur and are a critical resource for those at imminent risk of becoming homeless. In FY23, 2,451 callers to the hotline reported being at imminent risk. Preventing homelessness can help these families maintain stability and protect them from the dangers of living in places not meant for human habitation. However, in FY23, only thirty-seven households in the SVHC service area received VHSP prevention services.

The largest gap identified in the CoC demonstrates that clients accessing the crisis response system are not always assessed or presented for community housing interventions. This is determined by SVHC members and supported with CoC-wide System Performance Measures and Coordinated Entry data. For example, from October 1, 2022 – September 30, 2023, the System Performance Measures (SPM), documented 1,426 unique persons accessed services at emergency shelter or transitional housing projects. It is important to note the SPMs do not include data from regional Victim Service Providers. Over the same period, 2,063 literally homeless persons were entered into the CoC Coordinated Entry System (CES) project. The 2,063 persons that accessed comprise a total of 1,593 households. A Housing Needs Assessment was recorded for 482 households. This demonstrates that households accessing crisis services were not connected to another service provider for assessment, and therefore are never considered for a housing intervention. This grant proposal requests increases to expand Coordinated Assessment services, along with additional RRH beds.

HUD requires CoC's to evaluate their Coordinated Entry systems annually, at minimum. The SVHC, after reviewing system data, noticed the difference between households that were accessing services through the Hotline and other up-front services, such as shelter and outreach, but did not get assessed and presented at the bi-weekly SCC meetings.

All agencies that receive governmental funds utilize the Homeless Management Information System (or a comparable database), as the repository of client-level data. By ensuring agencies maintain high data quality standards, the data provides useful information to inform the CoC, city leadership, regional and statewide partners, and funder agencies about the homeless population and services in SVHC to assist with policy and funding decisions. SVHC agencies review gaps in the system through ongoing data review during the monthly Program Monitoring Committee (PMC) meetings. Data from the Housing Crisis Hotline is also presented to the membership and reviewed bi-monthly, demonstrating the number of unduplicated callers and the variety of stated needs. The PMC and Governing Board review racial disparity reports, spending reports, CE system referrals, Point in Time, and Housing Inventory Count data, as well as System Performance Measures.

To address gaps identified with housing referrals, the SVHC established a Coordinated Entry System work group to review systemic gaps and processes to make improvements which meet monthly to bridge gaps and adjust current policies and processes. The CoC also continues to grow cross-sector connections to develop new relationships with agencies in the region for broader service provision. The CoC is working towards building confidence in these agencies to apply for state, local, and federal funding to continue the mission of making homelessness rare, brief, and non-recurring.

4. Describe the CoC/LPG's coordinated entry process to include: how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

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## Answer:

Households in the community can access the Coordinated Entry process through the Housing Crisis Hotline, local emergency shelters, designated homeless service providers, and outreach workers who canvas known places that people experiencing homelessness congregate. These Access Points, whether physical, via telephone or outreach services, are avenues through which households experiencing a housing crisis within the geographic area can easily initiate the coordinated entry process for screening, assessment, and connection to the most appropriate resources. Households that meet At Imminent Risk and Literal Homeless definitions are recorded in the SVHC Coordinated Entry project in HMIS, which populates the By-Name List (BNL).

Providers that are not designated to serve as Access Points direct households to the Housing Crisis Hotline for screening and referrals to community resources. Once the individual/household has completed the screening process and has been found eligible they are referred to appropriate Assessment Points across the region.

Households identified to be at imminent risk of becoming homeless are screened at any Access or Assessment Point. The SVHC uses a prevention screening assessment to identify if households are eligible for Prevention and prioritize based on barriers. Households that score above specific thresholds are then referred to prevention programs as vacancies arise.

Households that are present to winter shelter will be offered a bed in the Emergency Shelter where they arrived if space is available, and the household is population appropriate. If they are not appropriate for the population, they will be referred to a shelter that is more appropriate and has available space. Local police departments are trained in Crisis Intervention Techniques and transport persons encountered on the street to winter shelter. If shelter space is not available, the household will be referred to other community resources. When winter shelter is not in operation, households in need of emergency services after normal operation hours may leave a message with the Housing Crisis Hotline and calls will be returned on the next business day.

Assessment Points use a standardized Housing Needs assessment tool to identify the household's level of vulnerability and to help guide decisions around the appropriate level of services and housing. To ensure that the most vulnerable households are receiving assistance, housing programs that participate in CES no longer maintain their own waitlist and do not actively recruit households for their specific programs. Assessment Points record the Housing Needs assessment score in the SVHC CE project, which populates the Prioritization List (PL). Prioritization Lists are maintained separately for households with minor children and households without children.

The Service Coordination Committees meet to provide case conferencing for households on PLs and make direct referrals into the most appropriate program, based on the availability of openings, program eligibility, and prioritization. Federal, state, and local Fair Housing Laws inform the referral process. The process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness, and prioritization of the most vulnerable. The Service Coordination Committee for Singles meets bi-weekly, and the Service Coordination Committee for Families meets weekly. Both meetings are inclusive of designated access point staff members, assessment point staff members, housing providers, case managers, and participating members from social/human services departments as well as other local service providers. The Committees develop coordinated plans for homeless singles and families to expedite exits to permanent housing, including rapid rehousing assistance, and prioritize the most vulnerable for available housing placements within the CoC.

Referrals to housing interventions are made based on the following factors: results of the assessment tool, available openings, established priority populations, and program eligibility. Once a household is matched to a housing intervention, the Assessment Point staff connected to the household will inform the household of the match. Housing intervention referrals are generated in HMIS and recorded as CE Events. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within a reasonable amount of time. The receiving agency has seven days to update the committee on the outcome of the referral (i.e., accepted into program, declined, unable to contact) in HMIS. A household can be denied a referral to housing intervention if the household does not meet the program's eligibility criteria, or the household is unable to be contacted for intake. When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the PL. The household will maintain its order on the list and will be eligible to be referred to the next available housing intervention.

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HOPWA referrals are not made through the SVHC Coordinated Entry System. However, during case conferencing, if a household is identified as eligible for HOPWA services, they are connected to the LGBT Life Center for screening and any other services they may request.

5. Describe the CoC/LPG's coordinated entry system's prioritization process for prevention assistance, emergency shelter placement, and permanent housing placement. How were these prioritization criteria developed? Were these criteria informed by the communities' needs? If applicable, include any DHCD-funded HOPWA services in this discussion.

## Answer:

All households that meet the HUD definitions of homeless categories 1, 2, and 4 are entered into an SVHC Coordinated Entry project in HMIS. Households in this project populate the CoC's By-Name List (BNL) and the Prioritization Lists. The BNL and PLs are used to identify households that meet homeless status, screen for project eligibility, and prioritize based on the CoC priorities for service referrals.

**Prevention** – If a household is at imminent risk (facing homelessness within 14 days) the Access Points complete a screening and prioritization assessment to identify the household's eligibility for available programs within the SVHC. To prioritize resources for those with the greatest need, households that most closely resemble those that are already in emergency shelter are prioritized for prevention assistance. These characteristics include households that: have a fixed income (SSDI/SSI or other), have previously entered the shelter system, or are living in a hotel/motel/doubled up situation. Referrals are immediately sent to the appropriate agency to initiate contact and begin the application process. The local prioritization tool was developed by reviewing vulnerabilities and demographics of households that became homeless without the assistance of Prevention programs.

**Emergency Shelter** – Households that are literally homeless are prioritized for emergency shelter, followed by households that are at imminent risk. The SVHC does not split up families, therefore referrals are made for highly vulnerable households that fit the vacancy, attempting to identify a household that will utilize the space most efficiently with the highest barriers. Households that are too large for a vacancy may be referred for a hotel voucher until shelter space is available. Households smaller than the max capacity of the vacant unit will be considered by both household size and vulnerabilities. Additionally, the CoC uses the following characteristics to identify the most vulnerable households for shelter referrals: no access to other options, age of children, medical conditions, safety of unsheltered options, and length of time homeless.

Households fleeing domestic violence are eligible for DV shelters. DV shelter programs prioritize in the following manner: 1) household is in imminent danger of domestic and/or sexual violence, 2) household has recently experienced domestic and/or sexual violence but is not currently in imminent danger, 3) household is homeless and is past victims of domestic and/or sexual violence. 4) The household is homeless and has not experienced domestic or sexual violence, but there are beds available.

**Transitional Housing** - For TH, households with lengthy homeless histories, extensive housing barriers, and the most severe service needs are prioritized. Referrals for TH are also subject to the CoC priorities and assessment tool score.

**Permanent Housing Placement** – In order for clients to be eligible for Rapid Rehousing (RRH), the household must meet the HUD definition of homelessness and not have access to other housing resources. Households with chronic or veteran status are prioritized for RRH followed by households with the most severe service needs (according to the assessment score). For a household to be eligible for Permanent Supportive Housing (PSH), the household must be homeless, have a documented disabling condition, and a long length of time homeless. For PSH, chronically homeless households with the most severe service needs (according to the assessment score) have priority for housing referrals.

The adopted prioritization criteria were developed by the CoC based on HUD's requirement to use a standard assessment tool in the Coordinated Entry System and the community's mission to help the most vulnerable households. The assessment tool was adopted to serve as the universal assessment tool. The assessment tool is a series of standardized questions administered uniformly within the CES to determine a household's current housing needs. Households with higher assessment scores are more vulnerable and have higher service needs and will require a higher level of intervention to become stable in housing. Therefore, the CoC bases the prioritization on the household's



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score, where households with higher scores are more vulnerable and referred to services first. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for housing interventions. As the number of chronic households decreases, the CoC utilizes the priority groups outlined in CPD 16-11. Additionally, the CoC is working to replace the assessment tool as the standard assessment tool due to the disparities the tool has been identified to perpetuate. The CoC has reviewed tools developed by other communities; however, it has been identified that a local assessment would be most appropriate to meet the needs of the population and the housing programs. The new tool is currently under development.

Due to high demand and low supply of program vacancies, the CoC has implemented additional prioritization/barrier tools in addition to the assessment tool. These tools focus on other housing barriers not captured in the assessment tool to identify which household has higher service needs and barriers. This score is used if there are more households identified for limited vacancies. CoC members monitor the trends of populations experiencing homelessness. There has been a demonstrated increase in elderly homeless households. The CoC recently approved a priority group of Elders that will increase the number of elders connected to housing programs.

6. 6. How is the length of financial and supportive services for households in Rapid Rehousing and Targeted Prevention determined? Is the process determined at the CoC/LPG level or by the individual service provider(s)?

**Answer:**

Individual service providers determine the length of financial and supportive services for Rapid Rehousing and Targeted Prevention at the agency level, depending on the needs of each household as determined by individualized housing plans. The SVHC reviews these data points as part of the peer review process within the Program Monitoring Committee when considering approval for funding applications and determining ways to improve system performance. Other data elements, such as the cost per household, are also demonstrated to make comparisons to determine if there are issues related to an agency's service provision. The average cost per household is determined by reviewing the average annual financial assistance and the supportive services provided to households experiencing or at imminent risk of experiencing literal homelessness.

Service providers estimate length and amount of assistance in a combination of ways that consider the current situation and status of each household. This includes things such as scores from the assessment tool, including details such as disabilities, vulnerability assessments, housing barrier assessments, household budgets and individualized goals in the stabilization plan. All providers adjust as needed when individual circumstances present themselves. Housing stabilization plans are created with each household when brought into a program and include the realistic expectations of how long it may take to obtain employment and/or numerous benefits, and pay debts associated with maintaining current housing (such as utilities). Each month, case management staff meet with the participants to monitor progress and assist with housing stabilization. If assistance is needed beyond three months, the service provider agency completes re-certification of eligibility. During the re-certification period, the staff discuss all progress made toward housing stability with the participant. At this point in the process, it is determined if the household either continues to receive financial assistance or graduates from the financial portion of the program. The program continues to collaborate with participants to identify and provide any additional wrap-around services.

Within the SCC, these discussions occur when there are additional issues that extend the projected length of assistance for some households, or if a household fails and returns to homelessness or disappears from services. Through group review and discussion, the service provider agencies remain aware of limitations and barriers that present themselves, as well as resources within the community that can be accessed for additional assistance.

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7. 7. Are homeless assistance services available to the entire community? Include how the CoC/LPG ensures services for: 1. Households located in all areas of the CoC/LPG service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3. Households with accessibility concerns including language and mobility; 4. Households with limited or no personal phone or internet access.

**Answer:**

The geographic area of the SVHC includes four cities and two counties and contains urban, suburban, and rural settings, which can be challenging to cover for regional agencies. The Housing Crisis Hotline is available as a universal point of contact with access to public and private community resources, intake and assessment, diversion and prevention assistance, and referrals to other agencies for assistance. Provider agencies and community resources are not evenly distributed throughout the entire CoC. Service providers for both individuals and families have expanded where possible to provide access to their services and continue to seek partnerships and funding with each jurisdiction to co-locate or set up offices. Assistance services include outreach, diversion and prevention, emergency shelter, transitional housing, Domestic Violence programs, Rapid Rehousing and Permanent Supportive Housing units, employment services, Healthcare for the Homeless primary care clinic, and intensive case management.

For individuals there are also day shelter services, and for families – educational programs and after school care for children. In most occurrences, large families are accommodated with both housing options and services with the help of departments of Human Services and their assistance programs. Medically fragile households are prioritized at SCC meetings, are assisted within agencies case management programs, and can also be linked to the Healthcare for the Homeless programs. Sex offenders can be accommodated with housing and other services at most agencies but often require housing location assistance to obtain a rental unit as there are limited options in the community. The needs of LGBTQ+ households are met by service provider agencies, or by linking them to the regional LGBT Life Center, which provides a wide variety of housing and support services for this special population. The LGBT Life Center is also awarded federal HOPWA funding to assist households living with HIV/AIDS across Hampton Roads, including all localities except for the City of Franklin. However, the LGBT Life Center anticipates expanding their agreement to include Franklin in the future program.

The disconnected and homeless youth population faces the most challenges as there are few specific youth-centered programs in place and none that provide housing. However, all service providers accept youth into their programs, including parenting youth. Public schools, juvenile justice programs and social services collaborate on a regular basis to avoid discharging youth into homelessness and connect them with appropriate accommodations. Agencies are paying special attention to homeless disconnected youth by applying for Housing Trust Funds to support innovative project for housing and community planning to identify best practices and resources that will address this population.

All SVHC agencies work to offer additional assistance for households with challenges such as no access to internet or phones by providing access for them through their intensive outreach and case management programs. Likewise, language barriers are addressed by reaching out to human service or other agencies that utilize the Language Line or other interpretive services. Local city agencies as well as non-profit agencies such as Eggleston, Endependence, and F.R.E.E., offer a variety of supportive services and resources for those with mobility issues or intellectual disabilities.

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8. 8. Does the CoC/LPG have any requirements to access services (i.e. birth certificate or photo ID, residency requirement)? What is the purpose of the requirements and what efforts does the CoC/LPG make to assist households in need of services that do not or cannot meet these requirements?

**Answer:**

SVHC agencies have worked to reduce or eliminate barriers to services and housing and all agencies applying under this grant application state that they do not discriminate based on race, gender, sexual orientation, criminal records, credit issues, employment status, family size, language, disability, or substance use.

Additionally, no specific requirements for assistance are in place at agencies that would present barriers to households accessing services once referrals are received. Each agency is available in the community to meet clients wherever most convenient, and they can identify language assistance/interpretation through partner agencies quickly, when needed.

The SVHC collaborated with partners across the Hampton Roads region to reduce barriers stemming from residency requirements. In February 2021, the four CoC's in Hampton Roads adopted a CoC Determination policy that applied a standardized process to determine which CoC a household would be connected to for emergency and housing services. The CoC Determination policy screens a household by asking the individual to identify the city/county they consider themselves a resident and where they are physically located. If the household is temporarily displaced from their city/county of residency, the policy allows that household to be connected to either their residential community or the community where they are physically located, dignifying the household's choice in where they wish to live.

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9. 9. Are there any existing barriers in the community that would prevent a household from accessing services or permanent housing? What is the CoC/LPG doing to address these barriers?

**Answer:**

The SVHC enforces a low-barrier approach to housing programs. The barriers encountered are community-based barriers. Access to permanent housing options can be difficult for many program participants if the property owner/landlord requires good credit, does not allow for any recent criminal background, or requires a higher income to be eligible. SVHC members continuously collaborate with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management, in addition to financial assistance when needed. Regardless, these barriers exist and often delay placement into a housing unit.

Virginia's lack of affordable housing inventory remains the biggest barrier and has been highlighted since COVID-19 pandemic and lack of movement from homeless status to permanently housed for so many. Additionally, the consistent rises in rent prices continues throughout Virginia place an unrealistic burden on households with little or no income. Service providers are sometimes successful in negotiating rent decreases, but it is a rare occurrence. In addition to newly built housing developments that are not within FMR, at least two cities have begun the process of transitioning households who live in public housing properties to private market housing. The demand for subsidized units far outweighs the available inventory, and many current households assisted through the CES are in possession of a housing voucher yet cannot secure a landlord/property manager to accept it.

Related to this, many property owner/landlords require good credit, or do not allow for any recent criminal background, or other issues that remain an even bigger barrier to housing those with little to no income. SVHC members continuously collaborate with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management is visible and consistent, along with financial assistance when needed. Legal Aid is a key partner in assisting households facing unlawful evictions or fair housing issues.

When the opportunity for additional housing vouchers presents itself, the Public Housing Authorities, at least in Norfolk and Chesapeake, always apply. In the past two years, the PHAs were successful in being awarded additional Mainstream and Emergency Housing Vouchers to help support placement of homeless households into permanent, subsidized housing. A homeless preference is also in place with these cities that provides options for "moving on" from permanent supportive housing units to create openings for new households in need.

Establishing a medical home and being seen and treated in a timely manner continues to be a barrier for household stabilization. The expansion of Medicaid in Virginia allows for many homeless clients to obtain Medicaid; however, the additional patient load for clinics (including the Healthcare for Homeless program) and staff shortages have also lengthened the time for appointments and much needed care. Service providers work with a variety of medical establishments, such as Free Clinics or private practices that donate services, to get their clients treated. Likewise, there remains a significant shortage of free mental health services in the community although more private agencies are now available who can often bill Medicaid for homeless clients. And the region has no residential, affordable substance use treatment.

Through the work of the subcommittees, the SVHC agencies continuously identify and research resources to enhance services and increase the successful placement of their clients who are experiencing homelessness. The Service Coordination Committees review each household in detail, then bringing issues to the Coordinated Entry Workgroup and Program Monitoring Committee to improve processes and look for innovative solutions and additional funds.

10. 10. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2023 – December 31, 2023). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

**Answer:**

The Governing Board (GB) and CoC Lead Agency are responsible for the recruitment of new members and ongoing

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engagement with local and regional service providers. It is a priority of the CoC Lead Agency and members of the Board to have a diverse membership. The GB meets bi-monthly to identify new strategies focused on expanding the CoC network and increasing involvement with CoC-led initiatives. To facilitate ongoing CoC membership, joining the CoC is free, open to the public, and solicited through the CoC website, via email distribution lists, and on all CoC social media. Community members are invited by The Planning Council and partner organizations to all CoC meetings via weekly email and website announcements.

The Lead Agency and members of the GB also attend other systems of care meetings such as the Department of Justice, foster care, senior service networks, and youth-focused committees to encourage collaboration among service providers and strategic use of resources. Press releases and publications around the Point In Time Count, NOFO competition, and other events sometimes result in interviews and articles in local publications. Representation by SVHC leadership at regional initiatives and events offer other opportunities for SVHC to inform the public around the work being accomplished by CoC members. The CoC continues outreach efforts by inviting new agencies to join the Continuum of Care and participate in CoC meetings.

The SVHC holds a General Membership (GM) meeting quarterly which is open to all members as well as the public. The CoC has also made the General Membership meetings more engaging by inviting various agencies to give presentations and/or trainings and made the meeting more accessible by holding it virtually during the pandemic. The Program Monitoring Committee (PMC) meets monthly. Including agency participation from the Program Monitoring Committee in the equation will provide a true reflection of participation across the general meetings in the SVHC.

The following represents agency participation in the General Membership meetings and the Program Monitoring Committee meetings throughout 2023. This does not include participation at the Service Coordination Committees where the majority of service providers attend to discuss households.

ForKids: 95%

LGBT Life Center: 79%

YWCA: 79%

Norfolk Community Services Board: 95%

St Columba: 89%

The Salvation Army: 68%

Senior Services: 79%

Virginia Supportive Housing: 100%

Western Tidewater CSB: 26%

The Planning Council: 100%

Star Haven: 26%

Stop: 21%

Chesapeake DHS: 11%

Virginia Veteran & Family Services: 26%

Virginia Beach Community Development Corporation: 21%

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Beacon of Hope in WTW: 16%

Hampton VAMC: 16%

Endeppence Center: 21%

11. How does the CoC/LPG examine its programs and systems for racial disparities? Detail any disparities, how changes that have been put in place to ensure those disparities are not perpetuated, and who participated in the process.

**Answer:**

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The SVHC conducts the racial disparities assessment using HUD's Equity Analysis Tool 3.0, HMIS, PIT data, HUD's Stella P Data Analysis Tool, and partner agencies. HMIS data was analyzed from October 1, 2020, to September 30, 2021, and made available on July 21, 2022. Outcomes were assessed via exits to permanent housing and were compared by race and ethnicity. The Stella P tool was used to compare returns to homelessness (for households exiting within 12 months of the current report period) by race and ethnicity. To assess equity in the provision of services, annual enrollment across ten program types was calculated by race and ethnicity and compared to the total percentage of clients by race/ethnicity in HMIS to determine if any race or ethnicity was disproportionately represented in any programs. Finally, the CoC sent a questionnaire to each partner agency that asked for the racial composition of staff, management, and board members. The assessment also included a supplemental analysis by gender and race for outcomes (successful exits) and program enrollment. The assessment was provided for review to all CoC members and included graphs, tables, and narrative descriptions of the data. Data was discussed with PMC and Governing Board members to identify any barriers and challenges related to outcomes by race.

The largest racial groups in the CoC's HMIS population were Black/African American (70%) and White (17%). Other racial groups were: 8% Multiracial, 0.7% American Indian/Alaska Native, 0.3% Asian/Pacific and 3% unknown.

Assessing the provision of services by reviewing the annual program enrollments by race indicates that six program types had enrollment rates at or above 70% Black/African American clients. These programs were Prevention, Day Shelter, Rapid Rehousing, Permanent Housing, Permanent Supportive Housing, and Transitional Housing. Programs with slightly less than enrollment rates at 70% Black/African Americans were Coordinated Entry (69%), Emergency Shelter (69%), Supportive Services Only (68%), and Street Outreach (63%). The total percentage of Black/African American clients in HMIS (70%) was like or greater than their percentage in all programs except Street Outreach (63%), which had a higher percentage of White program participants. Also, the percentage of Multiracial participants in Transitional Housing (22.4%) was much higher than in the overall HMIS population (8%).

Overall, 3,622 clients in HMIS exited during the program year. Of these, 1,730 (48%) exited to a permanent destination which designates a successful outcome. Among 2,587 Black/African Americans who exited, 1,322 (51%) exited to a permanent destination. Among 649 Whites who exited, 230 (35%) exited to a permanent destination. Among 294 Multiracial clients who exited, 139 (47%) exited to a permanent destination. Among 35 American Indian/Alaska Native clients who exited, 20 (57%) exited to a permanent destination. Among 12 Asian/Pacific Islander clients who exited, 5 (42%) exited to a permanent destination. Among 119 Hispanic/Latinx households who exited, 64 (54%) exited to a permanent destination. These represent significantly higher percentages of permanent destinations than in 2022 when the client average was just 39%. It is still noted that white households and Asian/Pacific Islander households exit to a Permanent Destination at rates lower than the CoC average.

While direct services staff was 64% Black/African American and 31% White, the executive/management staff was just 34% Black/African American and 60% White, and board members were just 33% Black/African American and 65% White. This reflects the potential for disparities in the representation of the Black/African American persons in upper management and decision-making bodies at homeless service agencies.

The CoC continues to be committed to identifying and addressing any racial disparities found in its service provision. Data collected and reviewed in the racial disparities assessment demonstrated only the potential of disparities within various services/projects, such as TH, street outreach, and support services. The percentage of non-White persons assisted in these programs was 70% or higher, while the population of non-whites is 83% across the six jurisdictions. Projects that demonstrated lower than 70% for service provision to non-Whites were ES, Street Outreach, and Coordinated Entry. These outcomes are reviewed at the Governing Board level and during peer review at the Program Monitoring Committee and further attention to client-level outcomes is being prioritized to identify any programming or service issues within projects. Additionally, the racial composition of the homeless program staff, leadership, and boards were compared to the homeless population. It was determined that the Boards and leadership staff at several agencies where one more race was more prolific than other races. To better understand the intersection of race, racism, and racial equity, the CoC attended trainings by Collective InCite. For those who attended the training, the CoC made additional Holding Space training available from Collective InCite. The CoC has also provided training on cultural competency focused on individuals fleeing DV situations and service provision for members of the LGBT community.

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12. Discuss the process to determine service providers included in this application. Provide details on any providers who were not selected to be included in this application, including the reason they were not included.

**Answer:**

The Planning Council shared the announcement of the available HSNH funding with the SVHC membership and community, both in meetings as well as an email and posting the materials on the CoC website. Previous discussions had already been held during Program Monitoring Committee meetings around gaps in services and agencies were asked to state their interest in applying for funding.

The Planning Council (TPC) proposed a timeline for all application activities, as well as a draft Supplemental Application that was then distributed to all members on February 14, 2024. The supplemental application was used two years ago and was revised to include current questions from DHCD while retaining other relevant questions the CoC reviews for organizational capacity and program implementation.

All completed VHSP and HTF project applications were received by March 13. TPC then combined them and sent them out to PMC members for a Peer Review process to be conducted at the Program Monitoring Committee meeting on March 20, giving members time to read what was being proposed and prepare questions to be asked for clarification. Once peer review was completed by the PMC members, applications were revised to include any feedback or to clarify any outstanding questions. The meeting date with SVHC Governing Board members was set for all non-conflicted members to make the final determination and approval for all applications to be forwarded to DHCD.

TPC staff completed the HSNH narrative as a draft which was then sent out to the SVHC members for review and return any edits or revisions. TPC incorporated edits and revisions to the application and sent it out for one final review. The SVHC Governing Board members voted electronically on the final application to be submitted to DHCD with a target date of submission before the deadline of April 5, 2024.



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13. 13. Describe the level of oversight the CoC/LPG has over the implementation of VHSP- and HOPWA-funded project activities by the service providers. Has the CoC/LPG adopted a formal monitoring process to ensure quality of program service provision and adherence to HSNH and program-specific guidelines? How does the CoC/LPG regularly review the expenditure rates of each service provider to ensure grant funds are used in a timely and efficient manner?

**Answer:**

The SVHC incorporates regular monitoring and review of grant-funded projects has been the responsibility conducted by the Program Monitoring Committee since 2007, which is comprised of funded and non-funded agencies who then conduct regular peer review to discuss progress on project goals and expenditures. Agencies with programs funded by VHSP, HTF, ESG, CDBG, and HOME TBRA are required to participate in the current reporting processes. Reports are made by agencies on their grants progress, including number of households served to date (compared to the projected goal amount), challenges or barriers encountered, any changes to the original proposed project, the number of drawdowns/reimbursements, and expenditure rates. Additionally, all agencies who are HSNH funded participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and what is the proposed action by the agencies in question. The grantees also discuss options for reallocation of funds as needed.

For monitoring of federal funds, a scorecard is utilized at the time of application that highlights the performance outcomes of each agency, including their participation in HMIS and the quality of their data. Agencies must also discuss organizational issues, such as any findings during monitoring and audits and their overall financial and programmatic standing with funders. HMIS audits are conducted annually by the HMIS Lead Agency to ensure the privacy and confidentiality of all data, as well as provide technical assistance to agencies utilizing the system. This audit is a pass/fail and, if failed, agencies are offered the opportunity to correct any issues and have a second audit. This final information is included in the scorecard for funded agencies. The scorecard provides a total score which helps prioritize and rank projects for the HUD collaborative application. During the VHSP process, a review tool is used to ensure all applicants are eligible for funding through DHCD and that the proposed projects will satisfy a community need.

HUD continues to provide quarterly expenditure reports to the CoC's to demonstrate progress with drawdowns by project, as well as any funds recaptured by HUD. This is now included in the review of projects at the PMC level.

The review process continues to be improved upon and formalized as reporting on outcomes and performance to agencies changes and new data standards are implemented. The CoC is in the process of completing the adoption of a Performance Management Program (PMP). This program will allow the CoC to monitor, at a project level, the data, project outcomes, targets, and financial administration of the project. The PMP will include a Performance Improvement Plan that will be implemented when the CoC identifies projects that are poorly performing to implement mentoring to improve project performance or steps to reallocate funding to a higher performing project. All SVHC projects, regardless of funding source, will be able to participate in the PMP. Programs funded under VHSP, HTF, HUD CoC, ESG, CDBG, and HOME TBRA will be required to participate.

HOPWA funds are not currently reviewed as part of the SVHC.

14. Part II + III Proposed Grantees (VHSP and HOPWA)

1. List the proposed grantees and project types for VHSP and HOPWA funding.

**Answer:**

The Southeastern Virginia Homeless Coalition presents this funding request for \$1,435,856 to administer services under the 2024-2026 Virginia Homeless Solutions Program across the six jurisdictions that make up the SVHC: Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight, and Southampton County. There are no proposed projects for HOPWA funding.

The SVHC request reflects budget adjustments for right sizing programs to meet community needs and increasing the number of persons served.

SVHC is requesting the below totals under VHSP by funding type.

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- Centralized/Coordinated Assessment - \$136,874
- Targeted Prevention -\$235,124
- Emergency Shelter Operations - \$133,954
- Rapid Re-housing - \$690,596
- CoC Planning - \$119,654
- HMIS -\$59,827
- Admin - \$59,827

## 1. ForKids:

1. *Coordinated Assessment-*
  1. Funding requested \$76,874
  2. Anticipated # of households served 6,500
2. *Targeted Prevention-*
  1. Funding requested \$195,124
  2. Anticipated # of households served 27
3. *Shelter Operations-*
  1. Funding requested \$133,954
  2. Anticipated # of households served 47
4. *Rapid Re-Housing-*
  1. Funding requested \$266,396
  2. Anticipated # of households served 40
5. *HMIS - \$33,617*
6. *Administration - \$33,617*
7. Total DHCD Request - \$739,582

## 2. LGBT Life Center:

1. *Coordinated Assessment-*
  1. Funding requested \$60,000
  2. Anticipated # of households served 900
2. *Targeted Prevention-*
  1. Funding requested \$40,000
  2. Anticipated # of households served 6
3. *Rapid Re-Housing-*
  1. Funding requested \$180,000
  2. Anticipated # of households served 15
4. *HMIS - \$14,000*
5. *Administration - \$14,000*
6. Total DHCD Request - \$308,000

## 3. The Planning Council

1. *CoC Planning - \$119,654*
2. Total DHCD Request - \$119,654

## 4. YWCA:

1. *Rapid Re-Housing-*
  1. Funding requested \$244,200
  2. Anticipated # of households served 20
2. *HMIS - \$12,210*
3. *Administration - \$12,210*
4. Total DHCD Request - \$268,620

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15. 2. For each proposed project listed, including HOPWA, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.

**Answer:**

ForKids programs closely adhere to the principles of Housing First. Policies and procedures require that programs do not have any “housing readiness” requirements. Participants do not undergo drug testing, nor do participants need to have income before enrollment. Participants cannot be expelled from programming for involvement in the criminal justice system or for failing to follow through on voluntary treatment plans. Participants are treated as partners in services and maintain self-sufficiency by setting their own goals and choosing which support services to partake in. Case managers are trained to support and guide participants in a variety of ways from medical case management to job hunting to financial wellness. Staff encourage participants to build a safety net of support that can remain long after leaving ForKids services.

LGBT Life Center has been providing housing services for over 30 years and fully adheres to Housing First principles across all housing programs. LGBT Life Center fully believes that homelessness is a housing crisis that anyone can experience, and it can most efficiently be ended by providing access to safe, decent, and affordable housing, regardless of other factors. Housing First prioritizes placement and stabilization in alliance with client choice, meaning that participants are at the forefront of guiding their services and placement. While the Center understands that supportive services, particularly for mental health or substance use counseling, can be beneficial, they are not a prerequisite to access housing or a condition of maintaining it because the Center believes that everyone is ready for and deserving of housing. The overall philosophy of the agency is a focus on “screening in” versus “screening out.” The agency is committed to providing low-barrier assistance and fully encourages participants’ right to self-determination. Participants are not required to have income prior to enrollment, nor are they required to be “sober” or “treatment compliant” to be housed. LGBT Life Center is also committed to streamlining the application process and to removing any unnecessary documentation. Participants are not subject to conditions of tenancy that exceed the normal conditions of any leaseholder or the grant. This ensures that relationships with clients are not built on control and fear, but instead on mutual respect and equality. Program policies and procedures are provided to each program participant as they enter the agency’s programs. These are reviewed annually to ensure that the Housing First, client-centered approach is adhered to.

The YWCA South Hampton Roads completes a holistic intake with clients fleeing domestic or sexual violence to identify safety needs as well as options for Emergency Shelter or Diversion opportunities. The YWCA offers all Emergency Shelter clients to complete a Needs Assessment to identify exit plans and safe housing. The YWCA collaborates with the CoC to identify housing options, complete housing searching and self-sufficiency case management to obtain safe housing. Once housed, clients continue receiving Case Management services to obtain income, increase income, and gain independence.

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16. 3. For each direct service proposed grantee, does the organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts does the organization make to assist households in need of services that do not or cannot meet the requirement(s)?

**Answer:**

ForKids seeks to eliminate any barriers to services and believes that all participants have a right to housing regardless of background. Emergency shelter, rapid rehousing, and prevention services have no requirements for documentation or other criteria that would limit eligible households' acceptance into programs. Participation in housing programs is voluntary.

LGBT Life Center is committed to streamlining services and to removing any unnecessary documentation. Participants are not subject to conditions of tenancy that exceed the normal conditions of any leaseholder or the grant. Additionally, the agency is committed to assisting clients with obtaining documentations to support their ongoing success while in and out of services at the LGBT Life Center.

YWCA has no rules or requirements for assistance other than VHSP requirements. Program participants that lack identification are provided assistance by the Housing Advocate to obtain such documents. The only requirement for this program is for households to be fleeing domestic violence and have no other residential options and lack of support resources.

The SVHC has also adopted a low barrier approach to ensure the Coordinated Entry System and housing programs do not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug, or alcohol use, or having a criminal record. All CoC member agencies also use the Hampton Roads CoC Determination process adopted in 2021. Through monitoring and evaluation, the CoC ensures programs are following these practices.

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17. 4. For each proposed grantee, does the agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If not, please detail an expected timeline for activities to begin. If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

**Answer:**

ForKids has been administering housing programs since 1988 and offers ongoing emergency shelter, prevention, and rapid rehousing (RRH) services as well as coordinated entry/assessment through the Housing Crisis Hotline. ForKids has successfully managed multiple federal, state, and local government grants for well over 20 years. Financial policies and procedures for the organization are updated annually to ensure compliance with grant requirements. ForKids undergoes monitoring by government funding partners and an independent contractor conducts an annual audit of financials, compliance, and internal controls in accordance with 2 CFR part 200, Uniform Administrative Requirements. ForKids has had clean OMB audits for the past 31 years. CEO Thaler McCormick oversees ForKids activities and reports directly to the Board of Directors. COO Sarah Johnson oversees fiscal management with accounting expertise from Danyale Campbell, Finance Director, tracking compliance with the agency budget. Monthly financial statements are reviewed by the CEO, the Finance Committee of the Board, and the full Board for final approval.

LGBT Life Center has been administering VHSP funding in the SVHC CoC since 2016 and continues to successfully do so with the support of program staff and administrative staff. Currently, the VHSP SVHC program is fully staffed and has not experienced turnover in over 6 months. Leadership includes a Housing Director, Senior Grants & Contracts Director, Finance Director, and CEO all with extensive grant management and program delivery experience. LGBT Life Center Financial Management System includes a full-time Finance Director who oversees daily operations and grants management processes of the organization. Accounting, management of the General Ledger and preparation of the monthly financial statements are outsourced to an accounting firm, Jitasa. Additionally, Jitasa provides CFO Strategic Advisory Services for The Center. The Finance Director and her staff invoice all grants according to funding sources. The Center uses QuickBooks Online to maintain financial information and produce financial reports. The agency has an investment policy that is conservative and guides investment accounts. Due to the level of federal funding the agency receives, the agency undergoes an A-133 audit annually. Internal and external audits are performed yearly as mandated and reports from external auditors are supplied to the agency's funders and Board. Funders audit LGBT Life Center through site visits which usually occur on a yearly basis. The entire Board receives a financial report in their monthly meetings to review. The board of directors is a governing board and they set the strategic direction of the organization. They receive reports regarding quality management activities and updates regarding grant activities as needed. LGBT Life Center has a long history of providing housing assistance and provides rental subsidies for over 400 households each year: 80 units of HOPWA TBRA, 68 units of Permanent Supportive Housing, 90 households approved Permanent Housing Placements (PHP) HOPWA, 110 households for Short Term Rental, Mortgage and Utility Assistance (STRMU) HOPWA, as well as VHSP projects in various CoCs and discretionary housing assistance.

The YWCA has the capacity to administer the requested funding on July 1. The YWCA currently employs staff for the VHSP rapid re-housing program. YWCA SHR has developed an outstanding pool of human, financial, and material resources that enables us to accomplish its goals and objectives. These resources include and involve nineteen members of the Board of Directors who are actively engaged in governing the organization. They are leaders in fundraising and advocacy and serve on one or more of the following Board committees: Human Resources, Advocacy, Finance and Audit, Marketing and Communications, and Nominating. The Board includes professionals representing many areas of expertise including financial management, marketing, and communications, legal, community relations, fundraising, education, non-profit management, and strategic planning. All members make personal financial contributions on an annual basis to support the work of the organization. The YWCA also has strong, innovative executive leadership. President and CEO, Michelle Ellis-Young, has over twenty-five years of experience advancing the organizational mission of non-profits and the Chief Operating Officer, Kristen Pine, has over 16 years of experience administering and managing grant funds.

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18. 5. For each proposed grantee, discuss the capacity of the organization to implement VHSP or HOPWA-funded activities. Provide a list of the applicable certificates of training for direct program staff.

**Answer:**

ForKids has experience administering VHSP grants and the programs they fund in three different CoCs. ForKids employees have a variety of degrees and experience, most often including social work and human services. Additionally, staff are required to complete at least 20 hours of training each year to remain up to date on best practices for service delivery. ForKids is committed to offering trainings on Healing Centered Engagement and Trauma Informed Care annually as they are pillars of ForKids service models. Other trainings this year has included suicide prevention, social determinants of health, ACEs, and Growth Mindset. ForKids invites CoC members to join trainings where feasible. Staff have degrees or experience in social work, human services, property management, or other nonprofit experience. Staff to participant ratios for each program are as follows: Emergency Shelter 10:1; Rapid Rehousing 15:1; Prevention 12:1.

LGBT Life Center has over 34 years of experience providing supportive housing services throughout Hampton Roads. The agency operates in several CoC's and has VHSP funding in two CoC's. The organizational chart includes Housing Services as a separate department, led by a Housing Director (HQS and Inspire Certified), 4 FTE Housing Specialists (All HQS Certified; 2 Inspire Certified) 1 FTE Intake Specialist, and 9 FTE Housing Case Managers. There are 3 Program Managers (All HQS Certified and 1 Inspire Certified) who report directly to the Housing Director and there is senior staff. The Housing Director reports directly to the CEO, and they both have experience in providing supportive housing services as well as grant management experience. Additionally, the organization has restructured processes and tasks during the past year to ensure that clients are receiving the best services possible. This includes the addition of a Vocational Program Coordinator (SOAR Certified) and the relaunching of the mental health program. Staff carry an average caseload of 20-25 clients at a time. All Housing staff have an HMIS license, attended regular trainings for cultural competency and housing best practices. To support client services, the agency also has an IPV counselor, medical and nonmedical case management, sexual health and wellness navigators, MH counselors, benefits coordinators, SOAR certified staff, the vocational program, the food pantry, and community spaces.

The Program Director is responsible for overseeing the program. Michelle Walters has three years of experience managing VHSP- funded activities. The current direct program staff funded under VHSP activities have three years of experience with VHSP funded activities and have received training in lead-based paint assessment, motivational interviewing, trauma informed case management, and homeless bridges out of poverty. The Housing Advocate (locator) will be responsible for housing 20 VHSP funded households, working with about 4 clients at a time. The full-time housing manager will be responsible for providing case management services to 20 clients at a time.

19. 6. For fiscal agents and service coordinators only, detail the sub-contracted agencies that will be administering the VHSP- or HOPWA-funded activity(s). Include a discussion of their capacity to carry out the project in adherence with HSNH and program-specific guidelines. How will the agency monitor the funded activities provided by the sub-contracted agencies?

**Answer:**

Not Applicable.

20. 7. Proposed HOPWA-providers only, what safeguards and provisions are in place to protect clients' HIV/AIDS statuses from landlords and other third parties?

**Answer:**

Not Applicable.

21. 8. Proposed HOPWA-providers only, detail the other funding sources the agency has access to for housing individuals with HIV/AIDS and which community services are leveraged for HOPWA project participants.

**Answer:**

Not Applicable.

# Application to DHCD Submitted through CAMS

The Planning Council

SVHC 2024-2026 Application

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## Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

SVHCPoliciesandProcedures42202455859.pdf

CoC/LPG Governance Charter/By-Laws

SVHCGovernanceCharterandBylaws42202455928.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures42202455910.pdf

Job Description (case managers and housing locator positions)

SVHCJobDescriptions42202455917.pdf

Homeless Services Flow Chart

SVHCHomelessServiceFlowChart42202455954.pdf

Board of Directors Listing

SVHCBoardofDirectorListing42202460002.pdf

Organizational Certification and Assurances (DHCD document)

SVHCOrganizationalCerts42202460016.pdf

CoC Certification and Assurances (DHCD document)

SVHCCoCCerts42202460032.pdf

Year One Request: proposed grantees and activities (DHCD document)

SVHCHSNHYearOneRequest20242542202460053.xlsx

VHSP Proposed Match Form

SVHCProposedMatch43202435912.pdf

CoC/LPG Name: VA-501 Southeastern Virginia Homeless Coalition (SVHC)

VIRGINIA HOMELESS SOLUTIONS PROGRAM (fiscal year 2024-2025) - Year one request													
Organization	ENTER REQUEST FOR YEAR ONE ONLY. Request must be in whole dollars with no \$ sign. Totals will autocalculate.											HOPWA (Autofilled - Rows 17 & 18)	GRAND TOTAL
	Outreach	Centralized or Coordinated Assessment / Entry	Targeted Prevention	Emergency Shelter Operations	Rapid Re-housing	BASE REQUEST	CoC/LPG Planning (up to 10%)	HMIS (up to 5%)	Administration (up to 5%)	TOTAL REQUEST (excluding HOPWA)			
ForKids		76,874	195,124	133,954	266396	672,348		33,617	33,617	739,582		739,582	
LGBT Life Center		60,000	40,000		180,000	280,000		14,000	14,000	308,000		308,000	
The Planning Council						0	119,654			119,654		119,654	
YWCA of SHR					244,200	244,200		12,210	12,210	268,620		268,620	
						0				0		0	
						0				0		0	
						0				0		0	
						0				0		0	
						0				0		0	
						0				0		0	
						0				0		0	
						0				0		0	
HOPWA Request (Autofilled from HOPWA section below)												0	
0	Intentionally left blank											0	
0	Intentionally left blank											0	
<b>Total</b>	<b>0</b>	<b>136,874</b>	<b>235,124</b>	<b>133,954</b>	<b>690,596</b>	<b>1,196,548</b>	<b>119,654</b>	<b>59,827</b>	<b>59,827</b>	<b>1,435,856</b>	<b>0</b>	<b>1,435,856</b>	

Match  
184895.5  
77000  
29913.5  
67155

HOPWA Request (fiscal year 2024-2025) - Year one request								
Organization	Enter request in whole dollars with no \$ sign. Totals will autocalculate.							HOPWA Total
	TBRA	STRMU	SS	PHP	HIS	Admin		
							0	
							0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

59827.4

2023 Curre 1,363,898

Planning Max 119654.8  
HMIS Max 59827.4  
Admin Max 59827.4  
Match = 358964





BREAKING THE CYCLE OF HOMELESSNESS AND POVERTY FOR FAMILIES & CHILDREN

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## Board of Directors 2023-2024

**Blythe Ann Scott**  
**Chair**

Commissioner of Revenue  
City of Norfolk

**Cline Reasor**  
**Vice Chair**

Managing Partner  
Gratus Wealth Advisors

**Jenn Pfitzner, CPA**  
**Treasurer**

Certified Public Accountant  
Saunders, Matthews & Pfitzner, PLLC

**Thaler McCormick**  
**Corporate Secretary**  
Chief Executive Officer  
ForKids, Inc.

**Torae Artis**  
Senior Manager  
Deloitte Consulting

**Susan Bateman**  
Co-Owner  
COVA Brewing Co.

**Stuart Birkel**  
Principal  
Waterside Financial Group, LLC

**Jenni Bivins**  
Chief Financial Officer  
Nimbus Health Solutions, LLC

**Jill Broome**  
Community Leader

**Laura F. Calvert**  
Chief Retail Banking Officer, EVP  
Old Point National Bank

**Sharon Chappell**  
Vice President  
C.J. Investments Inc.

**Andrew Cohen**  
Managing Member  
General Investors Realty Associates

**Mike Cummings**  
Managing Director  
Horwath HTL

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Vice President  
Duke Automotive

**George Faatz**  
Director of Growth and Strategic  
Planning  
Virginia Natural Gas

**Monique Farrington, FNP-C**  
Owner  
Farrington Cares, PLLC

**Robert Finch**  
Entrepreneur

**Nita Jain**  
Vegan Chef  
TaazaTable.com

**Mike Melo**  
Chief Visionary Officer  
ITA International

**Chad Outlaw**  
Vice President  
Allfirst, LLC.

**Kim Austin-Peterman**  
Co-Owner  
Yorgo's Bageldashery

**Deborah Posey**  
Accounting Executive

**Kyla Shawyer**  
CEO & Co-Founder  
Philanthropy & Fundraising North  
America

**Gymama Slaughter**  
Executive Director  
ODU Research Center for  
Bioelectronics

**Reverend William Tyree**  
Pastor  
First Baptist Church, Berkley

**Charles "Ed" White, III**  
Vice President  
Starr Motors Inc.

**LGBT Life Center  
Board of Directors 2023-2024**

<b>BOARD MEMBER</b>	<b>APPOINTMENT</b>	<b>ADDRESS</b>	<b>EMAIL</b>	<b>PHONE</b>	<b>PLACE OF EMPLOYMENT</b>	<b>RACE</b>	<b>TERM OF APPOINTMENT</b>
Edward Lawrence	Vice Chair	615 Boissevain Ave. Norfolk, VA 23517	<a href="mailto:sanman9@hotmail.com">sanman9@hotmail.com</a>	757-647-2825	IES Commercial Inc.	Caucasian	7/1/2023-6/30/26
Lisa Stafford	Chair	1533 Bay Point Drive Virginia Beach, VA 23454	<a href="mailto:lisa.stafford@microsoft.com">lisa.stafford@microsoft.com</a>	248-835- 2019	Microsoft	Caucasian	7/1/2023- 6/30/2026
Virginia (Penny) Sanchez	Treasurer	2244 London St. Virginia Beach, VA 23454	<a href="mailto:penny.sanchez@edwardjones.com">penny.sanchez@edwardjones.com</a>	757-481-6501	Edward Jones Investment	Black	7/1/2022- 6/30/2025
Ken Nelms	Director	6513 Wailes Ave Norfolk, VA 23502	<a href="mailto:1987fireguy@gmail.com">1987fireguy@gmail.com</a>	757-477-1293	City of Suffolk, FireFighter/Medic	Caucasian	12/1/2021- 6/30/2024
Troye Levin	Director	532 Chapel Lake Drive #102 Virginia Beach, VA 23454	<a href="mailto:troyelevin@gmail.com">troyelevin@gmail.com</a>	757-756-7034	Realtor, Exit Realty	Caucasian	12/1/2021- 6/30/2024
Quan McLaurin	Director	117 Tide Mill Ln #65B Hampton, VA 23666	<a href="mailto:gmclaurin@hrpdcva.gov">gmclaurin@hrpdcva.gov</a>	434-329-2354	DEI & Title VI Civil Rights Liaison, Hampton Roads Planning District	Black	11/1/2023- 6/30/2026
Andrew Moskowicz	Secretary	420 Monticello Ave #403B, Norfolk, va 23510	<a href="mailto:drewmoszkowicz70@gmail.com">drewmoszkowicz70@gmail.com</a>	267-242-9825	CETRA Language Solutions	Caucasian	12/1/2021- 6/30/2024
Stacie Walls	CEO, Ex- Officio	315 29TH ST, Apt 260 Virginia Beach, VA 23451	<a href="mailto:Stacie@lgbtlifecenter.org">Stacie@lgbtlifecenter.org</a>	(W) 640-0929 (757)749-8519	LGBT Life Center		9/1/2001

## Officers

### Chair

Angela Reddix, PhD  
Founder and CEO  
ARDX  
500 W 21st St.  
Norfolk, VA 23517  
W: 757-410-7704  
C: 240-475-4032  
[angela.reddix@ardx.net](mailto:angela.reddix@ardx.net)  
2015

### 1st Vice Chair

### 2nd Vice Chair

Amasa Smith  
5422 Coburn Cres.  
Norfolk, VA  
Norfolk, VA 23509  
C: 757-635-8294  
[amasasmith@gmail.com](mailto:amasasmith@gmail.com)  
2020

### Secretary

### Treasurer

Guisela Torres  
Owner  
La Vida Agency  
6470 Crescent Way, Apt 305  
Norfolk, VA 23515  
C: 757-230-3784  
[gtorres@lavidagency.com](mailto:gtorres@lavidagency.com)  
2021

## Members

Angelia Allen  
Admissions Director  
Autumn Care of Norfolk  
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Sept. 2023

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Physician Assistant PA-C  
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Sept. 2022

Joanna Brumsey  
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[jbrumsey@wec-cpa.com](mailto:jbrumsey@wec-cpa.com)  
2019

Kathleen Cabler, DSL  
Director, Development and Learning  
Elevance Health  
1637 Notley Dr.  
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**C: (757) 201-0607**  
[kathca3@regent.edu](mailto:kathca3@regent.edu) or [cablerkn@yahoo.com](mailto:cablerkn@yahoo.com)  
2019

ReNee' S. Dunman  
Assistant Vice President Emerita for Institutional Equity  
and Diversity  
Old Dominion University  
1312 Telfon Cir.  
Chesapeake, VA 23320  
**C: (757) 679-1117**  
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Sept. 2022

Dr. Krista Harrell  
AVP, Alumni Relations  
Old Dominion University  
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Sept. 2023

Chernelle Hill  
Vice President Operations  
Sentara Obici Hospital  
112 Alfred Loop, Apt. 303  
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[cnhill10@gmail.com](mailto:cnhill10@gmail.com)  
Sept. 2021

Tara Jones  
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Sept. 2023

Vanessa Jenkins, EdD  
Executive Director, Health and Wellness  
Norfolk State University  
700 Park Avenue  
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**C: (757) 439-5631**  
[Vcjenkins@nsu.edu](mailto:Vcjenkins@nsu.edu)  
2020

Lt. Michele Meister  
Director of Training  
Virginia Beach Police Department  
411 Integrity Way  
Virginia Beach, VA. 23451  
**C: (757) 385-6979**  
[mmeister@vbgov.com](mailto:mmeister@vbgov.com)  
2020

Melissa Ramsey  
Director of Community Relations  
Rivers Casino  
3630 Victory Blvd.  
Portsmouth, VA 23701  
**C: (757) 681-9376**  
[mramsey@rushst.com](mailto:mramsey@rushst.com)  
Sept. 2023

Danica Royster  
Jr. Partner  
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Norfolk, VA23508  
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[danica.jovanni@gmail.com](mailto:danica.jovanni@gmail.com)  
Sept. 2021

Sybil L. Spurgeon  
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Yeng Collins Law, PLLC  
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[sybilsurgeon@gmail.com](mailto:sybilsurgeon@gmail.com)  
Sept. 2022

Chonise Tate  
AVP, Treasury Advisor  
TowneBank  
109 E. Main St., Ste. 700  
Norfolk, VA 23510  
**C: (757) 450-2658**  
[Chonise.tate@townebank.net](mailto:Chonise.tate@townebank.net)  
Sept. 2023

The Planning Council Board of Directors Roster - December 2023



	First Name	Last Name	Race	Employer	Address I	Address II	Phone #	Email
<b>OFFICERS</b>								
1	Oneiceia	Howard	Chair	AfrAm	City of Norfolk	500 E. Main Street, Ste 900	Norfolk, VA 23510	757.664.6761 <a href="mailto:oneiceia.howard@norfolk.gov">oneiceia.howard@norfolk.gov</a>
2	Anthony	Sandifer	Vice Chair	AfrAm	Essential Family Services	355 Crawford St, Ste 806	Portsmouth, VA 23	757.617.2777 <a href="mailto:anthonyandifer@gmail.com">anthonyandifer@gmail.com</a>
3	Carter	Smith	Treasurer	Caucasian	Northfield Medical Manufacturing	3701 E. VA Beach Blvd	Norfolk, VA 23502	866.981.5234 <a href="mailto:cartersmith@me.com">cartersmith@me.com</a>
4	Eva	Wiggins	Secretary	Hispanic	Harvey Lindsay Real Estate	999 Waterside Dr, Ste 1400	Norfolk, VA 23510	757.640.8254 <a href="mailto:evawiggins@harveylindsay.com">evawiggins@harveylindsay.com</a>
<b>BOARD OF DIRECTORS</b>								
5	Serena	Amerson		Caucasian	EVMS	PO Box 1980	Norfolk, VA 23501	757.472.1766 <a href="mailto:amersosa@evms.edu">amersosa@evms.edu</a>
6	Nicole	Brown-Griffin		AfrAm	Community Leader	501 Leonard Road	Norfolk, VA 23505	757.403.5874 <a href="mailto:nnailah81@yahoo.com">nnailah81@yahoo.com</a>
7	Cydney	Lopez		AfrAm	Community Leader	6534 Chartwell Drive	Virginia Beach, VA	757.470.8079 <a href="mailto:cydney.robinson@outlook.com">cydney.robinson@outlook.com</a>
8	John M.	deTriquet, M.D.		Caucasian	Pediatrician	3020 Princess Anne Crescent	Chesapeake VA	757.484.0542 <a href="mailto:johndetriquet@aol.com">johndetriquet@aol.com</a>
9	CAPT Matt	Frauenzimmer		Caucasian	Naval Support Activity Hampton Roads	Ingram Street	Norfolk, VA 23551	757.371.4449 <a href="mailto:matthew.t.frauenzimmer.mil@us.navy.mil">matthew.t.frauenzimmer.mil@us.navy.mil</a>
10	Greg	Grootendorst		Other	HR Planning District Commission	1424 Cobble Scott Way	Chesapeake, VA	757.420.8300 <a href="mailto:ggrootendorst@hrpdcva.gov">ggrootendorst@hrpdcva.gov</a>
11	JT	Hasty		AfrAm	Towne Insurance	3 Commercial Place, Ste 1000	Norfolk, VA 23510	757.685.3459 <a href="mailto:jhasty@towneinsurance.com">jhasty@towneinsurance.com</a>
12	James	Herndon		Caucasian	Community Leader	915 Oaklette Avenue	Chesapeake, VA	757.543.0405 <a href="mailto:j.herndon21@yahoo.com">j.herndon21@yahoo.com</a>
13	Dalip	Kapoor		Asian	Busch USA	516 Viking Drive	Virginia Beach, VA	757.334.8527 <a href="mailto:dalip.kapoor@buschusa.com">dalip.kapoor@buschusa.com</a>
14	Richard	Knox, Jr.		Caucasian	Ret. Hospital CFO	700 55 <sup>th</sup> Street	Virginia Beach, VA	757.425.5102 <a href="mailto:rdk2599@gmail.com">rdk2599@gmail.com</a>
15	Kate	Lennon, ESQ.		Caucasian	Woods Rogers Vandeventer Black	101 West Main Street	Norfolk, VA	757.446.8531 <a href="mailto:KateLennonEllis@gmail.com">KateLennonEllis@gmail.com</a>
16	J. Gail	Nicula, PhD		Caucasian	Old Dominion University	1114 Rockbridge Avenue	Norfolk VA 23508	757.589.0827 <a href="mailto:gnicula1@verizon.net">gnicula1@verizon.net</a>
17	Patrycja	Plucinski		Caucasian	Edward Jones	400 W. Brambleton Ave, Suite	Norfolk, VA 23510	757-622-2892 <a href="mailto:Patrycja.Plucinski@edwardjones.com">Patrycja.Plucinski@edwardjones.com</a>
18	Martin	Thomas, Jr., ESQ.		Caucasian	Decker Law Firm - Vice Mayor, Norfolk	109 East Main St, Ste 200	Norfolk, VA	757.622.3317 <a href="mailto:Martin.Thomas@norfolk.gov">Martin.Thomas@norfolk.gov</a>
19	RADM Byron	Tobin, USN (Ret)		Caucasian	Ret. USN RADM	401 College Place #4	Norfolk VA 23510	757.647.1946 <a href="mailto:jayto@verizon.net">jayto@verizon.net</a>
20	Sabrina	Wooten		AfrAm	City of Virginia Beach	P.O. Box 6665	Virginia Beach, VA	757.797.5625 <a href="mailto:swooten@vb.gov.com">swooten@vb.gov.com</a>

## Continuum of Care (CoC) Certification

To be completed by the CoC or local planning group (LPG) for the Balance of State CoC.

Answer the following:

1.	Name of CoC/LPG: Southeastern Virginia Homeless Coalition (VA-501)
2.	Authorized lead CoC/LPG organization: The Planning Council
3.	Does your CoC/LPG have a written governance structure in place that specifies roles and responsibilities including decision making processes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: <a href="#">Click or tap here to enter text.</a>
4.	Does your CoC/LPG have a currently operational centralized or coordinated homeless services assessment system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: <a href="#">Click or tap here to enter text.</a>
5.	Verify that your CoC's/LPG's centralized or coordinated assessment system: <input checked="" type="checkbox"/> Provides coordinated program participant intakes, assessments, and referrals <input checked="" type="checkbox"/> Covers the CoC or planning group geographic area <input checked="" type="checkbox"/> Provides easy access for individuals and families seeking housing or services <input checked="" type="checkbox"/> Provides a comprehensive and standardized assessment tool <input checked="" type="checkbox"/> Has written standards for determining eligibility, prioritization, and a standard for determining the level of assistance  If any of the above mentioned items are in the development stages, please explain: <a href="#">Click or tap here to enter text.</a>
6.	Does your CoC (or local planning group) have a Ten Year Plan to end homelessness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In development, please explain: <a href="#">Click or tap here to enter text.</a>
7.	The CoC/LPG agrees to coordinate with statewide data collection efforts including conducting the annual point-in-time count on the day designated by DHCD and providing state-level HMIS data for planning purposes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	The CoC/LPG agrees to have a HMIS system in place that aligns with HUD and state data standards and facilitates maximum participation by CoC service providers. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	The CoC/LPG has adopted HMIS policies and procedures that include the following: (check all that apply). <input checked="" type="checkbox"/> Service provider participation, service coordination, and service coverage requirements <input checked="" type="checkbox"/> A data quality plan <input checked="" type="checkbox"/> A confidentiality and security plan
10.	Other comments: <a href="#">Click or tap here to enter text.</a>

Lisa S Dixon

---

Signature of Continuum of Care Chairperson  
(or local planning group lead)

4/2/24

---

Date

Lisa S Dixon, Chairperson

---

Printed Name, Title

---

Agency

For questions or guidance, contact: Will Kerner, [william.kerner@dhcd.virginia.gov](mailto:william.kerner@dhcd.virginia.gov)



# Southeastern Virginia Homeless Coalition

## Bylaws

Adopted April 11, 2018

Revised December 11, 2019

*On July 21, 2011, the Norfolk, Chesapeake, and Western Tidewater Continua of Care received approval from the U.S. Department of Housing and Urban Development (HUD) to merge as the VA-501 Norfolk/Chesapeake/Suffolk/Isle of Wight/Southampton Counties Continuum of Care (Continuum of Care). The members voted to name the new Continuum of Care the Southeastern Virginia Homeless Coalition.*

### ARTICLE I – ORGANIZATION

- A. Name:** The name of this affiliation shall be the Southeastern Virginia Homeless Coalition (SVHC), hereinafter referred to as the Coalition. (see Article I, Section B).
- B. Service Area:** The geographic area includes the cities of Norfolk, Chesapeake, Suffolk and Franklin, and the counties of Southampton and Isle of Wight, Virginia. The cities and counties served under the Coalition’s geographical area will hereinafter be referred to as the localities.
- C. Address:** The principal office of the Coalition shall be the same as the Lead Agency as identified during the Continuum of Care Homeless Assistance Grants Program Competition (see Article VI, Section A).
- D. Effective Date:** The revisions contained herein shall be in effect with the seating of the Coalition’s Governing Board (see Article V Section C) at the SVHC General Membership Annual Meeting on October 11, 2018, or such other time as may be determined in accordance with these Bylaws. Until that time, the Bylaws as adopted on March 22, 2017, shall remain in full force and effect.

### ARTICLE II – MISSION AND PURPOSE

- A. Mission:** The mission of the Coalition is to provide a path to housing and stability by developing, sustaining, and coordinating a comprehensive continuum of care for its citizens at risk of, or experiencing, homelessness.

The Coalition accomplishes this by:

1. Carrying out the responsibilities of a Continuum of Care as defined by the U.S. Department of Housing and Urban Development.
2. Coordinating and implementing a system to meet the needs of the homeless population within the geographic area, including planning for and conducting point in time counts of homeless persons.
3. Conducting an annual gaps analysis of homeless needs and services.
4. Monitoring and evaluating the performance of all federal and state funded programs, including CoC, ESG and others.

5. Establishing and consistently following fair, equitable written standards for screening, evaluating eligibility, and administering assistance for homeless or at-risk individuals and families across the geographic area.
  6. Establishing and operating a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
  7. Designating a single Homeless Management Information System (HMIS) and an eligible applicant to manage the system; and
  8. Reviewing, revising, and approving all policies and plans required by the federal and state governmental agencies that oversee homeless assistance programs.
- B. Vision Statement:** Homelessness will be rare, brief, and non-recurring.

### ARTICLE III – MEMBERSHIP

- A. Membership:** Members in this Coalition can be individuals or representatives from human services agencies, businesses, faith organizations, public agencies, or individuals from the community at-large who are committed to carrying out the Mission. Membership in this Coalition will be updated continuously through an open registration process.
- B. Membership Composition:** Three levels of involvement in the Southeastern Virginia Homeless Coalition exist, including General Member, Governing Board and Officer. Members shall have voting rights at all general membership meetings, may serve on Coalition committees, and may be considered for election to the Governing Board. Governing Board members shall have the additional right to vote at all Governing Board meetings. Only Governing Board members may be elected to serve as one of the three Officers of the Coalition.
- C. Representation and Voting:** Action on behalf of the Coalition may be taken by a quorum (as defined in Article IV, Section B) of Governing Board members at a business meeting; or a quorum of registered members at an official general meeting of the Coalition. For the purposes of voting, a member shall be defined as follows:
1. **Agencies:** Each registered agency shall have at least one official representative and be given only one vote at a general meeting of the Coalition.
  2. **Individuals:** Registered members not connected with an agency, either as a staff or board member; shall be given one vote at a general meeting of the Coalition.
  3. **Governing Board:** Persons selected to serve on the Governing Board shall be given only one vote at a regular meeting of the Governing Board and shall be given only one vote at a general meeting of the Coalition in accordance with the rules stated above.
  4. **Voting:** Voting may occur in person, in writing, telephonically or electronically. Electronic mail balloting between regularly scheduled meetings is permissible if the issue must be decided immediately, cannot wait until the next scheduled meeting and the Coalition is not able to convene a special meeting. When such circumstances exist, the need and appropriateness of electronic balloting will be determined by the Chair. In all cases, Roberts Rules of Order must be followed.
- D. Fees/Dues:** None required.



- E. **Financial Benefit to Members:** No financial benefit (earnings) of the Coalition may inure to any members, founders, or contributors. Members receive no compensation as a condition of their membership of the Coalition.

## ARTICLE IV – MEETINGS

- A. **Meetings:** All meetings are open to the public. The General Membership of the Coalition shall meet no less than twice annually, and the Governing Board of the Coalition shall meet no less than 6 times annually.
  - 1. **Regular Meetings:** The date and time of each regular meeting shall be established by the Governing Board of the Coalition in October of each year.
  - 2. **Special Meetings** are not on the regular meeting schedule and may be called by a quorum of the Governing Board or the Executive Committee of the Coalition, which shall establish the date and time. The Lead Agency shall give notice of at least three (3) business days before any special meeting date. (See Article IV, Section B2).
  - 3. **Annual Meetings:** The Coalition will hold an annual meeting during the month of October, at which time new Governing Board members will take their seats. (See Article V, Section B1).
- B. **Quorum:**
  - 1. **Governing Board Meetings:** A quorum shall exist when 50% of the duly elected Governing Board members are present for the purpose of voting or handling any official business of the Coalition.
  - 2. **General Membership Meetings:** The presence of 10 of the Coalition’s registered members at any general membership meeting shall constitute a quorum for the meeting.
- C. **Minutes of Coalition Meetings:** Minutes shall be kept at every Coalition meeting (General Membership, Governing Board, and committee meetings) and shall include, at a minimum: the date, time, and place of the meeting; the names of all who are in attendance; the topics discussed; the decisions reached and actions taken or recommended; any written reports disseminated; and any other information as may be deemed necessary by the Chair. The Lead Agency will keep official copies of all the minutes for a minimum of five years, or as is policy for federal recordkeeping. Meeting minutes shall be reviewed and approved at the next regularly scheduled meeting of the group (committee, Governing Board, or general membership) and placed on file when approved. Draft minutes shall be labeled as such and may be made available for informational purposes.

## ARTICLE V – GOVERNANCE

- A. **Purpose:** The purpose of the Coalition governance structure is to ensure orderly operations of the Coalition to carry out its mission. Coalition governance allows the three (3) elected officers of the Coalition’s Governing Board to rotate among the membership of the four delegations (see Article V Section C).
- B. **Governing Documents:** The Bylaws and the Governance Charter shall serve as the governing documents for the Coalition. The Bylaws, as adopted and revised as needed by the General Membership, and the Governance Charter, as adopted and revised as needed by the Governing Board, shall serve as the controlling documents

for the **Coalition, the Governing Board, and all committees**. If a conflict shall exist between the documents, the Bylaws, as written, shall be the controlling document.

- C. Governing Board Membership:** The Governing Board (GB) shall consist of up to 29 members. In addition to the Chair and First Vice Chair (see Article V Section D) the remaining members shall include up to six (6) members representing one of three **Local Delegations**, and up to nine (9) members representing a **Regional Delegation**.

<b>GOVERNING BOARD</b>	<b>COMPOSITION</b>
BOARD CHAIR	One person
VICE CHAIR	One Person
LOCAL DELEGATES (6 del. X 3)	18
REGIONAL DELEGATES	9
TOTAL	29

- 1. Local Delegations:** A local delegation from Chesapeake, Norfolk and Western Tidewater shall be part of the Governing Board. These delegations shall include up to six people including three (3) community advocates: two (2) individuals from local government, including one person representing a department so designated by a chief government official (ex. Mayor, City Manager) and one (1) person representing another governmental department or agency: and at least one (1) consumer or former consumer.
- 2. Regional Delegation:** A delegation which includes representatives from operations serving a broader constituency than a local delegation. Up to five (5) members will represent regional entities including, but not limited to, federal or state agencies, regional hospitals, philanthropic foundations, United Way, regional businesses, and regional institutions of higher education. Additionally, the delegation will also include up to four (4) representatives from four separate SVHC 501c3 – nonprofit homeless service provider organizations who are not also the Lead Agency. A homeless service provider shall be defined as any organization which provides services to people experiencing homelessness who has previously sought, previously received, or is currently receiving funding through the Continuum of Care (CoC). This includes all funding where a prerequisite for receiving such funding includes any coordination or participation with the CoC. Providers who do not fit this definition, regardless of the population they serve must qualify for Governing Board membership under a different category.
- 3. Nominating Process:** The Lead Agency, in collaboration with the Membership Committee of the Governing Board, shall receive nominations from the general membership and compile slates of proposed Governing Board Members representing the four delegations. These slates will be presented to the Governing Board prior to being presented to the General Membership along with any nominations from the floor, for election at the Annual Meeting (see Article IX Section B) or at another time as determined by the Governing Board.
- 4. Terms:** Governing Board Members shall serve a term of two years. Members may only be elected to one subsequent (second) two-year term. After an

absence of no less than one year a person may again be considered for Governing Board membership.

- 5. Limited Representation:** No entity may be represented on the Governing Board by more than one person at a time even if the member is selected to fill another eligible category. For example, a Provider may be represented by a member of its staff. Another person who might be eligible to represent a regional business, but also serves as a member of the Provider's board of directors, could not be seated due to this limitation. The Lead Agency and the Membership Committee will be charged with determining whether such conflicts exist prior to presenting a slate of candidates.
  - 6. Attendance:** To allow for the handling of Coalition business, all Governing Board members are required to attend no less than 80% of the regularly scheduled meetings of the Governing Board each year to remain in good standing. The Chair may grant an excused absence in cases of illness or unforeseen conflicts. Governing Board members unable to meet this standard shall be considered under Article V Section M.
- D. Election of Officers:** Officers of the Governing Board include Chair, First Vice Chair, and Second Vice Chair.
- 1. Election:** The Second Vice Chair shall be elected each year from one of the delegations of seated members of the Governing Board (see Article V – Section A). The election shall be by a majority vote of the seated Governing Board members and will take place no later than two (2) months following the Annual Meeting. Governing Board members shall receive a minimum of one-month notice of the date for said election and the names of any slated or nominated candidates.
- E. Officer Terms:** The Second Vice Chair shall hold office until the first regular meeting of the Governing Board held after the Annual General Membership Meeting following their election. Upon the completion of their term, the Second Vice Chair shall automatically succeed to the office of First Vice Chair and be seated at that same meeting. The First Vice Chair shall serve in that capacity for the following year, automatically succeeding to the role of Chair the next year. The Chair will conclude their term upon the seating of their successor in the subsequent year. The Chair and the First Vice Chair shall be seated members of the Governing Board, with the right to vote on all matters, but shall not be considered a member of any of the four delegations.
- F. Vacancies:** Vacancies amongst the Chair or First Vice Chair shall be filled through the line of succession. The succeeding Officer(s) shall complete the term of their predecessor and then serve their own term. A vacancy in the role of Second Vice Chair will be filled by an election of the Governing Board from the remaining seated Governing Board members. The elected member shall complete the unexpired term in accordance with Section V paragraph D.1 above. Other vacancies amongst the members of the Governing Board shall be filled by the Governing Board. When a vacancy occurs the Governing Board, in collaboration with the Membership Committee, the general membership and the Lead Agency shall solicit nominations of candidates qualified to fill the open seat. A minimum of 30 days shall be provided to receive nominations prior to the Governing Board election of the new member.

The selected individual will complete the unexpired term and may stand for re-election. However, the individual may not serve more than four continuous years.

**G. Executive Committee**

1. **Membership:** The Governing Board's Executive Committee shall be comprised of the following elected members: Chair; First Vice Chair and Second Vice Chair. Another member shall include a designated representative of the Lead Agency (non-voting).
2. **Duties:** The Executive Committee shall:
  - Act on behalf of, and in the best interest of, the Coalition to carry out its mission, goals, and activities.
  - Take action on behalf of the Governing Board only in those instances of extreme urgency where waiting to call a Special Meeting (see Article IV Section A para. 2) would result in irreparable harm to the Governing Board or the general membership of the Coalition.
  - Conduct and guide the business of the Coalition, recommending committee and subcommittee members to the Governing Board as needed.
  - Propose the general policies and guidance of the affairs of the Coalition to the Governing Board.
  - Conduct an annual performance review of the designated Lead Agency as well as the HMIS Lead Agency, and present same with recommendations to the Governing Board; and
  - Keep regular minutes of its proceedings and report such proceedings at the next regularly scheduled meeting of the Governing Board.
3. **Meetings:** The Executive Committee shall meet not less than six (6) times a year. The Chair may call special meetings of the Executive Committee. All officers are required to attend no less than 80% of the Executive Committee meetings.

**H. Duties of the Chair**

1. Presides at all Coalition, Governing Board and Executive Committee meetings.
2. Makes all committee chair recommendations, deemed necessary for the operation of the Coalition, to the Governing Board for ratification.
3. Serves as a member ex-officio of all committees.
4. Provides reports to the Governing Board and Coalition as needed.
5. Executes all papers, documents, and instruments ordered to be executed by the Governing Board.
6. Performs all other such duties usually pertaining to the office of Chair and as determined by the Governing Board.
7. Publicly represents the Governing Board and Coalition; and
8. Calls meetings of the Executive Committee.

**I. Duties of the First Vice Chair**

1. Presides at meetings in the absence of the Chair and serves as otherwise needed in absence of the Chair.
2. Assists the Chair in making committee appointments deemed necessary for the operation of the Governing Board and Coalition.
3. Provides reports to the Governing Board and Coalition as needed; and

4. Performs all other such duties usually pertaining to the office of the Vice Chair as determined by the Governing Board.
- J. Duties of the Second Vice Chair**
1. Presides at meetings in the absence of the Chair and First Vice Chair and serves as otherwise needed in absence of the Chair and First Vice Chair.
  2. Assists the Chair in making committee appointments deemed necessary for the operation of the Governing Board and Coalition.
  3. Provides reports to the Governing Board and Coalition as needed.
  4. Performs all other such duties usually pertaining to the office of the Second Vice Chair as determined by the Governing Board.
- K. Duties of the Lead Agency:**
1. Serves at the pleasure of the Governing Board on an annually contracted basis.
  2. Serves as a non-voting member of the Executive Committee.
  3. Records attendance at monthly Coalition meetings and Executive Committee meetings.
  4. Coordinates with the Governing Board the development and timely submission of continuum-based applications to federal and state agencies for homeless assistance program funding.
  5. Coordinates the annual Point in Time Count and other activities required by federal and state agencies for funding awards.
  6. Verifies information and coordinates submission of the Grant Inventory Worksheet, the Housing Inventory Chart, System Performance Measures, and the Longitudinal System Analysis.
  7. Coordinates the work of the Program Monitoring Committee to ensure complete representation of the homeless service agencies.
  8. Makes accurate and timely submissions of annual applications for homeless assistance funds from federal and state entities that require submission through the Collaborative Applicant (Lead Agency).
  9. Works to ensure coordination between the Coalition and the South Hampton Roads Regional Task Force to End Homelessness.
  10. Informs members of the Governing Board and Coalition and solicits input on regional initiatives affecting homeless and service agencies.
  11. Verifies membership status for Continuum of Care certifications and letters of support.
  12. Records and distributes the minutes of all Governing Board meetings; and
  13. Maintains the records of attendance and terms of office for the SVHC, including the Governing Board and all appointed committees.
- L. Resignation and Removal:** Any Governing Board member including officers, except the Chair, may resign by tendering a written notice to the Chair. The Chair may resign by tendering written notice to the Governing Board. Any officer may be removed by the Coalition whenever in the judgment of the Governing Board the best interests of the Coalition will be served thereby. A 2/3 majority vote of the seated Governing Board members shall be required to remove an Officer. Any Governing Board member not in compliance with the attendance policy (see Article V Section C para. 7) may be removed by a 2/3 majority vote of the seated Governing Board members.
- M. Conflict of Interest:**

1. **Procurement.** For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the standards of conduct and conflict-of-interest requirements under 2 CFR 200.317 and 200.318.
  2. **Continuum of Care board members.** No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
  3. **Organizational conflict.** An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.
  4. **Other conflicts.** For all other transactions and activities, the following restrictions apply:
    - No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.
  5. **Exceptions.** Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.
- N. Threshold requirements.** HUD will consider an exception only after the recipient has provided the following documentation:
1. Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

2. An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.
- O. Factors to be considered for exceptions.** In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:
1. Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available.
  2. Whether an opportunity was provided for open competitive bidding or negotiation.
  3. Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question.
  4. Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section.
  5. Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict.
  6. Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and
  7. Any other relevant considerations.

## ARTICLE VI – LEAD AGENCY

### A. Lead Agency

1. **Lead Agency - Continuum of Care (CoC)** (or Collaborative Applicant) is designated by the SVHC as the primary point of contact and the entity responsible for managing the advancements of the CoC. Homeless Management Information Systems (HMIS) Lead is designated by the SVHC as the responsible entity to manage the HMIS.
2. **Duties of the Lead Agency - Continuum of Care**
  - The CoC Lead Agency completes and submits all CoC-based applications for funding.
  - Implements a collaborative process for the continuum of care.
  - Evaluates performance outcomes of programs funded under CoC and ESG applications including, but not limited to, federal and state homeless assistance grants.
  - Ensures CoC compliance with the CoC Final Program Rule and HUD Notices.
  - Coordinates Unsheltered Point in Time Count activities.

### 3. Duties of the Homeless Management Information System (HMIS) Lead Agency:

- The HMIS Lead Agency directly manages contracts with the system vendor on behalf of the Coalition.
- Secures Agency and User Agreements between the Lead Agency and service providers utilizing HMIS.
- Submits, at least on an annual basis, the Housing Inventory Chart, Point in Time Count, System Performance Measures, and Longitudinal System Analysis to HUD.
- Produces annual shelter data to be submitted as part of the Point in Time Count report.
- Provides all technical support, training, necessary program, and security updates, and coordinates aggregate data reporting for service provider and funding agencies.
- Develops and runs required data reports necessary to obtain and maintain funded homeless service programs, as well as demonstrate characteristics of the homeless population within the CoC geographical area.
- Develops and monitors a Privacy Plan surrounding data limitations and purposes as required by federal and state agencies; and
- Ensures all client level data meets security provision requirements detailed in the 2010 HMIS Data and Technical Standards Final Notice, to include: transmission encryption, limited access to workstations, off-site backup and recovery, proper disposal of storage devices and system monitoring procedures. **(For further detail, see the SVHC HMIS Policies and Procedures Manual).**

## ARTICLE VII – GENERAL PROVISIONS

- A. Fiscal Year:** The fiscal year of the Coalition and all committees shall be from October 1 through September 30.
- B. Annual Meeting:** The General Membership shall be convened each year in the month of October, or other such time as shall be determined by the GB, to elect the members of the GB and to consider any changes to these Bylaws. The GB shall determine the content of any other items to be considered.
- C. Parliamentary Authority:** The rules contained in the current edition of Robert's Rules of Order, Newly Revised, shall be the parliamentary authority for all matters of procedures not specifically covered by these Bylaws.
- D. Dissolution of the Coalition:** In the event the Coalition is dissolved, and the Coalition owns any assets in excess of those needed to discharge fully its obligations, such assets shall be distributed exclusively to other non-profit human service agencies devoted to the health, welfare, and well-being of citizens of South Hampton Roads by majority vote of the Coalition.



ARTICLE VIII – ADOPTION AND AMENDMENT OF BYLAWS

These Bylaws may be amended at a regular or special meeting of the General Membership by a two-thirds (2/3) affirmative vote of the members present and voting. Amendments must be in written form and distributed to the General Membership of the Coalition at least two (2) weeks prior to presentation and vote.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
First Vice-Chair

\_\_\_\_\_  
Second Vice Chair

# SVHC Governance Charter

## ARTICLE I – COMMITTEES

- A. Committees:** The Governing Board will specify the duties of standing committees and establish ad hoc committees as the need arises.
1. All standing and ad hoc committees shall consist of sufficient numbers to provide broad representation of the Coalition as appropriate. Chairpersons of each committee shall be nominated and elected by committee membership.
  2. By majority vote, the members of any standing committee may remove a chair of that committee.
  3. Standing Committees include: Executive Committee, Service Coordination Committees (Families and Singles), Program Monitoring Committee, and HMIS and Data Collection Committee.
- B. Service Coordination Committees (Families and Singles)**
1. Leverages community resources to assist homeless families and
  2. individuals;
  3. Provides case coordination linking families and individuals to a variety of benefits, housing and support services, and address barriers to self-sufficiency;
  4. Oversees system-wide coordination among service providers, maintains inventory of specific services, and establishes more seamless access to mainstream programs to improve the quality, efficiency, and effectiveness of homeless services; and
  5. Identifies needs and gaps in services for homeless subpopulations.
  6. **(For further detail, see the Coordinated Intake and Assessment System Procedures.)**
- C. Program Monitoring Committee**
1. Agencies that currently have, federal and/or state grants for homeless services, are required to participate on the Program Monitoring Committee.
  2. Responsible for maximizing funding from federal and state agencies, including the U.S. Department of Housing and Urban Development (HUD) McKinney-Vento/HEARTH Continuum of Care competition for homeless assistance grants;
  3. Has the primary responsibility for overseeing the timely, accurate presentation of the regional Consolidated Applications for federal and state grants; and
  4. The Committee provides guidance and oversight into the monitoring of Continuum of Care performance and works with the Coalition members to improve and enhance outcomes and performance.
- D. Homeless Management and Information System (HMIS) and Data Collection Committee:**
1. Provides oversight and guidance on issues related to the implementation of the Homeless Management Information System (HMIS);
  2. Ensures that HMIS users meet the established HUD Data Standards, as well as privacy and confidentiality;
  3. Reviews user data quality reports;

4. Maintains an open system of shared, non-confidential information; and
  5. Works to recruit non-federal and state funded agencies to utilize the database as a central repository for all client-level homeless data.
- E. Ad Hoc Committees (e.g. Point in Time Committee):** The Governing Board may create ad hoc committees as needed, the membership and duties of which shall be as determined by the Governing Board. Each ad hoc committee shall limit its activities to the accomplishment of the task for which it is appointed and shall have no power to act except such as is specifically conferred by the Governing Board. Upon completion of the task for which appointed, an ad hoc committee shall stand discharged.
- F. Committee Activities:** Business conducted within established committees will follow the same rules established herein for the overall Coalition activities.
- G. Limitations on Committee Authority:** The Governing Board or, in rare situations, the Executive Committee, must approve all recommendations of the Standing and ad hoc committees before action may be taken. No commitments on behalf of the Coalition may be made by any committee chair or members of any committees without the approval of the Coalition or the Executive Committee. Actions taken by committees must be announced, discussed and voted on by the Governing Board unless in emergency situations\*.
- \*An emergency situation is defined as an instance when the Governing Board is unable to meet to make the decision prior to the need to act and, in that case, the Executive Committee can act on behalf of the entire Governing Board. That action can be reviewed by the Governing Board at the next regularly scheduled meeting.*

## ARTICLE II – Requirements for Funding

- A. Attendance and Participation Requirements for Funding:** Agencies requesting funding for new and/or renewal projects are required to be registered members of the Coalition. The Continuum requests that all agencies that receive funding attend the following meetings to assist in the planning and coordination of expending CoC funds:
1. Program Monitoring Committee; and
  2. SVHC General Membership Committee.

Agencies that participate in at least 75% of the listed Committee meetings throughout the twelve (12) months before the funding announcement will be incentivized on the CoC Scorecard. Agencies desiring to submit a new application for funding are referred to the Collaborative Applicant for guidance.

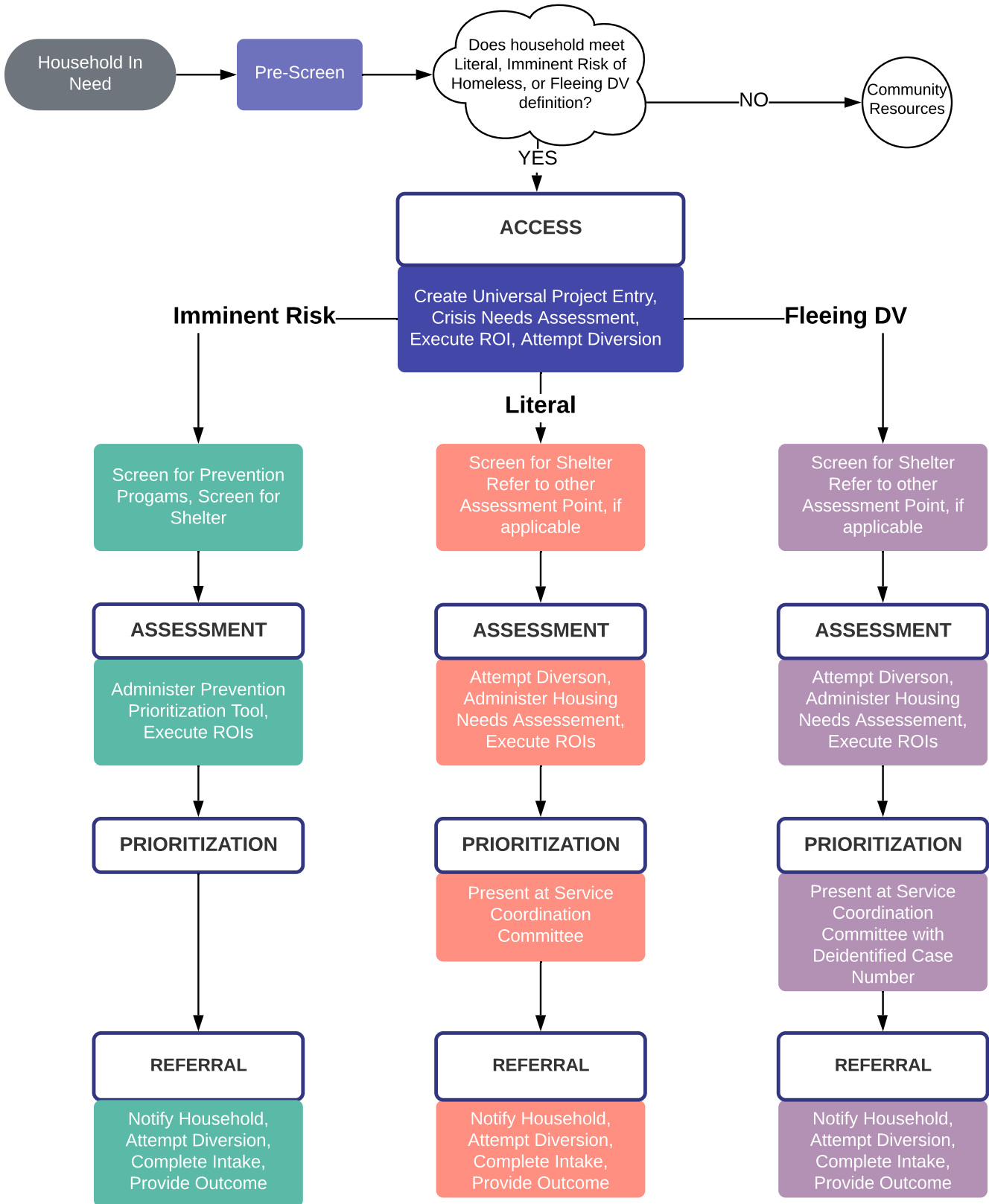
**B. Decision Making Process for Funding:**

1. The Governing Board, with the support of the Program Monitoring Committee and the Lead Agency, is responsible for the development and implementation of a fair and transparent application process for both new and renewal projects; ensures that all funding applicants are in good standing; the services proposed respond to the overall community needs; and, there are no conflicts of interest within the process. (Article V, Section M of SVHC Bylaws).
2. Step One - A joint meeting of the Program Monitoring Committee and the Governing Board (or a subcommittee designated by the Governing Board per #3) will take place to

hear presentations on renewal applications and to discuss the past year's performance of each renewal application, including the results of the peer/scorecard review.

3. Step Two - Non-conflicted Governing Board members, (or a subcommittee designated by the Governing Board) will then convene to consider the information gathered at the joint meeting (#2) and to hear presentations regarding new funding applications. The Governing Board may invite non-conflicted subject matter experts with expertise in reviewing and ranking funding applications, or other relevant skills and experiences, to participate on this subcommittee.
4. The Governing Board, at a regular or special meeting of the Board, is responsible for approving the final rankings and funding allocations and forwarding this information to the Lead Agency for inclusion in the final application, prior to submission. The Governing Board makes all final decisions to accept or reject requests for funding. A majority vote by Board members determines the final decision.

# SVHC Coordinated Entry System Flow Chart



## Exit from Universal CES Project

Households may exit due to one of the following circumstances:

- Successful Diversion
- Household self-resolves
- Household enters a Permanent Housing Project (and moves into a unit)
- Household obtains housing outside of the CoC
  - Household leaves the CoC
- Household lost to contact over 45 days
- Episode of Homelessness is Broken
  - Deceased
- No Resources Available

# ForkKids

## Housing Specialist Job Description

**Job Title:** Housing Specialist

**Department:** Services

**Reports To:** Program Manager at designated site

**Classification:** Full time; Non-Exempt

The Housing Specialist uses a housing first approach to reduce the length of time families are homeless. Works with families residing in emergency shelter, or in other homeless or at-risk situations to assess barriers, identify appropriate long-term housing solutions and facilitate placement. Assures that data collected from clients is thoroughly and accurately reported in a timely manner according to established standards and deadlines.

### **RESPONSIBILITIES**

#### ***Housing Stabilization:***

- Complete Housing Assessments as per agency policy, developing housing stabilization plans to address identified housing barriers and needs and begin to identify an appropriate housing placement.
- Use a housing first approach to rapidly re-house families to address or eliminate barriers to maintaining and sustaining housing
- Develop and cultivate relationships with local property management agencies to seek housing for clients and to encourage property managers to modify tenant selection criteria to accommodate clients facing homelessness.
- Assist clients in identifying financial concerns primarily pertaining to utility and rental barrier debt that could cause possible housing placement barriers.
- Assist clients in developing realistic housing expectations, ensuring that the cost of identified housing is within clients means to maintain after graduating from the program and that it is reasonable and within local fair market rent.
- Encourage and assist clients by training and coaching activities in housing/tenant relations and other relevant topics.
- Coordinate transportation services and/or transport families to meet housing stability goals.
- Monitor status of waiting lists for subsidized housing and inform all relevant case managers of opportunities available to clients.

- Provide ongoing mediation between landlords and clients as needed. Support staff with housing related matters pertaining to RRH clients.
- When applicable, identify housing units that fall within grant guidelines, including communicating with landlords, facilitating execution of leases and following up regarding any tenant/landlord concerns.
- Complete Housing Habitability, Housing Quality Standards and Lead-Based Paint Inspections to ensure identified housing is safe and adequate. Engage in direct communication with clients regarding housing inspections and safe housing standards.
- As needed, coordinate with other shelter or housing providers to facilitate housing placement following community referrals.
- Participate in internal landlord recruitment and retention initiatives.
- Participate in regular housing priority meetings to assist with leveraging of available units.
- Other duties as assigned

***Customer Service:***

- Provide service to internal and external customers according to standards as outlined in ForKids Customer CARE Manual.

***Financial Management:***

- Use agency resources (financial and non-financial) prudently.
- Acknowledge and follow financial policies of the agency.

***Grants Data Management:***

- Accurately complete all required data reporting in accordance with established guidelines.
- Participate in all scheduled data collection trainings.

***Community Engagement:***

- Participate in development and fundraising activities as needed and requested (ex: meeting with donors, providing tours, attending fundraising events).
- Regularly engage, support and collaborate with volunteers to provide a meaningful experience.

**QUALIFICATIONS**

***Education and Experience:*** Bachelor's degree from an accredited four-year college or university with a degree in social work, human services, or associated field preferred. Minimum of two years of experience in human services and/or homeless shelter, leasing, property management, or other relevant work experience is preferred but not required.

***Essential Functions, Knowledge, Skills, and Abilities:***

- Considerable knowledge of social, economic and health problems as they related to homeless families.
- Ability to be objective and calm in a stressful environment.
- Knowledge of community and social agencies and resources.
- Ability to communicate effectively, verbally and in writing.
- Ability to work with a diverse population.
- Ability to make sound judgments within the framework of existing policies and procedures.
- Knowledge of the use of personal computers and standard office software.
- Ability to accurately track and report data.
- Ability to establish and maintain effective working relationships with consumers, co-workers and with representatives of other agencies and programs.
- Ability to work outside of regular business hours as necessary.
- Valid driver's license with no more than three minor driving violations and/or accidents combined within the last three years, and no major moving violations in the past five years.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Family Case Manager Job Description

**Job Title:** Family Case Manager

**Department:** Services

**Reports to:** Program Manager at designated site

**Classification:** Full time, Non-Exempt

**Location(s):**

\_\_\_\_ Norfolk (\_\_\_\_ hpw)      \_\_\_\_ Chesapeake (\_\_\_\_ hpw)      \_\_\_\_ WT (\_\_\_\_ hpw)

The Family Case Manager serves as service coordinator for all adult and children's needs, completing strengths-based assessments, making referrals and monitoring provision of internal and external service delivery necessary to obtain and maintain housing stability.

Family Case Managers work with families who have experienced periods of homelessness and/or are experiencing significant risks of homelessness. Utilizing a housing-first approach, the Family Case Manager focuses efforts on any areas that directly impact obtaining and maintaining permanent housing, and ensures the appropriate documentation and reports are completed in a thorough and up-to-date manner. The Family Case Manager uses the Critical Time Intervention model to prevent recurrent homelessness and other adverse outcomes as a family transitions into the community, while identifying and strengthening their long-term formal and informal support systems.

### **RESPONSIBILITIES**

#### ***Family Case Management:***

- Encourage and assist families with training and coaching activities in areas such as: problem solving, goal setting, child development and health care, budgeting, job readiness, substance-abuse prevention, housing/tenant relations and education, and other topics which may impact long-term housing stability.
- Develop, provide, and monitor individualized service plans (ISPs) to achieve the primary goal of obtaining and maintaining permanent housing.
- Support adult participants in coordinating medical appointments and immunizations, along with meeting the basic needs of their children.
- Collaborate with ForKids Family Wellness Coordinator and Mental Health Specialist and/or external clinical service providers to monitor attendance and treatment progress in reference to scheduled psychological evaluations, medication management appointments, therapy appointments, etc.
- Perform child development screenings and refer to providers for follow up if necessary
- Complete HMIS documents and quarterly reports in a timely and accurate manner.
- Attend staff meetings and in-service training as needed.

- Provide individual, housing-focused case management for participants, serve as coordinator of services, and provide assessment, referral and follow-up to address any needs that impact housing stability.
- Coordinate with Economic Mobility team to connect clients with vocational training programs and other opportunities to build a pathway out of poverty.
- Create, update, and implement all facets of budgeting.
- Establish collaborative partnerships with other public and private agencies/services and establish ongoing linkages and supports for individual clients.
- Establish professional, supportive relationships with all participants.
- Ensure that all participants understand program guidelines and remain focused on housing stability goals.
- Conduct intake interviews including case history and assessment of needs.
- Educate family members regarding existing community services, and act as an advocate to connect family members to these services.
- Regularly evaluate activities and accomplishments of participants with respect to their established goals in order to ensure continued program fulfillment.
- Document files consistently, completing all relevant forms, including intakes, assessments, and all required documents within the timeframes allotted.
- Coordinate transportation services and/or transports families for their initial health care and other business-related appointments as needed.
- Coordinate exit plans and move-out process as per individual household needs to include safety planning if necessary.
- Educate participant regarding tenant rights and responsibilities and maintain communication with the landlord, advocating regarding client needs and rights where applicable.
- Complete regular case consultations to review service delivery quality.
- Participate in peer groups or other task-oriented work groups as assigned.
- Other duties as assigned.

***Customer Service:***

- Provide service to internal and external customers according to standards as outlined in ForKids Customer CARE Manual.

***Financial Management:***

- Use agency resources (financial and non-financial) prudently.
- Acknowledge and follow financial policies of the agency.

***Grants Data Management:***

- Accurately complete all required data reporting in accordance with established guidelines.
- Participate in all scheduled data collection trainings.

***Community Engagement:***

- Participate in development and fundraising activities as needed and requested (ex: meeting with donors, providing tours, attending fundraising events).
- Regularly engage, support and collaborate with volunteers to provide a meaningful experience.

## **QUALIFICATIONS**

### ***Education and Experience:***

Bachelor's degree from an accredited college or university in a social-services related field. Minimum of three years of experience in case management or related field experience is preferred but not required.

### ***Essential Functions, Knowledge, Skills and Abilities:***

- Knowledge of crisis intervention and family case management.
- Knowledge of the various community-based family service programs and activities.
- Knowledge of child development, positive parenting, mental health and related subjects.
- Knowledge of non-violent parenting and discipline strategies for children.
- Knowledge of conflict resolution strategies.
- Knowledge of basic counseling skills and techniques, including conflict resolution.
- Knowledge of child protection standards and procedures.
- Knowledge of the use of personal computers and standard office software.
- Effective oral and written communication skills.
- Basic knowledge of principles, procedures, techniques, trends, and literature of strengths-based and participant driven program models.
- Basic knowledge of principles of community organizing, service coordination, and advocacy to initiate/coordinate service delivery and follow-up services.
- Ability to accurately track and report data.
- Ability to maintain meticulous and up-to-date case files.
- Ability to correctly assess situations within scope of responsibility and to make sound judgments within existing laws, policies and regulations.
- Ability to establish and maintain effective working relationships with parents, children, co-workers and with representatives of other agencies and programs.
- Ability to train participating families on basic parenting skills and related topics.
- Ability to plan daily activities to achieve identified goals.
- Ability to teach goal planning process.
- Ability to independently solve problems and provide guidance to other team members.
- Valid driver's license with no more than three minor moving violations and/or accidents combined within the last 3 years, and no major moving violations in the past five years.

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Print Name

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Date

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Signature

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Date



## **Housing Case Manager**

### **Overview:**

Reporting to the Case Management Program Manager, the Housing Case Manager works directly with individuals in need of housing stabilization and ensure participants receive affirming services tailored to those experiencing homelessness. The Housing Case Manager contributes to the success of the LGBT Life Center by engaging in community systems to promote access to services participants need to be self-sufficient.

### **Essential Job Functions:**

- Provides case management and client services to all clients to include individuals receiving housing assistance.
- Completes and develops Individualized Service (ISP) and coordinates with internal and external services to ensure medical, behavioral, and housing adherence, housing stability, and access to ongoing mainstream resources.
- Provides excellent engagement with clients by meeting with them on a regular, ongoing basis, which includes home visits and shelter visits as needed.
- Promotes independence with all participants. Provide effective skills and resources to increase income, and reduce expenses; not limited to job placement, training, job readiness, etc.

### **Responsibilities:**

- Monitor client's adherence to program guidance and provide individualized services based on the client's needs.
- Maintains individual files, including all written documentation related to essential functions such as case notes, services plan, assessment in accordance with funding sources and agency guidelines.
- Maintains meaningful involvement with clients, community partners, landlords, court/criminal justice systems and treatment services.
- Provides accurate, complete, and timely data and reports to the department Managers as needed.
- Records data for program outcomes and ensures client files are complete, accurate and frequently updated.
- Participates in Homeless Management Information System (HMIS) data collection activities.
- Monitor progress through phone calls, site visits and effective case management appointments.
- Represents the organization in community Continuum of Care meetings as needed.



- Participate in housing team meetings to ensure coordinated efforts are in place to continue stabilization of clients.
- Maintain on-going communication within the housing team to ensure client's needs are being met holistically.
- Other duties as assigned.

**Qualifications:**

Bachelor's degree health, human services, or related field, and/or at least 4 years of experience in homeless services or a related field. Individuals without completion of a bachelor's degree will be considered if demonstrated housing experience with a variety of HUD, HOPWA, RRH programs.

**Job Knowledge and Skills:** This position requires knowledge of and sensitivity to target populations (LGBTQ+ communities, homeless populations, persons experiencing mental health concerns, persons experiencing substance abuse, youth) along with the ability to work in both clinical and community environments. Ability to work with multicultural and diverse populations required. Effective oral and written communication skills required. Excellent organizational, decision-making, problem-solving, and time-management skills are required to handle multiple activities related to program implementation. Computer knowledge should include Microsoft applications (Word, Excel, Access, and Outlook). Knowledge and experience working with HUD programs and HMIS experience preferred.

**Physical Requirements:**

Must have reliable transportation and acceptable driving record is required.

This work requires the following physical activities: walking, sitting, hearing/seeing, talking in person or on the phone. Occasional walking, bending, standing, and driving are needed. Work is performed in an office setting. Work is also performed in social and community settings, as necessary. Minimal to moderate lifting is required at times. Extended work schedule may apply to accommodate agency's needs.

Successful candidates will have demonstrated the ability to work collaboratively with a variety of staff within the organization and our community partners. LGBT Life Center values individuals with strong work ethic and commitment to the mission. Excellent communication skills are necessary to work with team members and the people we serve. Demonstrated ability to work effectively with people of diverse races, ethnicities, gender identities, ages, and sexual orientations in a multicultural environment.

**LGBT Life Center is an Equal Opportunity/Affirmative Action**

**Employer.** [www.lgbtlifecenter.org](http://www.lgbtlifecenter.org)

Black, Indigenous, People of color, Lesbian, Gay, Bisexual, Transgender, Gender Non-conforming people, and individuals of diverse backgrounds encouraged to apply.

**Salary:** \$45,000.00 annually.



Email resume and cover letter to [jsnell@lgbtlifecenter.org](mailto:jsnell@lgbtlifecenter.org)



## Housing Specialist

**Mission:** *LGBT Life Center is a trusted leader that empowers the LGBTQ communities and all people affected by HIV through improving health and wellness, strengthening families and communities, and providing transformative education and advocacy.*

**Overview:** Reporting to Housing Specialist Program Manager, the Housing Specialist is responsible for housing services program implementation to include property management activities, assessing clients housing needs, developing, and implementing rental contracts, life skill education to support independent living. This position will assist Housing Case Managers in obtaining housing readiness documents and maintain client records in the Homeless Management Information System (HMIS), ensuring timely data entry.

### Essential Job Functions:

- Identify homeless individuals and families through direct outreach activities and community referrals.
- Completed intakes and assist clients with housing applications, deposits, connection of services, and provide program orientation to all participants.
- Conduct landlord negotiations and completion of contracts.
- Perform housing quality standard (HQS) inspections upon housing approval.
- Act as a liaison between the clients and the landlord regarding property and/or maintenance issues.
- Build relationships with clients, provide advocacy, and assist with connection to benefits/ housing.
- Regularly assess individual client's ability to maintain housing stability.
- Coordinate care to ensure client has access and referrals to appropriate, identified services; continue to engage with unsheltered clients until shelter or permanent housing is obtained.

### Responsibilities:

- Maintain client records in the Homeless Management Information System (HMIS); ensure timely and accurate data entry and updates as required.
- Maintain individual files, including all written documentation related to essential job functions including case notes, service plans, and assessments, in accordance with CoC and/or agency guidelines.
- Participate in community Continuum of Care meetings (SCC-Singles and SCC-Families) to represent the organization and present clients for appropriate housing interventions.
- Participate in bi-weekly housing team meetings to ensure coordinated efforts are in place to continue stabilization of clients.
- Maintain on-going communication within and outside of the housing team to ensure client's needs are being met holistically.



- Complete monthly check requests based on program approval and complete annual inspections as well as renewal paperwork.
- Develop and implement landlord and property manager recruitment strategies.
- Build and maintain strong relationships with community landlords, property managers, and resources.
- Other duties as assigned.

**Qualifications:**

Bachelor's degree health, human services, or related field, and/or at least 4 years of experience in homeless services or a related field. Individuals without completion of a bachelor's degree will be considered if demonstrated housing experience with a variety of HUD, HOPWA, RRH programs.

**Job Knowledge and Skills:** This position requires knowledge of and sensitivity to target populations (LGBTQ+ communities, homeless populations, persons experiencing mental health concerns, persons experiencing substance use, youth) along with the ability to work in both clinical and community environments. Ability to work with multicultural and diverse populations required. Effective oral and written communication skills required. Excellent organizational, decision-making, problem-solving, and time-management skills are required to handle multiple activities related to program implementation. Computer knowledge should include Microsoft applications (Word, Excel, Access, and Outlook). Knowledge and experience working with HUD programs and HMIS experience preferred.

**Physical Requirements:**

Must have reliable transportation and acceptable driving record is required.

This work requires the following physical activities: walking, sitting, hearing/seeing, talking in person or on the phone. Occasional walking, bending, standing, and driving are needed. Work is performed in an office setting. Work is also performed in social and community settings, as necessary. Minimal to moderate lifting is required at times. Extended work schedule may apply to accommodate agency's needs.

Successful candidates will have demonstrated the ability to work collaboratively with a variety of staff within the organization and our community partners. LGBT Life Center values individuals with strong work ethic and commitment to the mission. Excellent communication skills are necessary to work with team members and the people we serve. Demonstrated ability to work effectively with people of diverse races, ethnicities, gender identities, ages, and sexual orientations in a multicultural environment.

**LGBT Life Center is an Equal Opportunity/Affirmative Action**

**Employer.** [www.lgbtlifecenter.org](http://www.lgbtlifecenter.org)

Black, Indigenous, People of color, Lesbian, Gay, Bisexual, Transgender, Gender Non-conforming people, and individuals of diverse backgrounds encouraged to apply.

**Salary:** \$45,000.00 annually.





## Housing Advocate

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### About YWCA South Hampton Roads

YWCA South Hampton Roads (YWCA SHR) is the oldest and largest multicultural women's organization in the world. YWCA SHR is dedicated to the fullness of its mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all.

Serving approximately 8,000 individuals each year, YWCA SHR is a source of strength, courage and empowerment for women and families facing crisis. We are a community catalyst for meaningful change and the advocate for shaping vital impact through quality services responding to the critical needs of survivors of sexual violence and domestic violence. YWCA SHR works across racial, gender, religious and social lines with organizations-partners in all sectors to educate about disparities, advocate for change and provide resources and tools to dismantle oppressive systems.

YWCA SHR is in the midst of a rapid transformation from a well-established direct service provider for women and families facing crisis to an organization working at the intersection of eliminating racism, empowering women and standing up for social justice, helping families and strengthening our community.

### About the Position

Under general supervision of the Housing Manager, responsible for working collaboratively with the Shelter Case Manager, other YWCA Housing Advocate, local social service partners, and landlords. This position assists homeless clients impacted by domestic violence in locating housing, securing housing, and providing case management.

### ESSENTIAL DUTIES

The essential functions include, but are not limited to the following:

#### *Advocacy*

- Establish partnerships with landlords to assist in locating affordable housing for shelter clients, especially those with multiple barriers to obtaining permanent housing
- Meet with homeless clients selected for YWCA's Rapid Re-Housing program in order to complete intake, assess for housing barriers and develop a plan for housing location
- Meet with clients to assist with; locating affordable housing, completing housing applications, reviewing lease documents, addressing barriers to housing and moving arrangements
- Act as a liaison and mediator between client and landlord for housing issues that may arise

#### *Compliance*

- Complete housing inspections and ensure that housing meets HUD compliance standards
- Maintaining familiarity with federal, state, regional, and local housing programs, policies, and regulations; analyzing and ensuring compliance with applicable requirements

*Administration*

- Maintains statistics, client case notes, and ECM to accurately report out on grant activities
- Provide weekly and/or monthly case management meetings for clients who are housed to ensure their long term success by providing safety planning, crisis intervention, advocacy, information and referrals Attend staff meetings and client case reviews and scheduled in-service trainings as assigned
- Attend staff meetings, shelter case management meetings, and scheduled in-service trainings as assigned
- Performs other duties as assigned

**QUALIFICATIONS**

*We will consider exceptional candidates who demonstrate a strong combination of the specific qualifications and skills described below.*

**Minimum Requirements**

Education and Experience

- Bachelor's degree in social work, psychology, or related human services field preferred.
- A minimum of one year of related experience with housing, homeless population, and/or victims of violence required.

Other Requirements

- Must be 18 years of age
- Must complete the training programs of YWCA-SHR
- Must complete a successful background check

Skills and Competencies

- Demonstrate knowledge of interpersonal violence and a strong commitment to ending violence against women, men, and children.
- Non-judgmental attitude, sensitive to confidential information.
- Must be able to work independently, manage multiple priorities and respond to participants in a professional and reassuring manner.
- Demonstrate ability to act as an advocate on behalf of clients with a working knowledge of legal, medical, and social service systems.
- Must be able to function as a team with other co-workers.
- Ability to work well with people of various ethnic, racial, and socio-economic backgrounds.
- Ability to communicate clearly and effectively both orally and in writing.
- Must complete the training programs of the YWCA SHR.
- Must have excellent driving record and have a valid driver's license; certificate of insurance from an insurance carrier licensed in the State of Virginia.
- Requires willingness to work and travel alone.
- Travel is required and access to reliable transportation is essential.

**CORE VALUES**

The Housing Advocate is expected to model the YWCA SHR Core Values:

- Compassion
- Honesty
- Integrity
- Ownership
- Responsibility
- Empowerment

**WORKING CONDITIONS:** Work is performed in a typical office environment with a high standard of confidentiality.

**PHYSICAL DEMANDS AND WORK ENVIRONMENT:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential duties and responsibilities of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the functions. Must have the use of sensory skills in order to effectively communicate and interact with other employees and the public through the use of the telephone and personal contact as normally defined by the ability to see, read, talk, hear, handle or feel objects and controls. While performing the duties of this job, the employee is required to: Frequently walk, use hands to finger, climb a ladder, handle or feel objects, tools or controls and talks or hears. Often required to stand and sit; reach with hands and arms; and stoop, kneel, crouch, bend, squat or crawl. Ability to lift and carry up to 20-25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. The noise level in the work environment is moderately loud. Physical capability to effectively use and operate various items of office related equipment, such as but not limited to, a personal computer, calculator, copier and fax machine.

**COMPENSATION:** This position offers a salary range of \$38,000-42,000 that is based on experience, and includes a comprehensive benefits package that includes health, vision, and dental insurance, 17paid holidays, vacation, sick leave, retirement and other benefits. We actively welcome all candidates from a wide range of backgrounds who have the skills to fulfill this role – regardless of compensation history. This is a full-time, exempt position.

**START TIMEFRAME:** Position will be open until filled. Interested applicants should submit cover letter and resume to job posting at [www.ywca-shr.org](http://www.ywca-shr.org)

**AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS:** YWCA SHR is an Equal Opportunity Employer. ADA requires YWCA SHR to provide reasonable accommodations to qualified individuals with disabilities. Prospective and current employees are invited to discuss accommodations.

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Print Name

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Date

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Signature

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## Housing Manager

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### About YWCA South Hampton Roads

YWCA South Hampton Roads (YWCA SHR) is the oldest and largest multicultural women's organization in the world. YWCA SHR is dedicated to the fullness of its mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all.

Serving approximately 8,000 individuals each year, YWCA SHR is a source of strength, courage and empowerment for women and families facing crisis. We are a community catalyst for meaningful change and the advocate for shaping vital impact through quality services responding to the critical needs of survivors of sexual violence and domestic violence. YWCA SHR works across racial, gender, religious and social lines with organizations-partners in all sectors to educate about disparities, advocate for change and provide resources and tools to dismantle oppressive systems.

YWCA SHR is in the midst of a rapid transformation from a well-established direct service provider for women and families facing crisis to an organization working at the intersection of eliminating racism, empowering women and standing up for social justice, helping families and strengthening our community.

### About the Position

Under general supervision of the Shelter & Housing Program Director, responsible for the overall supervision and management of the YWCA SHR Housing programs and staff.

### ESSENTIAL DUTIES

The essential functions include, but are not limited to the following:

- Collaborate with YWCA SHR Leadership, Family Justice Center staff, and the Norfolk Continuum of Care to coordinate YWCA SHR housing services for homeless clients.
- Supervise housing staff, including team building, establishing goals/objectives, monitoring of performance, and ongoing evaluations.
- Collaborate with the YWCA SHR Volunteer and Outreach Coordinator to train new staff, volunteers and interns on the YWCA SHR Housing Program as well as dynamics of interpersonal violence.
- Act as a liaison and ambassador of the YWCA SHR within the Norfolk Continuum of Care Coordinated Entry System.
- Define and implement new programmatic procedures related to emergency housing and rapid rehousing for approval by the Program Director and Executive Director to ensure grant compliance.
- Oversee housing grants, compile grant reports, and ensure housing program data integrity and compliance.
- Establish and monitor client outcomes, complete routine program evaluation, ensure appropriate staffing, and successfully meet program goals.

- Oversee environmental review processes, review lease agreements, and monitor grant spending.
- Meet with newly housed clients to assist with transition into permanent housing, establish goals while in housing, and assist with budgeting.
- Provide crisis intervention counseling, advocacy, information, and referrals to housing clients.
- Respond to crisis situations involving housing clients, providing conflict resolution communication, and ensuring client safety and wellness. Act as a mediator between client and landlord for housing issues.
- Maintain and audit housing records in accordance with policy and procedures.
- Attend staff meetings and shelter case management and scheduled in-service trainings as assigned.
- Provide weekly and/or monthly case management meetings for a small case load who are housed to ensure their long-term success by providing safety planning, crisis intervention, advocacy, information and referrals.
- Performs other duties as assigned.

## QUALIFICATIONS

*We will consider exceptional candidates who demonstrate a strong combination of the specific qualifications and skills described below.*

### Minimum Requirements

#### Education and Experience

- Bachelor's degree in social work, criminal justice or related human services field required.
- One year of supervisory experience or equivalent leadership/management training.
- Two years of experience working with victims of violence and/or homeless persons required.
- Previous experience working in a homeless housing program preferred.

#### Other Requirements

- Must successfully pass a criminal background check
- Must complete the YWCA SHR Onboarding and Advanced Training Program

#### Skills and Competencies

- Demonstrate knowledge of interpersonal violence and a strong commitment to ending violence against women, men, and children.
- Non-judgmental attitude, sensitive to confidential information.
- Must be able to work independently, manage multiple priorities and respond to participants in a professional and reassuring manner.
- Demonstrate ability to act as an advocate on behalf of clients with a working knowledge of legal, medical, and social service systems.
- Must be able to function as a team with other co-workers.
- Ability to work well with people of various ethnic, racial, and socio-economic backgrounds.
- Ability to communicate clearly and effectively both orally and in writing.
- Must complete the training programs of the YWCA SHR.

- Must have excellent driving record and have a valid driver's license; certificate of insurance from an insurance carrier licensed in the State of Virginia.
- Requires willingness to work and travel alone.
- Travel is required and access to reliable transportation is essential.

## CORE VALUES

The Housing Manager is expected to model the YWCA SHR Core Values:

- Compassion
- Honesty
- Integrity
- Ownership
- Responsibility
- Empowerment

**WORKING CONDITIONS:** Work is performed in a typical office environment with a high standard of confidentiality.

**SUPERVISORY RESPONSIBILITIES:** This position is responsible for the oversight of all housing staff, interns, and volunteers. This includes general coaching and mentoring, annual performance reviews, goal creation and tracking, timesheet review, new staff onboarding and 90 day review and training as necessary.

**PHYSICAL DEMANDS AND WORK ENVIRONMENT:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential duties and responsibilities of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the functions.

- Ability to travel in varying weather conditions.
- Must have the use of sensory skills in order to effectively communicate and interact with other employees and the public through the use of the telephone and personal contact as normally defined by the ability to see, read, talk, hear, handle or feel objects and controls
- While performing the duties of this job, the employee is required to:
  - Frequently walk, use hands to finger, climb a ladder, handle or feel objects, tools or controls and talks or hears
  - Often required to stand and sit; reach with hands and arms; and stoop, kneel, crouch, bend, squat or crawl
  - Ability to lift and carry up to 60 pounds
  - Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus
  - The noise level in the work environment is moderately loud
  - Physical capability to effectively use and operate various items of office related equipment, such as but not limited to, a personal computer, calculator, copier and fax machine

**COMPENSATION**

This position offers a competitive salary that is based on experience, and includes a comprehensive benefits package. We actively welcome all candidates from a wide range of backgrounds who have the skills to fulfill this role – regardless of compensation history. This is a full-time, exempt position.

**START TIMEFRAME**

Position will be open until filled. Interested applicants should submit cover letter and resume to job posting at [www.ywca-shr.org](http://www.ywca-shr.org)

**AMERICANS WITH DISABILITIES ACT (ADA) REQUIREMENTS**

YWCA SHR is an Equal Opportunity Employer. ADA requires YWCA SHR to provide reasonable accommodations to qualified individuals with disabilities. Prospective and current employees are invited to discuss accommodations.

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**Print Name**

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**Date**

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**Signature**

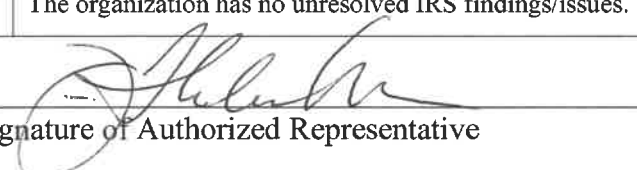


## ORGANIZATIONAL CERTIFICATIONS AND ASSURANCES

I, J. Thaler McCormick, authorized representative of ForKids, inc., on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following: (check all applicable)

1.	<input checked="" type="checkbox"/>	The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input checked="" type="checkbox"/>	The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input checked="" type="checkbox"/>	The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, or agrees to make necessary improvements/repairs for code compliance.
5.	<input checked="" type="checkbox"/>	The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds.
6.	<input checked="" type="checkbox"/>	The organization will administer a policy to ensure a workplace that is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries.
7.	<input checked="" type="checkbox"/>	The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board.
8.	<input checked="" type="checkbox"/>	The organization will insure the confidentiality of program participants.
9.	<input checked="" type="checkbox"/>	The organization will follow a board approved grievance and termination policy.
10.	<input checked="" type="checkbox"/>	The organization will implement a plan to maximize mainstream resources toward meeting program participant needs.
11.	<input checked="" type="checkbox"/>	The organization will adhere to generally accepted accounting principles, generally accepted auditing standards, State and Local laws.
12.	<input checked="" type="checkbox"/>	The organization will participate in the local CoC (or local planning group) centralized or coordinated assessment system.
13.	<input checked="" type="checkbox"/>	The organization has current HMIS licenses.
14.	<input checked="" type="checkbox"/>	The organization will meet all HMIS data standards.
15.	<input checked="" type="checkbox"/>	The organization agrees to participate in state data collection efforts.
16.	<input checked="" type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/>	The organization has no unresolved IRS findings/issues.

  
 Signature of Authorized Representative

3/4/24  
 Date

Chief Executive Officer  
 Title of Authorized Representative

## GRANTEE CERTIFICATIONS AND ASSURANCES

I, Stacie Walls, authorized representative of LGBT Life Center, on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following: (check all applicable)

1.	<input checked="" type="checkbox"/>	The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input checked="" type="checkbox"/>	The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input checked="" type="checkbox"/>	The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, or agrees to make necessary improvements/repairs for code compliance.
5.	<input checked="" type="checkbox"/>	The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds.
6.	<input checked="" type="checkbox"/>	The organization will administer a policy to ensure a workplace that is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries.
7.	<input checked="" type="checkbox"/>	The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board.
8.	<input checked="" type="checkbox"/>	The organization will insure the confidentiality of program participants.
9.	<input checked="" type="checkbox"/>	The organization will follow a board approved grievance and termination policy.
10.	<input checked="" type="checkbox"/>	The organization will implement a plan to maximize mainstream resources toward meeting program participant needs.
11.	<input checked="" type="checkbox"/>	The organization will adhere to generally accepted accounting principles, generally accepted auditing standards, State and Local laws.
12.	<input checked="" type="checkbox"/>	The organization will participate in the local CoC (or local planning group) centralized or coordinated assessment system.
13.	<input checked="" type="checkbox"/>	The organization has current HMIS licenses.
14.	<input checked="" type="checkbox"/>	The organization will meet all HMIS data standards.
15.	<input checked="" type="checkbox"/>	The organization agrees to participate in state data collection efforts.
16.	<input checked="" type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/>	The organization has no unresolved IRS findings/issues.

\_\_\_\_\_  
Signature of Authorized Representative

02/20/2024

Date

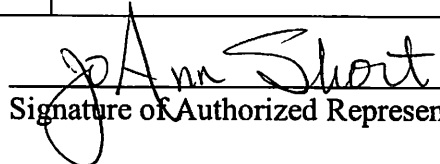
Chief Executive Officer  
Title of Authorized Representative

## ORGANIZATIONAL CERTIFICATIONS AND ASSURANCES

I, Jo Ann Short, authorized representative of The Planning Council, on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following: (check all applicable)

1.	<input checked="" type="checkbox"/>	The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
3.	<input checked="" type="checkbox"/>	The organization will not require a fee or donation as a condition for receiving assistance.
4.	<input checked="" type="checkbox"/>	The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, or agrees to make necessary improvements/repairs for code compliance.
5.	<input checked="" type="checkbox"/>	The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds.
6.	<input checked="" type="checkbox"/>	The organization will administer a policy to ensure a workplace that is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries.
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16.	<input checked="" type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/>	The organization has no unresolved IRS findings/issues.

  
 \_\_\_\_\_  
 Signature of Authorized Representative

April 2, 2024  
Date

President/CEO  
 Title of Authorized Representative

## ORGANIZATIONAL CERTIFICATIONS AND ASSURANCES

I, Kristen Pine, authorized representative of YWCA South Hampton Roads, on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application, in the grant agreement, and in the program guidelines while conducting grant activities for the program funded.

To this end, I certify/assure the following: (check all applicable)

1.	<input checked="" type="checkbox"/>	The program supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law.
2.	<input checked="" type="checkbox"/>	The organization will provide all activities under the program in a manner that is free from religious influence.
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16.	<input checked="" type="checkbox"/>	The organization is free of outstanding DHCD or other findings or issues.
17.	<input checked="" type="checkbox"/>	The organization has no unresolved IRS findings/issues.

*Kristen Pine*  
 Signature of Authorized Representative

March 13, 2024  
 Date

Chief Operating Officer  
 Title of Authorized Representative



*Southeastern Virginia  
Homeless Coalition*



*Homelessness will be Rare, Brief, and Non-Recurring*

# **Coordinated Entry System Written Standards**

**January 2018**

## **Introduction**

The Department of Housing and Urban Development (HUD) published the Continuum of Care (CoC) Program Interim Rule that requires CoCs to establish and consistently follow written standards for providing CoC assistance. Most recently, the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CPD-17-01) established new requirements for coordinated entry that apply to all CoCs. Projects funded by either the CoC Program or the Emergency Solutions Grants (ESG) Program must meet and adhere to these requirements.

These standards must be applied consistently across the entire defined geographic area. Additionally, it is required that all CoC and ESG funded programs administer their assistance in compliance with the CoC's written standards. The CoC strongly encourages housing and homeless service providers that are not CoC or ESG funded to participate in the Coordinated Entry System and follow the policies and procedures outlined in this document.

To facilitate the operation of a high performing CES, the CoC governing body will review its policies and procedures annually to reflect national best practices and updated guidance from the U.S. Department of Housing and Urban Development (HUD).

The purpose of this document is to establish policies and procedures that ensure the provision of services in a consistent and streamlined manner. Additionally, this document will provide the community and participants information on the services that are available through the CoC.

The Southeastern Virginia Homeless Coalition (SVHC) is the planning body responsible for developing, sustaining and coordinating a comprehensive Continuum of Care of homeless services for the citizens of Southeastern Virginia, including the cities of Norfolk, Chesapeake, Suffolk and Franklin, as well as Isle of Wight County and Southampton County. Over forty member agencies make up the SVHC and implement over \$6 million of federal, state and local funds that provide housing and support service programs through collaboration within subcommittees. The SVHC strives to remove barriers while developing housing and implementing effective strategies to ensure homelessness will be rare, brief, and non-recurring.

## **Coordinated Entry System Overview**

The Coordinated Entry System (CES) is a centralized, community-wide process designed to identify, engage, and assist households experiencing, or at risk of experiencing, homelessness; coordinate the intake, assessment and referral for services that meet the level of assistance that is most appropriate to resolving their

housing crisis; and prioritize the households with the most severe service needs for assistance in a timely manner.

The implementation of coordinated entry is considered a national best practice. When implemented effectively, coordinated assessment can:

- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding housing or services;
- Provide valuable information about service needs and gaps to help communities identify needed resources and strategically plan for their allocation;
- Foster increased collaboration between homelessness assistance providers;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Reduce or erase entirely the need for individual provider wait lists for services, and;
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes to make progress towards ending homelessness.

Per HUD Coordinated Entry Notice: Section I.B, it is prohibited for CoC or ESG-funded programs to accept households that have not gone through the Coordinated Entry System as operated by the CoC. This ensures equal access utilizing a standardized tool to appropriately assess and assign the household's level of need.

## **Guiding Principles**

To achieve these objectives, the SVHC implements the CES based on the following guiding principles:

1. **Housing First-** The coordinated entry system implements a client-focused approach to ending homelessness that centers on providing permanent housing first and then implementing wrap-around support services as needed and requested. Service providers are trained annually in best practices for client engagement in areas including: mental health first aid; trauma-informed care; motivational interviewing and cultural competency.
2. **Fair Housing –** The SVHC operates a coordinated system that requires recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements, including the following:
  - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
  - Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
  - Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services, such as housing search and referral assistance.
  - Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
3. Prioritizing the most vulnerable – The SVHC coordinated entry system fully implements the prioritization process included in HUD Notice CPD-016-11. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for referrals.
  4. Low Barrier – SVHC members do not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. Housing and homeless programs agree to the low barrier screening criteria in partnership with the CES process.
  5. Non-discrimination— The CES is accessible by all households across the geographic area regardless of race, color, national origin, religion or any protected group; affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.
  6. Data Driven Decisions – The CES process design and management utilizes data collected around persons being served by the CoC, as well as nationally recognized evidence related to homeless housing and services.



## Definitions

**Access Point** – Locations, virtual or physical, where an individual or family in need of assistance initiates contact (including safety screening, diversion, prevention and basic assessment) with the coordinated entry process.

**Assessment** – A series of standardized questions administered uniformly within the CES to determine a household's current housing situation, housing and service needs, risk of harm, acuity level, risk of future and continued homelessness, and other adverse outcomes.

**By Name List** – A real time, up-to-date list of all people experiencing homelessness which can be filtered by categories including Veteran and/or Chronic status, length of time homeless and more.

**Chronically Homeless** – A homeless single individual, or head of household, with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness within the past three years.

**Imminent Danger - Recent Occurrence (case by case); On-Going and Consistent; Threats by means of Sexual, Physical, Verbal, and Emotional violence; Threat and/or access to Weapons/Firearms; and/or Children experiencing Violence, Threat of Violence, and/or Witness of violence.**

**Homeless Management Information System (HMIS):** a computerized data collection tool specifically designed to capture client-level, system-wide information over time on the characteristics and service needs of men, women and children experiencing homelessness.

**Homeless** – A household that falls within one of the following categories:

1. Households that lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency

shelter or a place not meant for human habitation immediately before entering that institution;

2. Households that will imminently lose their primary nighttime residence;
3. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or
4. Households fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Housing Interventions: Housing programs and subsidies including transitional housing, rapid rehousing, and permanent supportive housing programs.

Provider – An organization that provides services or housing to people experiencing or at-risk of homelessness.

## **Key Components of the Coordinated Entry Process**

### **Access**

Households in the community access the CES through the Regional Housing Crisis Hotline, emergency shelters, designated homeless service providers, and outreach personnel canvassing streets and other places where homeless congregate. Once the household is screened and found eligible, a standardized assessment tool is utilized to identify the household's level of acuity and to help guide decisions around the appropriate type of housing and services needed.

Designated staff at access points then make a referral to the By-Name List (BNL) for eligible households. Households on the BNL are case conferenced at regularly held Service Coordination Committee (SCC) meetings and prioritized by level of vulnerability, then referred to housing programs as appropriate.

Housing programs that participate in the CES no longer maintain their own waitlists and do not actively recruit households for their respective programs. This ensures housing providers are able to serve the most vulnerable households in the community. Additionally, households no longer need to advocate for themselves at multiple agencies in order to access homeless services.

Access points—whether physical, via telephone or outreach—are avenues through which households experiencing a housing crisis within the geographic area can easily initiate the CES process for screening, assessment and connection to the most appropriate resources. All access points should provide consistent information to households seeking access to the CES. Providers that do not serve as access points direct households to the Regional Housing Crisis Hotline for screening and referral to community resources.

The SVHC has multiple access points across the four cities and two counties to ensure housing and services are accessible to all.

#### 1. Regional Housing Crisis Hotline

The Regional Housing Crisis Hotline, an information and community referral system, serves as an access to the CES by conducting preliminary eligibility screening. Households may contact the **Regional Housing Crisis Hotline** by calling **(757) 587-4202** or Toll Free at **866-750-4431** for an initial screening and referral to eligible services and other mainstream resources including diversion, homeless prevention, shelter or outreach.

Initial Triage and Safety Screening - The Regional Housing Crisis Hotline completes initial triage and safety screening with all callers. Upon initial contact, households seeking assistance are interviewed to determine, first, if diversion strategies or prevention assistance is appropriate.

Domestic Violence Protocol- Households identified at access points as attempting to flee or fleeing domestic violence, human trafficking, sexual assault or stalking situation are immediately connected to the South Hampton Roads Coordinated Crisis Response (CCR), the community's 24-hour domestic violence hotline at 757-251-0144. A lethality assessment will be administered to ensure those people experiencing violence and are in the most danger are served first. If the DV hotline determines the household is not at imminent risk or if the household chooses not to utilize DV specific services, the household will be transferred back to a CES access point to be assessed and referred to the appropriate housing intervention.

Diversion – Households facing homelessness within three days or less—including those that are already experiencing homelessness— are offered diversion strategies to help them make immediate, alternative arrangements, or explore options for obtaining alternative housing.

Homeless Prevention – If a household is at imminent risk of homelessness—facing homelessness within 14 days-- the Hotline completes a screening to identify their eligibility for available programs within the SVHC. Referrals are immediately sent to the appropriate agency to initiate contact and begin the application process.

Prioritization criteria: In order to prioritize resources for those with the greatest need, households that most closely resemble those that are already in emergency shelter are prioritized for prevention assistance. These characteristics include households that:

- Have previously entered the shelter system
- Have a fixed income (SSDI/SSI or other)
- Are living in a hotel/motel or in a doubled up situation

Homeless Screening – Households that are literally homeless are referred to outreach or other access point within the CES that complete assessment and referral for housing interventions.

Households that are neither literally homeless, nor at imminent risk, are referred to available community resources.

## 2. Emergency Shelter

Households may access emergency shelters by calling the Regional Housing Crisis Hotline or the Coordinated Crisis Response Hotlines. Outreach staff regularly visit emergency shelters to engage with shelter stayers and complete assessments for housing services.

Domestic Violence Emergency Shelter - Households that are in imminent danger are eligible for domestic violence emergency shelter.

Prioritization criteria:

1. Client and/or her/his children are in imminent danger of domestic and/or sexual violence.
2. Client and/or her/his children have recently experienced domestic and/or sexual violence but are not currently in imminent danger.
3. Client and/or her/his children are homeless and are past victims of domestic and/or sexual violence but are not currently in imminent danger.
4. Client and/or children are homeless, have not experienced domestic and/or sexual violence and there are beds available.

Emergency Shelter - Households that are literally homeless are prioritized for emergency shelter.

### 3. Outreach

Community outreach staff from various social service and homeless service providers works to coordinate shelter placements, secure mainstream resources, and aid in the completion of assessments for further housing services. The coordinated entry process is linked directly to street outreach efforts to ensure households sleeping on the streets and those less likely to seek out services have equal access to the CES process. Homeless households have continuous access to outreach workers through scheduled visits to local day centers and seasonal/emergency shelter programs. Additionally, community outreach staff visits encampments, wooded areas and parks to build rapport with those least likely to engage in the CES process.

### 4. Departments of Human Services

In Norfolk, homeless and at-risk families may also present at the Norfolk Department of Human Services to meet with the Homeless Action and Response Team (HART) for screening and homeless assessment. HART workers attempt to divert families from shelter when possible, coordinate shelter placements, and identify and secure mainstream resources. For households facing homelessness, diversion strategies are implemented in order to preserve their current housing situation or make immediate alternative arrangements. When diversion is not possible, prevention assistance funds may be utilized. At-risk households are also referred to other available resources and programs.

In other localities, households facing or experiencing homelessness are screened by intake workers and connected to outreach staff or the Regional Housing Crisis Hotline for further assessment and assistance. Intake workers maintain relationships with homeless service providers and city/county staff who are able to assist with homeless housing and services.

### 5. Designated Homeless Service Providers

Designated homeless service providers in the community with an executed SCC Participation Agreement on file with the Lead Agency serve as access points, providing assessment and referral to the By Name List. Providers that do not serve as access points to the CES are expected to direct households to a designated access point.

### **Accessing the CES after Hours**

Households presenting to winter shelter will be offered a bed in the emergency shelter where they arrived to the extent that space is available and the household is population appropriate. If they are not population appropriate, they will be referred to a shelter that is

appropriate and has available space. Police departments are also trained in Crisis Intervention techniques and transport persons encountered on the streets to winter shelter. If shelter space is not available, the household will be referred to other community resources.

When winter shelters are not in operation, households in need of emergency services after normal operating hours may leave a message with the HCH and calls will be returned the next business day. The community’s DV hotline is operated 24 hours allowing continuous access for households fleeing or attempting to flee domestic violence or human trafficking.

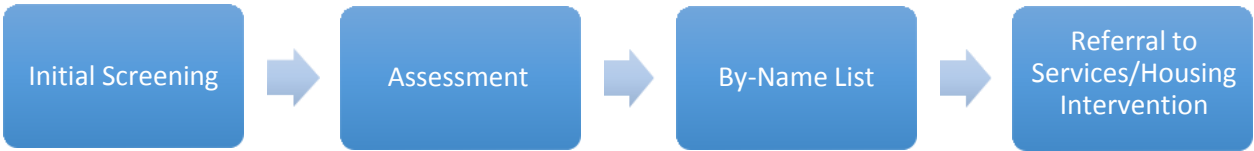


Figure 1: CES Process Flow

### Assessment

The assessment process is used to determine the immediate and long-term needs and the most appropriate housing intervention for literally homeless households.

Assessment and referral to homeless assistance services is conducted by designated outreach staff and assessment agencies with an executed SCC Participation Agreement on file with The Planning Council. Providers that do not serve as access points to the CES are expected to direct households to appropriate access points prior to receiving services.

The SVHC employs a phased approach to assessment, gathering only enough participant information to:

- Determine the severity of need and eligibility for housing and related services; and
- Prioritize and refer participants to available services.

Designated service providers utilize the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VISPDAT) for literally homeless singles, and the Vulnerability Index-Family-Service Prioritization and Decision Assistance Tool (VI-F-SPDAT) for literally homeless families to quickly assess households for the most appropriate support and housing interventions that are available. The VISPDAT is used as a tool **only**. To best capture the household’s vulnerability, further community discussion takes place to identify barriers and additional service needs that may not be reflected in the VISPDAT.

## Assessment Procedures

1. Assessors will explain the coordinated entry process and the rights of the household and review data privacy and release of information documents with each household before conducting the assessment. Households are informed of their right to refuse to share data.
2. If the household consents, the assessment is completed in a safe and confidential location.
3. Once the assessment is completed and necessary releases are signed, the VI-SPDAT is entered into the Homeless Management Information System (HMIS).
4. Referrals will be made to the By Name List and Service Coordination Committees (SCC) for prioritization and referral to available housing interventions.

For continuity of service delivery, it is ideal for the Outreach staff who first engages with and assesses a household using the VI-SPDAT to follow them through the process of obtaining permanent housing. However, in circumstances where capacity is limited, it is permissible for others to assist with completion of VI-SPDAT and other assessments as long as there is a plan for follow-up with a qualified navigator.

## Eligibility and Prioritization

The following housing interventions are available based on the household's needs and eligibility:

Transitional Housing (TH): Transitional housing is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living typically six to twenty-four months. Households must be homeless to be eligible.

Prioritization criteria: Households with lengthy homeless history, extensive housing barriers, and the most severe service needs are prioritized for TH.

Rapid Rehousing (RRH): Rapid re-housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

In order to be eligible for rapid re-housing, households must meet the HUD definition of homelessness and not have access to housing resources.

The amount of rent each program participant must pay is determined by the household's

budget and will be the least amount of financial assistance necessary based on household needs and housing barriers.

Prioritization criteria: Households with chronic status and the most severe service needs (according to the VI-SPDAT score) are prioritized for RRH

Permanent Supportive Housing (PSH): Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless households with a documented disability achieve housing stability.

PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.

Prioritization criteria: Chronically homeless households with the most severe service needs are prioritized for PSH.

## **Referral**

The referral process is informed by federal, state and local Fair Housing laws. The referral process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness and prioritization of the most vulnerable. Referrals to housing interventions are made based on the following factors:

- Results of the assessment tool (VI-SPDAT score)
- Available openings
- Established priority populations
- Program eligibility

## **Vacancy Report**

All shelter and housing providers are required to report vacancies to the CES via electronic notice no later than 10:00 AM each weekday morning. The Daily Vacancy Report is distributed to all housing providers as well as to the chairs of both Service Coordination Committees to ensure transparency and to confirm accuracy of openings.

The SCCs use the daily vacancy report to submit referrals from the BNL. SCCs support the CoC's efforts to coordinate service delivery and decrease the length of time a person or household experiences homelessness.

Homeless Households that fit the following criteria will be discussed at the Service Coordination Committee for Families –

- Head of household with one or more minor children currently in their care and custody, or;
- Head of household with one or more minor children currently staying in foster



care or other temporary arrangement (with family/friends) and hopes to reunite their family, or;

- Head of household in the third trimester of pregnancy

Homeless Households that fit the following criteria will be discussed at the Service Coordination Committee for Singles –

- An unaccompanied individual, or;
- Two single adults that present as a married or unmarried couple, or;
- Pregnant woman in the first or second trimester.

Committees meet biweekly and are inclusive of designated access point staff, housing advocates, case managers, and participating members from social/human service departments, as well as other local service providers, to develop coordinated plans for homeless singles and families to expedite exits to permanent housing, including prevention and rapid re-housing assistance, prioritizing those most vulnerable for available housing placements within the CoC. Each committee maintains a BNL which enables referrals to be made to vacancies in between meetings, therefore reducing the time that a household waits for a housing intervention.

### **Referrals to the By Name List**

Access point staff generate referrals to the BNL utilizing the electronic process in HMIS. Referrals include uploading the completed VI-SPDAT and signed consent to exchange

information. Referred households are then placed on the BNL. BNLs are maintained separately for singles and families. The Service Coordination Committees meet to provide case conferencing for households on the BNL and make direct referrals into the most appropriate program, based on the availability of openings, program eligibility, and prioritization.

### **Approved Referrals**

Once a household is matched to a housing intervention, the access point staff that is navigating the household through the process will inform the household of the match. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within seven business days. The receiving agency has seven days to update the committee on the outcome of the referral (i.e. accepted into program, declined, unable to contact) in HMIS.

### **Denied Referrals**

Receiving agencies may deny a referral in the following situations:

- The household does not meet the program's eligibility criteria, or;
- The household is unable to be contacted for intake within seven business days

When a referral is denied, it is the responsibility of the receiving agency to update the committee on the outcome within 30 days and the household will be returned to the BNL. The household will maintain their order on the list.

### **Participant Rights**

All individuals and families participating in the CES will be informed of their rights at the time of entry into the system.

### **Client Choice**

The CES is person-centered and recognizes households' rights to choice and takes steps to meet the needs of households engaged in the system. Households have the right to decline a referral to any housing program and refusing a resource does not impact eligibility for future referrals. There are no limits on the number of times a household may decline a referral. If a household chooses not to accept a referral to a housing intervention, the next eligible household on the list will be referred. Access staff will explore other options for the household and communicate that multiple declines might leave fewer community resources available for a housing match.

### **Grievance Policy**

All concerns and grievances must be resolved promptly and fairly, in the most informative and appropriate manner. Providers shall inform individuals and families of the following methods to file a grievance:

1. Housing Program Grievances are grievances that are related to the household's experience(s) with a homeless housing program. These grievances will be redirected back to the provider to follow the provider's grievance policies and procedures. The provider must respond in writing to all appeals within 14 days. All appeals of eligibility decisions that cannot be resolved to the satisfaction of the participant through the receiving agency's grievance process, may be submitted to the CoC's Governing Board. The CoC will review the case and respond in writing within 30 days. The finding of the Governing Board will be final. Coordinated Entry System Grievances are grievances that are related to CE policies and/or procedures. Housing program grievances and CES grievances related to CE policies and/or procedures shall be directed to:

**The Planning Council (757)**  
622-9268  
[www.theplanningcouncil.org](http://www.theplanningcouncil.org)

In person or in writing:  
5365 Robin Hood Road, Suite 700  
Norfolk, Virginia 23513

2. Fair Housing Grievances are grievances that are related to discrimination.

To file a formal Fair Housing complaint, contact:

**Department of Professional and Occupational Regulation (DPOR)**

[www.dpor.virginia.gov](http://www.dpor.virginia.gov)

Regulatory Programs and Compliance Section  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1463  
Phone: (804) 367-8504  
FAX: (866) 282-3932  
Email: [ComplaintAnalysis@dpor.virginia.gov](mailto:ComplaintAnalysis@dpor.virginia.gov)

For additional information on Fair Housing laws, contact:

<b>Housing Discrimination Hotline Office</b>	or	<b>Virginia Fair Housing Office</b>
<b>1-800-669-9777</b>		<b>1-888-551-3247</b>

To file a formal Fair Housing complaint, contact:

## **U.S. Dept. of Housing & Urban Development**

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp)

To file a complaint online:

[http://portal.hud.gov/hudportal/HUD?src=/topics/housing\\_discrimination](http://portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination)

(206) 220-5170 (800-

877-0246) TTY (206)

220-5185

## **Marketing**

The CoC affirmatively markets housing and supportive services to eligible persons within the geographic area. Clients are able to access the Regional Housing Crisis Hotline through both a local and a toll free number. Clients are also able to make call requests through web forms on the CoC website. The numbers for the Hotline are made available at a number of local partners such as Departments of Social Services. Business cards with the Hotline numbers are available at all CoC community events. Outreach workers distribute the cards at local gathering spots, 24-hour establishments as well as restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In order to reach all members of the community, interpretation services are also offered.

## **CES Training**

Assessment agencies are provided annual training opportunities coordinated by The Planning Council, including staff onboarding on how to complete the VISPDAT. The training covers how assessments are performed with fidelity to the written policies and procedures, prioritization, uniform decision-making, and referrals. SCC and Program Monitoring documents are available on the CoC website. The SCC Participation Agreement will serve as certification that partners understand the CES process and agree to adhere to established policies and procedures.

Staff are also trained on cultural and linguistic competency, Trauma Informed Care, and safety planning. All agencies and Hotline staff (DV, Community Service Board, Regional Housing Crisis Hotline, etc.) undergo training for Cultural Competency and Mental Health First Aid. The DV Hotline provides additional training on recognizing signs of DV and assault. Other trainings are provided as requested.

## **Data Management**

The Planning Council serves as lead agency for the Hampton Roads HMIS, and functions as the primary liaison between participating agencies and Bowman Systems,

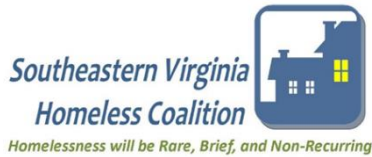
the HMIS vendor. The Southeastern Virginia Homeless Coalition (SVHC), the Greater Virginia Peninsula Homelessness Consortium (GVPHC), the city of Virginia Beach CoC, the City of Portsmouth CoC, and the Central Virginia CoC merged their HMIS databases, creating the Hampton Roads HMIS. Participation is required for federally and state funded homeless service providers (with the exception of DV providers); other providers voluntarily participate.

The CES utilizes the Hampton Roads HMIS to track and manage all Coordinated Entry data; the HMIS Policies and Procedures ensure adequate privacy protections of all participant information per the HMIS Data and Technical Standards at 24 CFR 578.7(a)(8). All users of HMIS participate in mandatory training on the privacy rules associated with collection, management, and reporting of client data. The same privacy protections and rules associated with the use of HMIS are applied in the handling and management of confidential personal information on the By Name List.

### **System Evaluation**

The CES process will be evaluated annually to ensure that it is operating at maximum efficiency. The CoC will conduct an annual evaluation of its intake, assessment, and referral processes by providing each participating project as well as households the opportunity to provide feedback in the form of anonymous surveys and/or focus groups to address the quality and effectiveness of the entire coordinated entry experience. Additional evaluations will be conducted by third party consultants.

CES policies and will be reviewed annually and updated as necessary by the SVHC governing body. The results of the surveys and/or focus groups will be used to update the existing policies and procedures, reflecting changes that result in improved performance and outcomes. Performance of the CES will be reported annually to the community through the SVHC Annual Report with sections devoted to coordinated assessment and homelessness assistance system outcomes.



# SVHC Coordinated Entry System: Agency Participation Guidelines

## Introduction

The Southeastern Virginia Homeless Coalition (SVHC) Coordinated Entry System (CES) is a Multisite Centralized Access system. The SVHC CES is comprised of homeless service agencies committed to making homelessness rare, brief, and non-recurring. All agencies that participate in the CES must have a *Membership Application* and an executed *Agency Participation Agreement* on file with the Continuum of Care (CoC) Lead Agency. *Membership Applications* can be found on the SVHC website: <http://www.svhcva.org> under the “About” tab.

In addition to *the SVHC CES Written Standards*, the *Agency Participation Guidelines* and the *Service Coordination Committee Guide* shall be used to direct the roles and responsibilities of agencies that act as Access Points, Assessment Points, and/or housing providers. In accordance with the standards set forth by the U.S. Department of Housing and Urban Development (HUD), all Access Points and Assessment Points shall follow a standardized access and assessment process.

## Access

Access Point providers will be the first point of contact for most households experiencing homelessness. Agencies that are a household’s first point of contact but cannot fulfill all of the Access Point responsibilities should refer household to an appropriate Access Point. The list of CoC Access Points will be available on the CoC website under the “Get Help” tab.

Access Point Providers may choose to service all persons experiencing homelessness, or one or more of the HUD designated subpopulations below:

- Adults without children
- Adults accompanied by children
- Unaccompanied youth (under 25)
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
- Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance

## Responsibilities

- Triage households experiencing a housing crisis to determine if they meet HUD homeless category 1, 2, or 4 AND household City of Origin.
  - If a household does not meet these categories, the Access Point should provide other community resources and/or refer the household to the Housing Crisis Hotline for additional assistance.
- Explain to household the CES process and the rights of the household
- Execute verbal or written Releases of Information
- Attempt Diversion
- Create a project entry in the SVHC CES project in the CoC’s designated Homeless Management Information System (HMIS), or comparable database, to include:
  - Updating household members

- Entering Universal Data Elements
- Recording household Current Living Situation
- Recording Coordinated Entry Crisis Needs Assessment
- Recording any new CES Events (such as referrals, attempted diversion, etc.)
- Exiting household from the CES project if a household diverts, self-resolves, or is out of contact for over 45-days
- Screen household for shelter
- Screen and refer household to Assessment Points, if applicable

## Assessment

Assessment Point Providers must follow the CoCs Standard Assessment Process but may serve subpopulations outside of the 5 HUD-designated subpopulations. Assessment Point providers shall gather additional information about the household experiencing homelessness. Assessment Points will also follow a standardized process to assess a household's barriers and needs to end their homelessness.

All households **At Imminent Risk** of becoming homeless shall be assessed with the SVHC Prevention Tool.

**Literally Homeless** single adult households shall be assessed with the VI-SPDAT.

**Literally Homeless** single Youth (18-24) households shall be assessed with the VI-TAY-SPDAT.

**Literally Homeless** households with minor children shall be assessed with the VI-F-SPDAT.

## Responsibilities

- Attempt Diversion
- Administer the appropriate VI-SPDAT (Family, Single Adult, or Transition Aged Youth)
- Administer Prioritization Tool
- Execute written Releases of Information, if not executed during Access
- Update the household's HMIS CES project entry in the CoC's designated HMIS, or comparable database, to include:
  - Recording Coordinated Entry Housing Needs Assessment
  - Recording Current Living Situation as needed
  - Ensuring completion of all other data elements (UDEs)
  - Recording any new CES Events (such as referrals, attempted diversion, etc.)
  - Exiting the household from the CES project if a household diverts, self-resolves, or is out of contact for over 45-days
- Uploading VI-SPDAT and Executed ROIs to Head of Household's (HoH) HMIS profile
- Providing case management services, at minimum:
  - Present household at Service Coordination Committee (SCC)
  - Contact household if they are referred to a housing intervention
  - Contact household if at 45-day mark for no-contact
- If an Assessment Point comes into contact with a household that has not been triaged, the Assessment Point will have the ability to opt in and fulfill Access Point responsibilities. This allows Assessment Points to continue without the delay of waiting for a referral from an Access Point.

## Prioritization

The SVHC By-Name List (BNL) is generated from HMIS to document all persons currently experiencing homelessness. The Prioritization List (PL) is generated by filtering the BNL to show all households experiencing homelessness with a recorded housing assessment.

Reports generated from the HMIS are based on data recorded the previous day by 11:59 p.m. EST. The Prioritization List will be sorted according to the CoCs prioritized populations in preparation for Service Coordination Committee (SCC) meeting agendas.

In accordance with the *SVHC CES Written Standards*, veteran and chronically homeless households are prioritized for housing intervention referrals. Additionally, SCC Singles has incorporated a policy for every 4<sup>th</sup> referral to each housing intervention will go to the household with the oldest SVHC CES project entry date.

## Responsibilities

The CoC Coordinator shall:

- Generate PL one business day before scheduled case conferencing meetings
- Sort PL by CoC priorities
- Communicate SCC agenda to committee one business day before scheduled SCC meetings

## Referral

The referral process is informed by federal, state, and local Fair Housing laws. The referral process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness, and prioritization of the most vulnerable. Referrals to housing interventions are made based on the following factors:

- Results of the CoC's designated housing assessment tool (VI-SPDAT score)
- Results of the prioritization tool
- Established priority populations
- Available program vacancies
- Program eligibility
- Length of Time Homeless

Referral to shelter for **Literally Homeless** households or households **At Imminent Risk** of becoming homeless that originate or currently receive services from the geographic area covered by SVHC (to include Norfolk, Chesapeake, Suffolk, Franklin, Southampton County, and Isle of Wight County) shall be made on a rolling basis according to the CoC's set prioritization as program vacancies arise.

Referral to housing interventions for households **At Imminent Risk** of becoming homeless that originate or currently receive services from the geographic area covered by SVHC (to include Norfolk, Chesapeake, Suffolk, Franklin, Southampton County, and Isle of Wight County) shall be made on a rolling basis according to the CoC's set prioritization as program vacancies arise.

All **Literally Homeless** households that originate or currently receive services from the geographic area covered by SVHC (to include Norfolk, Chesapeake, Suffolk, Franklin, Southampton County, and Isle of Wight County) shall be case conferenced at SCC meetings. Referral to housing interventions for **Literally Homeless** households will be made during SCC according to the CoC's set prioritization as program vacancies arise. One referral shall be sent for each reported



Rapid Rehousing (RRH) program vacancy. Two referrals can be sent for each Transitional Housing (TH) or Permanent Supportive Housing (PSH) vacancy with clear prioritization.

Off-week referrals may be made for households under the circumstances below:

- Veteran households seeking connection to SSVF
- PSH vacancy
- TH vacancy
- RRH vacancy **IF** regular meeting is cancelled

Housing Providers may deny or cancel referrals for the following reasons as outlined in the *SVHC CES Written Standards*:

- The household does not meet the program's eligibility criteria
- The household is unable to be contacted for intake within 7 business days
- The household declines service from the project
- The household composition changes
- The household has other housing opportunities (i.e. Public Housing) pending

Households with denied or cancelled referrals will be returned to the Prioritization List for another chance at a housing intervention referral.

### Service Coordination Committee

Service Coordination Committees are subcommittees of SVHC. SCC meetings are closed to participating agencies to ensure the confidentiality of any household's information discussed during the meeting. SCC members work to address the needs of homeless households requiring a multitude of services. This work is divided between two SCC committees – SCC Singles and SCC Families.

SCC Singles – case conferencing for **literally** homeless adults or youth (18-24) without children that originate or currently receive services from the geographic area covered by SVHC to include Norfolk, Chesapeake, Suffolk, Franklin, Southampton County, and Isle of Wight County.

SCC Families – case conferencing for **literally** homeless adults or youth (18-24) accompanied by minor children, or literally homeless pregnant women within the third trimester of pregnancy that originate or currently receive services from the geographic area covered by SVHC to include Norfolk, Chesapeake, Suffolk, Franklin, Southampton County, and Isle of Wight County.

Assessment Point providers and Housing Providers will select an individual to represent the agency or project. Providers may also appoint one alternate to represent the agency in the absence of the selected representative. It is the agency's responsibility to notify the CoC Lead Agency of any staff changes that may alter the agency's representation at SCC within 14 business days.

SCC membership may also consist of social/human service departments and other agencies within the CoC who will assist with access to diverse services, as well as aid in the shelter exits of high barrier households in order to secure permanent housing. Additionally, SCC works to provide wrap-around support services even if housing is not an option for a household.

## Code of Conduct

Members are expected to adhere to professional code of conduct consistent with any and all applicable laws, regulations, guidelines, or generally accepted practices, established by any Local, State, or Federal agency or department.

## Responsibilities

- Chairs shall:
  - Facilitate the meeting according to the prepared agenda
  - Maintain Code of Conduct and professional atmosphere
  - Lead discussion about referrals and voting as necessary
- Assessment Point Providers shall:
  - Provide information about household barriers and needs
  - Provide updates on any active households
  - Advocate for households to be considered for appropriate housing intervention vacancies
  - Attempt contact with household at the 45-day no contact mark
  - Update household's HMIS CES project as needed
  - Notify households if they are referred to housing
  - Coordinate with Housing Provider to complete a warm hand off and smooth case management transition
- Housing Providers shall:
  - Notify the Chairs and CoC Coordinator of any program vacancies during SCC meeting
  - Ask clarifying questions to determine if household is eligible for the project
  - Take note of referrals made during the meeting in anticipation of the official HMIS Referral
  - Notify CoC Coordinator if the referral has not been received by the end of the 7<sup>th</sup> business day
- CoC Lead Agency shall:
  - Ensure attendance is collected
  - Take notes about household barriers and needs
  - Identify highest prioritized household for housing intervention vacancies
  - Assist SCC Chairs with meeting facilitation
  - Update household's HMIS CES project to include:
    - Adding in any new CES Events (such as referrals, attempted diversion, etc.)
    - Enter housing intervention referrals into the HMIS within 7 business days of the SCC meeting

## Housing

Housing providers shall implement a housing first, fair housing, low-barrier, and anti-discrimination project to ensure housing is accessible to all households across the geographic area.

Housing Providers shall ensure that the CoC and the Lead Agency are aware of all active or upcoming housing projects and eligibility requirements.

## Responsibilities

- Attempt contact with household and schedule an intake appointment within 7 business days
- Update committee on the outcome of the referral within 14 business days after referral
- Update household's HMIS CES project in the CoC's designated HMIS, or comparable database, to include:

- Ensuring completion of all other data elements (UDEs)
- Completing any CES Events
- Adding in any new CES Events (such as referrals, attempted diversion, etc.)
- Update the SVHC CES project record in HMIS to reflect the accurate date and exit destination when a household diverts, self-resolves, enters permanent housing, or is out of contact for over 45-days
- Enter the client into the housing project in accordance with the *HMIS Data Standards* for element 3.10

### Daily Vacancy Report

Housing Providers (including shelter, prevention, transitional housing, rapid rehousing, permanent supportive housing, and other permanent housing) report program vacancies daily by 10 am to CoC Lead Agency. The CoC Lead Agency will communicate program vacancies by 11 am to the SCC Co-Chairs, the Housing Crisis Hotline, and the individual program administrators via a Daily Vacancy Report to provide transparency on how the homeless services delivery system is working and to facilitate the rapid movement of households into appropriate housing.

### Move-On Programs

The SVHC has agreements in place with local Public Housing Authorities (PHAs) to expediate access for homeless households graduating from homeless programs to Low-Income Public Housing (LIPH) and Housing Choice Voucher (HCV) programs. SVHC Agencies must sign an MOU in order to refer households graduating from homeless programs for this opportunity. Referred households must also meet the PHAs eligibility requirements.

SVHC agencies can refer households to this opportunity via the HMIS. Households will be discussed at SCC to ensure that they are eligible and appropriate referrals. The CoC Coordinator will send approved referrals to the PHA.

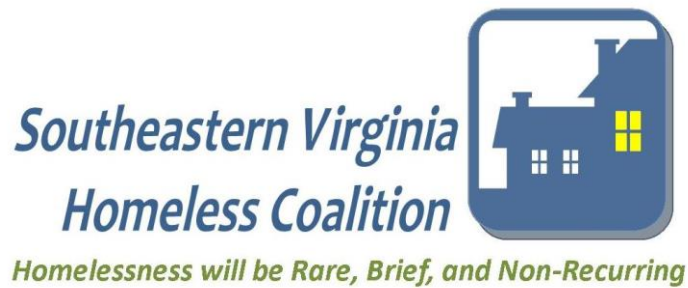
# SVHC Review, Ranking, & Reallocation Policy

<p><b>Purpose</b></p>	<p>The Southeastern Virginia Homeless Coalition (SVHC) implements a comprehensive CoC application process whenever applicable that uses performance data to determine how to efficiently and effectively expend available CoC program resources to improve system performance and end homelessness within the CoC. This policy shall be made available on the SVHC website to conduct a transparent CoC application process.</p>
<p><b>Background</b></p>	<p>The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 makes significant changes to how communities measure and assess the performance of publicly funded programs. The HEARTH Act objectives include:</p> <ul style="list-style-type: none"> <li>○ Reduce length of time people spend in the crisis of homelessness</li> <li>○ Rapidly exit people from homelessness to permanent housing</li> <li>○ Achieve housing stability</li> <li>○ Prevent returns to homelessness</li> <li>○ Focus on income and employment</li> </ul> <p>Additionally, the CoC Consolidated Application (aka Exhibit One) requires CoC's to establish specific benchmarks for the following items:</p> <ul style="list-style-type: none"> <li>○ Increase Progress towards ending chronic homelessness</li> <li>○ Increase housing stability</li> <li>○ Increase project participants income</li> <li>○ Increase the number of participants obtaining mainstream benefits</li> <li>○ Using rapid re-housing as a method to reduce family homelessness</li> </ul> <p>The CoC also focuses on the following additional measures:</p> <ul style="list-style-type: none"> <li>○ Program Occupancy/Utilization</li> <li>○ Cost effectiveness</li> <li>○ HMIS Data Quality</li> <li>○ HUD/State Compliance</li> </ul> <p>In recent years, the CoC has reallocated funds in the following ways:</p> <ul style="list-style-type: none"> <li>○ In FY2017, ForKids reallocated \$102,219 from their Chesapeake Transitional Housing project to a new Rapid Rehousing Project</li> <li>○ In FY2018, the Genieve Rapid Rehousing project was reallocated to support an HMIS Expansion project at the amount of \$70,288.</li> </ul>
<p><b>Application Process</b></p>	<p>The CoC publicly posts and distributes an open CoC application process. The CoC meets annually to discuss HUD renewal funding and bonus funding opportunities, as well as the CoC application components, timeline, and deadlines. The CoC offers education and technical assistance regarding all aspects of the CoC application process.</p> <p>The CoC welcomes and solicits new project applications from all eligible organizations, including those that have never received CoC program funds. The CoC posts a Request for Proposals (RFP) publicly on the CoC website. The CoC also emails the RFP to CoC members to be widely distributed. The RFP will announce any available bonus, deobligated, or reallocated funding. The CoC utilizes a new project rating tool to assess the new applicants experience and ability to</p>

	<p>implement a new project when bonus funds are available. New applicants submit a letter of Intent (LOI) and a new project ranking tool to the CoC for review during the application process.</p> <p>Renewal applicants submit Exhibit 2 applications and renewal performance scorecards to the CoC during the application process.</p>
<b>Targets</b>	<p>CoC performance targets are established annually based on median and average nationwide System Performance Measures or local project annual performance outcomes. This applies to all performance categories, excluding the “Retain and Increase Income” category and the “Exits to Permanent Housing/Housing Stability,” where targets are based on the proposed numeric achievements identified in the Continuum of Care Application and the CoC adopted Rapid Re-Housing Performance Benchmarks and Standards published in 2016.</p> <p>In the future, the CoC will consider setting targets to reflect the top 25% performance level by project type to support the advancement of each objective. Although it is recognized that some programs will fall below the performance benchmarks, the 25% performance level represents an “achievable” level of performance since one-fourth of all programs would be operating at the specified performance level.</p>
<b>Utilization of CoC Performance Score Card</b>	<p>The CoC utilizes an objective, performance-based scorecard. The CoC reviews the performance scorecard annually to ensure measurements are appropriate, applicable, and up to date with HUD HMIS Data Standards and HUD benchmarks. Information regarding review criteria is available during the scorecard review meeting. The final performance scorecard is published on the CoC website.</p> <p>The performance scorecard is completed for all Renewal Projects and presented along with copies of program supplemental applications/exhibit 2’s during the CoC peer review process.</p>
<b>Scoring</b>	<p>To receive points, programs must either meet or exceed established targets. The total points possible for each project type is 100 points.</p> <p>Scoring will be awarded by program type under each category as follows:</p> <ol style="list-style-type: none"> <li>1. <b>Successful Lengths of Stay</b></li> <li>2. <b>Reduce Returns to Homelessness</b></li> <li>3. <b>Successful Exits or Retention</b></li> <li>4. <b>Retain and Increase Income</b></li> <li>5. <b>Utilization Rates</b></li> <li>6. <b>Program Administration, and</b></li> <li>7. <b>Conditional Status</b></li> </ol> <p>There is also a total of 10 Bonus Points available for projects that serve persons in “Specialized Populations” (including Chronically Homeless, Veterans, Domestic Violence, HIV/AIDS, families, etc.). The inclusion of the additional points brings the total points possible under the CoC Scorecard to 110 points.</p> <p>The CoC shall set the performance scorecard threshold at the top 60% of program scores. Programs that score below the scoring threshold will be considered for reallocation or a Performance Improvement Plan.</p>
<b>Peer Review</b>	<p>The Program Monitoring Committee hosts the annual peer review discussion to comprehensively review project quality, performance, and cost effectiveness. The Program Monitoring Committee will utilize the information for renewal projects and work to assign each project with a conditional status (either <b>with</b> condition or <b>without</b> condition).</p> <p>The severity of needs and vulnerabilities experienced by program participants is considered in the scorecard review process. Applicants are afforded the opportunity to request consideration for</p>

	<p>unique circumstances and populations during the peer review process. The Program Monitoring Committee will vote on these requests. Approved requests and the peer review process are factored into the performance scorecards.</p> <p>Once peer review is complete, the Program Monitoring Committee will submit final project scores and conditional status to the Governing Board for final ranking.</p>
<b>Ranking</b>	<p>The Governing Board shall review project scorecards and rank programs numerically according to the established ranking principles. The process and criteria for ranking projects is intended to take maximum advantage of the current funding system in the short-term, while keeping the CoC options open for the long-term. The Governing Board will approve the final project ranking order.</p> <p>The following are the principles for the process:</p> <ol style="list-style-type: none"> <li>A. Renewal projects determined to be Eligible without Conditions will be ranked as the top projects from highest scoring to lowest scoring.</li> <li>B. Renewal projects determined to be Eligible with Conditions will follow renewal projects Eligible without Conditions from highest scoring to lowest scoring.</li> <li>C. New project(s) created through reallocation will maintain the ranking order of the previously funded project</li> <li>D. New project(s) will follow renewal projects in the order determined by the Ranking Committee. <ol style="list-style-type: none"> <li>1. The lowest ranked new project will be <b>ineligible</b>. New projects determined to be <b>ineligible</b> will not be ranked on the final CoC Consolidated Application or submitted to HUD for funding.</li> </ol> </li> </ol>
<b>Reallocation</b>	<p>The CoC reallocates funds to new projects whenever reallocation would improve outcomes, result in more efficient use of resources, and/or reduce homelessness. The CoC has reallocated funds in past years from projects that were underperforming, using outdated program models, underspending and/or had high costs. Applicants retain the option to voluntarily reallocate to make better use of CoC resources.</p> <p>The CoC may require reallocation as determined necessary by the Governing Board.</p>
<b>Resources</b>	<p>The following data sources are used to complete the CoC Performance Scorecard for each project:</p> <ul style="list-style-type: none"> <li>○ Program Annual Performance Report (APR)</li> <li>○ Housing Inventory Chart (HIC)</li> <li>○ Supplemental Application/Program Exhibit 2 Application</li> <li>○ CoC System Performance Measures Report</li> <li>○ HUD Spending Rate Report</li> <li>○ Project Budget and Vouchers</li> <li>○ HUD CoC System Performance Measures Tableau Dashboard</li> </ul>
<b>Victim Service Providers</b>	<p>Victim service providers are required to submit an Annual Performance Report (APR) using data generated from a comparable database. The Scorecard will be used to assess Victim Service providers utilizing the data submitted in the APR, along with the additional resources identified under the “resources” section.</p>
<b>Appeals Process</b>	<p>Projects considered for reallocation or as ineligible will receive written notification from the CoC Lead Agency. Project applicants will be afforded an opportunity to appeal the decision by submitting an official <i>Applicant Grievance</i> to the CoC Lead Agency. The CoC Lead Agency shall forward the grievance to the Governing Board. The Governing Board shall then have three business days from receipt of the grievance to investigate, meet with the applicant, and provide a written response. Conflicted members of the Governing Board shall excuse themselves from the</p>

	final vote. Applicants that are not satisfied with the Governing Board’s determination may appeal to HUD according to the procedures specified in 24 CFR 578.35.
<b><i>Notification Policy</i></b>	Written notification of funding decisions and project ranking orders will be distributed electronically via email and posted on the Southeastern Virginia Homeless Coalition (SVHC) website.



## Applicant Grievance Procedure

### **Purpose**

The purpose of the grievance procedure is to settle any grievance between an Applicant Organization and the CoC as quickly as possible to assure an efficient Consolidated Grant Application process. A grievance may be filed by any Applicant Organization that claims it has been adversely affected by:

- Improper application of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
- Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
- Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Grant application process;
- Violation of rules, regulations or procedures regarding participation in the Consolidated Grant application process;
- The score or ranking order assigned.

### **Procedure**

In order to be considered, a grievance must be filed in writing with the Coalition within three business days from the occurrence and include at least:

- A statement describing the nature of the grievance, the approximate date of the events leading to the grievance, the names of the organization or person involved, and any other information that should be considered.
- A recommendation for resolution.

The CoC Lead Agency will forward the grievance to The Executive Committee. The Executive Committee has three business days from receipt of the grievance to investigate, meet with the grievant and respond in writing.

If the Applicant Organization is not satisfied with the determination, the applicant organization may appeal to HUD according to the procedures specified in 24 CFR 578.35



Send all Applicant Organization grievances in writing to:

**The Planning Council**

Attn: SVHC Grievance

2115 Eltham Avenue, Suite I

Norfolk, VA 23513

[www.theplanningcouncil.org](http://www.theplanningcouncil.org)

Or email:

[abrandenburg@theplanningcouncil.org](mailto:abrandenburg@theplanningcouncil.org)

*Southeastern Virginia  
Homeless Coalition*



*Homelessness will be Rare, Brief, and Non-Recurring*

## **SVHC Participant Grievance Policy**

*This notice is to inform you that you have a right to express any grievance you may have with either the program staff or activities where you are being served AND/OR with the SVHC Process through a formal grievance procedure. Please see below to ensure you are directing your grievance to the appropriate point of contact.*

### ***What type of Grievance do I have?***

**1) Housing Program Grievances** are those related to a program participant's experience(s) with a specific homeless housing program, its staff and/or an eligibility decision. For example, if you are staying at a shelter and disagree with an activity or staff member at the shelter, you would follow the grievance procedure provided to you by that shelter. Additionally, if you are told by an agency you are not eligible for their program, you would follow their grievance policy if you disagree with that decision. All grievances that cannot be resolved to the satisfaction of the participant through the agency's grievance process, may be submitted to The Planning Council in writing. The Executive Committee will review your grievance and respond in writing within 30 days.

**2) SVHC Grievances** SVHC Grievances are those related to Coordinated Entry policies and/or procedures. Common examples include an outreach worker or hotline staff member refusing to offer you services when requested, failure of a provider to refer you to an open vacancy for housing assistance or declining to serve you because you lack income. SVHC grievances must be in writing and it is recommended you use the attached form. They must address the following at a minimum:

- A statement describing the nature of the grievance, the approximate date of the events leading to the grievance, the names of the organization or person involved, and any other information that should be considered.
- Whether a meeting with the decision-maker is requested.
- A recommendation for resolution.

### ***Where do I send my Grievance?***

**1) Housing Program Grievances** should be sent directly to the agency for which you are filing a Grievance. Each agency is required to provide you a copy of their policy once you become a participant in their program. Read the policy carefully and follow the agency's instructions. If you have questions – ASK!

**2) SVHC Grievances** should be sent to:

The Planning Council  
Attn: SVHC Grievance

2551 Eltham Avenue, Suite I  
Norfolk, Virginia 23513  
(757) 622-9268  
[svhc@theplanningcouncil.org](mailto:svhc@theplanningcouncil.org)

### ***What happens after I submit my Grievance?***

**1) Housing Program Grievances** You will receive a response directly from the provider based on the timeframes outlined in the specific agency's Grievance Procedure. If the agency does not outline a specific timeframe in their procedure, they must respond to your request within 14 days.

**2) SVHC Grievances** The SVHC meets at least once per month and may not be able to convene in person to hear your Grievance timely, as such it is possible that your Grievance may be heard via telephone to expedite the process. Your Grievance will be heard via telephone or in person within 14 days of your request and a final decision will be provided in writing no later than 30 days from the date of your Grievance.

### ***Where do I file a Complaint for Discrimination?***

Virginia's Fair Housing Law makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status and disability. The law prohibits applying one standard to one class of individuals while applying a different standard to another class of individuals.

#### **Department of Professional and Occupational Regulation (DPOR)**

To learn more about your Virginia Fair Housing rights, please read more here:

<http://www.dpor.virginia.gov/FairHousing/>

To file a formal Fair Housing complaint with the Commonwealth of Virginia, contact:

Regulatory Programs and Compliance Section  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1463  
Phone: (804) 367-8504  
FAX: (866) 282-3932  
Email: [ComplaintAnalysis@dpor.virginia.gov](mailto:ComplaintAnalysis@dpor.virginia.gov)

#### **U.S. Dept. of Housing & Urban Development (HUD)**

To learn more about your federal Fair Housing Act rights, please read more here:

[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/online-complaint](https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint)

To file a formal Fair Housing complaint with HUD, contact:

(888) 799-2085 or file a complaint online at:

<https://portalapps.hud.gov/AdaptivePages/HUD/complaint/complaint-details.htm>

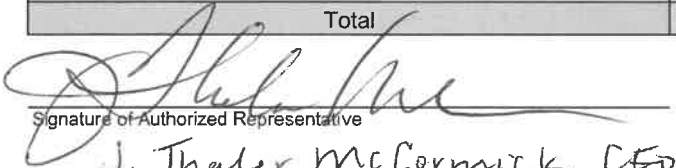
## Virginia Homeless Solutions Program (VHSP)

### Proposed Match FY24-25

*(Forms must be signed and uploaded to CAMS as a PDF. Handwritten forms will not be accepted)*

CoC Name: SVHC

Match Source (See below for examples)	Match Amount
<i>* If using volunteer hours, please specify # of hours</i>	<i>**If using volunteer hours, refer to program guidelines for value</i>
ForkKids, inc - United Way of South Hampton Roads	\$25,000.00
ForkKids, inc - Obici Healthcare Foundation	\$15,000.00
ForkKids, inc - Navigate Affordable Housing	\$15,000.00
ForkKids, inc - City of Chesapeake	\$35,000.00
ForkKids, inc - City of Suffolk	\$25,000.00
ForkKids, inc - Community Contributions	\$69,896.00
<b>Total</b>	<b>\$184,896.00</b>

  
 Signature of Authorized Representative  
J. Thaler McCormick, CEO  
 Name and Title of Authorized Representative

Date 3/8/24

VHSP Match Requirements
<ul style="list-style-type: none"> <li>· VHSP funds require a 25 percent match.</li> <li>· This is based on the total amount of funds allocated within the local CoC or planning group, excluding HOPWA funding.</li> <li>· Match must be documented between the CoC or local planning group and specific match sources.</li> <li>· The match requirement may be met at the community and/or grantee level thereby allowing communities to use programs or services funded by local and private resources as a match for this funding.</li> <li>· Only VHSP eligible activities funded by local (local government or private) resources may be used to meet this requirement.</li> <li>· Match resources are exclusive and may not be used to meet multiple match requirements.</li> <li>· Match resources may include cash, the fair rental value of any donated material or space, any salary paid from local or private sources which have not otherwise been charged to VHSP, and volunteer labor.</li> <li>· To determine the value of volunteer labor, refer to the following: For Virginia's volunteer hourly rate visit Independent Sector website, <a href="https://www.independentsector.org/resource/the-value-of-volunteer-time/">https://www.independentsector.org/resource/the-value-of-volunteer-time/</a>; for skilled volunteer labor visit the Bureau of Labor Statistics' website: <a href="https://www.bls.gov/oes/current/oes_va.htm">https://www.bls.gov/oes/current/oes_va.htm</a>. Please see the VHSP guidelines for more details.</li> </ul>



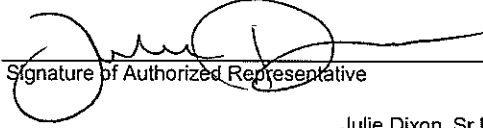
## Virginia Homeless Solutions Program (VHSP)

### Proposed Match FY24-25

*(Forms must be signed and uploaded to CAMS as a PDF. Handwritten forms will not be accepted)*

CoC Name: Southeastern Virginia Homeless Coalition (VA-507)

Match Source (See below for examples)	Match Amount
* If using volunteer hours, please specify # of hours	**If using volunteer hours, refer to program guidelines for value
HMIS License Fees	\$29,914.00
<b>Total</b>	<b>\$29,914.00</b>

  
 \_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date 4/3/2024

Julie Dixon, Sr Director, Planning & Program Development  
 \_\_\_\_\_  
 Name and Title of Authorized Representative

VHSP Match Requirements
<ul style="list-style-type: none"> <li>· VHSP funds require a 25 percent match.</li> <li>· This is based on the total amount of funds allocated within the local CoC or planning group, excluding HOPWA funding.</li> <li>· Match must be documented between the CoC or local planning group and specific match sources.</li> <li>· The match requirement may be met at the community and/or grantee level thereby allowing communities to use programs or services funded by local and private resources as a match for this funding.</li> <li>· Only VHSP eligible activities funded by local (local government or private) resources may be used to meet this requirement.</li> <li>· Match resources are exclusive and may not be used to meet multiple match requirements.</li> <li>· Match resources may include cash, the fair rental value of any donated material or space, any salary paid from local or private sources which have not otherwise been charged to VHSP, and volunteer labor.</li> </ul>

**Virginia Homeless Solutions Program (VHSP)  
Proposed Match FY24-25**

*(Forms must be signed and uploaded to CAMS as a PDF. Handwritten forms will not be accepted)*

**YWCA South Hampton Roads**

Match Source (See below for examples)	Match Amount
* If using volunteer hours, please specify # of hours	**If using volunteer hours, refer to program guidelines for value
United Way	\$67,155.00
<b>Total</b>	<b>\$67,155.00</b>

  
Signature of Authorized Representative

4/3/2024  
Date

Michelle Walters, Program Director of Crisis Services  
Name and Title of Authorized Representative

VHSP Match Requirements
<ul style="list-style-type: none"> <li>· VHSP funds require a 25 percent match.</li> <li>· This is based on the total amount of funds allocated within the local CoC or planning group, excluding HOPWA funding.</li> <li>· Match must be documented between the CoC or local planning group and specific match sources.</li> <li>· The match requirement may be met at the community and/or grantee level thereby allowing communities to use programs or services funded by local and private resources as a match for this funding.</li> <li>· Only VHSP eligible activities funded by local (local government or private) resources may be used to meet this requirement.</li> <li>· Match resources are exclusive and may not be used to meet multiple match requirements.</li> <li>· Match resources may include cash, the fair rental value of any donated material or space, any salary paid from local or private sources which have not otherwise been charged to VHSP, and volunteer labor.</li> </ul>

# Hampton Roads HMIS Policies and Procedures

*For the cities of: Chesapeake, Franklin, Lynchburg, Norfolk,  
Portsmouth, Suffolk, Virginia Beach, Hampton, Newport  
News, Williamsburg, and Poquoson; and counties of:  
Amherst, Appomattox, Bedford, Campbell, Isle of Wight,  
Southampton, York and James City*

2022



2551 Eltham Avenue, Suite I, Norfolk, VA 23513  
[www.theplanningcouncil.org](http://www.theplanningcouncil.org)

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Version History	Notes
December 2022	<ul style="list-style-type: none"> <li>• <b>Data Timeliness</b> – standard decreased from 7 business days for data entry to 5 business days. VB CoC will continue recording exit data within 3 business days.</li> <li>• <b>Data Quality Plan</b> – new section/reminder of requirements outlined in the Data Quality Plan</li> <li>• <b>Implementing HMIS</b> was updated significantly to reflect the current processes in place. Note the CoCs may adopt a policy related to new agencies gaining access to the HMIS. Any CoC Policy adopted will be inserted in this section at the time of adoption.</li> <li>• <b>Participating Agency Agreement</b> minor updates to include statement on participation in data analysis and visualization projects (such as the Homeless Data Integration Project)</li> <li>• <b>HMIS Release of Information</b> minor updates to include check box for documenting verbal consent.</li> <li>• <b>Client Privacy Statement Policy</b> updated to include the following: agencies that utilize any Client Privacy Statement that is not from page 20 of this document will submit a copy of that statement to the HMIS Lead Agency for review.</li> <li>• <b>HMIS Standards of Care</b> (SVHC and GVPHC) <ul style="list-style-type: none"> <li>○ <b>Standard 4</b> updated to reflect new data timeliness standard of 5 business days.</li> <li>○ <b>Standard 11</b> rewritten in response to digitalization of operations. Agencies are now required to create and maintain a Data Collection and Quality Assurance Plan.</li> <li>○ <b>Added PHAC-specific Standards of Care</b></li> </ul> </li> <li>• <b>Local Determinations</b> is a new section to track local decisions impacting expectations related to data entry or use of the HMIS.</li> </ul>

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## Definitions

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**Client** – Any person who is, has been, or will be entered into HMIS.

**Community Services** (formally known as ServicePoint) –A web-based HMIS that is licensed from WellSky.

**Continuum of Care (CoC)** - The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

**Bi-Monthly** – Every other month

**HMIS** – Homeless Management Information System. An HMIS is a computerized data collection tool used by communities to collect ongoing data on persons who are homeless or receive assistance from the community.

**HMIS System Administrator** – The person(s) in charge of training and reporting on the HMIS to the Continuum of Care and participating agencies.

**HMIS End User** – A person from a participating agency that has been fully trained by the HMIS System Administrator. This person is charged with the responsibility to ensure that all data is accounted for and accurate. The quality of this person’s data entry is provided by the HMIS System Administrator.

**Participating Agency** – Any agency within the CoC that has signed a Participating Agency Agreement and has one or more active licenses to use HMIS.

**Program** – The HUD funding source providing grant dollars for housing and/or services

**Project** – A distinct operation within an organization

**Provider** – A common term used when referring to an Agency and/or Project

**ShelterLink** – The project at The Planning Council that oversees and implements HMIS.

## About HMIS

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The Southeastern Virginia Homeless Coalition (SVHC), the Greater Virginia Peninsula Homelessness Consortium (GVPHC), the Bringing an End to All City Homelessness CoC (BEACH), the Portsmouth Homeless Action Consortium CoC (PHAC), and the Central Virginia CoC have merged their HMIS databases, creating the *Hampton Roads HMIS*. The HMIS is the repository for client level data. HMIS data can be reported for individual agencies; across an entire CoC; or for specific project types, such as Emergency Shelter, Transitional Housing, Rapid Rehousing, or Permanent Supportive Housing programs within a CoC. Different geographic areas may also be available, depending on the reporting needs. HMIS data help identify gaps in services and offer a better understanding of the needs of the service population. Participation is required for federally and state funded homeless service providers; other providers voluntarily participate. There are a few non-HMIS participating providers in each region.

## Data Management for Coordinated Entry Systems

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The Planning Council serves as the HMIS Lead Agency for four of the five CoCs that utilize the Hampton Roads HMIS. As such, The Planning Council functions as the primary liaison between Participating Agencies and WellSky, the HMIS vendor.

The Coordinated Entry System (CES) is a centralized, community-wide process designed to: identify, engage, and assist households experiencing or at risk of experiencing homelessness; coordinate the intake, assessment, and referral for services that meet the level of assistance that is most appropriate to resolving a housing crisis; and to ensure that households with the most severe service needs are prioritized for assistance and receive it in a timely manner.

The Coordinated Entry System (CES) in various CoCs utilize the Hampton Roads HMIS to track and manage all CES data. The HMIS Policies and Procedures ensure adequate privacy protections of all participant information per the HMIS Data and Technical Standards at 24 CFR 578.7(a)(8). All users of HMIS participate in mandatory training on the privacy rules associated with collection, management, and reporting of client data. The same privacy protections and rules associated with the use of HMIS are applied in the handling and management of confidential personal information on the By-Name List and Prioritization List.

## HMIS Structure

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**Continuum of Care (CoC)** –The official CoC names for federal and state purposes are known as:

- Southeastern Virginia Homeless Coalition (or VA-501)
- Greater Virginia Peninsula Homelessness Consortium (or VA-505)
- Bringing an End to All City Homelessness (or VA-503)
- Central Virginia CoC (or VA-508)
- Portsmouth Homeless Action Consortium (or VA-507)

**HMIS Solution** – The vendor supplying the HMIS solution is WellSky. The organization that manages and provides technical assistance for the HMIS is The Planning Council, located in Norfolk, Virginia.

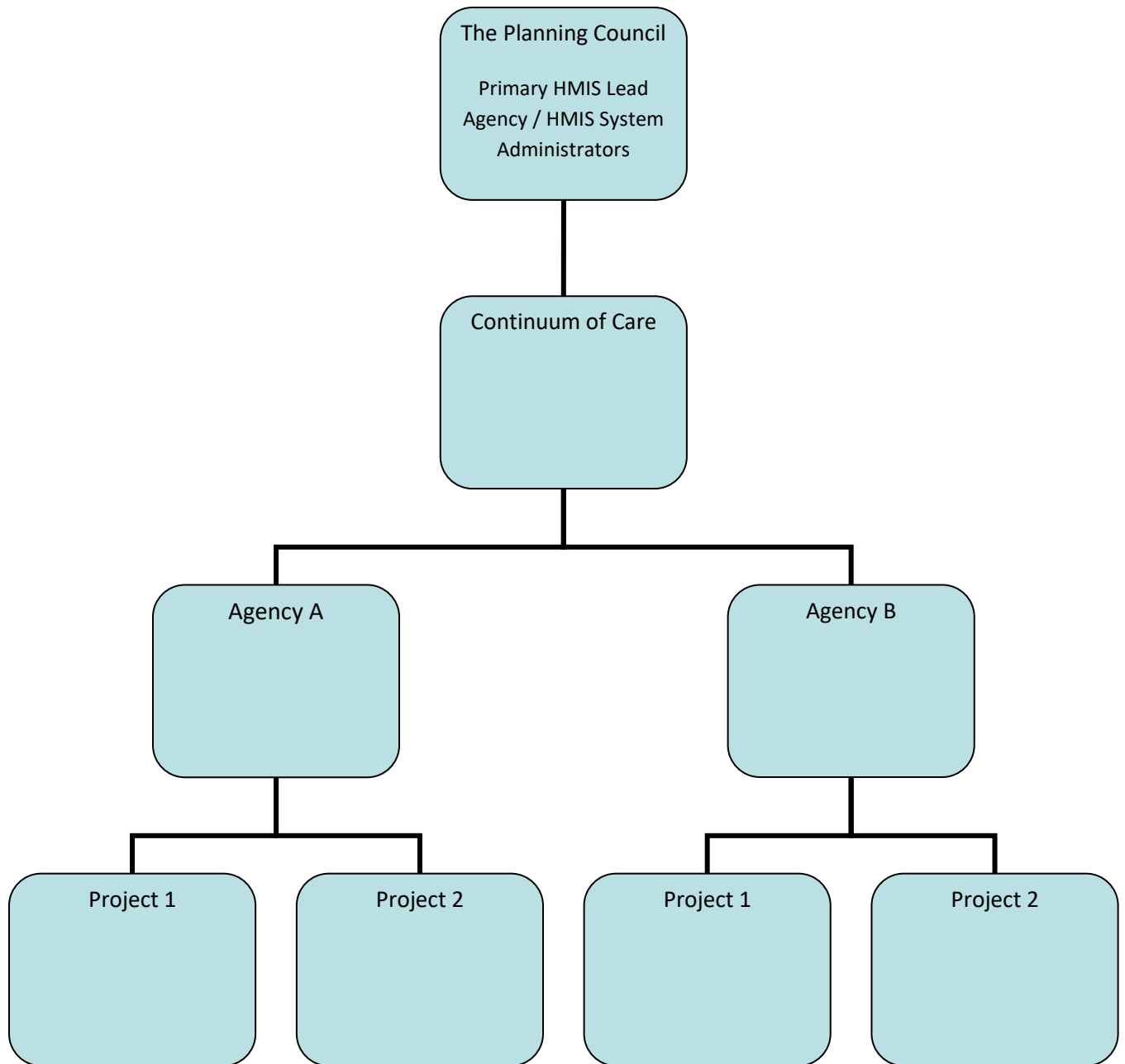
**Participating Agency** – Participating Agencies are required to have a Participating Agency Agreement signed by their Executive Director (or equivalent) and the CEO/President of The Planning Council. In addition to the Participating Agency Agreement, all Participating Agencies are required to have a representative at the HMIS committee/user group meeting each month/quarter.

**Agency Users** – HMIS users are required to sign a User Policy, Responsibility Statement & Code of Ethics, commonly referred to as the User Agreement, at the time of their initial training. HMIS users are required to participate in quarterly HMIS trainings throughout the year to maintain access to HMIS (limited exceptions apply and are only granted by the HMIS Lead Agency).

**HMIS Committee Meeting** – The HMIS Committee is a group of Agency Users that will meet on a regular schedule decided by the committee members. Agency Users will be notified prior to the meeting of any schedule change.

## Software Structure

The Community Services (formally known as ServicePoint) database provided by WellSky is structured through a hierarchy by which all visibility, data sharing, user access, etc. is dependent on. Below is an illustration of this structure.



## Data Collection

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### UNIVERSAL DATA ELEMENTS:

**HUD Required Universal Identifier Elements** – These are fields in HMIS that are required to be collected by all agencies and programs participating in HMIS, regardless of their funding source. These elements are not negotiable for specific programs, although more can be added per agency. Additional information about data collection and entry requirements can be found on the HUD Exchange in the HUD Data Standards manual and Data Dictionary: [www.hudexchange.info](http://www.hudexchange.info).

- |                           |                   |
|---------------------------|-------------------|
| 1. Name                   | 5. Ethnicity      |
| 2. Social Security Number | 6. Gender         |
| 3. Date of Birth          | 7. Veteran Status |
| 4. Race                   |                   |

**HUD Required Universal Project Stay Elements** – These are fields in HMIS that are required to be collected by all agencies and programs that utilize HMIS for capturing program Entry/Exits, regardless of their funding source.

- |                        |                                       |
|------------------------|---------------------------------------|
| 8. Disabling Condition | 12. Relationship to Head of Household |
| 9. Project Start Date  | 13. Client Location                   |
| 10. Project Exit Date  | 14. Housing Move-In Date              |
| 11. Destination        | 15. Prior Living Situation            |

### PROGRAM SPECIFIC DATA ELEMENTS:

Programs funded by one or more of the HMIS federal partner programs are also required to collect and record the applicable Program Specific Data Elements. Requirements outlined in the current HMIS Data Standards Manual, and the Continuum of Care (CoC), Emergency Solutions Grants (ESG), Housing Opportunities for Persons With AIDS (HOPWA), HUD-VA Supportive Housing (HUD-VASH), Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth (RHY), and Veterans Affairs (VA) Programs HMIS Manuals should be upheld for all HMIS Participating Agencies. The HMIS Data Standards Manual and the Federal Partner Program HMIS Manuals for each federal partner can be found by visiting [www.hudexchange.info](http://www.hudexchange.info).

### TIMELINESS OF DATA ENTRY:

All client data shall be entered consistently and accurately into the Hampton Roads HMIS database, and agencies will strive for real-time, or close to real-time data entry. As a set standard, data should be entered into the system within 5 business days. The Virginia Beach CoC will record program exit data within 3 business days. If there are additional timeliness standards set forth in other CoC-related policies or procedures that exceed this expectation, those requirements take precedence.

The HMIS System Administrator shall review CoC APR data quality reports submitted from each agency monthly. HMIS Agency Users will use these reports to correct errors and to fully enter correct demographic information and entry/exit dates for each client.

### DATA QUALITY PLAN:

Participating Agencies are required to adhere to their CoC's adopted *Data Quality Plan*. The *Data Quality Plan* defines standards for data quality and the means by which data quality will be monitored and evaluated. The *Data Quality Plan* can be found on the Hampton Roads Ends Homelessness website at [www.hamptonroadsendshomelessness.org](http://www.hamptonroadsendshomelessness.org) on the HMIS landing page.

## Implementing HMIS

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**Step 1: Demo** – Every agency interested in participating in the Hampton Roads HMIS must contact the HMIS Lead Agency for a demo session. This session allows the HMIS Lead Agency to gather details on the agency’s specific needs, funder requirements, system-use goals, etc.

**Step 2: Signing Agreements** – Every participating agency must have their Executive Director (or equivalent) read, agree to terms within, and sign a **Participating Agency Agreement**. Before any training may take place, a signed Participating Agency Agreement must be presented to the HMIS System Administrator. *Additional agreements may also be requested and/or required.*

**Step 3: HMIS Setup** – The HMIS Lead Agency will begin system setup for the new Participating Agency. Depending on the agency’s intended use of HMIS and/or funder requirements, HMIS Projects may need to be created to maintain client-level records unique to the specific project(s). If this is the case, the Participating Agency will need to submit the required information to the HMIS Lead Agency. This can be submitted using an online submission form.

**Step 4: User License(s)** – Each person that will need access to the HMIS must obtain their own unique login credentials. The Participating Agency must request to purchase HMIS licenses using an online submission form. This provides the HMIS Lead Agency with the information needed to set up the unique license(s) and serves as documentation of the purchase request if needed for billing purposes. Login credentials will be provided upon completion of training. Login credentials are not permitted to be shared with anyone. Sharing login credentials is grounds for immediate termination from the Hampton Roads HMIS. HMIS Participating Agencies must notify the Hampton Roads HMIS Lead Agency of staff changes that impact HMIS access. These changes must be reported immediately so that the HMIS user accounts are promptly inactivated or otherwise changed to ensure privacy and security standards are maintained.

**Step 5: HMIS Training** - The HMIS System Administrator must provide privacy and software training to all agency users before they are allowed access to the Hampton Roads HMIS. HMIS users are required to sign a **User Policy, Responsibility Statement & Code of Ethics** form at the time of their initial training.

**Step 6: Training Manuals and Forms** – Software and privacy training manuals and forms shall be available on the Hampton Roads Ends Homelessness website ([www.hamptonroadsendshomelessness.org](http://www.hamptonroadsendshomelessness.org)) or may be requested from an HMIS System Administrator.

**Step 7: Technical Assistance / Additional Training** – Technical assistance requests and training issues should be limited to contact with an HMIS System Administrator. Requests should be submitting online: <https://www.hamptonroadsendshomelessness.org/technical-assistance-request.html>

### HMIS Lead Agency Data Team:

Jordan Schaller, Program Manager: 757-622-9268 x3033, [jschaller@theplanningcouncil.org](mailto:jschaller@theplanningcouncil.org)

Rachael Gibson, HMIS System Administrator: 757-622-9268 x3026, [rgibson@theplanningcouncil.org](mailto:rgibson@theplanningcouncil.org)

Ashley Love, HMIS System Administrator: 757-622-9268 x3018, [alove@theplanningcouncil.org](mailto:alove@theplanningcouncil.org)

## Participating Agency Agreement

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The Hampton Roads Homeless Management Information System (HMIS) is a client information system that provides a standardized assessment of client needs, creates individualized client service plans, and records the client's use of housing and services that communities can use to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measures.

The Planning Council is the primary coordinating agency and the system administrator of the Hampton Roads HMIS database. WellSky is the vendor agency providing the Community Services software that has been customized to be the Hampton Roads HMIS database. In this agreement, "Participating Agency" is an agency participating in the Hampton Roads HMIS and "Client" is a client of services.

The signature of the Executive Director/Chief Executive Officer of the Participating Agency indicates agreement with the terms set forth for a Hampton Roads HMIS account for the agency. Changes to this agreement will be provided in writing. Continued use of the system indicates acceptance of the updated terms by the Participating Agency.

### I. Confidentiality

The Participating Agency shall uphold relevant federal and state confidentiality regulations and laws that protect client records and the agency shall only release client records with written consent by the client, unless otherwise provided for in the regulation.

- A. The Participating Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse client records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse client records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse persons. A copy of 42 CFR Part 2 can be found at <https://www.govinfo.gov/app/details/CFR-2018-title42-vol1/CFR-2018-title42-vol1-part2>.
- B. The Participating Agency shall provide to the client a verbal explanation of the Hampton Roads HMIS database and the terms of consent and shall arrange for a qualified interpreter or translator in the event that a client is not literate in English or has difficulty understanding the consent form.
- C. The Participating Agency agrees not to release any confidential information received from the Hampton Roads HMIS database to any organization or client without proper client consent.
- D. The Participating Agency may not use or disclose protected health information, except either: (1) as the Health Information Privacy and Accountability Act permits or requires, or (2) as the client who is the subject of the information (or the client's personal representative) authorizes in writing.
- E. The Participating Agency shall maintain appropriate documentation of client consent to participate in the Hampton Roads HMIS database.
- F. The Participating Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for Hampton Roads HMIS receive basic confidentiality training and sign a user confidentiality agreement.
- G. The Participating Agency understands that the client data will be encrypted at the server level using encryption technology.

- H. The Participating Agency understands the file server, which will contain all client information, including encrypted identifying client information, will be located with the Hampton Roads HMIS server at WellSky in Iron Mountain, MI.
- I. The Participating Agency shall not be denied access to client data entered by the Participating Agency. Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Participating Agency shall diligently record in the Hampton Roads HMIS all restrictions requested. The Participating Agency shall not knowingly enter false or misleading data under any circumstances.
- J. The Participating Agency will utilize the Hampton Roads HMIS Release of Information/Client Consent form for all clients providing information for the Community Services database. The Hampton Roads HMIS Release of Information/Client Consent form, once signed by the client, authorizes information sharing with Hampton Roads HMIS Participating Agencies as to the extent allowed by the client. If the client does not sign the Hampton Roads HMIS Release of Information/Client Consent form, the client data may still be entered into the Hampton Roads HMIS but is not to be shared outside of the agency providing the service.
- K. If a client withdraws consent for release of information, the Participating Agency remains responsible to ensure that no new information is available to all other Participating Agencies.
- L. The Participating Agency shall keep signed copies of the Hampton Roads HMIS Release of Information/Client Consent forms for the Hampton Roads HMIS for a period of seven years after the last date of client service.
- M. The Hampton Roads HMIS does not require or imply that services must be contingent upon a client's participation in the Hampton Roads HMIS database. Services should be provided to clients regardless of Hampton Roads HMIS participation provided the clients would otherwise be eligible for the services.
- N. If this Agreement is terminated, The Planning Council and remaining Participating Agencies shall maintain their right to the use of all client data previously entered by the terminating Participating Agency. This use is subject to any restrictions requested by the client.
- O. Victim service providers as defined by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA) should NOT enter data directly in the Hampton Roads HMIS/ShelterLink and must use a "comparable database."

## **II. Hampton Roads HMIS Use and Data Entry**

- A. The Participating Agency shall follow, comply with and enforce the User Policy, Responsibility Statement and Code of Ethics. The User Policy, Responsibility Statement and Code of Ethics may be modified as needed for the purpose of the smooth and efficient operation of the Hampton Roads HMIS.
  - 1. The Participating Agency shall only enter clients in the Hampton Roads HMIS database that exist as clients under the agency's jurisdiction. The Participating Agency shall not misrepresent its client base in the Hampton Roads HMIS database by entering known, inaccurate information.
  - 2. The Participating Agency shall use client information in the Hampton Roads HMIS database, as provided to the agency, to assist the Participating Agency in providing adequate and appropriate services to the client.
- B. The Participating Agency shall consistently enter information into the Hampton Roads HMIS database and will strive for real-time, or close to real-time data entry. As a set standard, data should be entered into the system within 5 business days. The Virginia



Beach CoC will record program exit data within 3 business days. If there are additional timeliness standards set forth in other CoC-related policies or procedures that exceed this expectation, those requirements take precedence.

- C. The Participating Agency shall comply with data quality standards adopted by the local Continuum of Care and participate in the Data Quality Plan.
- D. The Participating Agency will not alter information in the Hampton Roads HMIS database that is entered by another agency with known, inaccurate information (i.e. agency will not purposefully enter inaccurate information to over-ride information entered by another agency). If the Participating Agency discovers inaccurate information entered by another agency, the Participating Agency will contact the HMIS System Administrator to correct the inaccurate information.
- E. The Participating Agency shall not include profanity or offensive language in the Hampton Roads HMIS database.
- F. The Participating Agency shall utilize the Hampton Roads HMIS database for business purposes only.
- G. The HMIS System Administrator will provide initial training and periodic updates to that training to select agency staff on the use of the Hampton Roads HMIS software.
- H. The HMIS System Administrator will be available for technical assistance within reason (i.e. troubleshooting and report generation) related to software operating issues.
- I. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.
- J. The Participating Agency shall not use the Hampton Roads HMIS database with intent to defraud federal, state or local government, clients or entities, or to conduct any illegal activity.
- K. The Participating Agency shall immediately notify the HMIS System Administrator of any status changes for agency HMIS users to ensure the timely activation or deactivation of user accounts.
- L. The Participating Agency will comply with all standards as adopted by the local Continuum of Care and as described in the HMIS Policies and Procedures.

### **III. Reports**

- A. The Participating Agency shall retain access to identifying and statistical data on the clients it serves.
- B. The Participating Agency's access to data on clients it does not serve shall be limited to non-identifying and statistical data.
- C. The HMIS System Administrator may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify clients.
- D. The HMIS System Administrator will use only unidentified, aggregate Hampton Roads HMIS data for advising homeless policy and planning decisions, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.
- E. Participating Agencies shall participate in data analysis and visualization projects (such as the Homeless Data Integration Project managed by the Virginia Department of Housing and Community Development) so long as said projects are in compliance with all HMIS data sharing security standards (to include federal and state laws) and, through such participation, shall have access to a common set of tools and agrees to uphold standards of privacy and confidentiality as a condition of continued use.

Agency participation in these projects may require a sharing of client-level data with third parties. Such participation would only occur once a mutually agreed upon document detailing specifics is signed by necessary parties. This document could be a Memorandum of Understanding or a Business Associate Agreement, or other, and is not valid until fully executed, and only within the dates assigned within the agreement. Projects of this kind will be routed through the CoC for approval and/or adoption prior to execution.

#### **IV. Proprietary Rights of WellSky**

- A. The Participating Agency shall not give or share assigned passwords and access codes of the Hampton Roads HMIS database with any other agency, business, or client.
- B. The Participating Agency shall not cause in any manner, or way, corruption of the Hampton Roads HMIS database in any manner.

#### **V. Terms and Conditions**

- A. Neither ShelterLink nor the Participating Agency shall transfer or assign any rights or obligations without the written consent of the other party.
- B. This agreement shall be in force until revoked in writing by either party.
- C. This agreement may be terminated by either party with 30 days written notice.
- D. Applicable Laws and Courts: This agreement shall be governed in all respects by the laws of the Commonwealth of Virginia, without regard to conflict of law principles, and any litigation with respect thereto shall be brought in the courts. ShelterLink shall comply with all applicable federal, state and local laws, rules and regulations.
- E. Anti-discrimination: By entering into a written contract with the Participating Agency, The Planning Council certifies to the Participating Agency that The Planning Council will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and § 2.2-4311 of the Virginia Public Procurement Act (VPPA). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the agreement on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (Code of Virginia, § 2.2-4343.1E).
- F. Immigration Reform and Control Act of 1986: By entering into a written agreement with the Participating Agency, The Planning Council certifies that The Planning Council does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.
- G. Changes to the Agreement: This agreement constitutes the entire understanding of the parties as to the matters contained herein. Changes to this agreement will be provided in writing. Continued use of the system indicates acceptance of the updated terms by the Participating Agency.
- H. Drug-free Workplace: During the performance of this contract, The Planning Council agrees to (i) provide a drug-free workplace for The Planning Council employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in The Planning Council workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or

advertisements for employees placed by or on behalf of The Planning Council that The Planning Council maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

- I. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the agreement.
- J. Authorization to Conduct Business in the Commonwealth: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body pursuant to the Virginia Public Procurement Act shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- K. Availability of Funds: It is understood and agreed between the parties herein that the Participating Agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

### Hampton Roads HMIS Participating Agency Agreement

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Agency Name

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Street Address

City, State, Zip Code

Mailing Address (if different)

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Printed Name of Executive Director/Chief Executive Officer

Title

---

Signature of Executive Director/Chief Executive Officer

Date

### The Planning Council

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Printed Name of President & CEO of The Planning Council

Date

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Signature of President & CEO of The Planning Council

Date

# Hampton Roads HMIS

## User Policy, Responsibility Statement & Code of Ethics

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### User Policy

Participating Agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Participating Agencies.

Participating Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the Hampton Roads HMIS. Participating Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release.

It is a client's decision about which information, if any, entered into the Hampton Roads HMIS shall be shared with Participating Agencies. The Hampton Roads HMIS Client Consent/Release of Information shall be signed if the client agrees to share information with Participating Agencies.

Minimum data entry on each consenting Client will be:

- All programs are required to complete the HUD Required Universal Data Elements in the assigned assessment(s).
- Programs funded by one or more of the HMIS federal partner programs are also required to enter the applicable Program Specific Data Elements contained in their assigned assessment.

To the greatest extent possible, data necessary for the development of aggregate reports of the homeless services, including services needed, services provided, referrals and client goals and outcomes should be entered into the system.

### User Responsibility

Your user ID and password give you access to the Hampton Roads HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your user ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Hampton Roads HMIS.

\_\_\_\_\_ My user ID and password are for my use only and must not be shared with anyone.

\_\_\_\_\_ I must take all reasonable means to keep my password physically secure.

\_\_\_\_\_ I understand that the only individuals who can view information in the Hampton Roads HMIS are authorized users and the clients to whom the information pertains.

\_\_\_\_\_ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

- \_\_\_\_\_ If I am logged into the Hampton Roads HMIS and must leave the work area where the computer is located, *I must log off of the Hampton Roads HMIS* before leaving the work area.
- \_\_\_\_\_ A computer that has the Hampton Roads HMIS “open and running” shall never be left unattended.
- \_\_\_\_\_ Failure to log off the Hampton Roads HMIS appropriately may result in a breach in client confidentiality and system security.
- \_\_\_\_\_ Hard copies of Hampton Roads HMIS information must be kept in a locked file.
- \_\_\_\_\_ When hard copies of Hampton Roads HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.
- \_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify the Hampton Roads HMIS System Administrator.

**User Code of Ethics**

- A. Hampton Roads HMIS users must treat Participating Agencies with respect, fairness and good faith.
- B. Each Hampton Roads HMIS user should maintain high standards of professional conduct in his or her capacity as a Hampton Roads HMIS user.
- C. The Hampton Roads HMIS user has primary responsibility for his/her client(s).
- D. Hampton Roads HMIS users have the responsibility to relate to the clients of other Participating Agencies with full professional consideration.
- E. Hampton Roads HMIS users will not purposely change or modify information entered by other Participating Agencies.
- F. Hampton Roads HMIS users will not run reports on other Participating Agencies.

**I understand and agree to comply with all the statements listed above.**

Printed Name of Hampton Roads HMIS User	Agency
Signature of Hampton Roads HMIS User	Date
Signature of Hampton Roads HMIS System Administrator	Date

# Hampton Roads HMIS Security Policy

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**Technological Requirement for Participating Agencies** – All participating agencies must adhere to these requirements wherever HMIS will be accessed.

**Purpose:** This document is designed to establish security standards for Participating Agencies within the Hampton Roads HMIS. The following requirements and recommendations are based on the Security Standards as defined in the HUD HMIS Data and Technical Standards Final Notice of 2004. A goal of ShelterLink is to support and assist agencies in meeting these requirements.

**Security Standards:** The Hampton Roads HMIS Security Standards are divided into two sections. Security Requirements are minimum standards with which all HMIS participating agencies must comply. Additional Security Recommendations are best practices recommended by the Hampton Roads HMIS System Administrator. The security standards include both technology solutions and protocols for staff use of technology.

**Security Audit:** The Hampton Roads HMIS System Administrator will conduct a security audit to document compliance with the security requirements. The Hampton Roads HMIS System Administrator will work with agencies to assess and overcome any identified barriers to security compliance.

## Security Requirements

<u>Action</u>	<u>Definition</u>
1. <b>Applicability</b>	HMIS Security Requirements apply to all networked computers at HMIS participating agencies as well as all non-networked computers that are used by HMIS participating agencies to access HMIS software. The Security Requirements specifically apply to: <ol style="list-style-type: none"><li>All computers connected to the agency's network</li><li>All computers that access the agency's network via Virtual Private Network (VPN)</li><li>All other computers, such as employee or volunteer owned computers, used to access HMIS over the Internet</li></ol>
2. <b>Passwords</b>	Computers must be secured by a user password at computer login. Computer passwords and HMIS software passwords must meet the following minimum criteria: <ol style="list-style-type: none"><li>HMIS passwords must contain at least 1 number, 1 symbol, both capital and lower-case letters, and must be changed every 45 days.</li><li>Written information pertaining to passwords must not be displayed in any publicly accessible location. Password recording must be disabled at each computer. (Do not use the "Remember Password" feature of applications.)</li></ol>
3. <b>Anti-virus</b>	All computers must have anti-virus software installed. <ol style="list-style-type: none"><li>Anti-virus software must be updated regularly.</li></ol>
4. <b>Firewall</b>	All computers must be protected by a firewall.
5. <b>System Updates</b>	All computers must be regularly updated for protection against security threats and must have the latest service packs installed.
6. <b>Computer Locking</b>	Computers must be locked when unstaffed to prevent unauthorized access to the HMIS. Computers must be secured via locking screensavers or by logging off.
7. <b>Anti-spyware</b>	All computers must have anti-spyware/anti-malware software installed. <ol style="list-style-type: none"><li>Anti-spyware/anti-malware software must be updated regularly.</li></ol>
8. <b>Wireless Access Points (WAP)</b>	All wireless LAN devices must utilize WPA or WPA2 security protocols and strong passwords of at least 14 random characters or must utilize a corporate-approved Virtual Private Network (VPN) configured to drop all unauthenticated and unencrypted

traffic.

**9. Electronic Data Storage**

All HMIS data is classified as confidential and must be handled discreetly.

- a. Electronic copies shall be stored only on an encrypted device where a password is required to access the data.
- b. Electronic copies shall be stored only where the appropriate staff can access the data.

**Additional Security Recommendations**

<u>Action</u>	<u>Definition</u>
<b>1. Computer and HMIS Passwords</b>	<p>Computer passwords should routinely change at a rate of no less than three times a year.</p> <ol style="list-style-type: none"><li>a. Computer and HMIS passwords within an agency department should be changed immediately upon personnel changes within that department.</li><li>b. HMIS software user passwords should be different from users' passwords for other non-HMIS accounts.</li><li>c. HMIS software passwords should not be disclosed to anyone else. All passwords should be treated as sensitive, confidential information. Follow these precautions:<ul style="list-style-type: none"><li>● Do not reveal a password over the phone to anyone</li><li>● Do not reveal a password in an email message</li><li>● Do not reveal a password to the boss</li><li>● Do not talk about a password in front of others</li><li>● Do not hint at the format of a password (e.g., "my family name")</li><li>● Do not reveal a password on questionnaires or security forms</li><li>● Do not share a password with family members</li><li>● Do not reveal a password to co-workers while on vacation</li><li>● If someone demands a password, refer them to this document or have them contact the Hampton Roads HMIS System Administrator.</li></ul></li></ol>
<b>2. Avoid Unsafe Behavior</b>	<p>Computers used to access HMIS should never be used for downloading files offered through various file sharing services such as music sharing services, as such behavior increases the risk of contracting viruses or spyware/malware.</p>

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**Hampton Roads HMIS  
Release of Information  
Client Consent / Authorization for Release of Information Form**

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Agency Name \_\_\_\_\_ Program Name \_\_\_\_\_

Client Name \_\_\_\_\_

Dependent children, if any (first and last names and date of birth)

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I know that this agency is part of the Hampton Roads Homeless Management Information System (HMIS). The HMIS uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

**With this written consent**, HMIS Participating Agencies may share, see, and update information about me and my children including, but not limited to, name, social security number, gender, and birth date. No restricted information about my health, medical needs, mental health or domestic violence can be shared unless I sign a separate agreement. A current list of HMIS Participating Agencies is available on The Planning Council website at [www.theplanningcouncil.org](http://www.theplanningcouncil.org) and on the Hampton Roads Ends Homelessness website at [www.hamptonroadsendshomelessness.org](http://www.hamptonroadsendshomelessness.org) (under the **HMIS** tab).

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see or use information kept in the HMIS. This agency will never give information about a person to anyone outside this system without the person's written consent, or as required by law through a court order.

Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I may revoke my consent at any time, in writing, and no *new* information will be shared.

**This consent will end three years from today.** Verbal consent expires in one year.

Check this box if you are receiving verbal consent.

I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

I authorize this agency to share my information with other agencies on the Hampton Roads HMIS.

I do not authorize this agency to share my information with other agencies on the Hampton Roads HMIS.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

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## Sample HMIS Client Consent Form Authorization for Release of Confidential Information

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Agency Name \_\_\_\_\_ Program Name \_\_\_\_\_

Client Name \_\_\_\_\_

Dependent children, if any (first and last names and date of birth)

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I know that this agency is part of the Hampton Roads HMIS (Homeless Management Information System.) The HMIS is a system that uses computers to collect information about homelessness in order to help pay for services to people who are homeless.

**With this written consent**, the HMIS agencies listed on page two of this agreement may share, see and update restricted information about me and my children including health, medical needs, mental health and domestic violence information. The purpose of the disclosure authorized in this consent is to coordinate services.

Other agency staff members who have signed the HMIS confidentiality agreement will be allowed to see, enter, or use information kept in the HMIS. This agency will never give information about a person to anyone outside this system without the person's written consent, or as required by law through a court order.

- I understand that my treatment records are protected under state and federal regulations governing confidentiality of patient records.
- The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164.
- The records cannot be shared without my written consent except as provided for in the regulations.
- I also understand that I may end this consent and no *new* information will be shared.
- I understand that there may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- I understand that any notice to end this consent must be in writing.
- This consent will end three years from today.

Information in this system may not be used to deny outreach, shelter or housing. My decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services. I have a right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

I authorize this agency to share my restricted information with the following agencies on the Hampton Roads HMIS:

- Program 1
- Program 2
- Program 3
- Program 4

I do not authorize this agency to share my restricted information with other agencies on the Hampton Roads HMIS.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date

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## Client Privacy Statement Policy

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**Privacy Statement Requirements** - A requirement for participation in a Homeless Management Information System (HMIS) is the collection of Protected Personal Information (PPI) from Clients. Homeless service organizations must collect PPI by “lawful and fair means and, where appropriate, with the knowledge or consent of the individual.”

To meet this requirement, homeless service organizations must post a **Client Privacy Statement** at each intake desk that explains the reasons for collecting this information. A copy of the Client Privacy Statement must be posted on each participating agency’s public website, if applicable. The posted statement refers to the **Notice of Privacy Practices** which should be given to all Clients. If your agency already has a privacy notice, please submit it to The Planning Council so that we may review it for compliance.

A Client Privacy Statement is provided in the Hampton Roads HMIS Policies and Procedures on page 20. If your agency has your own Client Privacy Statement, please submit a copy of that statement to the HMIS Lead Agency for review.

## Client Privacy Statement

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We collect personal information directly from you for the reasons that are discussed in our **Notice of Privacy Practices**. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our **Notice of Privacy Practices** is available to all Clients upon request.

# NOTICE OF PRIVACY PRACTICES

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## Purpose of This Notice

The Hampton Roads Homeless Management Information System (HMIS) is a Community Services software product that is a centralized case management system that allows authorized participating agency personnel to collect Client data, produce statistical reports, and share information with other Participating Agencies.

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to complain to us or the government if you believe that we have violated any of your rights or any of our responsibilities.

We must follow the terms of this notice that are currently in effect. We reserve the right to change this Notice at any time and amendments may affect information obtained before the date of the amendment. This Notice is not a legal contract. If this Notice is changed, a copy of the revised Notice will be available upon request or posted at our location or on our website

## Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your private personal information. We are also required to make this Notice about our privacy practices, our legal duties, and your rights concerning your private personal information available upon request. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect immediately and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all private personal information that we maintain, including private personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

## How We Use or Disclose Your Private Personal Information

### Uses or Disclosures That Are Required or Permitted by Law

- **To provide or coordinate services** – We may use or disclose your private personal information to provide you with or connect you to services. We may share this information with members of our staff or with others involved in your support.
- **For functions related to payment or reimbursement for services**

- **To carry out administrative functions** – We may use or disclose your private personal information for operational purposes such as, but not limited to, legal, audit, personnel, oversight, and management functions. For example, to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.
- **For creating de-identified from personal identifying information (PII)**
- **As required by law** – We may use or disclose information about you when we are required to do so by law.
- **To avert a serious threat to health or safety** – We may disclose private personal information about you if the HMIS user or developer, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Victims of abuse, neglect, or domestic violence** – We may disclose private personal information about you to a government agency if we believe you are the victim of abuse, neglect, or domestic violence.
- **For research purposes** - We may use or disclose protected personal information to individuals performing research who have a formal relationship with ShelterLink.
- **For law enforcement purposes** – We may disclose private personal information about you to law enforcement officials for law enforcement purposes:
  - In response to a court order, subpoena or other legal proceeding
  - To identify or locate a suspect, fugitive, material witness or missing person
  - When information is requested about an actual or suspected victim of a crime
  - To report a death as a result of possible criminal conduct
  - To investigate allegations of misconduct that may have occurred on our premises
  - To report a crime in emergency circumstances
- **Funeral Directors, Coroners and Medical Examiners** – We may disclose protected personal information about you as necessary to allow these individuals to carry out their responsibilities.
- **National Security and Intelligence** – We may disclose protected personal information about you to authorized federal officials for national security and intelligence activities.
- **Protective Services for the President and Others** – We may disclose protected personal information about you to authorized federal officials for the provision of protective services to the President of the United States or other foreign heads of state.

## Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying our Complaint Officer in writing of your desire to cancel it. If you cancel an authorization, it will not have any effect on information that we have already disclosed.

Examples of uses or disclosures that may require your written authorization include the following:

A request to provide your private personal information to an attorney for use in a civil lawsuit.

## Your Rights

The information contained in your record maintained by ShelterLink is the physical property of ShelterLink. The information in it belongs to you. You have the following rights:

- **Right to request restrictions** – You have the right to ask us not to use or disclose your private personal information for a particular reason related to our services or our operations. That request must be made in writing to our Complaint Officer.

We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or ShelterLink can stop a restriction at any time.

- **Right to inspect and copy your protected personal information** – You have the right to request to inspect and obtain a copy of your private personal information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request, we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

- **Right to request amendments to your protected personal information** – You have the right to request that we correct your private personal information. If you believe that any private personal information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer.

We do not have to agree to your request. If we deny your request, we will tell you why. You have the right to submit a statement disagreeing with our decision.

- **Right to an accounting of disclosures of private personal information** -You have the right to find out what disclosures of your private personal information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting but cannot include disclosures before July 1, 2004.

We are not required to include disclosures for services, payment, or operations or for National Security or Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an account may be temporarily suspended if it will impede the agency's activities. The notice of suspension should specify the time for which such a suspension is

required. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings.

- **Right to obtain a copy of the notice** – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

### **Complaints**

You have the right to complain to us and to the United States Secretary of Housing and Urban Development if you believe we have violated your privacy rights. There is no risk in filing a complaint.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your private personal information or in response to a request you made to amend or restrict the use or disclosure of your private personal information, or have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in this notice.

**To file a complaint with us, contact by phone or by mail:**

Julie Dixon, Senior Director of Planning and Program Development  
The Planning Council  
2551 Eltham Ave., Suite I  
Norfolk, VA 23513  
Phone (757) 622-9268

### **Questions and Information**

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Julie Dixon, Senior Director of Planning and Program Development  
The Planning Council  
2551 Eltham Ave., Suite I  
Norfolk, VA 23513  
Phone (757) 622-9268

A written request for information is defined under the **Your Rights** section of this notice. Complaints or questions may be made by phone or in writing. We support your right to protect the privacy of information. We will not retaliate in any way if you choose to file a complaint with us.



## HMIS Standards of Care

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### SVHC, GVPHC, and Central Virginia CoC

The following standards apply to all SVHC, GVPHC, and Central Virginia CoC HMIS End Users of the Hampton Roads HMIS and will be subject to a compliance audit by the HMIS Lead Agency.

#### Data Collection and HMIS

**Standard F1: The agency does not share HMIS data with any unauthorized entity.**

Guideline F1: The agency has a policy that precludes unauthorized data sharing. The policy and Release of Information is available for review.

**Standard F2: The agency upholds all relevant federal and state confidentiality regulations and laws that protect client records, and the agency shall only release client records with written/verbal consent by the client, unless otherwise provided for in the regulation.**

Guideline F2: Release of Information / Confidential Information is signed by the client or there is documentation of verbal consent within the client's file.

**Standard F3: The agency collects, enters, and extracts only HMIS data that are relevant to the delivery of services.**

Guideline F3: The agency has a policy regarding data collection, entry and extraction that specifies appropriate use of data. The policy is available for review.

**Standard F4: The agency accurately enters all the required HMIS data within 5 business days of providing services to the client.**

Guideline F4: The agency has a Quality Assurance plan in place and a monthly verification that data was entered accurately within the required time frame. A file review confirms that this has been completed.

**Standard F5: The agency has completed a "Hampton Roads HMIS User Policy, Responsibility Statement & Code of Ethics" agreement for each authorized system user and has provided a copy to The Planning Council.**

Guideline F5: User agreements are up-to-date and on file at the agency and The Planning Council for each user. Agency user agreements are available for review and match the Hampton Roads HMIS user list.

**Standard F6: The agency limits access to information provided by the HMIS database to its own employees specifically for verifying eligibility for service, entering data for services provided, tracking client services, monitoring data quality, and evaluating programs.**

Guideline F6: The agency has a policy regarding access to the HMIS database that is available for review. The policy prohibits employees from using HMIS data in an unethical or unprofessional manner.

**Standard F7: All staff entering/viewing HMIS data in the Hampton Roads HMIS must be appropriately trained and have an individual user license with a unique username and password (exceptions must be authorized by the HMIS Lead Agency/System Administrator).**

Guideline F7: The HMIS System Administrator(s) can describe training provided to staff and the process for ensuring that each user has a license with a unique name and password (unless an exception applies as authorized by the HMIS Lead Agency/System Administrator). Relevant documentation or tracking system is available for review.

**Standard F8:** As staff members no longer require access to the HMIS, their HMIS user accounts are immediately inactivated or changed to accommodate their change in status. The agency must contact the HMIS System Administrator to make these changes within 24 hours.

Guideline F8: The agency has a written procedure for handling HMIS account activation and deactivation as a user's status changes. The written procedure is available for review.

**Standard F9:** Technical assistance requests and training issues should be limited to contact with the HMIS System Administrator.

Guideline F9: The HMIS System Administrator can describe how technical assistance requests are handled internally and how technical assistance and training needs are communicated to ShelterLink.

**Standard F10:** The "Hampton Roads HMIS Client Release of Information" forms or documentation of verbal consent from clients are kept on file for a period of seven years.

Guideline F10: The agency has a Quality Assurance Plan in place and monthly process that verifies that consent was obtained. Relevant documentation is available for review.

**Standard F11:** Data is collected and recorded in alignment with all applicable HUD Data Standards and all Federal Partner Program Standards.

Guideline F11: The agency has a Data Collection and Quality Assurance Plan in place and a process for verifying that data is being collected and recorded as expected. The agency can produce a copy of their Data Collection and Quality Assurance Plan for the CoC and/or HMIS Lead Agency.

**Standard F12:** The agency has a written policy that requires that staff inform clients of the purpose for data collection and explain client rights concerning the collection and use of their private information,

Guideline F12: Signs informing clients of the "purpose for data collection" and the agency privacy policy are posted and easily viewable in each area where intakes are completed. Intake staff can explain how they inform clients of these rights.

**Standard F13:** Agency computers used for accessing the HMIS are located in a secure location where access is restricted to authorized staff and employ screen and software security and access restriction measures.

Guideline F13: The agency has written security procedures that includes the use of the following: for each workstation -- locking screen savers, virus protection with auto-update, individual or network firewalls, software password recording features disabled; for digital data files and storage disks: encryption and password protections.



HOMELESS MANAGEMENT INFORMATION SYSTEM  
(HMIS)  
STANDARDS OF CARE

PHAC Adopted 12-1-2022

**Purpose:** This document serves to provide members of Portsmouth Homeless Action Consortium (PHAC) with guidance pertaining to Homeless Management Information System (HMIS) standards and activities unique to PHAC in addition to those addressed in the Hampton Roads HMIS Policies and Procedures. The Hampton Roads HMIS Policies and Procedures are included in brevity to provide a more complete picture of the PHAC Standards of Care. Please refer to the Hampton Roads HMIS Policies and Procedures for clarification on those standards.

**Participating Agencies:** Any agency operating and/or recording data for a PHAC project including but not limited to Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing Other Permanent Housing, Homeless Supportive Services, Prevention or Diversion Services for Portsmouth.

**HMIS Participation:**

**Standard:** Participating Agencies who operates and/or enters data for a PHAC project will be required to maintain active participation as defined by PHAC Membership requirement. All System Users are welcome to attend.

**Standard:** HMIS Lead Agency will work to expedite requests from new agencies to establish HMIS access once the agency has been vetted at Executive Committee.

**Standard:** HMIS Lead Agency will provide the HMIS Committee Chair(s) with a current list semi-annually in March and September of all PHAC HMIS Participating Agencies who enter data related to PHAC projects and/or PHAC Reports.

**Standard:** Participating Agencies shall designate a System User and Alternate System User to participate in PHAC HMIS Committee Meetings. These individuals will be responsible for communicating the outcomes of Committee meetings or other forms of communications to their Agency System Users and their Executive Committee designee.

**Standard:** Participating Agencies shall notify the HMIS Lead Agency immediately of staffing changes.

**Standard:** Participating Agencies agree to ensure all System Users complete the mandated quarterly training videos within the time frame stated with each video.

**Standard:** PHAC HMIS Committee Meetings will be held bi-monthly on the third (3<sup>rd</sup>) Wednesday of each odd month (Jan, Mar, May, July, Sept, Nov.) for any calendar year ending December 31. Items of an urgent nature will be communicated via email by the HMIS Committee Chair(s).

**Standard:** Any Participating Agency that misses 2 consecutive HMIS Committee meetings will be contacted by the PHAC HMIS Committee Chairs and then to the Participating Agencies Executive Committee designee, for resolution, if unsuccessful to PHAC Executive Committee for determination of continued support.

**Standard:** Any Participating Agency that fails to uphold the Standards of Care (SoC) as established for PHAC shall be subjected to a compliance audit by the HMIS Lead Agency with the reporting of outcomes to PHAC HMIS Committee Chair(s).

PHAC Adopted 12-1-2022

**Data Quality & Collection of Data:**

Standard: The Participating Agency does not share HMIS data with any unauthorized entity.

Standard: The Participating Agency has a policy that precludes unauthorized data sharing.

Standard: The Participating Agency upholds all relevant federal and state confidentiality regulations and laws that protect client records, and the Agency shall only release client records with written consent from the client, unless otherwise provided for in the regulation.

Standard: The Participating Agency is responsible for ensuring accurate and complete data entry within 5 business days regardless of project.

Standard: The Participating Agency collects, enters, and extracts only HMIS data that are relevant to the delivery of services for their agencies.

Standard: The Participating Agency is responsible for ensuring that all HUD required Universal Data Elements are collected for any Coordinated Entry System participation.

Standard: All HMIS System Users may submit Technical Assistance (TA) requests to the HMIS Lead Agency as needed, but are encouraged to review the Ongoing WellSky Issues list available at <https://www.hamptonroadsendshomelessness.org/ongoing-wellsky-issues.html> to confirm whether the TA has already been addressed. The HMIS Lead Agency will monitor TA requests and provide a quarterly report of TA requests by type; if the same errors continue to occur the HMIS Lead Agency may report to the PHAC HMIS Committee members outside of the usually scheduled report, may suggest a training at an upcoming PHAC HMIS Committee meeting to remedy system-wide trends, and will report issues to WellSky if the issue is software-related.

Standard: All Technical Assistance (TA) requests submitted to the HMIS Lead Agency shall be acknowledged and/or responded to within 2 (two) business days.

Standard: All Participating Agency staff entering/viewing HMIS data in the Hampton Roads HMIS must be appropriately trained and have an individual user license with a unique username and password. Login credentials are not to be shared with anyone. Sharing Login credentials is grounds for immediate termination of the System Users access.

Standard: The Participating Agency has a Quality Assurance plan in place and that data is entered accurately within the required time frame.

Standard: The Participating Agency agrees to a Data Quality standard of less than 5% error rates on HUD required Universal Data Elements for their Agency's projects. Participating Agencies will strive to achieve a less than 10% error rate on Universal Data Elements related to the PHAC Coordinated Entry project.

Standard: The HMIS Lead Agency will communicate to PHAC HMIS Committee Chairs any and all data challenges, changes or updates as reported to or by WellSky (the identified HMIS Solution vendor) and such information will be communicated by the HMIS Committee to identified Participating Agencies System User.

PHAC Adopted 12-1-2022

## Confidentiality, Release of Information and Privacy

Standard: The Participating Agency must uphold all relevant federal and state confidentiality regulations and laws that protect client records, and the Participating Agency shall only release client records with written consent from the client, unless otherwise provided for in the regulation, or as required by law through a court order.

Standard: The Participating Agency has the HMIS and PHAC specific Release of Information(s) signed by the client, or there is documentation of verbal consent within the client's file. A separate signed Release of Information may be required by Victim Service Providers that state consent has been given if the client is to be entered into the PHAC Coordinated Entry project.

Standard: The Participating Agency shall keep signed copies of the Hampton Roads HMIS Release of Information/Client Consent forms for the Hampton Roads HMIS for a period of seven years after the date of client services.

Standard: The Participating Agency must have a written and posted policy that requires staff to inform clients of the purpose for data collection and explains client's rights concerning the collection and use of their private information.

Standard: Participating Agency computers used for accessing HMIS are located in a secure location where access is restricted to authorized staff and employ screen and software security. Computers must be locked when unstaffed to prevent unauthorized access to the HMIS. Computers must be locked via locking screensavers or by logging off. All HMIS data is classified as confidential and must be handled discreetly. Electronic copies shall be stored only on an encrypted device where a password is required to access the data.

## Sharing of PHAC HMIS Data & Requests for Data

Standard: The Participating Agency does not share HMIS data with any unauthorized entity.

Standard: The Participating Agency must have a posted policy that precludes unauthorized data sharing.

Standard: The HMIS Lead Agency may make aggregate data available to other entities once the request has been approved by the PHAC Executive Committee with explanation as to why the entity is requesting the information. Requests for information should only relate to PHAC funding or planning purposes or pertaining to providing services to homeless persons in Portsmouth. However, such aggregate data shall not directly identify clients.

Standard: All inquiries/requests received by the HMIS Lead Agency regarding PHAC Data shall be directed to the PHAC Co-Chairs who shall determine the appropriateness of the request. PHAC Co-Chairs will respond in a timely manner in order to ensure the appropriateness of the request as it relates to confidentiality, system performance or any federal or state laws prohibiting such release of information.

### System Performance Measures, LSA, HIC, PIT and STELLA P

Standard: All Participating Agencies who operates and/or enters data for a PHAC project are subject to System Performance Measures that will be reviewed by PHAC HMIS Committee in collaboration with the HMIS Lead Agency to ensure accuracy and project compliance.

Standard: All Participating Agencies who operates and/or enters data for a PHAC project are subject to a review of the LSA, HIC, PIT and STELLA P data relevant to the agency's performance and outcomes and the impacts of same on PHAC reports.

Standard: Outcomes of data quality relating to SPM, LSA, HIC, PIT and STELLA P and prepared by the HMIS Lead Agency will be reviewed and discussed with HMIS Committee members to ensure accuracy ahead of any deadlines proposed for distribution.

### HMIS Audits

- All PHAC Participating Agencies regardless of location who operates and/or enters data for a PHAC project will be subjected to an annual HMIS Audit that will consist of the following elements.
  - Compliance with the Hampton Roads HMIS Policies and Procedures Security Policy
  - Compliance with the Hampton Roads HMIS Policies and Procedures as they relate to the User Policy, User Responsibility Statement and Code of Ethics
  - Compliance with Confidentiality and Client Consent
  
- All PHAC Participating Agencies regardless of location who operates and/or enters data shall maintain compliance with the HMIS Standards as set forth by HUD and other Federal Partners
  
- All PHAC Participating Agencies regardless of location who operates and/or enters data shall maintain compliance with the Hampton Roads HMIS Policies and Procedures as adopted.

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## Local Determinations

### CoC Decisions on HMIS Standards Open to Local Determinations

The following standards derive from decisions made by one or more local CoCs. Each standard has been formally adopted by the CoC's listed under the Standard. These standards will be subject to a compliance audit by the HMIS Lead Agency.

#### Coordinated Entry System "Fall-Off" Timeframe

VA-501, SVHC – Adopted **03/17/2021**

*Clients that have not had contact with the CES system in **45 calendar days** will be exited from the CE project in HMIS.*

VA-503, BEACH – Adopted **12/03/2020**

*Clients that have not had contact with the CES system in **30 calendar days** will be exited from the CE project in HMIS.*

VA-505, GVPHC – Adopted **12/15/2020**

*Clients that have not had contact with the CES system in **45 calendar days** will be exited from the CE project in HMIS.*

VA-507, PHAC – Adopted **9/9/2020**

*Clients that have not had contact with the CES system in **45 calendar days** will be exited from the CE project in HMIS.*

#### Street Outreach "Fall-Off" Timeframe

VA-501, SVHC – Adopted **03/17/2021**

*Clients that have not had contact with the project's street outreach worker(s) in **90 calendar days** will be exited from the Street Outreach project in HMIS. This standard was determined in alignment with the State's PATH Street Outreach standard.*

VA-503, BEACH – Adopted **12/03/2020**

*Clients that have not had contact with the project's street outreach worker(s) in **30 calendar days** will be exited from the Street Outreach project in HMIS. This standard was determined in alignment with the CoC's CES Fall-Off Timeframe standard.*

VA-505, GVPHC – Adopted **12/15/2020**

*Clients that have not had contact with the project's street outreach worker(s) in **45 calendar days** will be exited from the Street Outreach project in HMIS. This standard was determined in alignment with the CoC's CES Fall-Off Timeframe standard.*

VA-507, PHAC – Adopted **09/09/2020**

*Clients that have not had contact with the project's street outreach worker(s) in **45 calendar days** will be exited from the Street Outreach project in HMIS. This standard was determined in alignment with the CoC's CES Fall-Off Timeframe standard.*





## Data Quality Plan

### 1. Introduction/Purpose

The purpose of this Data Quality Plan is to develop a community-wide understanding and agreement that will facilitate the ability to achieve statistically valid and reliable data for the Greater Virginia Peninsula Homelessness Consortium (GVPHC), Southeastern Virginia Homeless Coalition (SVHC), Central Virginia Continuum of Care (CoC), Portsmouth Homeless Action Consortium (PHAC), and the Virginia Beach CoC.

The US Department of Housing and Urban Development (HUD) ties data quality to overall CoC competitiveness for funding, and has developed a Data Quality Framework that is incorporated into the CoC Annual Performance Report (APR), Longitudinal System Analysis (LSA), formerly known as the Annual Homeless Assessment Report (AHAR), and the System Performance Measures (SPMs). This Data Quality Plan references the HUD System Performance Improvement Briefs. This Data Quality Plan is to be implemented by all agencies that participate in the Hampton Roads Homeless Management Information System (HMIS), including Domestic Violence (DV) service providers utilizing a HMIS comparable database, both of which are hereinafter referred to as "HMIS."

#### 1.1 Definition of Data Quality

*Data quality* is a term that refers to the reliability and comprehensiveness of the client-level data that is collected in HMIS. It is measured by evaluating several concepts that are outlined below.

**Completeness:** The degree to which all required data is known and documented. This is evaluated by assessing coverage and utilization.

*Coverage* – The degree to which all homeless assistance providers within a CoC’s geography enter all clients into HMIS. This includes providers funded by the CoC and ESG Program, other federal partner agencies (RHY, HOPWA, PATH, SSVF, etc.), state partner agencies, local government agencies, foundations, and private organizations.

*Utilization* – The degree to which the total number of homeless beds within the HMIS are recorded as occupied divided by the total number of homeless beds within the CoC’s geographic coverage area. This is important because HUD views programs with utilization rates lower than 65% or higher than 105% as a potential indicator of bad data quality.

**Accuracy:** The degree to which data reflects the real-world client or service. Programs should collect accurate data elements based on the requirements applicable to each program’s type and funding source. At a minimum, this includes the HUD Universal Data Elements. Programs funded by one or more of the HMIS federal partner programs are also required to enter the applicable Program Specific Data Elements contained in their assigned assessment. Requirements outlined in the current HMIS Data Standards Manual, and the Continuum of Care (CoC), Emergency Solutions Grants Program (ESG), HOPWA, HUD-VASH, PATH, Runaway & Homeless Youth, and VA Programs HMIS

Manuals should be upheld for all HMIS Participating Agencies. The HMIS Data Standards Manual and Program HMIS Manuals for each federal partner can be found by visiting [www.hudexchange.info](http://www.hudexchange.info).

**Timeliness:** The degree to which the data is collected and entered into the HMIS in a timely manner so that it is available when it is needed.

**Consistency:** The degree to which the data is equivalent and consistent in the way it is collected and entered into the HMIS by all HMIS participating agencies.

## 1.2 What is a Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of a CoC to achieve statistically valid and reliable data. A data quality plan provides standardization and sets expectations across the CoC for all HMIS participating agencies. A data quality plan requires collaboration between the HMIS Lead Agency, the Continuum of Care, and HMIS participating agencies.

## 1.3 What is a Data Quality Monitoring Plan?

A data quality monitoring plan is the practice by which a routine and consistent process is carried out to analyze the validity and reliability of data in the HMIS. A data quality monitoring plan is the primary tool for evaluating data in order to identify areas that may need improvement.

## 1.4 Roles and Responsibilities

Role	Responsibilities
CoC Leadership	<ol style="list-style-type: none"> <li>1. Review the data quality plan</li> <li>2. Review system-level data quality reports</li> <li>3. Work with providers and the HMIS Lead/System Administrator to develop and implement solutions for improving data quality</li> <li>4. Consider data quality in the rating and ranking process for funding decisions</li> </ol>
HMIS Lead/System Administrator	<ol style="list-style-type: none"> <li>1. Work with the HMIS vendor to ensure access to data quality reports</li> <li>2. Understand the data quality elements to be submitted with the SPM and APR</li> <li>3. Systematically monitor the data</li> <li>4. Communicate regularly with the CoC and individual providers to ensure stakeholders are informed and have the resources to address data quality concerns</li> </ol>
Participating Agencies and HMIS End Users	<ol style="list-style-type: none"> <li>1. Set the tone for the agency's commitment to data quality</li> <li>2. Monitor a project's data quality</li> <li>3. Prepare for federal, state, and local report requirements</li> <li>4. Resolve any data quality findings as quickly as possible</li> </ol>

## 2. Data Quality Standards

The data quality standards outlined in this plan are applicable to all HMIS participating agencies and projects, regardless of funding source(s).

Data Quality Standards		
Data Quality Component	Federal Goals/Considerations	Local Goals
<b>Completeness</b>	<ul style="list-style-type: none"> <li>Does the CoC have the required client-level data?</li> <li>Are all the required data elements answered for each client?</li> <li>Are all answers complete?</li> </ul>	<ul style="list-style-type: none"> <li><b>Error rates &lt;5% based on HUD's data quality framework</b></li> <li><b>HMIS Audit Data Quality score of 90% or higher</b></li> </ul>
<i>Coverage</i>	<ul style="list-style-type: none"> <li>NOFA FY 2017: <b>85% or higher (excluding DV)</b></li> <li>AHAR: <b>50% of beds community-wide (excluding DV)</b></li> <li>Are all homeless service providers entering data into HMIS (regardless of funding source)?</li> <li>Are all programs entering every client served?</li> <li>Are all programs required to use HMIS entering complete data into HMIS?</li> </ul>	<ul style="list-style-type: none"> <li><b>100% of beds community-wide in HMIS or comparable database</b></li> </ul>
<i>Utilization</i>	<ul style="list-style-type: none"> <li>AHAR: <b>between 65%-105%</b></li> <li>Are the number of beds recorded in HMIS accurate?</li> <li>Are providers entering HMIS data for every client served?</li> <li>Are providers properly exiting clients from HMIS?</li> </ul>	<ul style="list-style-type: none"> <li><b>Between 65%-105%</b></li> </ul>
<b>Accuracy</b>	<ul style="list-style-type: none"> <li>Is the data correct? Does it represent the reality of clients and services?</li> <li>Are providers monitoring to ensure that what is in HMIS is consistent with what is in other paper or electronic files?</li> </ul>	<ul style="list-style-type: none"> <li><b>Error rates &lt;5% based on HUD's data quality framework</b></li> <li><b>HMIS Audit Data Quality score of 90% or higher</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Are households properly entered?</li> </ul>	
<b>Timeliness</b>	<ul style="list-style-type: none"> <li>• Is data entered in a timely manner?</li> <li>• Is the data updated as circumstances change and clients move through the system?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>7 business days (VB CoC will record project exit data within 3 business days)</b></li> </ul>
<b>Consistency</b>	<ul style="list-style-type: none"> <li>• Are the providers in the CoC entering data in the same way?</li> <li>• Do end users share the same understanding of what each data element means?</li> <li>• Are end users trained in the same way and given access to the same data entry guidance and training materials?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HMIS Audit Data Quality score of 90% or higher</b></li> </ul>

**Completeness:**

*Coverage* – Our local goal is to have 100% of community-wide beds that are dedicated to serve the homeless population accounted for in HMIS. The Continuum of Care funding competition awards full points to CoCs that record 85% or higher bed coverage rates. The LSA (formerly known as the AHAR) requires a coverage rate 50%, excluding domestic violence provider beds, in order for the data to be useable.

*Utilization* – Following guidance related to the AHAR, our local goal is for utilization to be within 65 and 105 percent. HUD guidance explains that “typically, programs that report that less than 65 percent of their beds are occupied at any point in time are failing to enter all clients into their HMIS, while programs that report that over 105 percent of their beds are utilized are failing to exit clients from the HMIS” (<https://www.hudexchange.info/resources/documents/Introductory-Guide-to-the-2017-AHAR.pdf>, page 8).

**Accuracy:** Error rates of 5% or less for any given years’ worth of data based on HUD’s data quality framework as outlined below. Accuracy is also assessed through the annual HMIS Audit that is conducted by the HMIS Lead Agency; HMIS participating agencies should receive no lower than a 90% on the Data Quality portion of the HMIS Audit.

<b>Q2. Personally Identifiable Information (PII)</b>				
<b>Data Element</b>	<b>Client Doesn't Know / Refused</b>	<b>Information Missing</b>	<b>Data Issues</b>	<b>% of Error Rate</b>
Name (3.1)	37	0	1	1.21%
Social Security Number (3.2)	215	2	330	17.45%
Date of Birth (3.3)	5	2	20	0.86%
Race (3.4)	38	3		1.31%
Ethnicity (3.5)	4	7		0.35%
Gender (3.6)	2	3		0.16%
Overall Score				19.01%

### Q3. Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	8	0.33%
Project Entry Date (3.10)	13	0.41%
Relationship to Head of Household (3.15)	440	14.04%
Client Location (3.16)	33	1.52%
Disabling Condition (3.8)	101	3.22%
Destination (3.12)	18	31.03%

### Q4. Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Income and Sources (4.2) at Entry	338	13.48%
Income and Sources (4.2) at Annual Assessment	2,399	99.75%
Income and Sources (4.2) at Exit	4	9.09%

### Q5. Chronic Homelessness

Entering Into Project Type	Count of Total Records	Missing Time in Institution (3.917.2)	Missing Time in Housing (3.917.2)	Approx Date (3.917.3) DKR/Missing	Num Times (3.917.4) DKR/Missing	Num Months (3.917.5) DKR/Missing	% of Records Unable to Calculate
ES, SH, Street Outreach	51			12	0	4	31.37%
TH	15	0	0	0	0	4	26.67%
PH (all)	231	0	0	3	4	72	33.33%
Total	297						32.66%

**Timeliness:** All client data shall be entered consistently and accurately into the ServicePoint database, and agencies will strive for real-time, or close to real-time data entry. As a set standard, data should be entered into the system within 7 business days. The Virginia Beach CoC will record program exit data within 3 business days. If there are additional timeliness standards set forth in other CoC-related policies or procedures that exceed this expectation, those requirements take precedence.

**Consistency:** 100% of HMIS participating agencies, including DV providers utilizing a comparable system, should collect and enter data in accordance with the HMIS Data Standards as they are set forth in the HMIS Data Standards Manual, and the Continuum of Care (CoC), Emergency Solutions Grants Program (ESG), HOPWA, HUD-VASH, PATH, Runaway & Homeless Youth, and VA Programs HMIS Manuals.

### 3. Monitoring and Reporting

#### Completeness:

*Coverage* – The annual Housing Inventory Count (HIC) is used to assess which homeless assistance providers enter homeless clients into HMIS. In addition, federal, state, and local funding applications ask about HMIS participation. Grant requirements specify that agencies receiving certain funds must certify HMIS participation.

*Utilization* – The AHAR, PIT, and HIC assess utilization rates. CoC-funded agencies are also scored on utilization as a part of the annual CoC scorecard process.

**Accuracy, Timeliness, and Consistency:** Each HMIS Provider will run a CoC APR for their project(s); the first two weeks of the month should be used to run an initial report, and address data quality issues flagged. By the 25<sup>th</sup> of each month, a final APR should be saved as a PDF and submitted to the System Administrator for review. Each data quality section should have an error rate of 5% or less. If projects report error rates higher than 5% in any section for 3 or more consecutive months, technical assistance and/or training from the HMIS lead agency will be required.

Quarterly system-wide data quality reports (ART Report 0640) will be run by the System Administrator and presented at HMIS committee meetings.

In addition, The Planning Council will conduct annual audits to compare client files with data entered into the HMIS.

#### HMIS Audits:

HMIS audits will monitor two scopes of HMIS compliance; data quality and technical/security standards. Monitoring over these two components will be conducted on an annual basis by the HMIS Lead Agency.

Data quality is monitored by randomly selecting client files of program participants that were/are active during the current fiscal year. These files will be compared to the data entered into the HMIS. All of the HUD Universal Data Elements and applicable Program Specific Data Elements will be evaluated during this monitoring. Agencies that choose to collect elements beyond what is required by their program's funding source will be held accountable and evaluated on those additional elements.

In addition, an agency-wide APR will be produced to verify that there were no Unaccompanied Youth in programs that do not serve that population type (a common data quality issue) and to ensure that Error Rates are less than 5% in sections 6a-6d (in alignment with HUD's Data Quality Framework).

Technical/Security standards employed by each agency are to be in compliance with the ShelterLink HMIS Security Policy and the [HUD HMIS Data and Technical Standards Final Notice of 2004](#). The HMIS Lead Agency will monitor each agency to ensure compliance of security requirements and system standards. This includes an evaluation of computer password protection, anti-virus, firewall, system updates, wireless connectivity protection, and HMIS password protection.

Scoring of the HMIS Audit is determined on the following basis:

- **Data Quality score** (completeness, accuracy, and consistency)
- **Technical/Security Standards score**

It is expected that each agency obtain a minimum of 90% on the Data Quality section of the audit. Agencies that do not pass the Data Quality portion of the audit will be re-evaluated no later than 3 months, but as early as it is individually requested, following the date of the original audit.

Agencies are required to obtain a score of 100% on the Technical/Security Standards portion of the audit. Should the agency not pass the Technical/Security Standards requirements, all of said agency's HMIS licenses will be immediately, temporarily deactivated until the standards have been met and the agency is deemed to be fully compliant. Licenses will be reactivated as soon as the agency has made the necessary changes to fulfill the 100% score.

A copy of the most current HMIS Audit evaluation form may be requested at any time. Agencies should keep in mind that HMIS is a component of the program performance measures that are used by the CoC for monitoring and evaluating purposes. HMIS Audit scores are shared with the CoC Lead and the PMC.

#### **4. Compliance**

It is the responsibility of each HMIS Participating Agency and all HMIS End Users to ensure compliance with all data quality requirements and standards. Agencies will be notified if data quality requirements and standards are not being met. Continued failure to comply will be presented to CoC Leadership.

## Participating Agency Agreement

The Hampton Roads Homeless Management Information System (HMIS) is a client information system that provides a standardized assessment of client needs, creates individualized client service plans, and records the client's use of housing and services that communities can use to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measures.

The Planning Council is the primary coordinating agency and the system administrator of the Hampton Roads HMIS database. WellSky is the vendor agency providing the Community Services software that has been customized to be the Hampton Roads HMIS database. In this agreement, "Participating Agency" is an agency participating in the Hampton Roads HMIS and "Client" is a client of services.

The signature of the Executive Director/Chief Executive Officer of the Participating Agency indicates agreement with the terms set forth for a Hampton Roads HMIS account for the agency. Changes to this agreement will be provided in writing. Continued use of the system indicates acceptance of the updated terms by the Participating Agency.

### I. Confidentiality

The Participating Agency shall uphold relevant federal and state confidentiality regulations and laws that protect client records and the agency shall only release client records with written consent by the client, unless otherwise provided for in the regulation.

- A. The Participating Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse client records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse client records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse persons. A copy of 42 CFR Part 2 can be found at <https://www.govinfo.gov/app/details/CFR-2018-title42-vol1/CFR-2018-title42-vol1-part2>.
- B. The Participating Agency shall provide to the client a verbal explanation of the Hampton Roads HMIS database and the terms of consent and shall arrange for a qualified interpreter or translator in the event that a client is not literate in English or has difficulty understanding the consent form.
- C. The Participating Agency agrees not to release any confidential information received from the Hampton Roads HMIS database to any organization or client without proper client consent.
- D. The Participating Agency may not use or disclose protected health information, except either: (1) as the Health Information Privacy and Accountability Act permits or requires, or (2) as the client who is the subject of the information (or the client's personal representative) authorizes in writing.
- E. The Participating Agency shall maintain appropriate documentation of client consent to participate in the Hampton Roads HMIS database.
- F. The Participating Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for Hampton Roads HMIS receive basic confidentiality training and sign a user confidentiality agreement.
- G. The Participating Agency understands that the client data will be encrypted at the server level using encryption technology.



- H. The Participating Agency understands the file server, which will contain all client information, including encrypted identifying client information, will be located with the Hampton Roads HMIS server at WellSky in Iron Mountain, MI.
- I. The Participating Agency shall not be denied access to client data entered by the Participating Agency. Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Participating Agency shall diligently record in the Hampton Roads HMIS all restrictions requested. The Participating Agency shall not knowingly enter false or misleading data under any circumstances.
- J. The Participating Agency will utilize the Hampton Roads HMIS Release of Information/Client Consent form for all clients providing information for the Community Services database. The Hampton Roads HMIS Release of Information/Client Consent form, once signed by the client, authorizes information sharing with Hampton Roads HMIS Participating Agencies as to the extent allowed by the client. If the client does not sign the Hampton Roads HMIS Release of Information/Client Consent form, the client data may still be entered into the Hampton Roads HMIS but is not to be shared outside of the agency providing the service.
- K. If a client withdraws consent for release of information, the Participating Agency remains responsible to ensure that no new information is available to all other Participating Agencies.
- L. The Participating Agency shall keep signed copies of the Hampton Roads HMIS Release of Information/Client Consent forms for the Hampton Roads HMIS for a period of seven years after the last date of client service.
- M. The Hampton Roads HMIS does not require or imply that services must be contingent upon a client's participation in the Hampton Roads HMIS database. Services should be provided to clients regardless of Hampton Roads HMIS participation provided the clients would otherwise be eligible for the services.
- N. If this Agreement is terminated, The Planning Council and remaining Participating Agencies shall maintain their right to the use of all client data previously entered by the terminating Participating Agency. This use is subject to any restrictions requested by the client.
- O. Victim service providers as defined by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA) should NOT enter data directly in the Hampton Roads HMIS/ShelterLink and must use a "comparable database."

## **II. Hampton Roads HMIS Use and Data Entry**

- A. The Participating Agency shall follow, comply with and enforce the User Policy, Responsibility Statement and Code of Ethics. The User Policy, Responsibility Statement and Code of Ethics may be modified as needed for the purpose of the smooth and efficient operation of the Hampton Roads HMIS.
  - 1. The Participating Agency shall only enter clients in the Hampton Roads HMIS database that exist as clients under the agency's jurisdiction. The Participating Agency shall not misrepresent its client base in the Hampton Roads HMIS database by entering known, inaccurate information.
  - 2. The Participating Agency shall use client information in the Hampton Roads HMIS database, as provided to the agency, to assist the Participating Agency in providing adequate and appropriate services to the client.
- B. The Participating Agency shall consistently enter information into the Hampton Roads HMIS database and will strive for real-time, or close to real-time data entry. As a set standard, data should be entered into the system within 5 business days. The Virginia

Beach CoC will record program exit data within 3 business days. If there are additional timeliness standards set forth in other CoC-related policies or procedures that exceed this expectation, those requirements take precedence.

- C. The Participating Agency shall comply with data quality standards adopted by the local Continuum of Care and participate in the Data Quality Plan.
- D. The Participating Agency will not alter information in the Hampton Roads HMIS database that is entered by another agency with known, inaccurate information (i.e. agency will not purposefully enter inaccurate information to over-ride information entered by another agency). If the Participating Agency discovers inaccurate information entered by another agency, the Participating Agency will contact the HMIS System Administrator to correct the inaccurate information.
- E. The Participating Agency shall not include profanity or offensive language in the Hampton Roads HMIS database.
- F. The Participating Agency shall utilize the Hampton Roads HMIS database for business purposes only.
- G. The HMIS System Administrator will provide initial training and periodic updates to that training to select agency staff on the use of the Hampton Roads HMIS software.
- H. The HMIS System Administrator will be available for technical assistance within reason (i.e. troubleshooting and report generation) related to software operating issues.
- I. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.
- J. The Participating Agency shall not use the Hampton Roads HMIS database with intent to defraud federal, state or local government, clients or entities, or to conduct any illegal activity.
- K. The Participating Agency shall immediately notify the HMIS System Administrator of any status changes for agency HMIS users to ensure the timely activation or deactivation of user accounts.
- L. The Participating Agency will comply with all standards as adopted by the local Continuum of Care and as described in the HMIS Policies and Procedures.

### III. Reports

- A. The Participating Agency shall retain access to identifying and statistical data on the clients it serves.
- B. The Participating Agency's access to data on clients it does not serve shall be limited to non-identifying and statistical data.
- C. The HMIS System Administrator may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify clients.
- D. The HMIS System Administrator will use only unidentified, aggregate Hampton Roads HMIS data for advising homeless policy and planning decisions, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.
- E. Participating Agencies shall participate in data analysis and visualization projects (such as the Homeless Data Integration Project managed by the Virginia Department of Housing and Community Development) so long as said projects are in compliance with all HMIS data sharing security standards (to include federal and state laws) and, through such participation, shall have access to a common set of tools and agrees to uphold standards of privacy and confidentiality as a condition of continued use.

Agency participation in these projects may require a sharing of client-level data with third parties. Such participation would only occur once a mutually agreed upon document detailing specifics is signed by necessary parties. This document could be a Memorandum of Understanding or a Business Associate Agreement, or other, and is not valid until fully executed, and only within the dates assigned within the agreement. Projects of this kind will be routed through the CoC for approval and/or adoption prior to execution.

#### **IV. Proprietary Rights of WellSky**

- A. The Participating Agency shall not give or share assigned passwords and access codes of the Hampton Roads HMIS database with any other agency, business, or client.
- B. The Participating Agency shall not cause in any manner, or way, corruption of the Hampton Roads HMIS database in any manner.

#### **V. Terms and Conditions**

- A. Neither ShelterLink nor the Participating Agency shall transfer or assign any rights or obligations without the written consent of the other party.
- B. This agreement shall be in force until revoked in writing by either party.
- C. This agreement may be terminated by either party with 30 days written notice.
- D. Applicable Laws and Courts: This agreement shall be governed in all respects by the laws of the Commonwealth of Virginia, without regard to conflict of law principles, and any litigation with respect thereto shall be brought in the courts. ShelterLink shall comply with all applicable federal, state and local laws, rules and regulations.
- E. Anti-discrimination: By entering into a written contract with the Participating Agency, The Planning Council certifies to the Participating Agency that The Planning Council will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and § 2.2-4311 of the Virginia Public Procurement Act (VPPA). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the agreement on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (Code of Virginia, § 2.2-4343.1E).
- F. Immigration Reform and Control Act of 1986: By entering into a written agreement with the Participating Agency, The Planning Council certifies that The Planning Council does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.
- G. Changes to the Agreement: This agreement constitutes the entire understanding of the parties as to the matters contained herein. Changes to this agreement will be provided in writing. Continued use of the system indicates acceptance of the updated terms by the Participating Agency.
- H. Drug-free Workplace: During the performance of this contract, The Planning Council agrees to (i) provide a drug-free workplace for The Planning Council employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in The Planning Council workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or

advertisements for employees placed by or on behalf of The Planning Council that The Planning Council maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

- I. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the agreement.
- J. Authorization to Conduct Business in the Commonwealth: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body pursuant to the Virginia Public Procurement Act shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- K. Availability of Funds: It is understood and agreed between the parties herein that the Participating Agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

### Hampton Roads HMIS Participating Agency Agreement

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Agency Name

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Street Address

City, State, Zip Code

Mailing Address (if different)

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Printed Name of Executive Director/Chief Executive Officer

Title

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Signature of Executive Director/Chief Executive Officer

Date

### The Planning Council

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Printed Name of President & CEO of The Planning Council

Date

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Signature of President & CEO of The Planning Council

Date

## Hampton Roads HMIS User Policy, Responsibility Statement & Code of Ethics

### User Policy

Participating Agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Participating Agencies.

Participating Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the Hampton Roads HMIS. Participating Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release.

It is a client's decision about which information, if any, entered into the Hampton Roads HMIS shall be shared with Participating Agencies. The Hampton Roads HMIS Client Consent/Release of Information shall be signed if the client agrees to share information with Participating Agencies.

Minimum data entry on each consenting Client will be:

- All programs are required to complete the HUD Required Universal Data Elements in the assigned assessment(s).
- Programs funded by one or more of the HMIS federal partner programs are also required to enter the applicable Program Specific Data Elements contained in their assigned assessment.

To the greatest extent possible, data necessary for the development of aggregate reports of the homeless services, including services needed, services provided, referrals and client goals and outcomes should be entered into the system.

### User Responsibility

Your user ID and password give you access to the Hampton Roads HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your user ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Hampton Roads HMIS.

\_\_\_\_\_ My user ID and password are for my use only and must not be shared with anyone.

\_\_\_\_\_ I must take all reasonable means to keep my password physically secure.

\_\_\_\_\_ I understand that the only individuals who can view information in the Hampton Roads HMIS are authorized users and the clients to whom the information pertains.

\_\_\_\_\_ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

\_\_\_\_\_ If I am logged into the Hampton Roads HMIS and must leave the work area where the computer is located, *I must log off of the Hampton Roads HMIS* before leaving the work area.

\_\_\_\_\_ A computer that has the Hampton Roads HMIS "open and running" shall never be left unattended.

\_\_\_\_\_ Failure to log off the Hampton Roads HMIS appropriately may result in a breach in client confidentiality and system security.

\_\_\_\_\_ Hard copies of Hampton Roads HMIS information must be kept in a locked file.

\_\_\_\_\_ When hard copies of Hampton Roads HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

\_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify the Hampton Roads HMIS System Administrator.

### User Code of Ethics

- A. Hampton Roads HMIS users must treat Participating Agencies with respect, fairness and good faith.
- B. Each Hampton Roads HMIS user should maintain high standards of professional conduct in his or her capacity as a Hampton Roads HMIS user.
- C. The Hampton Roads HMIS user has primary responsibility for his/her client(s).
- D. Hampton Roads HMIS users have the responsibility to relate to the clients of other Participating Agencies with full professional consideration.
- E. Hampton Roads HMIS users will not purposely change or modify information entered by other Participating Agencies.
- F. Hampton Roads HMIS users will not run reports on other Participating Agencies.

**I understand and agree to comply with all the statements listed above.**

\_\_\_\_\_  
Printed Name of Hampton Roads HMIS User

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Signature of Hampton Roads HMIS User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hampton Roads HMIS System Administrator

\_\_\_\_\_  
Date