Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: VA-601 - Fairfax County CoC

1A-2. Collaborative Applicant Name: Fairfax County Office to Prevent and End Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Fairfax County Office to Prevent and End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Community Foundation Representative	Yes	Yes	Yes
Faith Based Community Representatives	Yes	Yes	Yes
Businteess Representatives	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC's Lead Agency is extremely familiar with the community and the wide range of partners that are vital for an inclusive housing crisis response system and reaches out to them on a frequent basis, ensuring representation on relevant committees. This has been crucial when new issues or priorities are brought forth. The Office to Prevent and End Homelessness is well known and those that want further involvement approach OPEH on a regular basis. An example of substantial involvement would be formerly homeless representatives, one who currently chairs the Consumer Advisory Council which routinely provides feedback and is an active member of the Governing Board co-chairing the Advocacy/Resource Committee. Another former consumer sits on the CoC Ranking Committee. An additional example of vital participation is the County Sheriff, who is a member of our governing board; leading to important input and partnerships. She is actively involved in our community's jail diversion efforts.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
The Alternative House	Yes	Yes	No
Fairfax County Department of Family Services	No	Yes	No
Farifax County Public Schools	No	Yes	No
Youth for Tomorrow	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Artemis House	Yes	No
Bethany House	No	No
Beth El House	No	No
Homestretch Safe Shores	Yes	No
Christian Relief Services Safe Places	Yes	No
Shelter House NOVACO	Yes	No
Fairfax County DFS CHRP	Yes	No
Fairfax County Office of Women and Domestic & Sexual Violence Services	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Our CoC encourages proposals from non-grantee agencies. The CoC Lead Manager regularly receives requests for information regarding the CoC funding process from potential applicants and it is explained. For all new funding opportunities OPEH widely disseminates requests for proposals to non-profit and government service providers, as well as publicizing funding opportunities on the county website and on Facebook. The success of this approach was demonstrated as nine agencies were represented at the new project meeting held during the 2016 competition. Six of these agencies are not current grantees. When a proposal is not selected the agency is debriefed in order to improve their chance of being selected in the next competition. The factors considered are the strength of the proposal and the capacity of the applicant to operate an effective and efficient project. The effectiveness of our efforts is evidenced by a new applicant receiving funding during the 2015 competition.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

CoC participates closely with the one Consolidated Plan jurisdiction in our area. Fairfax County locally administers the following three HUD programs: the Community Development Block Grant, the HOME Investment Partnerships Program and the Emergency Solutions Grant. The Department of Housing and Community Development is the office responsible for the CDBG and HOME programs and serves as the agency responsible for preparing the Consolidated Plan. The Office to Prevent and End Homelessness, the COC lead agency, is responsible for administering the ESG program. The DCHD and OPEH collaborate to plan for activities related to affordable housing and homeless assistance programs. Meetings occur in one-on-one discussions in-person, via phone and via email on at least a biweekly basis. Larger group planning meetings occur on at least a quarterly basis with each meeting having a two-hour duration. Various COC members outside of local government staff are included in many of these discussions.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Fairfax County is the local ESG recipient. The county assigns responsibility for determining local ESG funding decisions, as well as developing performance standards and evaluating outcomes of ESG-funded activities, to the Office to Prevent and End Homelessness (OPEH). The OPEH is also the CoC lead agency and, as such, consults with CoC members in planning and evaluation, using jurisdiction-level PIT, HMIS and other relevant data. Fairfax County currently allocates the majority of its ESG award for homelessness prevention and rapid rehousing assistance, mostly in the form of direct assistance, with only a small amount allocated for administrative activities. These have been determined to be the most pressing needs in our CoC. A nonprofit organization which is a CoC member is contracted to provide these services on behalf of the county. The outcomes are measured during contract monitoring. All of this information is included in updates to the Consolidated Plan.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Lead Agency and office of DV services are co-located with strong collaboration

and regular interaction in the provision of services to each other's clients. CoC's coordinated entry provides linkages to victims' services, domestic violence shelters and/or other housing and service options appropriate to each client's circumstances. CoC agencies provide DV specific shelter and housing with CoC, DOJ and local funding and refer clients to non DV programs as appropriate. Housing is provided in safe, scattered sites and client's choice is a priority. Case management with DV/homeless clients is done from a trauma informed perspective and regular training is provided. This year we are implementing a new HUD funded RRH program prioritizing DV shelter clients. This is part of our strategy to ensure access to mainstream resources for those experiencing DV. Confidentiality is paramount; DV clients' information is kept in secure databases and is not shared electronically.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Fairfax County Redevelopment and Housing Authority	19.72%	Yes-Both

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Fairfax County contains housing opportunities for people that are experiencing homelessness, supported by a diversity of funding sources. The county's General Fund supports a rental assistance program, Bridging Affordability (BA), that is a key part of its Moving to Work plan. Many of the BA housing opportunities go to people who are living in emergency shelters or on the streets. The county has also utilized CDBG and HOME federal funds, along with local dollars, to construct permanent supportive housing units for chronically homeless families and individuals. Non-profits also use these funding sources to purchase units which then house formerly homeless at below market rents.

Virginia allocates funding for rapid rehousing assistance through its Virginia Homeless Solutions Program. Many local nonprofit organizations also raise private funding via individual donations and foundation grants for rapid rehousing assistance, which supplements federal funding.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 1000 characters)	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

Due to the large geographic service area, the CoC is largely a decentralized, telephone-based coordinated entry system. Fairfax County operates a widely-advertised information and referral hotline with staff trained to assess households on their housing status and need, in many languages. Based on need, households are referred to homelessness prevention, rapid rehousing or emergency shelter programs. Once the household is admitted, additional assessment information is used to determine household needs and further referral. Not all intake is completed by phone. The coordinated entry system provides the option of face-to-face initial assessments for households requesting assistance if they walk into a shelter outside of normal operating hours or if they are engaged by county-wide homeless outreach programs. The CoC maintains a by-name list of homeless veterans that is staffed on a monthly basis and has piloted an HMIS-based prioritization pool of permanent supportive housing referrals.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X		X		
Law Enforcement		X			X		
Local Jail(s)		X					
Hospital(s)		X			X		
EMT/Crisis Response Team(s)		X			X		
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)	X	X			X		
Public Housing Authorities	X	X	X	X	X		
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X		
School Administrators/Homeless Liaisons	X		X		X		
Non-CoC Funded Victim Service Organizations	X	X	X	X	X		
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X	X	X		X		

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	23
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	17
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

All of our renewal projects that have submitted APRs are PSH with beds that are either designated or prioritized for those experiencing chronic homelessness and are low-barrier. All new entries are CH and have similar challenges as they are the highest prioritized in our CoC. Therefore we developed further criteria to be included in the ranking decisions based on the number of conditions recorded for all program participants from the latest submitted APR. They include mental illness, substance abuse, chronic health issues, physical or developmental disabilities and HIV/AIDS. The information was included in scores provided to the Ranking Committee. Also included was target population of each project, including DV, veterans, families, youth, CH, and the level of service required for the population (i.e. 24/7 staffing due to severity of SMI). Each project also crafted a short paragraph on the specific challenges of the population served for the Ranking Committee to review.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

The competition review, ranking and selection criteria was made public through emails throughout the Consolidated Application Process. It was developed in consultation with HUD CoC Program grantees as well as the CoC Committee of the Governing Board. The entire process and final rankings were posted on the Lead Agency - Office to Prevent and End Homelessness website on September 6, 2016. In addition an email was sent to the CoC membership alerting them of the posting on September 6, 2016

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).	09/08/2016
1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	No
1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	
1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?	Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

A thorough monitoring and evaluation process has been implemented, overseen by our Monitoring and Evaluation Committee. The committee is comprised of representatives of CoC Program grantees, other service providers and lead agency staff. Over the past four years the committee developed a comprehensive tool, completed annually, to evaluate all projects. It consists of two parts, one measuring agency capacity and the other assessing project performance and outcome measures. An APR review is part of the process and specific scores are compiled for utilization, housing stability, eligibility, destination, increase in income and mainstream benefits, and timely APR submission and drawdowns. The committee reviews the scores and highlights areas for improvement which are communicated to each grantee. Further monitoring is recommended as needed. The scores on this tool are utilized extensively in the ranking process. The APR is also reviewed by the CoC Lead Manager at the time of submission.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.	Governance Charter Pages 2 - 4
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?	Yes
2A-4. What is the name of the HMIS software	Service Point

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Mediware-Bowman

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

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

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$271,303
State	$0
State and Local - Total Amount	$271,303

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$271,303

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/28/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	473	66	407	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	479	192	283	98.61%
Rapid Re-Housing (RRH) beds	195	0	185	94.87%
Permanent Supportive Housing (PSH) beds	641	0	498	77.69%
Other Permanent Housing (OPH) beds	283	0	246	86.93%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The only project type that does not have more than 85% bed coverage in HMIS is Permanent Supportive Housing. The only PSH which is not included in HMIS is VASH. We would welcome inclusion of these beds but our local VA has not agreed to enter VASH at this time. We will continue to work with the VA and local PHA to explore all possibilities regarding entering this data in HMIS. All other PSH beds are included in HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	

VASH:	X
Faith-Based projects/Rescue mission:	
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	9%
3.3 Date of birth	0%	0%
3.4 Race	2%	1%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	0%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	2%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	1%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

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

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
None:	

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

There are no VA Grant and Per Diem Programs in our CoC.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)	01/28/2016
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)	04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Our CoC has continued to use a complete census count mainly relying on HMIS data and utilization of supplemental interviews of sheltered persons as necessary. Almost all of our hypothermia prevention programs, year-round

shelters, and transitional housing programs submit their data in HMIS on a regular basis so the main PIT data elements were already collected. Providers reviewed the data on all current program participants on the day of PIT. As needed program participants were interviewed on the day of the PIT to obtain additional information. The domestic violence shelters and transitional housing programs did a complete census count, with interviews as necessary, and submitted their counts on spreadsheets through secure communications. We have chosen this method because it allows us to do a complete and accurate count with the least amount of effort by our front line provider staff.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not applicable as our CoC did not change the PIT methodology.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Three emergency shelters were no longer included in the 2016 PIT count. The county ended the contract for one small emergency shelter for families as the need for additional units no longer existed. The Veteran's Administration ended funding for a small HCHV emergency shelter in our CoC. In addition, on the night of the PIT, there were no families in the overflow motel program.

Two transitional housing programs were no longer included in the 2016 PIT count. A non-profit ended one small transitional program in alignment with federal and local priorities and one small transitional housing program, which is not involved in our CoC's coordinated system, declined to participate.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The PIT Planning Committee decided to institute a Point of Contact for each agency that participated in the PIT and HIC counts in order to streamline communications and to ensure accuracy in all reporting. The training and partner participation remained the same.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/28/2016
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	
HMIS:	X

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Our CoC's methodology for the unsheltered PIT count was to survey persons at all known sites where homeless people sleep outside at night. In addition, both PATH and emergency shelter outreach workers made sure to contact all persons on their case loads, as much as possible, on the day of the PIT or the days immediately following, to inquire where the person slept on the night of the PIT. Outreach workers and volunteers also staffed day drop in centers for three days following the PIT to interview persons, inquiring where they slept on the night of the PIT and to ensure that they had been counted. A survey was completed for all unsheltered homeless persons encountered and data submitted in HMIS or on secure spreadsheets. De-duplication was completed to ensure everyone was counted only once. This methodology was selected because over the years this process has been refined and determined to be the most effective taking into consideration the size and make-up of our community.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

Not applicable as the methodology was not changed from 2015 to 2016.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? No

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

Our CoC benefits from strong partnerships with the schools and other county and non-profit human services agencies serving youth. A strong non-profit youth focused provider is a member of our CoC. These partnerships provide opportunities for regular interaction and collaboration to identify homeless youth and to strategize solutions for homeless youth issues in our community and for specific clients. These partners will collaborate on a specific youth PIT count in January 2017. Our CoC provides the following programs for homeless youth: a 24 hour crisis hotline; an emergency shelter for children aged 13-17; housing and supportive services programs for young mothers; housing and supportive services for those 18-20 trying to graduate high school; and a transitional program for those 18-20 that have left the public schools. This year we will implement a new HUD funded RRH project for homeless youth. This project will serve 11 households including both singles and youth with children.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Not applicable as the implementation of the unsheltered PIT count was not changed from 2015 to 2016.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,204	1,059	-145
Emergency Shelter Total	706	590	-116
Safe Haven Total	0	0	0
Transitional Housing Total	430	395	-35
Total Sheltered Count	1,136	985	-151
Total Unsheltered Count	68	74	6

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	3,251
Emergency Shelter Total	2,905
Safe Haven Total	8
Transitional Housing Total	424

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The COC's effort in this area begin at the main point of entry into the homeless system, Coordinated Services Planning (CSP). The CSP staff are trained to identify housing crises and provide the appropriate resources to intervene. They work with emergency assistance providers to stop evictions and refer households more likely to become homeless to intensive prevention providers. CSP explores alternative solutions in each situation and provides referrals to community resources as part of diversion efforts. They produce data on those in crisis for evaluation and response. Each shelter has community case managers that work with households to prevent entry to the homeless service system. These efforts in conjunction with improved coordinated entry system will allow the COC to continue to compile data to assist in determining more accurately whose homelessness can be prevented and how. Recent fact-finding has determined a specific geographic where efforts will be concentrated.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

Our CoC has significantly reduced length of time homeless by setting new standards, expectations and procedures as part of the implementation of our 10 year plan and adoption of housing first community-wide. Resources have been dedicated to increase both PSH and RRH, and to fund housing locator positions. Staff considers every housing option available and has developed creative solutions. The CoC has decreased the number of transitional housing units in the county. New county contracts with homeless assistance providers include shortening the length of homelessness as a primary performance measure. This will be monitored regularly to ensure compliance and technical assistance will be offered as necessary. Utilizing our improved coordinated system and HMIS with new data standards we will identify and prioritize people with the longest time homeless for appropriate housing opportunities. System wide performance measure review will be utilized in this process.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	91
Of the persons in the Universe above, how many of those exited to permanent destinations?	85
% Successful Exits	93.41%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	437
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	406
% Successful Retentions/Exits	92.91%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

Households returning to homelessness are identified at our main entry point, Coordinated Services Planning and at shelters. Within our coordinated entry policies the returning population is prioritized for homelessness prevention assistance. In addition number of homeless episodes is utilized in prioritization for some interventions and housing options. If a return to homelessness cannot be avoided a targeted case staffing is convened to ascertain why previous intervention was unsuccessful and to determine a more effective solution. Improvement of our assessment and assignment as we develop our coordinated system is another strategy to decrease returns to homelessness. HMIS is used to establish the number of returns to homelessness and to set goals for reductions. Reducing returns to homelessness is a performance measure in the new county homeless assistance contracts and will be monitored regularly with technical assistance offered as necessary.

3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-

employment non-cash sources.
(limit 1000 characters)

CoC projects have SOAR certified staff to assist eligible clients in obtaining SSI/SSDI in a timely manner. Staff work closely with our DFS to assist clients with applying for and receiving SNAPS and other non-cash benefits. Programs assist clients with resumes, job applications, GED, vocational or other educational programs. Clients with a skill/training in a specific area receive assistance in obtaining certifications. CoC is concluding a 2 year employment pilot which included an employment specialist to more intensively provide employment focused training and case management and a business recruiter to aggressively identify and recruit business partners that commit to train & hire clients with employment barriers. While locally funded/administered, CoC clients have access to any training/employment opportunities in the Pilot. CoC grantees were on the Pilot's ongoing strategy improvement team. The pilot is currently being evaluated and revised for broader implementation in the CoC.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

100% of our projects work with the following mainstream employment organizations which work directly with clients on improving employment/income potential: Skill Source Center; Department of Aging and Rehabilitative Services; CSB Office of Community Readiness and Support, Goodwill Industries, Work Force Development Center and Service Source. The organizations provide job preparation workshops, career assessments, job search and placement assistance, resume writing, and interviewing preparation. Programs serving immigrants assist clients in obtaining education records and submitting them to a US credentialing agency to determine US degree equivalency. Programs assist undocumented clients regularize their legal status and obtain work authorization papers. Programs assist clients in obtaining certifications in programs they have trained in previously. Programs also offer budgeting/financial literacy training so clients can successfully manage the income they earn.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

Our CoC has PATH workers, Health Care for the Homeless outreach nurse practitioners as well as outreach workers associated with each emergency shelter for households without children. They regularly canvas known regions and potential areas where people experiencing homelessness might be living. They keep track of these areas and add to them as transportation officials, law enforcement, faith communities, businesses, people experiencing homelessness and concerned citizens inform them of additional encampments. All of these workers enter clients in HMIS and follow their case loads. As the outreach workers are an integral part of our system they attempt to link the people they work with to shelter, housing and other services as necessary. The main strategies utilized to move people to shelter and housing are building

relationships and offering what the consumers want at the time. This information is utilized to determine maps which are used on the night of the PIT count.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?	Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

As our county is more than 400 square miles in size it is impossible to cover the entire area during an unsheltered PIT count. In 2013, in preparation for 100,000 Homes Registry week, a canvas of the entire county was completed and every area where unsheltered homeless people gathered was identified. This knowledge has been built upon the last three years. As transportation officials, law enforcement, faith communities, businesses, health care for the homeless nurses, people experiencing homelessness and concerned citizens inform us of additional encampments, outreach teams are sent to these locations on a regular basis. Prior to the night of the PIT count maps are updated as part of the PIT planning. All areas are visited as part of the PIT count. Areas where no unsheltered homeless people have been sighted and reported, including wide swatches of residential areas, are excluded from our PIT count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)	08/10/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		219	150	-69
Sheltered Count of chronically homeless persons		171	107	-64
Unsheltered Count of chronically homeless persons		48	43	-5

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

The number of chronically homeless persons in our CoC decreased significantly because of the increase in designated PSH, prioritization of turnover beds, and the use of a coordinated referral process which has targeted the longest time homeless and most vulnerable. The number of unsheltered persons counted in the PIT increased slightly from 68 to 74. We believe there are two reasons for this increase: one is that we continue to improve our PIT count implementation, ensuring better coverage of encampments as well as the weather situation on the night of the 2016 PIT count. The count followed a severe blizzard in our region. Our hypothermia prevention program and year round emergency shelters were full and clients were unable to leave the sheltered situations for the five days prior to the count. A number of clients, probably more than on a normal winter night, were relieved to be able to return to an unsheltered site and thus were counted as unsheltered that particular night.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	170	242	72

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

Our CoC's inventory of PSH beds designated for use by chronically homeless persons has increased significantly from the 2015 HIC to the 2016 HIC. This is directly related to our strategic decisions regarding HUD CoC Program funding. The increase is due to applying for and being awarded bonus funding for PSH designated for chronically homeless persons and reallocating transitional housing projects to PSH designated for chronically homeless persons during the 2012, 2013, 2014 and 2015 competitions.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.	Page 12
3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?	No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

The CoC has reduced chronic homelessness by 61 percent since 2008, when the local 10-Year Plan was adopted. The number of people reported as CH in the 2008 point in time count was 429 individuals and in 2016 the count was 146. The CoC continues to increase the inventory of beds designated to serve the chronically homeless through new and reallocated funding as well as prioritizing the chronically homeless upon turnover of existing beds. In addition, through implementation of our coordinated entry system, the CoC will prioritize the individuals with the longest histories of homelessness. These investments should help the CoC towards the goal of ending chronic homelessness by 2017. The main challenges are obtaining sufficient funding to serve all chronically homeless persons; keeping more people from becoming chronically homeless while other resources to serve them are so scarce; engagement of the hardest to serve; and obtaining the necessary documentation for each client.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

Unsheltered families with minor children are placed in a shelter immediately. Our plan to rehouse every family within 30 days utilizes a housing first approach. Upon entry into shelter an exit date of 30 days is communicated to the head of household. Case managers assist clients to develop a housing plan within the first week of residency. Increased community resources have been dedicated to the creation of housing locator staff positions, who assist this process. Our coordinated system prioritizes the families with the most barriers and the longest history of homelessness. All family shelters are operated by non-profits contracted by the county. The newly signed contracts emphasize the outcomes of rapid exits and housing placements. ESG, local and state funds have been prioritized for RRH from shelters. Last year the CoC created two new RRH projects through reallocation and bonus funding to increase capacity. A new CoC project will serve two families in PSH, filling an unmet need.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	92	40	-52

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	213	178	-35
Sheltered Count of homeless households with children:	213	178	-35
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not applicable as the number of sheltered homeless households with children decreased substantially on the night of the PIT count from 2015 to 2016. There were no unsheltered households with children during either PIT count.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X

N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
Youth Centered Vulnerability Index which predicts future chronic homelessness	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	108	134	26

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Not applicable as the number of unaccompanied youth who were in an unsheltered situation prior to program entry was higher in FY2015.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$1,995,670.00	$2,411,845.00	$416,175.00
CoC Program funding for youth homelessness dedicated projects:	$71,445.00	$285,780.00	$214,335.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$1,924,225.00	$2,126,065.00	$201,840.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	0
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	24

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The Homeless Liaison Office (HLO) is included in all CoC meetings and work-groups where issues specific to homeless youth are concerned including but not limited to the Family Provider Meetings, Coordinated Entry and Governing Board meetings. The HLO meets regularly with non-profit, HUD and County funded homeless service providers on policies and procedures, as well as client issues. The head of the HLO meets with the OPEH Director monthly to review policy issues and provides the link between the state and county regarding education issues. The CoC lead agency has a point of contact dedicated to youth homelessness and one for family homelessness issues. They and the HLO have regular contact and meet to strategize solutions for complicated issues unique to homeless youth. In addition, the HLO brings specific families to the attention of the homeless service system as necessary. Transportation, benefits, tutoring, school access, shelter and housing options are regularly discussed.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

All homeless service providers collaborate with local school homeless liaisons' office as a matter of policy when a new child/youth enters their program. This requirement is included in our CoC's Family Services Manual. In addition, the Fairfax County Public Schools Department of Special Services publishes A Brochure for Families in Transition, What Parents Need to Know. This important tool outlines homeless families' rights in regards to their child's education and how to access the things for which they are eligible (e.g., school enrollment, transportation). This brochure is widely distributed in the schools, shelters, non-profits and government service providers. A comprehensive assessment is done as participants enter programs. The Case Managers assist with enrolling children in school if they are not already enrolled. Case managers work with clients to enroll their infants and pre-school children into child care programs (and obtain child care subsidies), Early Head Start and Head Start. Homeless clients have priority on waiting lists for these programs. Case managers assist participants in getting their G.E.D. or enrollment into an alternative school/learning center as appropriate. For transitioning aged youth, case managers discuss goals and plans for increasing their education and training as part of their service planning process. For participants interested in attending college, vocational schools or other educational services, case managers assist them in their pursuit of financial aid, scholarships and grant opportunities as appropriate. The Homeless Liaison office has a staff member dedicated to assisting students in completing applications to ensure the specific deadlines for them are met. The Homeless Liaison works closely with our CoC and refers all students and their families to our Coordinated Entry system if they are in need of homelessness prevention, emergency shelter or housing location services.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

No, the COC and local HUD-funded projects do not have written agreements. However, the Fairfax County Office for Children has established a priority for subsidized childcare to go to homeless households and the local emergency shelters regularly take advantage of this opportunity. The Lead Agency point of contact for youth homelessness works in partnership with the CoC's early childhood programs at other agencies providing critical intervention programs to ensure that infants/children of homeless clients have priority on waiting lists and in accessing resources whenever possible. She works with family providers to ensure case managers are aware of programs and how to access them. She provides input and technical assistance to our family providers regarding best practice in supporting children during this critical time in their development. She interacts with an infant/toddler home visiting program, linking the family in shelter for continued service once the family moves to housing.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	46	37	-9
Sheltered count of homeless veterans:	41	25	-16
Unsheltered count of homeless veterans:	5	12	7

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not applicable as the number of both sheltered and unsheltered veterans decreased between the PIT count in 2015 and the PIT count in 2016.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Emergency shelter and street outreach staff routinely identify veterans through normal intake procedures and quickly refer homeless veterans to staff from the

Washington DC VA Medical Center and regional SSVF providers. All intake and assessment forms ask about military service. Outreach workers ask about service with those they encounter as well. Shelter and outreach staff help obtain evidence of service history with the assistance of VA staff, such as the DD-214, and other basic documentation. Chronically homeless veterans are prioritized for VASH vouchers while other homeless veterans typically receive rapid rehousing via SSVF. A VI-SPDAT is completed with each veteran by the local provider or VA staff as part of assessment and assignment process. Representatives from homeless service organizations, including those who are CoC-funded, meet on a monthly basis to review the by-name list and ensure that all appropriate resources and solutions are brought to bear for each veteran.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	66	37	-43.94%
Unsheltered Count of homeless veterans:	11	12	9.09%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

Since joining the Mayors Challenge the CoC has increased outreach and engagement efforts; maintained a by-name list of all veterans experiencing homelessness; hosted regular case staffing meetings; implemented a Housing First approach; used standardized assessment tools; and utilized veterans-specific resources for housing, employment and other supports. The greatest challenge is keeping up the pace to engage and house homeless veterans as quickly as they are identified. Research indicates the Washington DC region, including Fairfax County, sees the highest percentage of homeless veterans moving into and out of the area. This seems to match local CoC data as many homeless veterans appear in homeless programs and, before they can be housed, quickly disappear. This trend is even greater in the winter months when

hypothermia prevention shelters open and the number of veterans entering shelter doubles or triples what is seen in warmer months. This is reflected in the PIT numbers.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	24
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	23
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	96%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The Commonwealth of Virginia has not opted to expand Medicaid coverage as part of the ACA which limits the options for many of our clients. Project staff do access the CoverVA website on behalf of their program participants. It allows one to apply for multiple benefits, one of which is Medicaid. Once an application is submitted our county's Department of Family Services assigns a case worker who works with each client from initial application through approval. If the application is declined the case worker assists with an appeal. For those clients ineligible for Medicaid there are two non-profits, Northern Virginia Family

Services and Neighbor's Keeper, with health care navigators who can link individuals to plans that are part of the ACA. In addition, the Fairfax County Community Health Care Network which provides health services to those who are uninsured and cannot afford primary health care, is available for program participants.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	24
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	24
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	24
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	24
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	167	104	-63

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

Not Applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not Applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?	No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not Applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.	No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	☐
CoC Systems Performance Measurement:	☐
Coordinated Entry:	☐
Data reporting and data analysis:	☐
HMIS:	☐

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	X

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Communication to ...	09/06/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	09/07/2016
05. CoCs Process for Reallocating	Yes	Process for Reall...	09/08/2016
06. CoC's Governance Charter	Yes	Fairfax County Co...	09/06/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/06/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pre...	08/31/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/06/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX System Perfor...	08/31/2016
14. Other	No	Rapid Rehousing Data	09/08/2016
15. Other	No		

Attachment Details

Document Description: Communication to Rejected Participants

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review Procedure

Attachment Details

Document Description: Rating and Review Public Posting

Attachment Details

Document Description: Process for Reallocating

Attachment Details

Document Description: Fairfax County CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference Letter

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Orders of Priority;

Attachment Details

Document Description:

Attachment Details

Document Description: HDX System Performance Measures

Attachment Details

Document Description: Rapid Rehousing Data

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/15/2016
1B. CoC Engagement	09/05/2016
1C. Coordination	09/07/2016

1D. CoC Discharge Planning	08/24/2016
1E. Coordinated Assessment	09/05/2016
1F. Project Review	09/05/2016
1G. Addressing Project Capacity	09/07/2016
2A. HMIS Implementation	09/02/2016
2B. HMIS Funding Sources	09/05/2016
2C. HMIS Beds	09/07/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	08/22/2016
2F. Sheltered Data - Methods	09/07/2016
2G. Sheltered Data - Quality	09/07/2016
2H. Unsheltered PIT	08/27/2016
2I. Unsheltered Data - Methods	09/05/2016
2J. Unsheltered Data - Quality	09/05/2016
3A. System Performance	09/07/2016
3B. Objective 1	09/05/2016
3B. Objective 2	09/07/2016
3B. Objective 3	09/07/2016
4A. Benefits	09/05/2016
4B. Additional Policies	08/27/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

CoC Consolidated Application: Evidence of the CoC's communication to rejected participants

The Fairfax County CoC did not reject any project applications during the 2016 Competition. Therefore, there is no evidence of communication to rejected participants.

Index

- Contacts/Directions
- Homelessness in Our Community
- Prior News & Events
- Real Cost of Homelessness
- Our Community Plan
- Housing First
- How to Help
- Hypothermia Prevention Program
- Programs
- Our Community Partnership

Online Services
Our Government
News and Events
Maps, Facts & Stats
State & Federal

Continuum of Care Program

The Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) Program provides significant financial resources to communities throughout the country as well as mandating procedures and policies for implementing a local housing crisis response system. **Notices regarding the CoC Program competition and Fairfax County's Collaborative Application (our community's request for funds) are available here.**

2016 HUD Continuum of Care Program Competition: Overview

HUD has released the 2016 CoC Program Competition Notice of Funding Availability (NOFA). Nationally, $1.9 billion dollars are available for homeless assistance. Our CoC will be submitting a Consolidated Application which contains individual project applications as well as a report on the work and progress of our local homeless services delivery system. The application is due to HUD on September 14, 2016.

For a summary of important information included in the NOFA see: 2016 HUD CoC Program Competition

The entire NOFA can be accessed at: Notice of Funding Availability (NOFA)

Sections of the application will be posted here as they become available.

- 2016 Rating and Review Procedure
- 2016 CoC Program Committees
- 2016 Project Rankings
- 2016 New Funding Opportunity

2015 HUD CoC Program Competition

- 2015 HUD CoC Program Grant Awards
- CoC Application
- Project Priority List
- 2015 Project Rankings
- Project Selection and Ranking Process
- Reallocation Policy
- Funding Opportunities

Review past Continuum of Care Program Competiton information.

2016 HUD CoC Program Competition Update - Message (HTML)

FILE MESSAGE

Ignore Junk Delete | Reply Reply All Forward Meeting IM More | Move to: ? Team Email Reply & Delete To Manager Done Create New | Move Rules OneNote Actions | Mark Unread Categorize Follow Up | Translate Find Related Select | Zoom

Delete Respond Quick Steps Move Tags Editing Zoom

Tue 9/6/2016 6:45 PM

Maltzman, Julie

2016 HUD CoC Program Competition Update

To Maltzman, Julie

This message was sent with High importance.

Good evening,

As you know we are preparing to submit our CoC's Consolidated Application to HUD next week. Our CoC is applying for 23 renewal projects in the amount of $8,291,041 and one new project in the amount of $414,554. All projects provide permanent housing, either Permanent Supportive Housing or Rapid Rehousing.

At this time the 2016 Rating and Review Procedure, 2016 CoC Program Committees, and 2016 Project Rankings, are available here or on the Fairfax County website at: http://www.fairfaxcounty.gov/homeless/coc/

Later in the week the entire application will be accessible on the website; I will let you know when it is available.

Thanks to all the project applicants and community partners that have participated in the rating, review and ranking of all the projects; your assistance is greatly appreciated.

Let me know if you have any questions or comments at this time.

Yours, Julie

Julie Maltzman
Continuum of Care Lead Manager
Office to Prevent and End Homelessness
12000 Government Center Parkway, Suite 333
Fairfax, VA 22035
(P) 703-324-3965
(F) 703-324-9491
julie.maltzman@fairfaxcounty.gov
www.fairfaxcounty.gov/homeless

6:48 PM
9/6/2016

HUD CoC Program Competition 2016

Fairfax County CoC - Reallocation Process

Reallocation:

- Prior to or during the 2016 competition, no grantees voluntarily put their projects up for reallocation as they had during the past three competitions.
- During the meeting of the Monitoring and Evaluation Committee on May 5, 2016, the committee did not recommend that the CoC and Ranking Committees discuss any specific project for possible reallocation as all projects scored high enough on the M&E tool.
- The CoC Committee met on August 9, 2016 and unanimously decided against reallocation of any projects during the 2016 competition as all renewal projects provide permanent housing and meet community needs and standards. They all had excellent or good scores on maintaining housing stability, increasing income, and increasing employment thus contributing positively to our CoC's system wide performance. In addition, all projects have low barriers for entry and operate under a housing first philosophy.
- As a result of this decision there was no joint meeting of the CoC and Ranking Committees.
- In addition to the need for all current renewal projects, the CoC Committee based this decision on the recent history of reallocation in the Fairfax County CoC, as the CoC had reallocated two transitional housing projects in each of the past three competitions, in 2013, 2014, and 2015.
- Part of these reallocations were voluntary and part were proposed by the CoC and Ranking Committees in alignment with the CoC's reallocation policy.
- In addition, the Ranking Committee placed three additional transitional housing projects and two lower performing permanent supportive housing projects in Tier 2 during the 2015 competition and ranked five new projects above them; basically reallocating an additional five projects.

Amount of Reallocation FY2013, 2014 and 2015:

Fairfax County CoC FY2013 ARD Amount - $6,542,634

Reallocations:

FY2013 – $341,754
FY2014 – $200,647
FY2015 – $680,762

Total Reallocated: $1,223,163

Percentage Reallocated: 19%

Further Restructering of CoC Projects :

- As stated above, during the FY2015 Competition, in addition to reallocating two transitional housing projects our CoC's Ranking Committee placed three additional transitional projects and two low performing PSH projects in Tier 2 below the two grants utilizing reallocated funding as well as below three grants applying for permanent housing bonus funding.
- Therefore, five new projects were funded instead of renewals, effectively reallocating additional funding.
- During the 2013, 2014, and 2015 Competitions, our CoC defunded a total of nine transitional and two PSH projects.
- During those three years, through reallocation and permanent housing bonus funding our CoC created seven new PSH projects and two new RRH projects.
- All of our CoC Program funded projects now provide permament housing.
- Although our percentage of actual reallocation is just short of 20%, our reallocation process, history of reallocation, and prioritizing new permenant housing projects over transitional and low performing PSH should qualify our CoC for new funding opportunities.

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness Fairfax County Continuum of Care (CoC)

GOVERNANCE CHARTER

The Fairfax-Falls Church Community Partnership to Prevent and End Homelessness, Fairfax County Continuum of Care Governance Charter was officially adopted by the Governing Board on June 20, 2016.

Michael L. O'Reilly
Chairman
Fairfax-Falls Church Partnership to Prevent and End Homelessness Governing Board
August 31, 2016

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness
Fairfax County Continuum of Care (CoC) Governance Charter

I. CoC Charter - Purpose

The Charter outlines the operation of the Fairfax-Falls Church Partnership to Prevent and End Homelessness – Fairfax County Continuum of Care (hereafter called FFX CoC). Specifically, it identifies composition, roles, responsibilities, committees and processes involved in CoC planning and programming.

II. CoC Purpose

FFX CoC identifies and addresses critical issues and needs for those at risk of or experiencing homelessness in our community. FFX CoC includes an extensive and robust homeless services system and includes programs funded by a variety of sources, including local and federal support. FFX CoC includes Fairfax County, the City of Fairfax, and the City of Falls Church.

III. CoC Structure

i. Membership

Membership is open to any individual or organization that is committed to preventing and ending homelessness and serving those who are experiencing homelessness. The goal of CoC membership is to include broad representation across the community in order to include all the necessary voices needed to accomplish the FFX CoC goals of making homelessness rare, brief and nonrecurring in our community.

New members are invited to join the CoC annually through a public invitation process. Members receive regular communication regarding information relevant to the CoC, e.g. funding opportunities; committee membership opportunities; announcement of the NOFA and collaborative application information, and invitations to CoC community wide meetings.

Membership includes stakeholders such as:

- Nonprofit homeless service providers
- Government agencies

- Elected officials
- Domestic violence services providers
- Faith based organizations
- Businesses
- Consumers/former consumers
- Advocates
- Public housing authority
- Public schools
- Social service providers
- Mental health service providers
- Youth service providers
- Substance Abuse service providers
- Affordable housing developers
- Law enforcement
- Veterans service organizations
- Universities
- Hospitals

ii. Meetings

The FFX CoC will hold CoC wide meetings at least twice a year. The time and date as well as the agenda will be publicized to all CoC Members as well as other interested parties.

Individual members and leadership, or their designees, of organizations, will be eligible to vote at meetings as necessary.

iii. CoC Lead Agency/ Collaborative Applicant

The Office to Prevent and End Homelessness (OPEH) was administratively established within the Fairfax County Government to manage, coordinate, and monitor day-to-day implementation of the plan to end homelessness, assure coordinated execution of the work of the Interagency Work Group, be the staff to the Governing Board, track success, communicate with the larger community, and coordinate with the Consumer Advisory Council.

The OPEH has the following roles, responsibilities and functions:

- Coordinate FFX CoC's housing crisis response system.
- Manage an integrated staff of public and private employees and volunteers.
- Manage the CoC coordinated system.
- Submit information for the Consolidated Plan.
- Coordinate and develop work plans under the framework of the Implementation Plan to Prevent and End Homelessness for review and approval of the Governing Board and implementation by various work groups and committees.

- Establish and manage a system of measures and indicators to track progress and promote shared accountability for achieving desired results.
- Coordinate data collection, analysis, and reporting.
- Prepare strategy and policy documents for the review and approval of the Governing Board.
- Manage, under the guidelines of state and local procurement law, all required contractual procurements necessary for the implementation of the plan to end homelessness.
- Assist the Governing Board in facilitating broad community engagement and participation to prevent and end homelessness.
- Review and update Charter annually.

The OPEH is also the designated lead and collaborative applicant for FFX CoC and, as such, serves in the following roles to support the work of the CoC.

- Prepares and submits the HUD CoC Program collaborative application, including designing and implementing cooperative process for development of the application, soliciting input, working with HMIS Lead, and managing process for new funding, reallocation and ranking.
- Applies for CoC Planning Funds.
- Provides HUD policy expertise to FFX CoC partners, the Governing Board, and committees and work groups.
- Prepares and submits any HUD reports required as a CoC funding recipient including but not limited to the Annual Homeless Assessment Report (AHAR) Point in Time count (PIT) and Housing Inventory County (HIC).
- Manages, PIT planning, methodology and implementation.
- Monitors and evaluates all HUD CoC Program projects.

iv. <u>Homeless Management Information System (HMIS) Lead Agency</u>

Fairfax County Office to Prevent and End Homelessness has been designated HMIS Lead Agency. This agency works closely with the CoC to implement all aspects of the HMIS system. FFX CoC utilizes Bowman Systems Service Point as its HMIS.

Following is a list of roles and responsibilities of the HMIS Lead Agency:

- Staffing the management of HMIS
- Maintaining written policies and procedures
- Oversight of the day to day administration of the HMIS system
- Provide training on the HMIS application and issues related to the application
- Encourage and Support partner participation
- Execute and maintain agency user agreements
- Monitor participating agencies for compliance with the HMIS Policies and Procedures

- Develop and Implement Data Quality process for partners completion to ensure agencies are collecting all necessary data to complete required reporting
- Ensure HMIS software is capable of producing required reporting
- Ensure system integrity and availability
- Completes AHAR reporting

Additional information regarding FFX CoC use of HMIS can be found in Attachment A - HMIS Manual.

v. Governing Board

The Governing Board is the CoC leadership group and includes high level representation from diverse sectors of the community. It is the focal point of community accountability for the achievement of the goal of ending homelessness in our community. The mission of the Governing Board is to provide the necessary vision, community leadership, and policy guidance to assure the successful end to homelessness in the Fairfax-Falls Church Community. The Governing Board is responsible for providing the community "voice" for ending homelessness, mobilizing political and community will, providing the necessary influence to change policy and funding priorities, and catalyzing such other actions as may be necessary to affect the community and systems change necessary to end homelessness.

Current membership includes:

- Members of the Fairfax County Board of Supervisors
- Member of City of Fairfax Council
- Deputy County Executive for Human Services
- Director of the Office to Prevent and End Homelessness
- Community advocates
- Representatives of the business community
- Representatives of the faith community
- Representatives of Non-profit organizations
- Housing developers
- Representative of the Sheriff's Office
- Representatives from the local Police
- Representatives of the local media
- Chair of the Consumer Advisory Council
- Representative of the Fairfax County Redevelopment and Housing Authority
- Representative of the Fairfax County Economic Development Authority
- Representatives of philanthropic organizations

Governing Board Members Selection Process:

The Governing Board Nomination Committee comprises Governing Board members. It is appointed by the Chair and approved by the Governing Board. It includes Fairfax County

Chairman of the Board of Supervisors, Fairfax County Supervisor – Chair of the Board of Supervisors Housing and Human Services Committee, Chair of the Governing Board and Director of the Fairfax County Office to Prevent and End Homelessness.

On a regular basis, the committee accepts and solicits nominations, seeking people representing varied factions of the community who are dedicated to preventing and ending homelessness and have a vital voice and something to contribute to the Governing Board,. Following review and acceptance the Nomination Committee submits the names to the Governing Board who approves the new members.

Annually, the Governing Board membership will be presented to the FFX CoC membership for a vote of endorsement by majority of those present who are eligible to vote.

vi. Consumer Advisory Council

The Consumer Advisory Council (CAC) provides a formal mechanism for individuals or persons in families who are currently or formerly homeless to convey input and policy recommendations on local efforts to prevent and end homelessness. CAC membership is structured so that it is represents the broad array of people who experience homelessness in Fairfax County – by region, age, ethnicity, gender, and family composition. Members are recruited through local housing and human services providers. They do not serve as representatives of these providers but rather provide insight and recommendations based on their own knowledge and opinions.

The CAC is accountable to the Governing Board and is charged with providing them feedback on policy and strategies in the execution of the Implementation Plan to Prevent and End Homelessness. Specifically the CAC:

- Identifies problems in the current systems of housing and services that are particularly important to correct.
- Provides advice and recommendations for improvements to homelessness programs and services.
- Educates policy makers and legislators on how laws and regulations affect homeless people and what changes could help people move out of homelessness.
- Educates the community about the experience of homelessness.
- Suggests ways that community members can participate in activities to learn more about homelessness.
- Advocates for system reform and necessary funding at the federal, state, local, and community levels in support of the Implementation Plan to Prevent and End Homelessness.

IV. System-Level Decision Making

- Decisions that impact community-wide policies and procedures are made by the Governing Board based on recommendations from the committees of the Governing Board, Executive Directors Group, Interagency Work Group, the Consumer Advisory Council, partner agencies, community stakeholders, and OPEH.
- OPEH develops and documents recommendations to the board based on committee meetings and collaborative discussions with partner agencies and community stakeholders through a process that provides opportunities for CoC membership review and comments.
- Every attempt is made to reach consensus in decisions of the Governing Board. When consensus is not possible, a final decision will be made by a majority vote of the board.

V. Committees

i. CoC Committee

The CoC Committee of the Governing Board acts on its behalf to set policy and priorities regarding CoC Program funding. The Committee members are appointed by the Chair of the Governing Board and is comprised of prominent community members with knowledge of homeless and human services. The Committee has adopted a rigorous conflict of interest policy to avoid even the appearance of impropriety. They meet as needed to develop policies, set strategic priorities, recommend reallocation, and to select new projects. The Committee selects all new projects, either through new bonus funding or reallocation. They read proposals, hear presentations and decide by majority vote which projects are selected to be included in the Collaborative Application. There decisions are reported to the Governing Board. They propose the members of the Ranking Committee and ranking criteria for adoption by the Governing Board.

ii. CoC Monitoring and Evaluation Committee

Monitoring and Evaluation Committee is comprised of representatives of CoC Program grantee organizations, other service providers and lead agency staff. The committee develops and implements a monitoring and evaluation process. The committee developed a comprehensive tool, which is completed annually, to evaluate all projects. It consists of two parts, one measuring agency capacity and adherence to HUD regulations and requirements and the other assessing program performance and outcome measures. The committee reviews the scores and results and highlights areas for improvement which are communicated to each grantee. The scores on this tool are utilized extensively in the project ranking process.

iii. CoC Ranking Committee

The Ranking Committee is appointed by the Governing Board. It is comprised of prominent community members with knowledge of homeless and human services, including at least one former homeless services consumer. The Committee has adopted a

rigorous conflict of interest policy to avoid even the appearance of impropriety. The Ranking Committee meets during the annual CoC Program competition to rank all renewal projects and new projects chosen by the CoC Committee.

iv. PIT Planning Committee

The PIT Planning Committee is chaired by the CoC Lead Manager and its membership includes government agency staff and representatives from the homeless services providers. The committee meets at least annually to review, modify and provide training on methodology to implement the PIT in our community. There is an Outreach Subcommittee that develops strategies and identifies hot spots to ensure that anyone that is unsheltered in our community is included in the count.

v. Coordinated Access Planning and Policy Committee (CAPPC)

CAPPC strategizes and implements improved coordinated access processes in our system. It focuses on three priorities:

- Policies, Procedures and Written Standards;
- HMIS; and
- Communication and Training.

There are planning workgroups made up of a wide range of homeless service providers that are dedicated to each of these priorities.

vi. Advocacy and Resource Development Committee

This committee plans, organizes and implements homelessness awareness and fundraising campaigns in our community. As part of this work, they recruit community stakeholders from homelessness service providers, faith, civic and community based organizations, local educational groups/schools, colleges/universities, and the business community. These stakeholders play an integral role in our systems' planning and strategic efforts to end homelessness. This committee is also responsible for identifying, planning and implementing the Partnership's advocacy priorities and ancillary funding each year.

vii. Interagency Work Group on Housing Options

The Interagency Work Group on Housing Options main objective is to implement the housing production goals listed in the Ten-Year Plan and to align the Plan goals with the County's affordable housing strategies. This group establishes annual targets for housing homeless persons and identifies potential resources; both are included in the community's Housing Blueprint. Co-led by four county human service agency directors this work group is the prime setting for coordinating efforts between government departments while including a wide range of stakeholders. It serves an important role in the interactions between the local Public Housing Authority and the homeless system coordinating body. Members include Fairfax County Office to Prevent and End

Homelessness, Housing and Community Development, Community Services Board, Family Services, County Executive's office, nonprofit service providers, faith community representatives, and housing developers.

viii. Executive Directors Group
The ED meetings provide an opportunity for the Director of OPEH and community nonprofit leadership to come together and address strategies that need to be implemented to meet the goals in our Ten Year Plan. This group includes the leaders who set the priorities of the major homeless service providers in our community and therefore have unique responsibility for guiding changes in the homeless system. The members of this group have the authority within their respective organizations as well as community wide to make tough decisions and realign resources and systems as needed. The long standing relationships of these key stakeholders allow for difficult discussions and decisions. All major issues facing our CoC are aired in this committee.

ix. Veterans Work Group
The Veterans Workgroup planned for the success of the local implementation of the Mayors Challenge to End Veterans Homelessness. The group identified and engaged important housing and service providers that needed to be involved in veterans' case staffing, defined important definitions and metrics, and communicated strategies to community partners. The Veterans Workgroup meets regularly to review a by-name list of all of the veterans experiencing homelessness in the community and coordinates community resources to ensure that veterans are quickly connected to services and moved to housing. The group also plans communication strategies around the campaign to end veterans' homelessness in our community.

VI. Policies and Procedures

i. HMIS Policies and Procedures
FFX CoC's HMIS is an integral aspect of all operations, data collection, reporting, coordinated system, and monitoring and evaluation.

Detailed HMIS policies and procedures can be found in the attached HMIS Manual - Attachment A.

ii. Coordinated System Policies and Procedures and Written Standards
FFX CoC has a county-wide coordinated access, assessment, assignment and accountability system with the goal of serving all clients equitably and utilizing community resources effectively and efficiently. Written standards for client access and prioritization have been developed in a community wide process.

Detailed information regarding coordinated access policies, procedures and written standards can be found in Attachment B.

iii. CoC Program Grants Monitoring and Review Procedures

Our CoC has implemented a comprehensive monitoring and evaluation process which is overseen by the Monitoring and Evaluation Committee.

The monitoring and evaluation process and schedule can be found in attachment C.

iv. Reallocation Policy

The CoC and Ranking Committees meet jointly, as needed, to discuss potential reallocation of HUD CoC Program Project Grants. If a decision is reached to do so, the committee will recommend reallocation of a specific project/grant or projects/grants to the Governing Board.

Criteria to be considered in a decision to recommend reallocation of a project/grant include:

- Previous Collaborative Application rankings,
- Monitoring and Evaluation Tool scores,
- Ongoing performance,
- Financial stewardship, and
- Alignment with HUD and Fairfax County 10 Year Plan strategic goals.

The Grantee is notified of the prospective reallocation as well as the reasons for the reallocation in writing and is able to respond in writing and verbally before the Governing Board. If the Governing Board endorses the recommendation to reallocate funding, the grantee will be notified officially in writing by the Governing Board. In addition, all HUD CoC Program grantees are notified of the opportunity to reallocate projects voluntarily. One or more RFPs will be widely distributed in the community to solicit proposals for use of the reallocated funds. The details of the RFP will depend on the HUD guidance and local strategic goals operative at the time of the reallocations.

v. CoC Program Review, Selection and Ranking of Projects

The Ranking Committee meets during the annual CoC Program competition to rank all renewal projects and new projects chosen by the CoC Committee. All renewal projects which have not been reallocated and all new projects selected by the CoC Committee which complete their application in e-snaps by the deadline are selected to be part of the Collaborative Application. The Ranking Committee discusses each year's guidance from HUD as well as local strategic issues.

The committee utilizes the following processes:

- The Ranking Committee reviews detailed information on all projects and discusses each project.
- Each member of the Committee ranks the projects independently and their rankings are compiled to arrive at the final CoC Rankings.

Criteria for ranking include: Type of project – Permanent Supportive Housing, Rapid Rehousing or Transitional Housing; scores on Monitoring and Evaluation Tool; scores on the project and client outcomes sections of the Monitoring and Evaluation Tool; renewal or new through reallocation or permanent housing bonus; target population – families, singles, DV, chronic homeless, youth; challenges of serving target population, percentage of leveraging; timely and complete deliverables during the competition.

Following the Ranking Committee meeting, all grantees are notified directly of the project rankings, which are also available to the public on the Fairfax County website.

vi. Emergency Solutions Grant Funds Allocation and Monitoring

Fairfax County is the local recipient of Emergency Solutions Grant (ESG) funding from the US Department of Housing and Urban Development (HUD). As the CoC Lead Agency OPEH works collaboratively with CoC members to:

- Determine how to allocate ESG funds each program year;
- Develop the performance standards for, and evaluate the outcomes of, projects and activities assisted by ESG funds; and
- Develop funding, policies, and procedures for the administration and operation of the HMIS.

The following specific administrative activities are a critical part of the overall program management, coordination, monitoring, and evaluation of ESG projects and activities:

- Preparing program budgets and schedules, and amendments to those budgets and schedules;
- Developing systems for assuring compliance with program requirements;
- Developing interagency agreements and agreements with sub recipients and contractors to carry out program activities;
- Monitoring program activities for progress and compliance with program requirements;
- Preparing reports and other documents directly related to the program for submission to HUD;
- Coordinating the resolution of audit and monitoring findings;
- Evaluating program results against stated objectives;
- Providing training on ESG requirements and attending HUD-sponsored ESG trainings; and
- Preparing and amending the ESG and homelessness-related sections of the consolidated plan in accordance with federal regulations.

- Collaborate with the Department of Housing and Community Development to ensure all administrative and financial management is completed.

The OPEH coordinates and integrates ESG-funded activities with other programs targeted to homeless people in the area covered by the FFX CoC to provide a strategic, community-wide system to prevent and end homelessness. It also coordinates and integrates, ESG-funded activities with mainstream housing, health, social services, employment, education, and youth programs for which families and individuals at risk of homelessness and homeless individuals and families may be eligible. All local ESG-funded projects must utilize the coordinated assessment system developed by the Fairfax CoC and ensure that the screening, assessment and referral of program participants are consistent with the written standards.

The OPEH ensures that data on all persons served and all activities assisted under ESG are entered into the local Homeless Management Information System (HMIS) in accordance with HUD's standards on participation, data collection, and reporting. The ESG-funded projects' performance and outcomes are reviewed on at least an annual basis by OPEH program staff using HMIS and other relevant data. In cases of the poor outcomes of ESG projects or activities a plan is developed in coordination with participating sub recipients, contractors and FFX CoC members to make the necessary improvements and bring performance to the intended standard.

vii. Conflict of Interest Policy

No member of any decision making CoC board or committee shall vote upon or participate in the discussion of any matter which may have a direct financial bearing on any organization with which that person or their immediate family member serves in an official capacity. Official capacity includes service as an employee, director, member of the board of directors, or consultant, but does not include service solely as a member of a passive or honorary board or committee, volunteer (other than members of the board of directors or consultants) or recipient of services. This includes all decisions with respect to funding, awarding contracts, ranking, and implementing corrective actions. An exception will be made for any CoC Program Planning Project which impacts the entire CoC.

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness Fairfax County Continuum of Care (CoC)
Governance Charter

ATTACHMENT A:

HMIS PROCEDURE MANUAL

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

ServicePoint
and
Homeless Management Information System (HMIS)
Procedure Manual

Table of Contents

Introduction ... 3
Who can participate? ... 4
How to Participate? ... 4
How to obtain access to the Homeless Management Information System? ... 4
Privacy and Security Standards ... 4
- **System Security** ... 4
- **User Name and Passwords** ... 5
  - **User Name** ... 5
  - **Passwords** ... 5
  - **Password Resets** ... 5
- **User Security** ... 6
- **User Terminations/Separations** ... 6

HMIS Data Standards ... 6
HMIS Data Elements ... 7
- **HMIS Notice and Releases of Information** ... 7
- **ServicePoint Modules** ... 7
  - **Client Point** ... 7
  - **Client Profile** ... 7
  - **Assessments** ... 8
  - **Matrix** ... 8
  - **Case Plans** ... 8
  - **Service Transactions** ... 8
- **ShelterPoint** ... 8
- **Program Entry/Exit** ... 9
- **HMIS Data Fields** ... 9
- **HMIS Data Quality** ... 9
- **Uses of Data** ... 10

APPENDIX A (Agency Participation Agreement) ... 11
APPENDIX B (User Policy, Responsibility Statement & Code of Ethics) ... 17
APPENDIX C (HMIS System Notice) ... 22
APPENDIX D (Fairfax County Uniform Authorization) ... 25
APPENDIX E (HMIS Data Collection Fields) ... 31
APPENDIX F (HMIS Service Transaction Requirements) ... 44
APPENDIX G (Data Quality Reports List) ... 47
APPENDIX H (Data Quality Verification Forms) ... 50
APPENDIX I (HMIS Guidance for Programs Serving Victims of Domestic Violence) ... 66
APPENDIX J (HMIS Training Registration) ... 69
APPENDIX K (Glossary of HMIS Definitions and Acronyms) ... 71

Introduction

The Fairfax/Falls Church Partnership to Prevent and End Homelessness **Homeless Management Information System** is a client information system that meets the Housing and Urban Development (HUD) requirements and satisfies the U.S. Congress directive for the implementation of a Homeless Management Information System (HMIS). The Homeless Management Information System (HMIS) provides a standardized tool for our partners to collect information regarding our homeless and at risk population. It allows individual program and system wide reporting of data.

The goals of the Homeless Management Information System are to:

- Improve the availability of data to aid participating programs and their funding partners in making planning and funding decisions about services to homeless people.
- Provide an unduplicated count of homeless clients.
- Measure program and system outcomes.
- Meet federal, state and local reporting requirements.

The current vendor for our Homeless Management Information System is Bowman Systems and the application is known as ServicePoint.

Who can participate?

Any program that serves homeless and at risk population should participate in HMIS, and participation is mandatory for HUD program serving homeless and at risk population. However, programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking are not permitted to enter client-level data directly in HMIS as outlined in the HMIS standard procedure "H**MIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking" adopted: 09/12/2009.**

How to Participate?

Participation in the Homeless Management Information System (HMIS) is open to all members of the Fairfax Falls Church Partnership to Prevent and End Homelessness who serve homeless clients or at risk population.

Agencies wanting to join and participate in HMIS need to contact the Information Systems Manager at the Office to Prevent and End Homelessness. Agencies will be required to sign a participation agreement (appendix A) that outlines confidentiality, system use, data requirements and data quality.

How to obtain access to the Homeless Management Information System?

Before a user is granted access to HMIS, a user must complete a user responsibility agreement (appendix B) and attend a New User Training session.

Need must be verified by program supervisor before access is granted.

HMIS New User training sessions are offered monthly. However, on demand trainings are also offered to meet provider needs.

Training requests can be made via email to the Information Systems Manager at Nikki.Thomas-Campbell@fairfaxcounty.gov.

Once user has completed user responsibility agreement and attended training, access to HMIS will be granted by the HMIS administrator.

Privacy and Security Standards

System Security

ServicePoint is a web application that uses a 128-bit encryption, user authentication, and user access levels to protect that from intrusion.

Agencies and users are required to provide a secure location for the computers who will access the Homeless Management Information System.

Agencies participating in the HMIS must have an information technology security policy that addresses the following:

- Privacy including password security
- Screen saver usage
- Security awareness and training
- Firewall
- Virus detection
- Restriction on access to HMIS in public settings and or public forums

User Name and Passwords

User Name

User names are issued by the HMIS system administrator only. The system administrator must ensure that user names are unique.

Each user is assigned a role that determines what the user can and cannot do or see.

Users must sign a user responsibility agreement (appendix B) before a user name and password is assigned

Passwords

Temporary passwords are issued for each user at the time HMIS access is granted.

Password characteristics:

1. Passwords must be 8 to 16 characters in length and must contain at least two numerals somewhere in the password.
2. Passwords will expire every 45 days and user is prompted to create a new password. Passwords cannot be reused.
3. Password allows only 3 instances for a user to key in the correct password, after that user account is locked.

Password Resets

Users can contact their Agency Administrator to obtain a new password or they can contact the Information Systems Manager.

User Security

The Homeless Management Information system contains client data, users are responsible to maintain confidentiality and ensure security of the data. As a user they must maintain and safeguard their password.

Passwords shall be protected by the individual user from use by, or disclosure to, any other individual or organization.

Passwords shall not be anything that can be easily tied back to the account owner.

It shall not be written or stored in a location (physical or logical) in which any person other than the password owner has access. Users shall not allow the internet browser to remember their password.

User account passwords shall not be divulged to anyone. If the security of a password is in doubt, it shall be changed immediately.

Password resets when necessary are Agency Administrators and/or System Administrator duties.

User Terminations/Separations

Agencies are responsible to ensure that only active users have access to the Homeless Management Information System (HMIS). The Information Systems Manager shall be immediately notified upon termination or separation of any employee who has access to HMIS.

To ensure data protection, the Information Systems Manager will immediately remove HMIS access to the user in question and notify agency when action has been completed.

Every six months the Information Systems Manager will require agencies to review a list of active users and confirm that they still require access to HMIS.

HMIS Data Standards

The data fields collected in the Homeless Management Information System (HMIS) are in compliance with the Department of Housing and Urban Development (HUD) published HMIS data standards. However, there are additional fields that the Fairfax/Falls Church Partnership to Prevent and End Homelessness have determined are necessary to collect to better understand the homeless and at risk population.

HMIS data fields and pick lists are reviewed at least annually to ensure compliance with the HMIS data standards, the Fairfax/Falls Church Partnership to Prevent and End Homelessness needs and the data required for the Regional Enumeration produced by the Metropolitan Washington Council of Governments.

HMIS organizes data fields into forms called assessments. When additional program specific data fields are required, they are organized in special assessments dedicated to the particular program. The HMIS procedure manual only documents the general assessments that are required for all programs.

HMIS Data Elements

HMIS Notice and Releases of Information

All HMIS participating agencies/programs must display and explain the HMIS notice to their clients (appendix C).

HMIS participating agencies/programs should encourage clients to sign a release of information to facilitate data sharing among providers (appendix D). Release of information when granted must be entered in HMIS to allow sharing of data.

ServicePoint Modules

Information in ServicePoint (our HMIS system) is organized in different modules. The Fairfax Falls Church Partnership to Prevent and End Homelessness utilizes the following modules:

Client Point

Contains individual client information. Following is a description of each section within client point and its required use.

Client Profile

Contains client basic demographic information and household information. All programs are required to use the client profile.

Assessments

It is a collection of forms containing many data fields to collect client information. All programs are required to complete the different assessments as outlined in the HMIS Data Elements section of this manual.

Matrix

This module contains the client self sufficiency matrix, a tool that charts client progress during program participation using specific domains. All programs except hypothermia and outreach programs must complete a self sufficiency matrix. The self sufficiency matrix should be completed for all adult clients. The Partnership for Permanent Housing (PPH) and the Bridging Affordability Program are only required to complete a self-sufficiency matrix for the head of the household.

All clients should have an initial measurement, one or more interim measures (annually depending on the length of their program stay and one final measure. A Semi annual follow up measures on the first year after the end of the program are suggested but not required.

Case Plans

The Case Plans Module allows providers to create and manage client goals and record progress notes.

Programs are not mandated to use this module. However, tracking of goals in HMIS allows outcomes reporting.

Service Transactions

The service transaction module allows provider to record services provided. All HUD programs and any program that requires financial reporting are required to record services provided. All other programs are encouraged to record services provided.

ShelterPoint

This module allows shelters to manage bed list. All shelters are required to manage daily bed lists thru Shelter point.

Program Entry/Exit

A program entry and exit to a specific program is required for all clients. A program entry/exit associates a client with a program and allows reporting for the particular program.

Program entries and exits should record actual program entry and exit dates. Information needs to be recorded within 48 hours to allow timely reporting. However, there are programs that are requiring occurrences to be recorded within 48 hours.

Hypothermia Programs are required to record a program entry at the beginning of the season and a program entry at the end of the season.

HMIS Data Fields

Core HMIS Data fields and collection standards are outlined in appendix E. Additional assessments or data fields that are program specific are not documented in this procedure manual.

Data fields are reviewed at least annually to ensure compliance with the HMIS data standards, the Fairfax/Falls Church Partnership to Prevent and End Homelessness needs and the data required for the Regional Enumeration produced by the Metropolitan Washington Council of Governments.

HMIS Data Quality

Agencies and programs must review their program and client information monthly to ensure information is correct, up to date and reliable. Data deficiencies should be addressed as soon as they are identified.

Agencies have an array of reports that allows data review for quality, verification and consistency. See appendix F for a list of data quality reports and its description.

By the 10th of each month, Agency Directors or their designee must certify that the HMIS data has been reviewed, verified, and is accurate. They must submit a Data Quality Verification for all of their agency programs along with the specific reports, see appendix G.

The following calendar of submission shows the reports that must be submitted each month. The applicable date range for the reports is the month prior.

Calendar of Submission:

Months	Reports
Jan, Apr, Jul, Oct	242, 216, 220, 315
Feb, Mar, May, Jun, Aug, Sept, Nov, Dec	242, 315

Reports are submitted to the Office to Prevent and End Homelessness. Reports will be reviewed at least quarterly by the office or a data quality workgroup to evaluate compliance.

Uses of Data

HMIS data is the source for federal, state and local reporting. HMIS ability to de-duplicate clients and provide overall program and system information is critical to understanding the homeless and at risk population.

Agencies can use HMIS reports to review the demographic profile of clients served during a period of time, evaluate discharge placements and program length of stay among other data.

HMIS is used to generate the following federal program and system wide reports:

- Annual Performance Reports for individual programs (APR)
- Annual Homeless Assessment Report (AHAR)
- Quarterly Performance Reports for specific programs (QPR)

In addition HMIS is used to generate the following state and local reports:

- Daily, monthly, quarterly Shelter statistics
- SSG and ESG quarterly reports
- Point in Time reports
- Annual snapshot
- Health Care for the Homeless outcomes and statistics

In addition there are many program reports in HMIS that allow providers to evaluate outcomes (goals, program exit information).

Reporting needs can be discussed and addressed with the Information Systems Manager.

APPENDIX A

Agency Participation Agreement

AGENCY PARTICIPATION AGREEMENT

For Fairfax/Falls Church Continuum of Care
Homeless Management Information System

The Fairfax/Falls Church Homeless Management Information System is a client information system that provides a standardized assessment of consumer needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Agencies, identify gaps in the local service continuum and develop outcome measurements.
The purpose/goals of a web-based computerized Homeless Management Information System are to:

- Improve the quality and integration of services
- Improve the availability of data to aid participating programs and their funding partners in making planning and funding decisions about services to homeless people.
- Provide an unduplicated count of homeless people
- Improve quality of client services by providing faster linkage to housing, benefits, and services.
- Identify gaps in the service system.
- Deliver a cost-effective system that stream lines the information management processes and improves data processing for homeless service providers.

The signature of the Executive Director of the Agency indicates agreement with the terms set forth before a Homeless Management Information System account can be established for the Agency.

The Fairfax/ Falls Church Continuum of Care (CoC) is the primary coordinating entity. The Fairfax County Department of Administration for Human Services (DAHS) shall be the system administrator. In this Agreement, “Participating Agency” is an Agency participating in Homeless Management Information System, "Client" is a consumer of services, and “Agency” is the Agency named in this agreement.

The Fairfax-Falls Continuum of Care (CoC) is a collaboration of representatives from over 30 private and public organizations who represent all components in the homeless delivery system and whose focus is community planning for the delivery of homeless services in the Fairfax/Falls Church area.

I. Confidentiality

A. The 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 regulations.

1. The 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 records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse 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 <u>is not</u> sufficient for this purpose. The Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

2. The Agency shall provide a verbal explanation of the Homeless Management Information System and the terms of consent and shall arrange for a qualified interpreter or translator

in the event that an individual is not literate in English or has difficulty understanding the consent form.

3. The Agency shall not solicit or input information from Clients into the Homeless Management Information System unless it is essential to provide services, or to conduct evaluation or research.

4. The Agency agrees not to release any confidential information received from the Homeless Management Information System to any organization or individual without proper Client consent.

5. The Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for the Homeless Management Information System receives basic confidentiality training.

6. The Agency understands that the Client data will be encrypted at the server level using encryption technology provided by Bowman Internet Services.

7. The Agency understands the file server, which will contain all Client information, including encrypted identifying Client information, will be located at Bowman Internet System, Inc. offices
8. The Agency shall maintain appropriate documentation of Client consent to participate in the Homeless Management Information System.

9. The Agency shall not be denied access to Client data entered by the Agency. Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Agency shall diligently record in the Homeless Management Information System all restrictions requested. The Agency shall not knowingly enter false or misleading data under any circumstances.

10. If this Agreement is terminated, DAHS 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.

11. The Agency will utilize the Homeless Management Information System Client Consent to Exchange form, as developed in conjunction and coordination with Participating Agencies, for all clients providing information for the Homeless Management Information System. The Client Consent to Exchange Information form, once signed by the Client, authorizes Client data to be entered into the Homeless Management Information System and authorizes information sharing with Homeless Management Information System Participating Agencies for the time period stipulated on the Consent form.

12. If a Client withdraws consent for exchange of information, the Agency remains responsible to ensure that Client's information is unavailable to all other Participating Agencies.

13. The Agency shall keep signed copies of the Client Consent Form/Information Release forms for Homeless Management Information System for a period of up to six years or as required by law.

14. The COC does not require or imply that services must be contingent upon a Client's participation in the Homeless Management Information System. Services should be provided to Clients regardless of Homeless Management Information System participation provided the Clients would otherwise be eligible for the services.

The CoC will establish a HMIS Policy Advisory Committee as its authorized representative to provide the oversight to the Homeless Management Information System. The HMIS Policy Advisory Committee will include representation from Participating Agencies.

The CoC through its HMIS Policy Advisory Committee shall establish guidelines and operating procedures for the Homeless Management Information System and make a copy of such available to the Agency. Such shall be updated are required from time to time. The Agency agrees to comply with these guidelines, policies and procedures and shall require its employees and agents to do the same.

II. Homeless Management Information System Use and Data Entry

A. The Agency shall follow, comply with and enforce the User Policy, Responsibility Statement & Code of Ethics (Appendix A). Modifications to the User Policy, Responsibility Statement & Code of Ethics shall be established in consultation with Participating Agencies and may be modified as needed for the purpose of the smooth and efficient operation of the Homeless Management Information System system. The HMIS Policy Advisory Committee will announce approved modifications in a timely manner via NewsFlash in Homeless Management Information System.

   1. The Agency shall only enter individuals in the Homeless Management Information System that exist as Clients under the Agency's jurisdiction. The Agency <u>shall not</u> misrepresent its Client base in the Homeless Management Information System by entering known, inaccurate information.

   2. The Agency shall use Client information in the Homeless Management Information System, as provided to the Agency or Participating Agencies, to assist the Agency in providing adequate and appropriate services to the Client.

B. The Agency shall consistently enter information into the Homeless Management Information System and will strive for real-time, or close to real-time data entry or will enter data in the HIS within ten business days upon seeing the client.

C. The Agency <u>will not</u> alter information in the Homeless Management Information System 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).

D. The Agency shall not include profanity or offensive language in the Homeless Management Information System.

E. The Agency shall utilize the Homeless Management Information System for business purposes only.

F. The DAHS will provide initial training and periodic updates to that training to select Agency Staff on the use of the Homeless Management Information System software.

G. The DAHS will be available for technical assistance within reason (i.e. troubleshooting and report generation).

H. 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.

I. The Agency shall not use the Homeless Management Information System with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

III. Reports

A. The Agency shall retain access to identifying and statistical data on the Clients it serves only.

B. The Agency 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 individual Clients.

C. The COC's authorized entity will provide guidance to the System Administrator (DAHS) on the use of the data colleted in the system and the reports to be produced. Only unidentified, aggregate data will be used for homeless policy and planning decisions. Aggregate data may also be used 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, as directed by the CoC authorized entity.

IV. Proprietary Rights of Bowman Internet System

A. The Agency shall not give or share assigned passwords and access codes of the Homeless Management Information System with any other Agency, business, or individual.

B. The Agency shall not cause in any manner, or way, corruption of the Homeless Management Information System in any manner.

C.

VI. Terms and Conditions

A. Neither the COC nor the 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 provided funding is available.

C. This Agreement may be terminated with 30 days written notice.

_____ _____

Signature of Executive Director **Date**

_____

AGENCY

_____

STREET ADDRESS

_____ _____

CITY ZIP CODE

APPENDIX B

User Policy, Responsibility Statement & Code of Ethics

User Policy, Responsibility Statement, and Code of Ethics

For the Fairfax-Falls Church Continuum of Care Homeless Management Information System (HMIS: ServicePoint) and Advance Reporting Tool [ART])

Agency _____

User

Name _____ **Hire Date** _____

Title _____ **Phone** _____

Email _____

Supervisor

Name _____ **Phone** _____

Title _____ **Email** _____

User Policy

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

Partner Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the Homeless Information System. Partner 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 HMIS shall be shared and with which Partner Agencies. The Client Consent to Exchange of Information shall be signed if the Client agrees to share information with Partner Agencies.

Minimum Data Entry

All Clients	Follow guidelines as described in the ServicePoint HMIS Procedure Manual.
Clients Receiving Services through HUD Grants	Data required for the HUD APR.

The Homeless Information System is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the client information in the system to target services to the client’s needs.

User _____ **Agency** _____

Title _____ **Email** _____

User Responsibilities

Your User ID and Password give you access to the Fairfax County Homeless Information Management Information System (HMIS).

Initial each item below to indicate that you understand the policy and agree to comply.

If you fail to uphold any of these policies, your access to the HMIS may be immediately terminated.

_____ My User ID and Password are for my use only. I will not share them with anyone.

_____ I will take all reasonable means to keep my Password secure.

_____ I understand that only authorized HMIS users (and the Clients to whom the information pertains) are permitted to view information in the HMIS.

_____ I will only view, obtain, disclose, or use client information when necessary to perform my job.

_____ I will log out of the HMIS any time I leave my computer. I understand that a computer logged into the HMIS must never be left unattended.

_____ I understand that failure to log out of the HMIS may result in a breach in client confidentiality and system security.

_____ I understand that all "hard copies" of HMIS data must be kept in a secure file.

_____ I understand that hard copies of HMIS data must be properly destroyed when are no longer needed, in a way that will maintain confidentiality. (That is, shredded or otherwise rendered unreadable.)

_____ If I notice or suspect a security breach, I will immediately notify my HMIS Agency Administrator, as well as a System Administration at the Fairfax County Office to Prevent and End Homelessness (OPEH).

_____ I will notify my HMIS Agency Administrator, as well as an OPEH System Administration of any change in employment status or need to access HMIS.

User Code of Ethics

Homeless Information System Users must treat Partner Agencies with respect, fairness and good faith.

Each Homeless Information System User should maintain high standards of professional conduct in the capacity as a Homeless Information System User.

Homeless Information System Users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

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

_____ _____

HMIS User Signature Date

User _____ **Agency** _____

Title _____ **Email** _____

Access Level

(Supervisor to select an access level from the table below.)

Level	Description
☐ **Volunteer**	**Volunteers** have access to ***ResourcePoint***. These users can also view or edit basic demographic information about clients on the **Profile** screen, but they are restricted from viewing other assessments. A volunteer can create new client records, make referrals, or check clients in and out of shelters. Administrators often assign this user level to individuals who complete client intake and refer clients to agency staff or a case manager. In order to perform these tasks, volunteers have access to some areas of ***ClientPoint*** and ***ShelterPoint***.
☐ **Agency Staff**	**Agency Staff** users have access to ***ResourcePoint*** and ***ShelterPoint***. These users also have limited access to ***ClientPoint***, including access to service records and clients' basic demographic data on the **Profile** screen. Agency Staff cannot view other assessments or case plan records. Agency Staff can also add news items to **Agency Newsflash**.
☐ **Case Manager II**	**Case Managers** have access to all ***ServicePoint*** features except those needed to run audit reports and features found under the ***Admin*** tab. They have access to all screens within ***ClientPoint***, including assessments and service records. **Case Manager II** users can also create/edit client infractions if given access by an **Agency Administrator** or above.
☐ **Agency Admin**	**Agency Administrators** have access to all ***ServicePoint*** features, including agency level administrative functions. These users can edit their organization's data. They have the ability to shadow other users. They also have full reporting access with the exception of five reports: Client/Service Access Information, AHAR Annual Homeless Assessment Report, Duplicate Client Report, Exhibit 1: HUD-40076 (CoC)-M), and Call Record Report. Agency Admins cannot access the following administrative functions: Assessment Administration, Direct Access to Admin>Groups, Picklist Data, Admin>Users>Licenses, or System Preferences. **Agency Administrators** can delete clients that were created by organizations within their organizational tree. They cannot, however, delete clients who are shared across organizational trees. Additionally, **Agency Admins** can delete needs and services created within their own organizational tree, unless the needs and services are for a shared client.
☐ **Executive Director**	**Executive Directors** have the same access rights as **Agency Administrators**; however, they are ranked above **Agency Administrators**.

_____ _____

Supervisor Signature Date

User _____ **Agency** _____

Title _____ **Email** _____

Program Access

I request that my staff member have access to the following programs at my agency. If user is to be limited to specific providers within a program, please list the providers by name in the Notes section.

Program	Notes
☐ **100K Homes**	
☐ **Bridging Affordability**	
☐ **Community Case Management**	
☐ **Families Shelter**	
☐ **Hypothermia Prevention (including winter seasonal)**	
☐ **Homeless Healthcare Program (HHP)**	
☐ **Outreach Program**	
☐ **Permanent Supportive Housing**	
☐ **Singles Shelter**	
☐ **Transitional Housing**	
☐ **Other (please specify)**	

_____ _____

Supervisor Signature Date

APPENDIX C

HMIS System Notice

HOMELESS MANAGEMENT INFORMATION SYSTEM NOTICE

THIS NOTICE DESCRIBES WHAT INFORMATION IS COLLECTED, HOW IT MAY BE USED AND DISCLOSED AND YOUR PRIVACY RIGHTS.
PLEASE REVIEW IT CAREFULLY.
Effective Date: October 25, 2013

When you request or receive services and give information about yourself and your family, it is entered into a computer system called the Homeless Management Information System (HMIS). Fairfax-Falls Church Community Partnership partner agencies that provide services to homeless persons and others in need use the same computer system because it helps agencies do a better job of providing services to people in the community.

WHAT INFORMATION IS COLLECTED AND HOW IS IT USED OR SHARED?

The information is used to: (1) Plan and deliver services to you and your family; (2) For statistical purposes and to meet federal reporting guidelines, such as determining the number of persons who are homeless; (3) To track individual program-level outcomes; (4) To identify unfilled service needs and plan for the provision of new services; (5) and other uses allowed by law.

There are two types of information collected and different rules about how and when the information is shared.

1. **Basic Identifying Information** (Client profile) **-** Name, Gender, last four digits of Social Security Number, and Date of Birth.

   By reviewing this notice you are giving your permission to have your **Basic Identifying Information** *entered in HMIS.*

2. **Case Information** (Assessment information - HUD Universal Data Elements, Program Entry/Exit, and Homelessness Prevention and Rapid Re-housing Program Data Elements and services) **-** such as family composition, race, ethnicity, income, financial resources, military duty status, prior living situation, length of stay, zip code of last permanent address, disability information, housing status, homeless status, employment history, domestic violence status, financial assistance/benefits, debts, expenses and contact information.

   By signing the attached "Uniform Authorization to Use and Exchange Information" form **Case Information** *may be shared with the Fairfax - Falls Church Community Partnership* ***only*** *if you give specific permission to share it so you may be better served by partner agencies.*

HOW WILL MY INFORMATION BE KEPT SECURE?

Several measures have been taken to ensure that your information is kept safe and secure:

- The HMIS system has the highest degree of security protection available;
- Any information that could identify you, like your name or date of birth, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or federal agencies;
- Employees using the HMIS system receive training in confidentiality and privacy protection and agree to follow rules before using the system.

KNOW YOUR INFORMATION RIGHTS:

As a client receiving services, you have the following rights:

1. ***Access to your record -*** You have the right to view your HMIS record. At your request, we will prepare a report of your records or assist you in viewing them.
2. ***Correction of your record -*** You have the right to have your record corrected so that information is up-to-date, accurate, and to ensure fairness in its use.
3. ***Refusal -*** You have the right to refuse consent. You cannot be denied services that you would otherwise qualify for if you refuse to sign the "*Uniform Authorization to Use and Exchange Information"*. Please note that if you refuse, information will still be entered into the system for statistical purposes, but all of your information will be closed so that no other user agency will have access to it.
4. ***Withdrawal of the Consent -*** Your consent to share information can be withdrawn at any time upon written demand.
5. ***Appeal -*** You have the right to complain if you believe your privacy rights have been violated. You will not be penalized or denied service for filing a complaint.

For more information, please contact _____ (name/title and phone number)

Revised 10-25-2013

HOMELESS MANAGEMENT INFORMATION SYSTEM NOTICE

THIS NOTICE DESCRIBES WHAT INFORMATION IS COLLECTED, HOW IT MAY BE USED AND DISCLOSED AND YOUR PRIVACY RIGHTS.
PLEASE REVIEW IT CAREFULLY.
Effective Date: October 25, 2013

Fairfax -Falls Church Community Partnership

Annandale Christian Community for Action
Bethany House of Northern Virginia
Christian Relief Services Charities
Committee for Helping Others
Cornerstones
Ecumenical Community for Helping Others
FACETS
Fairfax County Department of Administration for Human Services
Fairfax County Department of Family Services
Fairfax County Department of Housing and Community Development
Fairfax County Department of Neighborhood and Community Services
Fairfax County Health Department
Fairfax County Office for Women and Domestic and Sexual Violence Services
Fairfax County Office to Prevent and End Homelessness
Fairfax-Falls Church Community Services Board
FISH
Foundation for Appropriate and Immediate Temporary Help
Good Shepherd Housing and Family Services
Helping Children Worldwide
Homestretch
Inova Health System
Kurdish Human Rights Watch
Lorton Community Action Center
Lutheran Social Services
New Hope Housing
Northern Virginia Family Service
NOVACO
Our Daily Bread
OAR of Fairfax County
Pathway Homes
PRS
Residential Youth Services
RPJ Housing Development Corporation
SHARE
Shelter House
The Alternative House
The Lamb Center
United Community Ministries
Volunteers of America-Chesapeake
Western Fairfax Christian Ministries
Future Partner Agencies of the Fairfax-Falls Church Community Partnership

For more information, please contact _____ (name/title and phone number)

APPENDIX D

Fairfax County Uniform Authorization to Use and Exchange Information

FAIRFAX COUNTY VERSION OF COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON)

_____
(FULL PRINTED NAME OF INDIVIDUAL)

_____
(INDIVIDUAL'S ADDRESS) *(INDIVIDUAL'S BIRTH DATE)*

My relationship to the individual is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian ☐ Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged; each item must be checked:

Yes	*No*		*Yes*	*No*		*Yes*	*No*	
☒	☐	Assessment Information	☐	☐	Medical Diagnosis	☐	☐	Educational Records
☐	☐	Financial Information	☐	☐	Mental Health Diagnosis	☐	☐	Psychiatric Records
☐	☐	Benefits/Services Needed, Planned, and/or Received	☐	☐	Health Records	☐	☐	Criminal Justice Records
			☐	☐	Psychological Records	☐	☐	Employment Records
☐	☐	Substance Abuse Records (one time use only, see page 2)						

Other Information (write in): _____

I want _____
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

Fairfax County

Yes	*No*	
☐	☐	Alcohol Safety Action Program
☐	☐	Family Services
☐	☐	Fairfax County Courts
☐	☐	Health Department
☐	☐	Housing & Community Development
☐	☐	Juvenile & Domestic Relations Court Services
☐	☐	Neighborhood & Community Services
☐	☐	Office for Women
☐	☐	Probation & Parole
☐	☐	Fairfax County Public Schools
☐	☐	Fairfax-Falls Church Community Services Board
☒	☐	Fairfax-Falls Church Community Partnership

Other Identify By Name

☐ ☐ _____
☐ ☐ _____

State/Local/Private/Non-Profit ***Identify By Name***

Yes	*No*	
☐	☐	Dept. of Behavioral Health & Developmental Services Developmental Services
☐	☐	Dept. of Medical Assistance Services
☐	☐	Dept. of Social Services
☐	☐	Dept. of Rehabilitation Services
☐	☐	Area Agencies on Aging _____
☐	☐	Community Services Boards _____
☐	☐	Home Health Agencies _____
☐	☐	Hospices _____
☐	☐	Local Health Departments _____
☐	☐	Nursing Facilities _____
☐	☐	Physicians _____
☐	☐	Community Based Organizations _____

Other Identify By Name

☐ ☐ _____
☐ ☐ _____

I want this information to be exchanged ONLY for the following purpose(s):
☐ Service Coordination and Treatment Planning ☐ Eligibility Determination ☐ Other: _____

I want this information to be shared by the following means: *(check all that apply)*
☐ Written Information ☐ In Meetings or By Phone ☐ Computerized Data ☐ Fax

I want to share additional information received after this authorization is signed: ☐ Yes ☐ No
This authorization is effective: _____
(DATE)
This authorization is good until: ☐ My service case is closed. ☐ Other: _____

I can withdraw this authorization at any time by notifying any involved agency listed on the form. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid consent to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON)

Person Explaining Form: _____
(Name) *(Address)* *(Phone Number)*

Other *(If Required)*: _____
☐ Parent ☐ Witness *(Signature)* *(Address)* *(Phone Number)*

FAIRFAX COUNTY VERSION OF COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Full Printed Name of Individual: _____

FOR AGENCY USE ONLY

AUTHORIZATION HAS BEEN:

☐ Revoked in entirety
☐ Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

☐ Letter (Attach Copy) ☐ Telephone ☐ In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

_____
(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

_____
(AGENCY ADDRESS) *(PHONE NUMBER)*

SUBSTANCE ABUSE RECORDS:

These records *(select only one):*

☐ **ARE** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are protected by 42 CFR, Part 2, I understand a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations. 42 CFR Part 2 also restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

☐ **ARE NOT** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are not protected by 42 CFR Part 2, I understand that the HIPAA Privacy Regulations require I be advised that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by federal HIPAA regulations.

AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Introduction

Specified information can be shared among ALL of the agencies listed below without having to obtain any additional signed consent from the individual. The *Authorization to Use and Exchange Information* form was developed for use by the following agencies:

- Local departments of social services
- Area agencies on aging
- Health department clinics and programs
- Community services boards
- Department of Correctional Education
- Department of Youth and Family Services
- Service delivery areas for the Job Training Partnership Act
- Local departments of Rehabilitative Services
- Local school systems
- Regional offices, Department of Corrections
- Regional outreach offices, Department for the Deaf and Hard of Hearing
- Regional Offices, Department for the Blind and Vision Impaired
- Virginia Employment Commission Offices
- Fairfax / Falls Church Community Partnership

The "referring agency" is defined as the agency that initiates the completion of the *Authorization to Use and Exchange Information* form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a "referring" or an "other" agency, depending upon which agency is contacted first by the individual. If all parties agree, additional public and private agencies, facilities, and organizations may be included.

Agencies are assured that, when properly executed, this is a legally valid form that meets not only their own agency's state and federal requirements, but also those of the other participating agencies. The *Authorization to Use and Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

Alcohol and Drug Abuse Confidentiality Requirements

To ensure compliance with federal alcohol and drug abuse confidentiality requirements, this form excludes the general sharing of information about individuals in drug and alcohol programs. A separate release of information form specifically for alcohol and drug abuse records should be used each time information is shared between agencies.

Purpose of the Authorization to Use and Exchange Information Form

The *Authorization to Use and Exchange Information* form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs and should be used along with the referring agency's specific procedures for obtaining a valid release to exchange information. It also can be used to assist agencies obtain information needed from other agencies to determine an individual's eligibility for services or benefits. The completed form should reflect that the individual (or his or her representative) controlled the choices and understood the process. When using this form, always keep in mind the importance of individual wishes, individual choices, and individual comprehension of the process.

Agency staff and the consenting person will first determine whether the individual might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests, and circumstances of the individual as well as staff's knowledge of other agencies' services or benefits and eligibility requirements.

Referring agency staff must explain the following to the individual:

- Potential services and benefits that might be available from other agencies.
- What information these agencies might need and for what purpose(s).

- The purpose of the form.
- The consequences of signing or not signing this release.
- Key provisions and protections (e.g., revocation, access to agencies' written record).

Staff should make every attempt to ensure that the consenting person understands the provisions of the form and should make appropriate efforts to accommodate the special needs of the consenting person. If the consenting person is unable to read or is blind or visually impaired, staff should read the form to him or her. Interpreters should be made available for people who do not speak English and for those who are deaf or hearing impaired. If the consenting person does not appear to comprehend the meaning of the form, it should be explained. If staff have ANY doubts that the consenting person is not comprehending the purpose and provisions of the form, they should ask the consenting person questions about the form (what the form allows the agency to do, etc.).

Based upon these answers, if staff determine that the consenting person is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized consenting person who fully comprehends the purpose and provisions of the form. The signature of a consenting person who does NOT comprehend what he or she is signing is not valid.

If the consenting person agrees, the form should be completed. This should be done by the consenting person, wherever possible. The consenting person must sign the form and insert the date in the indicated place. Staff explaining the form to the consenting person must sign the form in the indicated place. For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the consenting person signing or placing a mark on the form and then must sign as indicated. The referring agency must give a copy of the completed form to the consenting person.

Sharing Information with Other Agencies

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or through written correspondence. This notification must be entered into the individual's record. If the referring agency wants to receive information from other agencies, it must provide a copy of the signed consent form with its initial request for information form each listed agency.

Virginia Privacy Protection Act Requirements

To ensure compliance with the Virginia Privacy Protection Act, each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information into the individual's record:

- Name of the agency and the name, title, telephone number of the individual receiving the information.
- Type and source of the information disclosed.
- Reason or purpose for the disclosure.
- Date the information was disclosed.

This requirement can be met by using a disclosure log (sample attached) or through the agency's own record keeping policies and procedures.

NOTE: The consenting person has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' normal business hours.

Agency Record Keeping Policies and Procedures

Referring Agency: The original signed copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Other Agencies: A copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Renewing or Amending the Authorization Form

The referring agency can renew or amend (e.g., by adding additional agencies) the original signed copy of the *Authorization to Use and Exchange Information* form by having the consenting person sign and insert the date beside the amendment on the original form. The referring agency must give a copy of the amended form to the consenting person and forward a copy of the amended form to each of the listed agencies.

Revocation of Authorization
Consent to exchange information will expire on the date or condition agreed to by the consenting person. However, anytime prior to the expiration, the consenting person may choose to revoke or cancel this consent either with all or with selected agencies.

The consenting person may revoke his or her consent by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Authorization to Use and Exchange Information* form and signed and dated by the agency staff person receiving the request to revoke the consent.

If the consenting person exercises the option of revoking his or her consent (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement of the revocation of the consent.

Individuals Who Refuse to Sign the Authorization Form
It is absolutely essential that the individual understand and appreciate what will happen as a result of signing this form. The individual also needs to understand that there is no requirement to sign this form, but that not signing the form will result in specific consequences. If the form is not signed, the individual must deal with each agency individually to obtain needed information, and/or the agency may not be able to provide services. If the form is signed, the process for applying for and receiving services may be easier for both the individual and the involved agencies.

When Not to Use This Form
The *Authorization to Use and Exchange Information* form should not be used with:

- Individuals who do not comprehend the purpose and substance of the consent form; or
- Individuals for whom drug or alcohol abuse diagnostic or treatment information is being shared. In these cases, a separate consent form should be used.

Can Other Interagency Consent Forms Be Used?
Agencies should accept the *Authorization to Use and Exchange Information* form as a legally valid form. However, they may choose to use a different release form that addresses their individual needs IF it meets the state and federal confidentiality statutory and regulatory requirements of ALL the involved agencies.

APPENDIX E

HMIS Data Collection Fields

Client Profile and Universal Data Elements Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
3.1- UDE	General Info	Name	All Programs	X					X			
3.2 - UDE	General Info	Social Secuirty Number (full or partial)	All Programs	X					X			
3.2 - UDE	General Info	SSN Data Quality	All Programs	X					X			
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.3-UDE	General Info	Date of Birth Type	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
3.5-UDE	General Info	Ethnicity	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs	X					X			
3.8-UDE	General Info	Do you have a Disability of Long Duration	All Programs	X						X		
3.9-UDE	General Info	Prior Living Situation	All Programs	X						X		
3.9-UDE	General Info	Length of Stay	All Programs	X		X				X		
3.10-UDE	General Info	Zip code of last permanent address?	All Programs			X				X		
3.10-UDE	General Info	Zip code data quality	All Programs			X				X		

Program Entry

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
2.4-PSDE	General Info	Provider (Program)	All Programs	X						X		
HMIS R	General Info	Entry Type	All Programs	X						X		
12-UDE	General Info	Program Entry Date	All Programs	X						X		
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.3-UDE	General Info	Date of Birth Type	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.9-UDE	General Info	Prior Living Situation	All Programs			X				X		
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs	X						X		
11-UDE	General Info	Housing Status	All Programs	X						X	X	X
	General Info	Is Client Homeless	All Programs	X						X		
	General Info	Is Client Chronically Homeless	All Programs	X						X		
	General Info	Homelessness Primary Reason	Homeless Programs	X						X	X	
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X
3.8-UDE	General Info	Do you have a disability of long duration	All Programs	X						X		
4.3-4.8-PSDE	General Info	Disabilities Sub Asessment	All Programs							X	X	X
SHARE	Entry Info	TANFEligible	ES/TH	X						X		
SHARE	Entry Info	Select Source of Referral (SHAREitem#9):	ES/TH	X						X		
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs		X					X		

**** Outreach programs collect this information when it becomes available**

Additional Client Information Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	General Info	Alias	All Programs	X					X			
	General Info	Marital Status	All Programs **		X	X				X		
	General Info	Primary Language Spoken	All Programs **	X					X			
	General Info	Is Client able communicate in English	All Programs **	X						X		
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs **	X						X		
4.9-PSDE	General Info	Extent of Domestic Violence (how long ago)	All Programs **	X						X		
	General Info	Has Medical Insurance	All Programs **	X						X		
4.15D-APSDE	General Info	Pregnant	All Programs **		X	X				X	X	X
4.15D-APSDE	General Info	If Yes, Projected Birth Date	All Programs **		X	X				X	X	X
	General Info	Homelessness Primary Reason	Homeless Programs	X						X		
	General Info	Date o fPresent Homelessness	Homeless Programs	X						X		
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **	X						X	X	X
	Education	CommentsRelatedtoEducation	All Programs **	X						X	X	X
4.15B-APSDE	Education	Currently in School or Working on any Degree	All Programs **	X						X	X	X
4.15B-APSDE	Education	Received Vocational Training	All Programs **	X						X	X	X
4.15B-APSDE	Education	Degrees sub assessment	All Programs **	X						X	X	X
4.15A-PSDE	Employment	Employed	All Programs **		X	X				X	X	X
PIT	Employment	Employment Status	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Unemployed, Looking for Work	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		X	X				X	X	X

**** Outreach programs collect this information when it becomes available**

Children Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	Children	Is Caregiver Legal Guardian	All Family Programs					X		X		
4.15F-APSDE	Children	Presently Attending School	All Family Programs				X			X	X	X
	Children	Reason If Not Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Yes, School Name	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Child Enrolled, Type of School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If no, Date Last Enrolled in School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Enrollement Difficulties sub assessment	All Family Programs				X			X	X	X
	Children	Is Child at Grade Level	All Family Programs				X			X	X	X
	Education	Current Individual Education Program (IEP)	All Family Programs				X			X	X	X
PIT	Children	How many schools attended in the last 12 months	All Family Programs				X			X	X	X
	Children	Immunizations Up To Date	All Family Programs					X		X		
	Children	Does the child have a medical condition	All Family Programs					X		X		
	Children	Children Medical Condition Sub Assessment	All Family Programs					X		X		

Client Contact Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	General	Client's Address	All Programs		X	X			X	X	X	
	General	Client's Phone Number	All Programs		X	X			X	X	X	
	General	Client's Cell Phone Number	All Programs		X	X			X	X	X	
	General	Client's Email Address	All Programs		X	X			X	X	X	
	General	Emergency Contact Sub Assessment	All Programs		X	X			X	X	X	

Disabilities and Sub Populations Aseessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
3.8-UDE	General Info	Do you have a disability of long duration	All Programs **	X						X		
4.3-4.8-PSDE	General Info	Disabilities Sub Asessment	All Programs **	X						X	X	X
PIT	General Info	Chronic Substance Abuser	All Programs **	X						X		X
PIT	General Info	Seriously Mentally Il	All Programs **	X						X		X
PIT	General Info	Client Homeless as a result of Domestic Violence	All Programs **	X						X		X
PIT	General Info	Individual Became Homeless from an Institution	All Programs **	X						X		X
PIT	General Info	Language Minority	All Programs **	X						X		X
PIT	General Info	Ever been in the foster care system	All Programs **	X						X		X
PIT	General Info	Brain Injured	All Programs **	X						X		X
PIT	General Info	Intellectual Disability	All Programs **	X						X		X
PIT	General Info	ADHD	All Programs **	X						X		X
PIT	General Info	Other Subpopulation	All Programs **	X						X		X

**** Outreach programs collect this information when it becomes available**

Income Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X								
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X

**** Outreach programs collect this information when it becomes available**

HUD Program Specific Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects						When Collected		
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.1-PSDE	Income	Income received from any source in past 30 days?	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income?	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X						X	X	X
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X
4.3-4.8-PSDE	General Info	Disabilities/Special Needs sub assessment	All Programs **							X	X	X
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs **	X						X		
4.9-PSDE	General Info	Extent of Domestic Violence (how long ago)	All Programs **	X						X		
4.15D-APSDE	General Info	Pregnant	All Programs **		X	X				X	X	X
4.15D-APSDE	General Info	If Yes, Projected Birth Date	All Programs **		X	X				X	X	X
4.15A-PSDE	Employment	Employed	All Programs **		X	X				X	X	X
PIT	Employment	Employment Status	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Unemployed, Looking for Work	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Currently in School or Working on any Degree	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Received Vocational Training	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Degrees sub assessment	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **		X	X				X	X	X
4.15E-APSDE	Military	Military Era sub assessment ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	Months Served on Active Duty in the Military ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	Did You Serve in a War Zone ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	WarZone sub assessment ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	DischargeType ++++	Hud Programs		X					X	X	X
4.15F-APSDE	Children	Presently Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Yes, School Name	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Child Enrolled, Type of School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X			X	X	X
	Education	Current Individual Education Program (IEP)	All Family Programs				X			X	X	X

**** Outreach programs collect this information when it becomes available**

HUD Program Specific Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects						When Collected		
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.15F-APSDE	Children	If no, Date Last Enrolled in School	All Family Programs				X			X	X	X
	Children	Reason If Not Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Enrollement Difficulties sub assessment	All Family Programs				X			X	X	X
PIT	Children	How many schools attended in the last 12 months	All Programs				X					X
	Children	Is Caregiver Legal Guardian	All Family Programs					X		X		
	Children	Immunizations Up To Date	All Family Programs					X		X		
	Children	Does the child have a medical condition	All Family Programs					X		X		
	Children	Children Medical Condition Sub Assessment	All Family Programs					X		X		

"++++ Military Questions for Veterans Only Available in this Assessment"

**** Outreach programs collect this information when it becomes available**

PIT Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	PIT Date
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.5-UDE	General Info	Ethnicity	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
PIT	General Info	Chronic Substance Abuser	All Programs	X						X		
PIT	General Info	Seriously Mentally Ill	All Programs	X						X		
PIT	General Info	Client Homeless as a result of Domestic Violence	All Programs	X						X		
PIT	General Info	Individual Became Homeless from an Institution	All Programs	X						X		
PIT	General Info	Language Minority	All Programs	X						X		
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs		X					X		
PIT	General Info	Ever been in the foster care system	All Programs	X						X		
PIT	General Info	Brain Injured	All Programs	X						X		
PIT	General Info	Intellectual Disability	All Programs	X						X		
PIT	General Info	ADHD	All Programs	X						X		
4.3-4.8-PSDI	General Info	Disabilities Sub Assessment	All Programs							X	X	X
PIT	General Info	Other Sub population	All Programs	X						X		
4.15A-PSDE	Employment	Employed	All Programs		X	X				X	X	X
PIT	Employment	Employment Status	All Programs		X	X				X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs	X						X	X	X
PIT	Income	Primary Source of Income	All Programs	X						X		X
PIT	Other Shelter SVCS	Overnight shelter outside FfxCoC w/in pastyear	All Programs	X								X
PIT	Other Shelter SVCS	Washington,D.C.	All Programs	X								X
PIT	Other Shelter SVCS	Maryland (statewide)	All Programs	X								X
PIT	Other Shelter SVCS	Virginia (statewide)	All Programs	X								X

PIT Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	PIT Date
PIT	Other Shelter SVCS	Outside of DC, MD, VA	All Programs	X								X
PIT	Other Shelter SVCS	Last place lived BEFORE becoming homeless	All Programs	X								X
PIT	Other Shelter SVCS	Unsheltered	All Programs	X								X
PIT	Other Shelter SVCS	Housing Needed Today	All Programs	X								X
PIT	Children	How many schools attended in the last 12 months	All Programs				X			X	X	X

Program Exit

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
13-UDE	General Info	Program Exit Date	All Programs	X							X	
4.15-APSDE	General Info	Reason for leaving	All Programs	X							X	
4.15-APSDE	General Info	If Other Specify	All Programs	X							X	
4.10-PSDE	General Info	Destination	All Programs	X							X	
4.15-APSDE	General Info	If Other Specify	All Programs	X							X	
11-UDE	General Info	Housing Status	All Programs	X						X	X	x
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X								
4.2-PSDE	Income	Non-cash benefi treceived in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X

**** Outreach programs collect this information when it becomes available**

APPENDIX F

HMIS Service Transaction Requirements

Services	Service Start Date	Service End Date	Entire Household	Specific Individual	CRS/ OPEH Transitional Housing	Family Shelters	Single Shelters	CRS/ OPEH PSH	CCM / BA / SSVF	Hypo/ Seasonal	Transitional Housing *	Permanent Supportive Housing *
Beds	Date approved	Date approved		X					x			
Benefits Assistance	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Case/Care Management	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	x
Credit Counseling	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Credit Rating Assistance	Date approved	Date approved		X					x			
Dental Bill Payment Assistance	Date approved	Date approved		X					x			
Driver License Reinstatement Assistance	Date approved	Date approved		X					x			
Emergency Shelter (through ShelterPoint ONLY)	Date Entered	Date Exited	X			x	x			x		
Educational Support Assistance	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Food Vouchers	Date approved	Date approved	X						x			
Homeless Motel Vouchers	Date approved	Date approved	X			x			x			
Household Goods Storage	Date approved	Date approved	X						x			
Housing Counseling	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	x
Housing Search Assistance	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	
Information & Referral	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Job Search/Placement	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Job Training Expense Assistance	Date on agency check	Date on agency check		X					x			
Legal Services	Date approved	Date approved		X					x			
Life Skills Education	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Medical Bill Payment Assistance	Date approved	Date approved		X					x			
Moving Expense Assistance	Date approved	Date approved	X						x			
Prescription Expense Assistance	Date approved	Date approved		X					x			
Rent Payment Assistance	Month Provided	Month provided	X		x				x			

Services	Service Start Date	Service End Date	Entire Household	Specific Individual	CRS/ OPEH Transitional Housing	Family Shelters	Single Shelters	CRS/ OPEH PSH	CCM / BA / SSVF	Hypo/ Seasonal	Transitional Housing *	Permanent Supportive Housing *
Rental Deposit Assistance	Date approved	Date approved	X						x			
Resume Preparation Assistance	Date Provided	Date Provided		X	x	x	x	x		x		
Transportation Expense Assistance	Date approved	Date approved		X					x			
Utility Deposit Assistance	Date approved	Date approved	X						x			
Utility Service Payment Assistance	Begin calendar month ** & ***	End Calendar month	X						x			

Background:

The ServicePoint / Homeless Management Information System (HMIS) Procedural Manual which was agreed upon by the HOST Implementation Team contains the following language.

"Service Transactions: The service transaction module allows provider to record services provided. All HUD programs and any program that requires financial reporting are ***required to record services provided****. All other programs are encouraged to record services provided."*

Directions:

Please complete service transactions in ServicePoint based on the services matrix provided above.

Helpful Information and Key:

* Recommendations for TH and PSH (non CRS/OPEH) are based upon staff knowledge of HUD contract templates and recommendations. If your individual contract does not require service transactions, you may modify this specific column.

** Service Start Date cannot be before program entry date (if client enters mid month ServiceStartDate = Entry Date)

*** EXCEPT ARREARS: Arrears payments - Svc start and end date = supervisor approval date.

Effective 11/01/2012-- all programs which have not been entering services are to begin as of 11/01/2012

APPENDIX G

Data Quality Reports List

Data Quality Reports Documentation

Report Number	Name	ART folder location	Description	Purpose	Required for	frequency
123	ServicePoint User Last Login Report	ART | Public Folder | System Administration	To be run at the Parent Provider Level. Provides a list of all users in an organization and the numbers of days since login.	For review so that users who have left employment in the Partner Agencies are reported for deletion. NOTE: Users should be immediately reported when terminated from employment. They should never be allowed access to confidential data after leaving employment.	All Parent Providers (providers which should not have EntryExits attached)	monthly (quarterly for TH and PSH in good Data Quality standing)
216	Unexited Clients Exceeding Maximum Length of Stay	ART | Public Folder | Data Quality	Monitors data quality by insuring that clients in selected program have a timely program exit. The report allows the User the ability to examine the length of stay (los) for all unexited clients in up to five selected programs. The User is also prompted to specify the maximum length of stay for each program enabling the report to flag clients whose los has exceeded the limit. The report also identifies unexited clients with multiple entries.	To ensure clients' program exits are recorded in time and to alert program managers of clients exceeding length of stay. Also assists in identifying clients with multiple entries into the same program simultaneously.	All Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
220	Data Incongruity Locator	ART | Public Folder | Data Quality	Assists users in locating data entry errors resulting in incongruous information related to the client's recorded age, gender and/or household relationship(s).	To ensure client data is consistent	All Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
252	Data Completeness Report Card	ART | Public Folder | Data Quality	Data quality monitoring tool that generates a letter grade based upon program's data completion rate for required data elements at the time of client entry into the program. The report can be run for multiple programs and is sectioned by provider so that each provider's report card will be displayed on a separate page, allowing batch printing.	1) To ensure required elements are completed at time of program entry. 2) When run for Parent Providers - ensures that EntryExit records are not attached to parent providers.	All Entry Exit Programs / All Parent Providers	monthly (quarterly for TH and PSH in good Data Quality standing)
315	Daily Program Census		Provides daily program census for a selected program for a 31 day period of time specified by the user. The reported daily census is based on client entries and exits, and includes individual counts, household counts, percent of capacity and breakdowns by gender, age, race, ethnicity and prior living situation. In addition to this summary data, the report includes the client detail related to each breakdown, and combined counts for the entire reporting period	To provide a daily census for verification of who is in the program during the reporting period.	All short term (less then one year) Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
347	Services (Billing) Summary	ART | Public Folder | Case Mgmt	The 0347A Services Summary report supports reviewing all of the services delivered by your programs, service type, client, and case worker.	To provide accurate service counts for clients.	All Entry Exit Programs (NOT HHP, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)
	Clients with Self Sufficiency Matrix	ART | Public Folder | Data Quality	Lists clients who have a self sufficiency matrix recorded in HMIS. Overly simplistic report which needs enhancements in the near future	To provide a list as requested by the partners of the clients who have SSOMs in ServicePoint.	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)
405	SSOM client Achievement Report	ART | Public Folder | SSOM Reports	This report compares the initial and the final Self Sufficiency Outcome rating for each of the clients in a selected program. Initial/Final comparisons with calculated gains/losses are reported for each domain where at least one value has been recorded, as well as an average score for all domains. A second report tab compares the program averages by domain and by overall average. Both the client report and the program report display the results both graphically and in table format. To be included in this report the client must have an initial SSOM assessment and a final SSOM assessment by the specified provider and on or after the reports specified start date.	To ensure that all clients who have exited the program have an SSOM	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)

Data Quality Reports Documentation

631	HUD CoC APR Detail	ART | Public Folder | HUD APR	This ART Gallery report is a companion to report #0625 and displays the record level detail behind the CoC APR summary tables. This CoC APR Detail report consist of several sub-reports each of which focus on a portion of the CoC APR data, including client demographics, household membership, types and levels of service, entry-exit related data, length of stay, income, non-cash benefits, etc. The report also included additional feature to assist in data quality monitoring including null data flags, identification of non-HUD assessment question values, and a sub-report that identifies duplicate clients included in the dataset.	Overall program evaluation and reporting consistent with HUD requirements. As all programs follow the same workflow whether HUD program or local, the report is extremely useful. The report includes features to assist in data quality monitoring including null data flags, identification of non-HUD assessment question values, and a sub-report that identifies duplicate clients included in the dataset.	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)

APPENDIX H

Data Quality Verification Forms

PARENT PROVIDER MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: (this should be your agency in HMIS not specific programs)

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____I verify that all clients have been exited from this program and are in their correct program (initials).

0123 – ServicePoint User Last Login Report ART | Public Folder | System Administration Reports folder	
Please review the Users in your organization and request appropriate deletion by itemizing in the cell.	_____ I verify all users are active in HMIS. (initial) Please delete the following users from HMIS: _____ _____

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions are not accepted after the 14th of the month.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

SHELTER MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:
HMIS Program/Provider:
(a separate form is required for each HMIS Program)
Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial) _____% Complete Service Transactions (Tab B) _____% Complete Income Yes/No (Tab B)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631-HUD CoC APR Detail

ART | Public Folder | HUD APR

Please review the Annual Report data for accuracy.	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report accurately reflects the services for clients in the shelter (Submit Tab A). _____I verify that the number of clients served in the reporting month is accurate.

Turnaways (not currently recorded in HMIS, manually tracked and reported per contract requirements)	_____ _____	**TOTAL Turn-Aways Women:** **TOTAL Turn-Aways Men & Women:**
0315 Program Daily Census Report ART | Public Folder | Shelter Reports folder		
Daily Bedlist Counts & Client Bed Occupancy Data Submission of this report fulfills contractual requirements to provide daily occupancy data	_____ _____	Tab B—I verify that this is an accurate list of clients. (initial) Tab A1 – I verify that this is an accurate daily count of clients occupying bed and is **attached**. (initial)

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

TRANSITIONAL HOUSING QUARTERLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631 -HUD CoC APR Detail

ART | Public Folder | HUD APR

Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

PERMANENT SUPPORTIVE HOUSING QUARTERLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0123 – ServicePoint User Last Login Report

ART | Public Folder | System Administration Reports folder

Please review the Users in your organization and request appropriate deletion by itemizing in the cell.	_____ I verify all users are active in HMIS. (initial) Please delete the following users from HMIS: _____ _____

0631 -HUD CoC APR Detail ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of the month will not be accepted.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

COMMUNITY CASE MANAGEMENT
MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____% Complete for Housing Status (Tab B) _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix ART | Public Folder | Data Quality folder	
	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

0216 – Un-Exited Clients Exceeding Maximum Length of Stay ART | Public Folder | Data Quality folder	
Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 45 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator ART | Public Folder | Data Quality folder	
Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) ART | Public Folder | SSOM Reports folder	
	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631 -HUD CoC APR Detail ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches financially with the Excel Spreadsheet submitted to OPEH _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365.

BRIDGING AFFORDABILITY
DATA QUALITY
VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) (MONTHLY) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____% Complete for Housing Status (Tab B) _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix (MONTHLY) ART | Public Folder | Data Quality folder	
	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

0216 – Un-Exited Clients Exceeding Maximum Length of Stay (MONTHLY) ART | Public Folder | Data Quality folder	
Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that <u>all</u> of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for <u>each</u> member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator (MONTHLY) ART | Public Folder | Data Quality folder	
Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report accurately reflects a case management service transaction for each client. (Submit Tab A).

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) (QUARTERLY) ART | Public Folder | SSOM Reports folder	
Due: January, April, July, October	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631-HUD CoC APR Detail (QUARTERLY) ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

*Note: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365.

CRS QUARTERLY DATA QUALITY VERIFICATION FORM

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____ I verify that I do not have any null values. If null values exist, please explain below.

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) ART | Public Folder | SSOM Reports folder	
Submit the entire document in the PDF Format by Email.	_____Submit the entire document to this form.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A and Tab B to CRS.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have all service transactions they received in this month (Submit Tab A and Tab B).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.
Explanation of errors:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. This is in *addition* to the Data Quality Verification Form submitted to OPEH each month/quarter.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH and to Lynn Thomas at CRS by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator and copy Lynn Thomas at lynn@christianrelief.org

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

Hypothermia Weekly Data Quality Verification

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name _____

HMIS Program/Provider _____

(A separate form is required for each HMIS Program.)

Reporting Month/Year _____ **Date Submitted** _____

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.

_____		Data Completeness Grade
_____		Tabs B and D are attached. (Initial)
_____	%	Complete Service Transactions (Tab B)
_____	%	Complete Income Yes/No (Tab B)

Turn-Aways

Not currently recorded in HMIS. Manually tracked and reported per contract requirements.

_____	Total Turn-Aways—Women
_____	Total Turn-Aways—Men & Women

0315 Program Daily Census Report

ART | Public Folder | Program Specific Reports | Shelter Reports

Daily Bedlist Counts & Client Bed Occupancy Data
Submitting this report fulfills contractual requirements to provide daily occupancy data.

_____	**Tab B**	I verify that this is an accurate list of clients. (Initial)
_____	**Tab A1**	I verify that this is an accurate daily count of clients occupying beds. Report is attached. (Initial)

347 – Billing Summary

ART | Public Folder | Case Mgmt

Please review and correct any discrepancies and submit Tab A to OPEH.

_____	I verify that my monthly services report accurately reflects the services for clients in the shelter (Initial and Submit Tab A)
_____	I verify that the number of clients served in the reporting month is accurate.

In the space provided below, please explain any discrepancies.

By our signatures, we ***certify*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Name of Responsible Party	*Signature of Responsible Party*
Name of Executive Director or Designee	*Signature of Executive Director or Designee*

☐ I am requesting Data Quality Assistance from OPEH:

Instructions

1. Your **Weekly Data Quality Verification** form must be submitted to OPEH by **5:00 pm** each **Tuesday**.
2. You must submit a **separate form** for each program within HMIS.
3. **Allow enough time** to get help from OPEH if you have Data Quality issues. This means you should start to run and correct reports by Friday morning!

To submit the Weekly Data Quality Verification

Submit only the required tabs to

Email: **OPEHPrograms@fairfaxcounty.gov**

or

FAX (703) 653-1365

You must submit the form via this email or this FAX number.

If the form is not submitted correctly, it will be refused.

APPENDIX I

HMIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Procedure

Procedure Number:
Title: **HMIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**
Date Adopted: 09/12/2009

PURPOSE:

To provide guidance regarding the use of the Homeless Management Information System (HMIS) operated through the Fairfax County Office to Prevent and End Homelessness when serving victims of domestic violence, dating violence, sexual assault or stalking.

RESPONSIBILITY:

It is the responsibility of all Continuum of Care providers to be familiar with and adhere to this procedure. Each non profit organization has the final responsibility to ensure this procedure is followed.

PROCEDURE:

1. Pursuant to Federal and State law, programs *whose primary mission* is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking are not permitted to enter client-level data directly in HMIS. (See Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. 109-162; and Virginia Code § 63.2-104.1).

2. Domestic and sexual violence programs that receive sub grants through the American Recovery and Reinvestment Act of 2009 (ARRA) Homelessness Prevention and Rapid Re-Housing Program (HPRP) are not permitted to enter data directly in HMIS, but are required to use a comparable database to generate and submit unduplicated aggregate quarterly reports about individuals and families served with HPRP funds.

3. All other programs that are not primarily dedicated to serving victims of domestic violence, dating violence, sexual assault and stalking but provide services to such victims, are required to enter client-level data in HMIS.

   a) In order to protect the client/victim's confidentiality and safety, the **non**-DV/SV provider must have a full discussion with the client/victim about HMIS. (See Fairfax Falls Church HMIS Notice).
   b) If the client/victim indicates that he/she does not want his/her personal identifying information (e.g., name, date of birth, gender and last four digits of their social security number) and other case-related information accessible to other providers that use

Office to Prevent and End Homelessness
12000 Government Center Parkway, Suite 561
Fairfax, VA 22035
Phone: 703-324-9492 **Fax**: 703-324-9491 **TTY:** 711
www.fairfaxcounty.gov/homeless

HMIS, then the **non**-DV/SV provider must close the client/victim's record in HMIS immediately upon creation/entry.

c) If a client/victim fully consents to sharing his/her client-level data (i.e., Assessment information - HUD Universal Data Elements, Program Entry/Exit, and Homelessness Prevention and Rapid Re-housing Program Data Elements) by signing the "Uniform Authorization to Use and Exchange Information" form, then a release of information form will be entered in HMIS and client-level data be shared with the Fairfax Falls Church Continuum of Care only.

Additional Information:

Violence Against Women and Department of Justice Reauthorization Act of 2005 applicability to HUD programs; March 16, 2007 Notice

http://hmis.info/Resources/842/VAWA-Applicability-to-HUD-Programs;-March-16,-2007-Notice.aspx

Guidance on HPRP Subgrantee Data Collection and Reporting for Victim Service Providers

http://www.hudhre.info/documents/HPRPVictimServiceReportingGuidance.pdf

Confidentiality of records of persons receiving domestic and sexual violence services

http://leg1.state.va.us/cgi-bin/legp504.exe?000+coh+63.2-104.1+704205

Approved_____

Dean Klein
Director office to Prevent and End Homelessness

Revised September 12, 2009

Office to Prevent and End Homelessness
12000 Government Center Parkway, Suite 561
Fairfax, VA 22035
Phone: 703-324-9492 **Fax**: 703-324-9491 **TTY:** 711
www.fairfaxcounty.gov/homeless

APPENDIX J

HMIS Training Registration

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Training Registration or Cancellation

Date of Request _____

Name _____

Organization _____

Telephone _____ **E-Mail** _____

I would like to register for or cancel my registration for the following trainings:

☐ Register ☐ Cancel	**New User** **(Must be accompanied by a signed 'HMIS User Responsibility' form)**	Date
☐ Register ☐ Cancel	**Advanced Reporting Tool (ART)**	Date
☐ Register ☐ Cancel	**Enter Data As (EDA)**	Date
☐ Register ☐ Cancel	**Data Quality Day**	Date

Submit completed form to: OPEHTraining@fairfaxcounty.gov

APPENDIX K

Glossary of HMIS Definitions and Acronyms

Fairfax/Falls Church CoC HMIS Definitions

Activities of Daily Living (ADLs) – term used in healthcare to refer to people's daily self-care activities (bathing, eating etc.)

Administration for Children and Families (ACF) – division of HHS that provides assistance for children, youth and families (adoption assistance, foster care, child abuse investigations, etc.)

Alliance of Information & Referral Systems (AIRS) – professional association for 1,000+ community information and referral (I&R) providers serving primarily the US and Canada; AIRS maintains taxonomy of human services

Annual Homeless Assessment Report (AHAR) – Annual report to Congress on the extent and nature of homelessness in each CoC

Annual Progress Report (APR) – Report that tracks/assesses performance outcomes in HUD CoC Program granted projects

Audit Trail - A record showing who has accessed a computer system and what operations he or she has performed during a given period of time; Most database management systems include an audit trail component

Biometrics - Refers to the identification of a person by computerized images of a physical feature (ex: fingerprinting)

Central Intake – coordinated access strategy in which a single centralized hub manages intake for all persons entering the regional homeless services system

Child Protective Services (CPS) – state or local agency intended to identify, assess and serve children and families in effort to protect the children, prevent further maltreatment and preserve families when possible; often deal with neglected or abused children

Chronic homelessness (CH) – long-term or repeated homelessness, coupled with a disability; by HUD standards the individual (or adult in a family) must have a disability and have experienced homelessness for a year or more, or experienced 4 episodes in the past 3 years which total at least 12 months and are currently living in an emergency shelter or a place not meant for human habitation

Client Intake – The process of collecting a client's information upon entry into a program

Collaborative Applicant (CA) - entity that applies for CoC grants from HUD on behalf of the continuum it represents (OPEH in Fairfax)

Community Based Organization (CBO) – non-profits and faith based groups, with experience solving issues that affect their immediate locality in a way that promotes regional change, and ultimately influences larger systems

Community Case Management (CCM) – process of assessing, planning, coordinating care, and connecting individual to services

Community Development Corporation (CDC) – non-profit organization incorporated to provide programs, services and other activities that promote community development in a specific location; usually serves low-income areas

Community Development Block Grant (CDBG) – HUD program providing annual grants on a formula basis to local governments and states to address community development needs

Community Healthcare Network (CHCN) – partnership of health professionals, physicians, hospitals and local government formed to provide primary healthcare for low income and uninsured residents of Fairfax County, Fairfax City and Falls-Church

Community Services Board (CSB) –local agency serving as the point of entry into publicly-funded service system for mental health, intellectual disability and substance abuse

Comprehensive Services Act (CSA) – allows for the pooling of 8 specific funding streams to support services for high-risk youth

Consumer –individuals or families currently accessing prevention or homeless assistance services

Continuing Education Unit (CEU) – measure used in programs (usually 10 hrs. of participation) to provide evidence of completion of mandated continuing education requirements

Fairfax/Falls Church CoC HMIS Definitions

Continuum of Care (CoC) – A HUD term referring to each local homeless services system

Coordinated Services Planning (CSP) – central intake hub for accessing human services in Fairfax County; also serve as the central intake for homeless families into the local homeless services system

Coverage - number of beds in HMIS over total number of beds available; used by CoC's/service providers to refer to the number of beds represented in their HMIS

Covered Homeless Organization (CHO) – Any organization that records, uses, or processes data on homeless clients for an HMIS; requirements of the HMIS Final Notice apply to all CHO's

Data Quality (DQ) - The accuracy and completeness of all information collected and reported to the HMIS.

Data Standards – The basic data that is required to be entered into HMIS and how

De-identification - The process of removing or altering identification data in a client record; allows non-clinical applications to use real data without violating client privacy

Department of Corrections (DOC) – state departments under the DOJ responsible for the custody of inmates in state institutions and prisons and the supervision of offenders sentenced to probation or parole

Department of Family Services (DFS) – local government agency tasked with bettering the well-being of children and families living in challenging situations

Department of Housing and Community Development (DHCD) – local government agency responsible regional policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws

Digital Certificates - attachments to an electronic message used for security purposes; commonly used to verify the sender's ID and provide the receiver with the means to encode a reply

Disabling Condition - Condition limiting and individual`s ability to work or perform ADL's; in reference to HUD's definition of chronic homelessness, disabling conditions include: diagnosable substance use disorder, serious mental illness, developmental disability or chronic physical illness/disability

Domestic Violence (DV) – repeated pattern of abuse of one household member by another; there are many dimensions to DV including mode, frequency and severity, so instances can be obvious and overtly criminal (physical/sexual violence, etc.) or not (financial/emotional abuse, etc.)

Earned Income Tax Credit (EITC) – refundable tax credit for low/moderate income working people, particularly families; the amount of EITC benefit depend on household income and the number of children

Electronic Special Needs Assistance Program (E-SNAPs) – electronic grants management system operated by HUD's Office of SNAPS; supports the annual CoC Program Application and APRs

Emergency Shelter (ES) – Any facility whose primary purpose is to provide immediate, temporary shelter and services to people suffering from homelessness

Emergency Solutions Grants (ESG) – competitive federal grant that awards funds to cities, counties and non-profits to provide services to people at risk or suffering from homelessness so they may regain stable housing

Encryption – scrambles plain text into unreadable data using code to mask the data's meaning unauthorized viewers

Ethnicity - identity with a particular racial, national, linguistic, or cultural group; in HUD's reporting ethnicity is a question of Latino or non-Latino

Extensible Markup Language (XML) – markup language that defines a set of rules for encoding document in a format that is readable by people and computers; it is used to share data across different information systems via the Internet, and can encode documents and serialize data

Fair Market Rent (FMR) – A HUD term that applies to the amount of rent that may be paid with a subsidy in each jurisdiction based on average rents throughout the community

Family and Youth Services Bureau (FYSB) – provides national leadership, funding and support to organizations that work to end youth homelessness, adolescent pregnancy and domestic violence

Federal Information Processing Standards (FIPS) – federally developed standards publicized for use by all non-military government agencies and contractors; many FIPS's are modified versions of local standards

Federally Qualified Community Health Center (**FQCHC)** – reimbursement designation for CBO's that provide healthcare services to people regardless of financial/health insurance status; mission is to enhance primary care services in underserved communities

Final Notice - See HMIS Data and Technical Standards Final Notice

Geographic Information Systems (GIS) – captures, stores, analyzes, manages, shares and displays geographically referenced information

Government Performance and Results Act (GPRA) – One of a series of laws designed to improve government project management. The GPRA requires agencies to engage in project management tasks such as setting goals, measuring results, and reporting their progress. In order to comply with GPRA, agencies produce strategic plans, performance plans, and conduct gap analysis of projects.

Hashing – hash values are numbers/series of numbers generated from input data by a formula so that it is unlikely to be converted back or that another record will produce the same hash values; used to securely check whether two records are identical (ex: comparing client records in HMIS without identifying the clients)

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients access to their medical records and give them more control over how their personal health information is used and disclosed.

Health Resources and Services Administration (HRSA) – department of HHS tasked with improving healthcare services for the uninsured, isolated or medically vulnerable

Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) - The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs. Congress passed this act in 2009 and it was implemented in 2012

HMIS Data and Technical Standards Final Notice - regulations issued by HUD via the Federal Register describing HMIS implementation requirements; notes who needs to participate in HMIS, what data to collect, and how to protect client info

HMIS Lead Organization – organization designated to operate the CoC's HMIS; provides training and technical assistance and support to participating agencies

Housing First (HF) – strategy that attempts to move people experiencing homelessness into permanent housing as soon as possible, then provides supportive services to ensure housing stability

Home Investment Partnerships Program (HOME) – formula grant to states and localities to fund affordable housing activities including building, buying, renting and rehabbing properties as well as rental assistance for low-income people

Homeless Management Information System (HMIS) –computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of people experiencing homelessness

Homeless Solutions Grant (HSG) – state funding program to assist homeless households quickly regain stability in permanent housing

Housing Inventory Count (HIC) – community's stock of beds/units available for homeless individuals/families in the local

emergency shelters and homeless housing programs; counted and then reported to HUD in conjunction with the PIT count

Housing Opportunities for Persons with AIDS (HOPWA) – provides grants to local communities, States and nonprofits for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families

Intake Coordinator (IC) – person(s) tasked with assisting clients gain access to services; often ask basic questions about the client before referring them to a service provider based on need

Inferred Consent – assumed consent for data entry into HMIS after providing client an oral explanation of HMIS; must be a person of legal age and in possession of all his/her faculties

Information and Referral (I&R) – process for obtaining information about the program and service options available to homeless persons and linking them to these resources; HMIS includes features to facilitate information and referral

Informed Consent - A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.)

Length of Stay (LOS) – the duration of time a client remains in a particular program; this measurement is often used in emergency shelter programs to quantify how quickly they can solve clients' housing crises

McKinney-Vento Act – Congressional Act that authorized HUD's homeless assistance programs

Metropolitan Washington Council of Governments (COG aka MWCOG) – nonprofit that brings DC Metro leaders together to address regional issues in DC, MD and VA; PIT numbers from CoC's in the DC Metro area are reported to COG to create a regional snapshot of homelessness

Multiple Listing Service (MLS) – centralized database listing the real estate for sale in the United States

Local Education Agency (LEA) – synonymous with a school district, it is an entity which operates local public primary and secondary schools within a specific region

National Alliance to End Homelessness (NAEH) – national organization addressing homelessness; produce data for advocacy and policy reform as we well provide technical assistance and best practice research to CoC's

Not in My Back Yard (NIMBY) – characterization of residents' opposition to new development because it is close to them; sentiment is often directed towards homeless service organizations because of the population they attract

Notice of Funding Availability (NOFA) – HUD's annual announcement of funding available for programs or activities; the NOFA outlines funding limits and regulations for the CoC Program Competition

Neighborhood Stabilization Program – federal grants that provides emergency assistance to state and local governments in acquiring and redeveloping vacant/foreclosed properties that would otherwise be sources of abandonment and blight

Office to Prevent and End Homelessness (OPEH) – department within Fairfax County Human Services that serves as the lead agency for the Fairfax County CoC in Fairfax, VA and leads efforts to prevent and end homelessness locally

Projects for Assistance in Transition from Homelessness (PATH) – administered by SAMHSA, provides formula grants to providers that serve homeless or at risk persons with a mental illness or substance abuse issues – operated by the local CSB providing outreach

Penetration Testing – process of probing a computer system to identify security vulnerabilities and the extent to which they may be exploited

Performance Assessment Rating Tool (PART) – Developed to assess and improve program performance so that the Federal government can achieve better results. A PART review helps identify a program's strengths and weaknesses to inform funding and management decisions aimed at making the program more effective. The PART therefore looks at all factors that affect and reflect program performance including program purpose and design; performance measurement, evaluations, and strategic planning; program management; and program results. Because the PART includes a consistent series of analytical questions, it

allows programs to show improvements over time, and allows comparisons between similar programs.

Performance Measures – values used to evaluate programs' impact on the clients they serve

Permanent Housing (PH) – long-term housing options for homeless persons, often including time-limited support services; seen as the solution to homelessness

Permanent Supportive Housing (PSH) – long-term community-based housing with supportive services for homeless persons with disabilities so they may live independently as possible in a permanent setting

Personal Protected Information (PPI) – information that can be used to identify, contact or locate someone, or enable disclosure of their personal information

Public Housing Authority (PHA) – broad term for the state and local agencies that assist in implementing HUD projects and priorities at the regional level such as housing choice vouchers

Point in Time County (PIT) – A snapshot of the local homeless population recorded by each CoC in the last week of January and reported to HUD annually; includes all individuals/families that are literally homeless on the night of the PIT

Privacy Notice - public statement of an agency's privacy practices informing clients of how personal information is used and disclosed; all CHO's must have a privacy notice

Program Data Element (PDE) – data elements required for programs that receive HUD CoC Program funding and complete the APR

Public Keys - contain information that a sender can use to encrypt information such that only a particular key can read; recipient also can verify the identity of the sender through the sender`s public key

Public Key Infrastructure (PKI) – An arrangement that binds public keys with respective user identities by means of a certificate authority (CA). The user identity must be unique for each CA. The binding is established through the registration and issuance process, which, depending on the level of assurance the binding has, may be carried out by software at a CA or under human supervision. The PKI role that assures this binding is called the Registration Authority (RA). For each user, the user identity, the public key, their binding, validity conditions, and other attributes are made unforgeable in public key certificates issued by the CA.

Race – American Indian or Alaska Native; Asian, Black or African American; Native Hawaiian or Pacific Islander; White

Redevelopment and Housing Authority (RHA) –in Fairfax this is a subdivision of DHCD which administers low-income housing programs

Request for Proposal (RFP) – solicitation by an agency or company, often through a bidding process, interested in procurement of a commodity, service or valuable asset to potential suppliers to submit proposals; homeless services in Fairfax County are secured by local government through an RFP process

Results-Accountability (RBA) – management tool that facilitates collaboration amongst human series agencies as a method of decentralizing services and an innovative regulator process; implies clearly articulated goals and regular data analysis to understand if these goals are being met

Rapid Re-housing (RRH) – homeless service delivery approach that helps people access housing as quickly as possible; one housing is secured, supportive services are wrapped around clients so housing stability can be maintained

Runaway and Homeless Youth Management Information System (RHYMIS) – An automated information tool designed to capture data on the runaway and homeless youth seeking services from FYSB's Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP) and contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.

Substance Abuse (SA) – patterned use of a drug in which the amounts or methods of consumption are harmful to the user or those around them

Substance Abuse and Mental Health Services Administration (SAMHSA) – branch of HHS that attempts to improve quality and

availability of prevention, treatment and rehab services in order to reduce death, illness, disability and economic costs resulting from substance abuse and mental illness

Single Room Occupancy (SRO) – A residential property that includes units for single individual occupancy and provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings

Supplemental Nutrition Assistance Program (SNAP) – the largest program in the domestic hunger safety net, it provides nutrition assistance to low-income individuals and families; food stamps

Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) – provides SNAP participants with access to affordable employment and training programs through formula grants and reimbursement of state, local and non-profit providers

SSI/SSDI Outreach, Access and Recovery (**SOAR)** – program that certifies professionals to expedite client applications for SSI/SSDI

Social Security Number (SSN) – A 9-digit number issued by the Social Security Administration to individuals who are citizens, permanent residents, and temporary (working) residents

Social Security Disability Income (SSDI) – federal insurance program for individuals who are unable to work due to a disability; the disability should be over a year in duration and applicants must be under 65 years old and working prior to their disability

Supplemental Security Income (SSI) – federal program providing monthly stipend provided to low income individuals who are 65 years and older as well as those suffering from medical or psychological issues

Supportive Services - services that may assist homeless persons transition into, and maintain permanent housing

Supportive Services Only (SSO) – projects that only address the service needs of homeless persons and do not provide housing

Technical Assistance (TA) – provision of advice, assistance, and training pertaining to installation, operation and maintenance of business functions; HUD provides TA to CoC's for a variety of tasks including coordinated access and HMIS

Technical Submission – The form completed in the second phase of the SHP fund application process where an applicant that is successful in the competition (called a "conditionally selected grantee" or "selectee") then provides more detailed technical information about the project that is not contained in the original application.

Temporary Assistance for Needy Families (TANF) – provides cash assistance to families with dependent children through HHS

Transitional Age Youth – youth between the ages of 18-24 and their children

Transitions in Place (TIP) – housing model that allows participants to remain in their housing unit after completion of program

Transitional Housing (TH) – project intended to facilitate the movement of homeless individuals and families to permanent housing, usually providing 2 years of rental subsidies and mandatory service participation

Unaccompanied Youth – Minors not in the physical custody of a parent or guardian, including those living in inadequate housing such as shelters, cars, or on the streets. Also includes those who have been denied housing by their families and under-age mothers who have no housing of their own.

Unduplicated Count – count of homeless persons that has been reviewed to ensure individuals are counted once regardless of the number of entries/exits from the homeless system or the number of programs in which they are served

Universal Data Element (UDE) – data required to be collected from all clients serviced by homeless assistance programs using an HMIS including DOB, gender, race, ethnicity, veteran status, and SSN

U.S. Department of Education (ED) – dept. of federal government responsible for establishing policy for, administering and coordinating federal assistance to education as well as collecting data on U.S. schools and enforcing federal educational laws regarding privacy and civil rights

U.S. Department of Health and Human Services (HHS) - A Cabinet department of the United States government with the goal of

protecting the health of all Americans and providing essential human services

U.S. Department of Housing and Urban Development (HUD) - The Federal agency responsible for national policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws; mission is to create a suitable living environment for all Americans and give cities a strong national voice at the Cabinet level

U.S. Department of Justice (DOJ) – dept. of the federal government responsible for law enforcement and administration of justice

U.S. Department of Labor (DOL) – dept. of federal government responsible for occupational safety, wage & hourly, unemployment benefits, reemployment services and some economic statistics

Utilization Rate - measurement of the amount of beds/units in a program that are occupied within a specific time frame

Veteran's Affairs Medical Center (**VAMC)** – hospitals and clinics located nationwide that provide healthcare services to individuals and families that are eligible for VA benefits

Veterans Affairs Supportive Housing (VASH) – Permanent supportive housing for VA eligible veterans

Veterans Affairs (VA) – the US military veteran benefit system is responsible for administering programs of veterans' benefits for veterans, their families, and survivors including disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits, and burial benefits

Violence Against Women Act (VAWA) – Programs range from policies to encourage the prosecution of abusers to victim's services to prevention programs. VAWA helped forge new alliances between police officers, courts, and victim advocates.

Virginia Coalition to End Homelessness (VCEH) – non-profit dedicated to preventing and ending homelessness throughout Virginia through collaboration, capacity building, education and advocacy

Virginia Employment Commission (VEC) – state agency dedicated to promoting economic growth and stability in Virginia by delivering and coordinated workforce services like job placement, income support, training services, etc.

Virginia Housing Development Agency (VHDA) - state agency responsible for commonwealth policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws in Virginia

Virginia Housing Trust Fund (HTF) – pool of funds intended to create and preserve affordable housing and reduce homelessness in the commonwealth of Virginia

Workforce Innovation & Opportunity Act (WIOA) – provides federally funded employment services, workforce development and basic education to improve workforce quality, reduce welfare dependency, and enhance competiveness and productivity across the US

Written Consent – document completed and signed by a client that assumes understanding of the options and risks of sharing data in an HMIS system; signed document kept on file by agency

Local Nonprofit Homeless Service Organizations

Alternative House – Non-profit organization focusing on homeless and at risk youth; operates emergency shelter for minor children and provides TH and RRH for transitional age youth.

Beth El House – transitional housing program for families experiencing homelessness due to domestic violence

Bethany House – nonprofit providing emergency shelter and supportive services to victims of domestic violence

Brain Injury Services – helps persons with a brain injury re-build the skills necessary to lead fulfilling lives

Fairfax/Falls Church CoC HMIS Definitions

Christian Relief Services (CRS)– non-profit providing affordable housing, PSH and TH

Community Residences - Serves people with mental health diagnoses or intellectual disabilities providing supportive housing

Cornerstones – non-profit that provides an array of housing programs and services and operates emergency shelter for singles and families

FACETS - non-profit that provides an array of housing programs and services and operates emergency shelter for families

Family PASS – Non-profit that provides temporary rent subsidies to homeless and at risk families and connects them with support services

Final Salute – Transitional Housing program for homeless female veterans and their families

Friends of Guest House – Non-profit that helps Northern Virginia women make successful transitions from incarceration back into the community

Good Shepherd Housing & Family Services (GSHFS)- Non-profit providing affordable housing

Homestretch - Operates a variety of transitional housing programs for families as well as some permanent hosuing

Kurdish Human Rights Watch (KHRW) – Non-profit that provides services to Middle Eastern immigrants

Lamb Center – Faith based day center offering hot meals, showers, daily living amenities and access to services to some of Fairfax's most vulnerable homeless clients

New Hope Housing (NHH) **-** non-profit that provides an array of housing programs and services and operates emergency shelter for singles

Northern Virginia Family Service (NVFS) **–** non-profit which operates emergency shelter for singles and administers Bridging Affordability and ESG programs

Opportunities Alternatives and Resources (OAR) - Aims to rebuild lives and break the cycle of crime with opportunities, alternatives, and resources for offenders and their families to create a safer community

Our Daily Bread (ODB) - A volunteer-based organization focused on identifying and addressing the unmet fundamental needs of residents and empowering the community to help neighbors maintain self-sufficiency

Pathway Homes - Nonprofit providing permanent supportive housing to adults with serious mental illness; operates most of the permanent supportive housing for homeless individuals in Fairfax

Psychiatric Rehabilitation Services (PRS) – Non-profit operating PSH programs for adults with mental illness

Shelter House (SH)- non-profit that provides an array of housing programs and services and operates two emergency shelters for families

United Community Ministries (UCM) - Assists families and individuals living in poverty

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness Fairfax County Continuum of Care (CoC) Governance Charter

ATTACHMENT B:

COORDINATED ENTRY: POLICIES, PROCEDURES AND WRITTEN STANDARDS

FAIRFAX-FALLS CHURCH COMMUNITY PARTNERSHIP TO PREVENT AND END HOMELESSNESS

Coordinated Entry: Policies, Procedures, and Written Standards

INTRODUCTION

The Coordinated Assessment Policies, Procedures, and Written Standards Manual details a set of policies, procedures and written standards specific to prevention, emergency shelter, hypothermia program, rapid rehousing, transitional housing, permanent supportive housing and other permanent housing programs to be utilized by the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. This Manual includes a basic outline of standards for eligibility and the prioritization process for program admission, policies for access and assessment, information about the prioritization pool, procedures for referrals and applications, and acceptance and rejection criteria.

The Fairfax-Falls Church Community Partnership to Prevent and End Homelessness developed its Coordinated Assessment system to make rapid, effective, and consistent client-to-housing and service matches—regardless of a client's location within a CoC's geographic area—by standardizing the access and assessment process and by coordinating referrals across the CoC.

Coordinated Assessment paves the way for more efficient homeless assistance systems by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Staff using these policies, procedures and written standards should also reference the HMIS Policies and Procedures Manual, as well as related HMIS training materials, for more guidance.

TABLE OF CONTENTS | **PAGES**

1) Homelessness Prevention (including Shelter Diversion) ……..…….. 2 – 3
2) Emergency Shelter……..…….…… 3 – 5
3) Hypothermia Prevention – Individuals Only..……..... 5 – 6
4) Rapid Rehousing……..…….…… 6 – 7
5) Acceptance & Rejection Criteria for Homelessness Prevention, Emergency Shelter, and Rapid Rehousing. 7
6) Appeals Process for Homelessness Prevention, Emergency Shelter, and Rapid Rehousing ……. 7 – 8
7) Transitional Housing (TH)……....…… 9 – 10
8) Permanent Supportive Housing (PSH)…….…… 10 – 11
9) List Maintenance / Data Quality, Referral & Application Process for TH & PSH…….. 11 – 12
10) Acceptance & Rejection Criteria for TH & PSH…….. 12 – 13
11) Acceptance / Rejection Documentation Process & Appeals for TH & PSH…….. 14
12) Other Permanent Housing (TBD) …….…… 14 – 15
13) Domestic Violence...…… 15 – 16
14) Recordkeeping Requirements ……...…..…… 16 – 19
15) Key Terms……...…..…… 16 – 22

1. PREVENTION (including Diversion)

INTRODUCTION

Homelessness prevention is the approach used to stabilize households in their current housing or help them to move into new housing without first entering the shelter system or experiencing homelessness. Services may include financial assistance* (short or medium-term rental assistance, security or utility deposits, utility payments, moving cost assistance), housing relocation and stabilization services, legal assistance (generally mediation), credit counseling, and case management. The support is provided to help households resolve their immediate housing crisis and access ongoing sources of support in the community in order to remain housed. Prevention targets people at imminent risk of homelessness and diversion targets people as they are applying for entry into shelter. The overall goal of prevention services (including diversion) is to 1) reduce the number of Individuals and Families who become homeless for the first time, and 2) reduce the number of Individuals and Families experiencing multiple episodes of homelessness.

**Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.*

ELIGIBILITY

Those seeking prevention services are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 2 – 4
   - Category 2: At Imminent Risk of Literal Homelessness, OR
   - Category 3: Homeless under other Federal statutes - Homeless under the McKinney-Vento Education of Homeless Children and Youth Assistance Act (this definition solely applies to programs that are designated to serve youth only households) as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, OR
   - Category 4: Fleeing/Attempting to Flee Domestic Violence
   - At Risk of Homelessness

   (*See "Key Terms" section for full HUD homeless definitions*).
2) The household annual income must be at or below 50 percent of the Fairfax County area median income; the household must lack the financial resources and support networks needed to prevent literal homelessness.(*See "Key Terms" for guidance on calculating income*).
3) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Providers offering prevention services should consider the identified target populations served by the project. The households that meet the most number of criteria listed below will be considered the highest priority for prevention services.

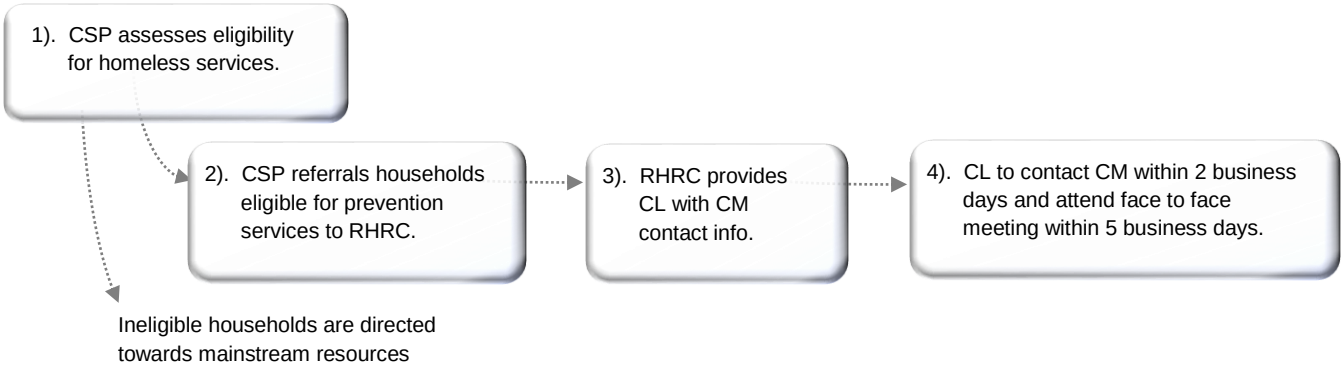
1) Fairfax County Residents (*See "Key Terms" section for Fairfax County Residency Status definition*).
2) Households with annual income at or below 30 percent of Fairfax County area median income.
3) Previous stay in emergency shelter as documented in HMIS (and /or verified by an emergency shelter serving victims of domestic violence) within 24 months after their date of exit to permanent housing.
4) Any experience of homelessness.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking homeless services assistance will be assessed by Coordinated Services Planning (CSP) to determine current housing status.

2) For households that cannot be served by CSP, CSP will send a referral to the Regional Homeless Referral Coordinator(RHRC) for Individuals and Families that meet the eligibility criteria for prevention services.
3) Upon receipt of the referral, the RHRC will provide the name and contact information of the assigned Case Manager (CM) to the client and inform the client of the expectation that they are to make contact within 2 business days.
4) The client is responsible for contacting the Case Manager within 2 business days. Clients that do not make contact with their Case Manager within 2 business days will be referred back to CSP. A face to face meeting should occur within 5 business days. Clients that do not attend a face to face meeting with their Case Manager within 10 business days will be referred back to CSP. The difference in timeframes is intentionally designed to give the Case Manager some flexibility in determining when to redirect clients back to CSP and to reduce the likelihood that CSP is generating duplicative referrals.

During the first meeting with the client, the case manager will collect documentation to confirm eligibility. Eligibility must be reassessed every 90 days. Households who have received homeless services within the last year and are seeking services again should be referred by CSP to the regional partner agency last providing services.



2. EMERGENCY SHELTER

INTRODUCTION

Emergency shelter is defined by the Department of Housing & Urban Development as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific homeless populations. Fairfax County emergency shelters serve Individuals and Families according to the following eligibility and prioritization criteria with the goal of transitioning those served back into permanent housing in 30 days or less.

ELIGIBILITY

Those seeking emergency shelter services are required to meet all of the following basic eligibility guidelines:

1) Families defined as Homeless under the HUD definitions, Categories 1 – 2, and 4
   Individuals defined as Homeless under the HUD definitions, Categories 1 and 4:
   - Category 1: Literally Homeless
   - Category 2: At Imminent Risk of Literal Homelessness (this definition solely applies to Families that have engaged in prevention / diversion services and no alternatives to shelter were identified)
   - Category 4: Fleeing/Attempting to Flee Domestic Violence (and no safe alternatives to shelter were available)

   (*See "Key Terms" section for full HUD homeless definitions*).
2) All other viable housing options have been considered and are not appropriate or available.

Diversion options should be explored before placing any Families or Individuals in emergency shelter. Family Shelters should conduct a Sex Offender Registry Search before admitting any adult in the household into the emergency shelter. See "Shelter Entry Screening - Sex Offender Registry Policy" for additional guidance.

PRIORITIZATION

Emergency shelter providers should use the following order of priority when placing Individuals and Families in emergency shelter:

Individuals	Families
The emergency homeless shelters for Individuals in the Fairfax-Falls Church Community are filled utilizing a prioritization pool. The pool prioritizes clients with consideration to the following factors: 1) belonging to any of the identified priority groups, 2) time in the prioritization pool, and 3) client selection of desired shelter by region. Clients can choose to be placed in the prioritization pool for one, two, or all three of these existing Emergency Shelters for single adults (Bailey's Community Shelter, Eleanor U. Kennedy Shelter, and Embry Rucker Community Shelter). Clients may be prioritized for one or three reasons: 1) In response to federal, state, or local legislation / demand including: • Veterans who are willing to work toward permanent housing • Chronically homeless individuals who are willing to work toward permanent housing • Individuals who are most likely to die if not sheltered 2) To avid / shorten an experience of sleeping in places not meant for human habitation when a housing option has been secured and is available within 30 days, and 3) To protect the life of the client (or an unborn child) when the client belongs to a high risk population. • Pregnant females who have been placed on bed rest and have the appropriate medical documentation who is willing to work toward permanent housing • A person who had a documented terminal illness who is willing to work toward permanent housing In order to identify the next eligible person, providers must complete the following steps: 1) Sort the Pool to identify all clients who are willing to come into their particular shelter; 2) Of those identified, sort to identify those persons belonging to one of the priority groups; 3) Of those who belong to a priority group, which person has been in the Pool the longest. This is the person who is eligible for next available regular program bed.	1) Families defined as Homeless under the HUD definition Category 1: Literally Homeless that meet the Fairfax County Residency Status & Verification of Loss of Permanent Housing in Fairfax County; and Category 4: Fleeing/Attempting to Flee Domestic Violence 2) Families defined as Homeless under the HUD definition Category 2: At Imminent Risk of Literal Homelessness that meet the Fairfax County Residency Status & Verification of Loss of Permanent Housing in Fairfax County. 3) All other Families defined as Homeless under the HUD Definition Category 1: Literally Homeless.

Providers must exercise due diligence when filling vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering services.

Documentation verifying Fairfax County Residency Status *and* Verification of Less of Permanent Housing in Fairfax County needs to be collected for Families that meet HUD homeless definition Categories 1 & 2 (this does not include Category 4) in order to apply the prioritization criteria:

1) Fairfax County Residency Status: At least one of the following forms of documentation should be collected upon entry to emergency shelter to verify Fairfax County Residency Status, including:
   - Driver's license or any form of ID with an address in Fairfax County, *or*

- Utility bill with a name and address within the past 180 days for a unit located in Fairfax County, *or*
- Documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Fairfax County Department of Family Services, *or*
- Children currently in physical and legal custody enrolled in Fairfax County Public Schools*, or*
- Otherwise verifiable documentation through a third party connecting the household to Fairfax County

2) Verification of Loss of Permanent Housing in Fairfax County: Documentation should be collected upon entry to emergency shelter to verify Loss of Permanent Housing in Fairfax County, including:
   - A written legal rental lease or property mortgage for at least 180 consecutive days prior to their date of homelessness for property located in Fairfax County, *or*
   - An eviction or foreclosure notice indicating the date that the housing was list in Fairfax County, *or*
   - If the family never had a legal lease or property mortgage in Fairfax County, then the family must provide documentation (Third Party Housing Status Verification Form) to verify they have resided permanently in Fairfax County for at least 180 days.

ACCESS & ASSESSMENT

Individuals	Families
Triage, Diversion & Addition to the Prioritization Pool: 1) Individuals seeking shelter must first call one of the shelters (or Coordinated Services Planning) directly. Only people who are immediately able to enter a shelter bed will be added to the Prioritization Pool. This is not a waitlist, and cannot be used as a discharge plan for people exiting institutions, facing eviction or otherwise not meeting the eligibility requirements. If calling one of the shelters, the individual seeking shelter space must leave a clear message that includes: full first, middle and last name, date of birth, contact phone number, email and an authorized representative's name and phone number.* The Individuals have left messages will be contacted and screened for placement in the Prioritization Pool. Individuals can choose to be prioritized for one, two, or all three Fairfax-Falls Church emergency homeless shelters for singles. • For clients who are unable to call for themselves, such as clients without access to a phone, clients with an intellectual disability, brain injury or serious mental illness, calls will be accepted be a representative. • The Prioritization Pool will be regularly shared with regional and county-wide outreach teams for the purposes of Diversion from shelter. Cases will be assigned to outreach based on the original placement agency. 2) In order to be added to the Prioritization Pool, each individual will be contacted directly to complete the Housing Needs Tool, the Entry Data Collection Tool, and the ROI. If eligible and no other housing options are available, individuals will be added to the Pool.	1) All Families seeking homeless services assistance will be assessed by Coordinated Services Planning (CSP) to determine current housing status. 2) CSP will send a referral to the Regional Homeless Referral Coordinator (RHRC) for Individuals and Families that meet the eligibility criteria for emergency shelter. 3) The client is responsible for contacting the emergency shelter they were referred to within 2 business days. When the client makes contact, the RHRC will re-assess the housing status and determine if there are any other safe, viable housing options available. 4) If the household is assessed to be experiencing literal homelessness without any other safe, viable housing options, the RHRC will coordinate placement in emergency shelter. If the household is not literally homeless and eligible for prevention services, a case manager should be assigned. Documentation verifying eligibility will be collected upon entry into emergency shelter, which may include self-declaration of income, bank statements, pay stubs, etc.

**Sample Voicemail for agencies – Thank you for calling (name of program), a program of (name of agency). You have reached to a singles' shelter access line. If you are age 18 or over, currently homeless, are interested in seeking and securing housing, and you want to come into shelter, please leave a clear and complete message. The message must*

include your full first, middle, and last name, your date of birth and a contact phone number or email where you can be reached. If you do not have a phone or email, you can leave the name and phone number of someone who is able to contact you immediately. Based on the information what you leave in this voicemail, someone will be in contact with you in order to add your name to the singles' shelter Prioritization Pool.

FILLING SHELTER BEDS – *Individuals Only*

When a bed becomes available, the appropriate regional homeless services staff at each shelter will begin attempting to fill at noon daily beginning at the top of the list with the first eligible person. In order to determine the next eligible person, the homeless service staff completes the following steps:

1) Sort the Pool to identify all clients who are willing to come into their particular shelter;
2) Of those identified, sort to identify those persons belonging to one of the priority groups;
3) Of those who belong to a priority group, which person has been in the Pool the longest. This is the person who is eligible for next available regular program bed. If there are no clients in the Pool that are identified priority group0s, the person who has been on the list the longest is the next eligible client. (A person may be ineligible due to an existing ban, the available bed is in the dormitory of the opposite gender, etc. The Stay Away and Banning Processes still Apply.)
4) Prior to shelter entry, Individuals will be re-assessed using the Housing Needs Tool to determine current eligibility and needs. Whenever possible, homeless assistance staff will use diversion techniques to divert households from entering shelter (family, friends, housing placement, etc.).
5) For Individuals who are eligible for the shelter, homeless assistance staff will complete all documentation necessary to complete HMIS data entry, the Uniform Authorization to Use and Exchange Information, the VI-SPDAT, collect contact and emergency contact information, complete shelter orientation and assign the Individual to a bed. The Individual will also be made aware that the shelter is a 30 day program, and they will be expected to exit the program 30 days after the date of intake. In addition, he / she will be informed that supportive services such as case management and housing location are available to assist him or her in finding and securing housing along with other services. For clients with an existing case manager in HMIS, intake staff should notify that case manager that the client is currently residing in their particular shelter and the identified exit date.
6) Homeless assistance staff notifies appropriate liaisons at other two partner shelters using HMIS of move-in.

PRIORITIZATION POOL MANAGEMENT – *Individuals Only*

Each agency will be responsible for maintaining the clients added to the Pool by their region. Clients will be called into shelter beds daily Monday through Friday (except holidays) as beds become available. Regional homeless staff is responsible for removing clients that have been called into the shelter from the Pool. In addition, as part of the data quality process, each region is responsible for ensuring that every client who has been added to the Pool by their region is contact at least once per month, and is still both interested in and eligible to enter shelter. Clients may been removed from the waitlist for the following reasons:

1) Entry into another shelter
2) Failure to make contact within a 30 day period
3) Refusal of bed space
4) Move into housing
5) Receiving a county-wide ban

3. HYPOTHERMIA PROGRAM– Individuals Only

INTRODUCTION

The following document details a set of policies, procedures and written standards for coordinated assessment specific to **Hypothermia Shelter** programs to be utilized by the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. This manual includes a basic outline of standards for eligibility.

ELIGIBILITY

Shelter providers are required to ensure that all program participants meet the following basic eligibility guidelines:

1) Individuals meet HUD's definition of Category 1, 3, 4 – Literally Homeless
2) All participating household members are over the age of 18.

PRIORITIZATION

Hypothermia Shelters are open to all homeless individuals in Fairfax County regardless of current alcohol or drug use in order to prevent weather-related deaths.

ACCESS & ASSESSMENT

1) All unsheltered homeless adults experiencing an episode of homelessness are eligible for participation in the Hypothermia Prevention and Response Program.
2) Homeless assistance staff will complete the Hypothermia Intake & Screening Form for participating households.
3) During the households' intake, homeless assistance staff will assess client's needs and make an initial attempt to connect household with vital support services.

ACCEPTANCE & REJECTION CRITERIA

Criteria for Banning would include: actual physical violence, or threatening behavior towards staff, other guests, or community volunteers; possession of weapons, and/or attempts to sell or distribute illegal drugs / controlled substances or so-called "designer drugs."

ACCEPTANCE / REJECTION DOCUMENTATION PROCESS & APPEALS

1) Denial of hypothermia shelter admission
   a. Hypothermia providers must document the reason for denial of hypothermia services in a document upload to HMIS and/or incident report reflecting a brief description of the event leading to the denial of hypothermia services.
   b. Complete incident/ban section in HMIS and document whether ban is program site specific or county wide
2) Client Participation and Appeals
   a. Every Hypothermia Shelter program must have an appeal process in place and available to anyone who requests a copy.
   b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within the time frame of the appeal.
3) Denial of hypothermia shelter admission
   a. Hypothermia providers must document the reason for denial of hypothermia services in an incident report reflecting a brief description of the event leading to the denial of hypothermia services, and maintain that documentation according their agency's documentation policies.
   b. The "Incidents" section must be completed in HMIS including a short description of the incident in the notes section, and specific documentation of whether the ban is program site specific or county wide.
   Whenever possible, hypothermia providers attempt to link clients who are denied hypothermia admission to other providers or sites; however, if the client provides sufficient danger to staff, volunteers or other clients, referrals should not be made. Hypothermia service providers will be made aware of any acts or threats of violence.
4) Client Participation and Appeals
   a. Every Hypothermia Shelter program must have an appeal process in place that allows for clients to have their appeal heard by a member of agency management. The process for appeals must be documented and available

to anyone who requests a copy. Clients do not retain the right to remain on hypothermia site property during the appeal process.

b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within 5 business days of the denial of program admission. The agency representative then must provide an initial response within 5 business days of receipt of the appeal, and then follow their agency's appeal process as documented.

4. RAPID REHOUSING

INTRODUCTION

Rapid Rehousing is an approach to help Individuals and Families experiencing homelessness move quickly into permanent housing, ideally within 30 days of becoming homeless. Rapid rehousing assistance is generally offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of each household. Services include housing search and selection support, assistance in negotiating the terms of a lease, short term rent subsidies and move-in assistance,* individualized case management, ongoing crisis prevention and crisis management services, facilitated access to community resources (i.e. benefits, employment), and other supportive services. The amount of rental assistance and length of case management services is determined with guidance provided by the Housing & Services Triage Tool. In general, longer term subsidies are designed to support households with higher barriers and short term subsidies are used for households with low barriers. The minimum amount of support should be provided to assist the household in stabilizing in housing.

**Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.*

ELIGIBILITY

Those seeking rapid rehousing services are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 1& 4.
   - Category 1: Literally Homeless
   - Category 4: Fleeing/Attempting to Flee Domestic Violence

   (*See "Key Terms" section for full HUD homeless definitions*).
2) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Providers offering rapid rehousing services should consider the identified target populations served by the project and use the following order of priority to select participants for rapid rehousing services:

1) Fairfax County Residents (*See "Key Terms" section for Fairfax County Residency Status definition*).
2) Households with annual income at or below 30 percent of Fairfax County area median income.
3) Previous stay in emergency shelter as documented in HMIS (and /or verified by an emergency shelter serving victims of domestic violence) within 24 months after their date of exit to permanent housing.
4) Any previous experience of homelessness.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking homeless services assistance will be assessed by the Regional Homeless Referral Coordinator (RHRC) to determine eligibility for rapid rehousing services.
2) If the household is assessed to be eligible for rapid rehousing services, a Case Manager will be assigned.
3) The RHRC is responsible for notifying the client and the referral source of the results of the eligibility assessment.

During the first meeting with the client, the Case Manager will collect documentation to confirm eligibility and will complete the Housing & Services Triage Tool (for Families) to determine the recommended length of services provided or VI-SPDAT (for Individuals). Eligibility must be reassessed every 90 days.

5. ACCEPTANCE & REJECTION CRITERIA for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

ACCEPTANCE & REJECTION CRITERIA for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

The homeless services provider is responsible for notifying the client and Coordinator Services Planning if the client was not approved for services. The following is a summary of why this may occur:

1) *Reasons for Rejection*
   Programs ultimately have the right to accept or reject applicants from their program. There must be documented, legitimate reasons for programmatic rejection. Some common reasons for programmatic rejections are listed below.
   a. Lack of required eligibility documentation; or
   b. Not meeting minimum eligibility criteria; or
   c. Not following up within the timeframe established; or
   d. Homeless services were previously terminated as a result of threats of violence or violence
2) *Client Choice*
   Clients retain the ultimate right to accept or refuse services and / or entrance into services. Clients who refuse services are not considered to have been rejected by the program provider.

6. APPEALS & FSPT PROCESS for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

DENIAL of SERVICES & APPEALS PROCESS for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

1) *Denial of Services – Individuals and Families*
   a. The emergency shelter provider must document the reason for denial of services in a case note or document and upload to HMIS. Family service providers should notify Coordinated Services Planning and client in writing. Individual service providers should notify the referring agent and the client in writing.
   b. Repeated denials of Individuals and Families by an emergency shelter provider may require additional monitoring and evaluation of the provider's decisions by the Fairfax County Office to Prevent and End Homelessness and other Community Partnership staff.
2) *Denial of Services – Individuals ONLY*
   a. Individuals with high recidivism rates may be required to "stay away" from single shelter services for a period of time based on the number of times they have been in Fairfax County shelters. "Stay away" refers to the amount of time that must pass before a person is eligible for re-entry into a shelter and is based on the following formula:
      - First, second, and third discharge from shelter: 30 day stay away period
      - Fourth, fifth, and sixth discharge from shelter: 3 month stay away period
      - After the seventh discharge from shelter: 6 month stay away period
3) *Client Participation and Appeals*
   a. Every emergency shelter provider must have an appeal process in place and available to anyone who requests a copy.
   b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within the time frame of the appeal.

FSPT (FAMILY SERVICES PLANNING TEAM) MEETINGS

1) *Definition & Purpose* –"FSPT" stands for Family Services Planning Team. This language is used to describe the gathering of social service professionals that have experience in working with the household or are from different agencies that may be able to provide support in developing a housing plan. At least one other Fairfax-Falls Church Community Partnership social service professional must be present to qualify the meeting as a FSPT.

2) *Types of FSPTs*
   a. Entry FSPTs**–**An Entry FSPT may be held for households that have previously engaged in homeless services *or* are not experiencing literal homelessness but are requesting shelter instead of engaging in prevention services. The purpose of the Entry FSPT may be to (1) assist the family in addressing barriers to prevent or divert them from homelessness, (2) to review the details of a previous Exit FSPT (if applicable) including any requirements, contingencies, or time limits that were given, and / or (3) to determine if additional services or interventions can be offered moving forward.
   b. Exit FSPTs **–** Some participants receiving homeless services will fail to comply with the terms and conditions of their participant agreements or exceed their assigned length of stay in emergency shelter without identifying a housing plan. Program violations can run the gamut from minor to major issues, and the program operator must comply with the appeals process established for the program type. In some instances, program violations will be severe and /or repeated to the point that immediate program termination is necessary. If a household is reporting they will be literally homeless if exited and there are no safety risks posed to the provider, a FSPT should be scheduled to help the household identify options.
   c. Optional FSPTs – FSPTs can also be held any time that staff or clients feel it could be beneficial such as when (1) clients are experiencing difficulties in following their service plan (2) attempting to re-enter a program after a past successful exit or (3) voluntarily exiting a program.

3) *Documenting and Communicating FSPT Outcomes*– Following the determination of the FSPT, the homeless services worker that scheduled the FSPT should ensure that Coordinated Services Planning is aware of the decision of the meeting. If the family is exiting shelter into literal homelessness with minor children, and is determined to be ineligible for reentry, the homeless services worker that scheduled the FSPT should make a report to Child Protective Services via the CPS Hotline703-324-7400. This call should be made at actual program exit, when it is determined that the family will truly be unsheltered with minor children. Information shared should include the interventions that were provided, the reasons that they are being terminated, the reasons behind their ineligibility for reentry, and any other information as it pertains to the safety/wellbeing of the children.

7. TRANSITIONAL HOUSING

INTRODUCTION

To ensure that all Transitional Housing vacancies are used as strategically and effectively as possible, the Transitional Housing resource needs to be targeted to serve persons with the highest severity of service needs that is within the numeric range of the Housing Services Triage Tool (HSTT) and the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), indicating that these Individuals and Families can move toward self-sufficiency usually within a two year period.

ELIGIBILITY

Transitional Housing providers are required to ensure that all program participants and tenants meet the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 , Category 1 – Literally Homeless or for programs targeting youth, as defined by the McKinney-Vento Education of Homeless Children and Youth Assistance Act of 2001; and
2) If designated as a Transitional Housing project for Families (households with children), the household must include at least one adult and one minor child; and
3) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for youth, or programs for veterans, etc.).

PRIORITIZATION

Transitional Housing providers should consider the identified target populations served by the project and use the following order of priority to select participants for the Transitional Housing project:

1) Individuals and Families with an annual income at or below 50 percent of the Fairfax County area median income; and
2) Individuals and families with the highest Severity of Service Needs (see the "Key Terms" section for definitions) that is within the numeric range that is identified as appropriate for the Transitional Housing program based on household type'
   a) Households with at least one adult and one child – A score as measured by the Housing and Services Triage Tool (HSTT) that is between 17 – 25. Families with a HSTT score greater than 25 can be considered for Transitional Housing only if there are no other Families in HMIS with a HSTT score between 17 – 25**and** the family does not meet the requirements for Permanent Supportive Housing.
   b) Households without children – A score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score that is 5+.
   c) Youth only households – A score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score that is 5+.
3) Individuals and Families with the longest history of homelessness as identified by Fairfax County HMIS.
4) All other homeless Individuals and Families.

Providers must exercise due diligence when filling program vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering housing. Providers are not required to keep units vacant where there are persons who meet a higher priority within the community and who have not yet accepted the Transitional Housing opportunities offered to them. Emergency shelter providers (that are sending the referrals) should continue to make attempts to engage those persons.

REFERRING AGENCIES

The agencies that are eligible to make referrals include all Fairfax County Office to Prevent and End Homelessness (OPEH) contracted regional providers, Continuum of care-funded providers, and

ACCESS & ASSESSMENT

1) All Individuals and Families seeking assistance will be assessed immediately by regional homeless assistance staff person to determine current housing status.
2) All Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless or the McKinney-Vento Education of Homeless Children and Youth Assistance Act of 2001 will be assessed within 10 business days of seeking assistance with either the Housing Services Triage Tool (HSTT) or the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as appropriate for the household type.
3) Homeless assistance staff should complete a referral in HMIS for all Individuals and Families determined by the HSTT or VI-SPDAT to have a score that meets the threshold for Transitional Housing. All required documentation must be uploaded into HMIS to complete the referral.

8. PERMANENT SUPPORTIVE HOUSING

INTRODUCTION

Permanent Supportive Housing is designed to serve persons with the highest needs and greatest barriers towards obtaining and maintain housing on their own, especially those who are experiencing chronic homelessness.

ELIGIBILITY

Permanent supportive housing providers are required to ensure that all program participants and tenants meet the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless or current tenants of permanent supportive housing that were chronically homeless at the time of admission (Individuals and Families referred from transitional housing programs must have met HUD's definition of literal homelessness upon entry into the transitional housing program); and
2) One household member must have a documented, long-term disability *(See "Key Terms" section for definition of Documented, Long-Term Disability);* and
3) If designated as a PSH project for families (households with children), the household must include at least one adult and one minor child; and
4) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Permanent supportive housing providers should consider the identified target populations served by the project and use the following order of priority to select participants for the PSH project:

1) Current tenants of permanent supportive housing that were chronically homeless at the time of admission and are at risk of losing housing due to no fault of their own (e.g. including a loss of program funding, a change in service needs, or a new household composition).
2) Chronically Homeless Individuals and Families with the longest History of Homelessness and with the highest Severity of Service Needs *(See the "Key Terms" section for definitions).*
3) Chronically Homeless Individuals and Families with the longest History of Homelessness.
4) Chronically Homeless Individuals and Families with the highest Severity of Service Needs.
5) Homeless Individuals and Families with a Disability with the Most Severe Service Needs Coming from Transitional Housing programs.

If a PSH provider is not able to identify any eligible chronically homeless Individuals or Families as defined above then the PSH provide should use the following order of priority:

6) All Other Chronically Homeless Individuals and Families.
7) Homeless Individuals and Families with a Disability with the Most Severe Service Needs Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
8) Homeless Individuals and Families with a Disability and the longest period of continuous or episodic homelessness.

Providers must exercise due diligence when filling program vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering housing. Providers are not required to keep units vacant where there are persons who meet a higher priority within the community and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the PSH providers are encouraged to follow a Housing First approach to the maximum extent practical.

REFERRING AGENCIES

The agencies that are eligible to make referrals include all Fairfax County Office to Prevent and End Homelessness (OPEH) contracted regional providers, Continuum of Care-funded providers, and the Community Services Board for clients participating in the Projects for Assistance in Transition from Homelessness (PATH), Intensive Case Management (ICM) and Program Assertive Community Treatment (PATH) programs.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking assistance will be assessed immediately by regional homeless assistance staff person to determine current housing status.

2) All Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless, will be assessed within 10 business days of seeking assistance with either the Housing Services Triage Tool (HSTT) or the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as appropriate for the household type.
3) Homeless assistance staff should complete a referral in HMIS for all Individuals and Families determined by the HSTT or VI-SPDAT to have a score that meets the threshold for PSH. All required documentation must be uploaded into HMIS to complete the referral.

9. LIST MAINTENANCE / DATA QUALITY, REFERRAL & APPLICATION PROCESS FOR TH & PSH

LIST MAINTENANCE and DATA QUALITY

Referring staff review open referrals during data quality process by the 10th of each month. Referring staff verify that open referrals are still legitimate and close referrals when appropriate. Referrals are closed by the referring agency when:

1) Client chooses to close referral;
2) Client is no longer eligible for housing programs utilizing the Prioritization Pool;
3) Client has not been seen in six months;
4) Client refuses three offers of safe, affordable and appropriate housing; or
5) Client has already been housed.

Receiving agency should close referrals when clients are housed through their program. *Referring* agency establishes all of the relevant client data at referral. Information must be updated at least once every six months, but should be updated whenever the referring agency is aware of changing client circumstances. When clients move to another location or program, then a new referring agency must staff the case with the original referring agency before changing prioritization information, such as length of homelessness or severity of service needs.

REFERRAL AND APPLICATION PROCESS

1) Prior to referral, case manager should check HMIS to see if there is an existing referral.
2) Required paperwork, including (a) referral, (b) certification of homelessness, (c) documentation of disability - *PSH only*, and (d) release of information should be completed by the applicant and case manager. All referrals must be reviewed by the supervisor prior to submission to the Prioritization Pool. Upon completion of the supervisory review, the required paperwork should be scanned and uploaded into HMIS. The V-SPDAT or HSTT will be recorded in HMIS and therefore do not need to be uploaded.
3) TH or PSH Provider goes to the Prioritization Pool in HMIS when filling a vacancy.
4) TH or PSH Provider identifies the top three Individuals or Families from the Prioritization Pool based on the Eligibility & Prioritization standards outlined above.
5) TH or PSH Provider contacts case manager to confirm that the eligibility documentation, such as the homeless certification or documentation of disability, is timely and accurate.
6) If all documents are not uploaded in HMIS and current, the referring case manager must upload essential documentation to HMIS within two business days of the TH or PSH Provider's request in order for the client to be considered for tenancy. The referring case manager should notify the PSH provider via e-mail when the documentation has been uploaded.
7) TH or PSH Provider contacts the client and referring worker to schedule an interview within 3-5 business days of receiving the documentation, unless housing unit repairs require additional time for work to be completed.
8) If the client cannot be contacted within 3-5 business days, then the TH or PSH Provider may move on to the next eligible client on the list.
9) TH or PSH Provider must notify the case manager and client of the decision on the referral within two business days of the interview.

10. PROGRAM SELECTION POLICIES FOR TH& PSH

PROGRAM SELECTION POLICIES

The TH or PSH Provider is responsible for notifying the referring case manager and client if the client was not accepted into the program. The following is a summary of why this may occur:

1) *Reasons for Rejection* - Programs ultimately have the right to accept or reject applicants from their program. There must be documented, legitimate reasons for programmatic rejection. Some common reasons for programmatic rejections are listed below.
   a. Lack of required eligibility documentation; or
   b. Not meeting minimum eligibility criteria; or
   c. Program unable to meet client need (ex: clients in need of assisted living level of care may not be appropriate for an independent living program with 1 – 2 weekly visits); or
   d. Denied based on appropriateness of client as per tenant screening procedures which must be outlined in the program's publicly-posted tenant selection plan that is maintained by the property owner, property manager or program staff (See '*Common Tenant Selection Process*' listed below); or
   e. Client applicant does not provide additional documentation as requested or repeatedly misses program appointments.
   f. Client applicant is not willing to participate in housing program.
2) *Common Tenant Selection Policies* - The following is a list that is often used by property managers to determine eligibility for specific housing units based on the tenant-selection policies of the private and public property owners or management. Clients who are denied due to tenant selection policies have not been rejected from the program and may be able to be successfully housed in a different unit within the same program if this is an option that the Transitional Housing provider can offer.
   a. Credit history
   b. Income / employment / education requirements (such as those mandated by Housing and Community Development for units that are funded using Project-Based Vouchers)
   c. Size of unit as compared to size of household
   d. Criminal history, such as a felony conviction or being on the sex offender registry
3) *Client Choice* - Clients retain the ultimate right to accept or refuse housing. Clients who refuse housing are not considered to have been rejected by the program provider. Below is a list of common reasons for refusal of housing.
   a. Geographic location of housing
   b. Accessibility of unit
   c. Client willingness or ability to share housing (if applicable)
   d. Preferred service provider

11. DOCUMENTATION PROCESS & APPEALS FOR TH & PSH

DOCUMENTATION PROCESS & APPEALS

1) *Denial of Tenancy*
   a. The TH or PSH Provider must document the reason for denial of tenancy in HMIS and send it to the referring case manager and client.
   b. Repeated denials of Individuals and Families by a TH or PSH Provider for tenancy may require additional monitoring and evaluation of the provider's decisions by the Fairfax County Office to Prevent and End Homelessness and other Community Partnership staff.
2) *Client Rejection and Appeals*
   a. Every TH and PSH Program must have an appeal process in place and available to anyone who requests a copy.
   b. Appeals must be submitted in writing within 3 days of rejection. TH and PSH Providers should respond to the appeal letter within 3 days of receipt. The client must make every reasonable effort to provide the necessary information and documentation required for tenancy.

12. OTHER PERMANENT HOUSING

INTRODUCTION
ELIGIBILITY
PRIORITIZATION
ACCESS & ASSESSMENT
PRIORITIZATION POOL MANAGEMENT
REFERRAL AND APPLICATION PROCESS
ACCEPTANCE & REJECTION CRITERIA
ACCEPTANCE / REJECTION DOCUMENTATION PROCESS & APPEALS

13. VICTIMS OF DOMESTIC VIOLENCE

INTRODUCTION

Individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking that are presenting to the homeless and victim services systems should have access to the full range of housing and service intervention options available in the Continuum of Care. This section outlines the protocols designed to ensure this population has safe and confidential access to the coordinated entry process.

ELIGIBILITY

Those seeking placement within a domestic violence shelter are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 4:
   - Individuals and Families fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*
   - Has no other safe residence; and
   - Lacks the resources or support networks to safely obtain other permanent housing.

   (*See "Key Terms" section for full HUD homeless definitions*).

PRIORITIZATION

Domestic violence shelter providers should use the following order of priority when placing Individuals and Families in emergency shelter:

1) Individuals or Families assessed to be in imminent danger according to the Lethality Assessment Screening Tool.
2) All other Individuals or Families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking.

CONFIDENTIALITY

The Violence Against Women Act (VAWA) amended the McKinney-Vento Homeless Assistance Program to protect victims' personally identifying information by preventing local Victim Service Providers* from putting personally identifying information about victims into HMIS. Victim Service Providers receiving HUD funds must use a comparable database that adheres to the same technology data standards as mainstream HMIS systems.

Victims are not automatically exempt from having their personal information entered into HMIS when they use other HUD-funded services, although they do have a right to opt-out. It is critical that providers in both the homeless and victim services systems educate victims about their right to decline having any information about them entered into an HMIS system and also educate other HUD-funded agencies to provide full notice and obtain explicit, informed consent. All survivors should have the opportunity to decline any or all electronic HMIS entry – whether the information is "scrambled," "hidden" or "open." The confidentiality protections set forth in these federal laws and grant conditions apply to any survivor who (1) requests services (regardless if they are provided services or not), (2) is receiving services, or (3) has received services in the past.

Victim Service Providers are defined as nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, such as rape crisis centers, domestic violence shelters, and transitional housing programs. This also includes faith-based programs and homeless shelters that have specific victim services programs or umbrella organizations that have specific victim services programs as a part of its organization. In those programs, confidentiality protections only extend to the specific program in question, unless the larger organization receives VAWA or Family Violence Prevention and Services Act (FVPSA) funds and is therefore subject to those protections.

ACCESS, ASSESSMENT, and SAFETY PLANNING

Individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking may not enter homeless and victim services systems through a single point of entry. The system is designed to be flexible so that all service providers are equipped to respond and appropriately direct victims to the resources available that best meet their individual needs. The following is an overview of the resources that can provide support in determining how to direct a victim seeking services:

Access Point	Contact Information	Services Provided
Fairfax County's Coordinated Services Planning	703-222-0880	Information, referral, linkage, and advocacy to public and private human services available to Fairfax County residents
Artemis House – 24 hour domestic violence shelter	703-435-4940	Emergency shelter for victims at imminent risk of lethality, victims of sexual assault, stalking or human trafficking
Bethany House – domestic violence shelter		Emergency shelter for victims of domestic violence
Fairfax County Sexual and Domestic Violence Hotline	703-360-7273	Safety planning, options counseling, and connection to resources
Fairfax County Domestic Violence Action Center	703-246-4573 4000 Chain Bridge Road, Suite 2702, Fairfax, VA 22035	Crisis intervention, safety planning, advocacy, and court attire, court accompaniment
Fairfax County Office for Women & Domestic and Sexual Violence Services	703-324-5730 12000 Government Center Pkwy, Suite 339, Fairfax, VA 22035	Short-term individual and group counseling (free), support services focusing on legal and economic issues, and batterer intervention programs

REFERRING VICTIMS OF DOMESTIC VIOLENCE TO PSH, TH, and OTHER PERMANENT HOUSING

ACCEPTANCE & REJECTION CRITERIA

14. RECORDKEEPING REQUIREMENTS

The following recordkeeping requirements have been established for all local partnership organizations in order to document the homeless and chronically homeless status of program participants.

ORDER OF PRIORITY FOR EVIDENCE

Partner organizations must maintain the following records to ensure compliance with the definition of "homeless" and "chronically homeless" per 24 CFR 578.3. The following list is the order of priority for obtaining evidence:

1) Third-party documentation (Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.);
2) Intake worker observations; and
3) Certification from the person seeking assistance.

EVIDENCE OF HOMELESS STATUS

Partner organizations that provide housing or services that are dedicated or prioritized to people experiencing homelessness must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for homeless at 24 CFR 578.3.

Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven.

EVIDENCE OF CHRONICALLY HOMELESS STATUS

Partner organizations that provide beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.

1) **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
    a. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or

b. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
c. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

2) **Evidence of the duration of the homelessness.** Partner organizations documenting chronically homeless status must also maintain the evidence described in paragraph (a) or in paragraph (b) below, and the evidence described in paragraph (c) below:

a. **Evidence that the homeless occasion was continuous, for at least one year.**

i) Using any combination of allowable documentation described in the Order of Priority for Evidence section of the Recordkeeping requirements, partner organizations must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this policy, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

ii) At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

iii) A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

b. **Evidence that the household experienced at least four separate homeless occasions over 3 years.**

i) Using any combination of allowable documentation described in the Order of Priority for Evidence section of the Recordkeeping requirements, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

ii) Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

iii) In only rare cases should self-certification from the individual or head of household seeking assistance be permitted in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

c. **Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.** Evidence of this criterion must include one of the following:
   i) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
   ii) Written verification from the Social Security Administration;
   iii) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
   iv) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

15. KEY TERMS

1) **Chronically Homeless.** The definition of ”chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:
   a) An Individual who:
      i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
      ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
      iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
   b) An Individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
   c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

2) **Coordinated Assessment.** According to the US Department of Housing and Urban Development (HUD), “Coordinated Assessment” is defined as “a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by Individuals and Families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” (CoC Interim Rule, Section 578.3)

3) **Diversion.** Programs that help people seeking shelter identify immediate alternative housing arrangements (e.g., a shared housing arrangement, reestablished lease arrangements with a previous landlord, moving in with friends/relatives) and if necessary connect them with services (such as short term case management, conflict mediation and moving in expenses) to help them return to permanent housing. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter,

and rapid re-housing targets people who are already homeless. Financial assistance is dependent upon the availability of funding; the household must also meet the eligibility criteria of the funding source.

4) **Documented, Long-term Disability.** A disability documented by a licensed professional (approved to treat the disability) which impedes activities of daily living, impacts the Individual's ability to work full-time or earn at least 50 percent of the Area Median Income, or creates significant difficulty with functioning and requires some type of professional intervention. This disability must be expected to be of long, continued and indefinite duration. For households with children, where the child is disabled, the disability must be such that it requires the head of household to provide on-going, intensive care related to the disability. This care must impact the head of household's ability to work full-time or earn at least 50 percent of the Area Median Income.

5) **Domestic Violence Database.** A database comparable to HMIS that is compliant with Continuum of Care and Violence Against Women Act regulations that collects victim service provider client-level data over time and generates unduplicated aggregate reports based on the data, which is administered by the Fairfax County Department of Administration for Human Services and the Office to Prevent and End Homelessness as the HMIS lead agency.

6) **Emergency Shelter.** Emergency shelter is defined by the Department of Housing & Urban Development as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless. Fairfax County emergency shelters serve Individuals and Families according to the following eligibility and prioritization criteria with the goal of transitioning those served back into permanent housing in 30 days or less.

7) **Fairfax County Residency Status.** At least one of the following forms of documentation should be collected upon entry to emergency shelter to verify Fairfax County Residency Status, including:
   - Driver's license or any form of ID with an address with Fairfax County, *or*
   - Utility bill with a name and address within the past 180 days for a unit located in Fairfax County, *or*
   - Verification documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Fairfax County Department of Family Services, *or*
   - Children currently in physical and legal custody enrolled in Fairfax County Public Schools*, or*
   - Otherwise verifiable documentation through a third party connecting the household to Fairfax County

8) **History of Homelessness.** For the purposes of Coordinated Assessment, "History of Homelessness" is defined as the total number of days that an Individual or family is homeless in the Fairfax-Falls Church Community in the three years prior to seeking assistance as documented in the Fairfax County HMIS, and by independent third-party certification of homelessness from the Fairfax County domestic violence homeless assistance database or other service providers.

9) **Homeless.** Homeless means:
   a) *Category 1: Literally Homeless* - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
      i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
      ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
      iii) 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 place not meant for human habitation immediately before entering that institution;

b) *Category 2: At Imminent Risk of Literal Homeless* - An individual or family who will imminently lose their primary nighttime residence, provided that:
   i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
      (1) No subsequent residence has been identified; and
      (2) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

c) *Category 3: Homeless under other Federal statutes* - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
   ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

d) *Category 4: Fleeing/ Attempting to Flee Domestic Violence* - Any individual or family who:
   i) Is fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   ii) Has no other residence; and
   iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

10) **Household Type.** For specificity and clarity, individuals and families can be identified as being a member of one of three different household type possibilities, where " children" is a person who is less than 18 years of age and "adult" is someone who is greater than 18 years of age:
   a) Households with at least one adult and one child;
   b) Households without children; or
   c) Households with only children.

11) **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

12) **Prevention.**Programs that provide financial assistance and supportive services that stabilize households in their current housing or help them to move into new housing without first entering the shelter system or experiencing homelessness. Services may include financial assistance (short or medium-term rental assistance, security or utility deposits, utilities payments, moving cost assistance), housing relocation and stabilization services, legal assistance (generally mediation), credit counseling and case management. The goal is to help households resolve their crisis, secure short-term financial or rental assistance as needed, and access ongoing sources of support in the community in order to remain housed. If the individual or family is unable to stay in their existing housing, the prevention program helps the household to find an alternative housing arrangement that is safe, reasonably affordable and adequate. Financial assistance is dependent upon the availability of funding; the household must also meet the eligibility criteria of the funding source.

13) **Rapid Rehousing.** Rapid Rehousing is an approach to help Individuals and Families experiencing homelessness move quickly into permanent housing, ideally within 30 days of becoming homeless. Rapid re-housing assistance is generally offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of each household. Services include housing search and selection support, assistance in negotiating the terms of a lease, short term rent subsidies and move-in assistance,* individualized case management, ongoing crisis prevention and crisis management services, facilitated access to community resources (i.e. benefits, employment), and other supportive services.
*Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.

14) **Severity of Service Needs.** Persons who have been identified as having the most severe service needs based on the assessment tool used for each household type:
    a) Households with at least one adult and one child – Highest score as measured by the Housing and Services Triage Tool (HSTT).
    b) Households without children – Highest score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score excluding the Socialization and Daily Functioning section. The full VI-SPDAT score will be maintained on file for program assignment.

15) **Verification of Loss of Permanent Housing in Fairfax County.** Documentation should be collected upon entry to emergency shelter to verify Loss of Permanent Housing in Fairfax County, including:
    - A written legal rental lease or property mortgage for at least 180 consecutive days prior to their date of homelessness for property located in Fairfax County, *or*
    - An eviction or foreclosure notice indicating the date that the housing was list in Fairfax County, *or*
    - If the family never had a legal lease or property mortgage in Fairfax County, then the family must provide documentation (Third Party Housing Status Verification Form) to verify they have resided permanently in Fairfax County for at least 180 days.

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness Fairfax County Continuum of Care (CoC) Governance Charter

ATTACHMENT C:

MONITORING AND EVALUATION PROCESS AND SCHEDULE

Fairfax County CoC Program Grants Monitoring and Evaluation Process

- Our CoC has implemented a comprehensive monitoring and evaluation process.
- It is overseen by the Monitoring and Evaluation Committee which is comprised of representatives of grantee agencies, non-grantee service providers, and CoC Lead Agency (OPEH) staff. All CoC Program grantees are invited to send a representative.
- The Monitoring and Evaluation tool is updated annually to include new HUD or community standards and newly identified issues. Final version is adopted by the committee.
- There were two components; one for agencies and one for projects. Together they were able to measure a wide range of competencies including agency capacity, financial stability, adherence to HUD regulations and requirements, commitment to federal and local priorities, and project and client outcomes. APR review is part of this process.
- Community-wide performance measures are included in the tool.
- It is distributed each spring to all CoC Program grantees. Grantees which plan on applying for renewal funding as part of the next competition must complete the tool.
- Upon completion the tools are scored by OPEH staff to ensure impartiality and confidentiality.
- The Monitoring and Evaluation Committee reviews the scores with identifying organizational and project names removed. Any low scores or specific issues are discussed and follow-up is recommended as necessary.
- The CoC Lead Agency (OPEH) staff performs site visits or request further information, as recommended by the committee.
- The scores, with comments concerning any issues or underperforming areas, are shared with the grantees.
- The scores on the Monitoring and Evaluation tool are presented to the Ranking Committee and form the basis of the rankings. Any issues with a grantee organization or project are also included in the report to the committee.
- Ongoing low performers are discussed in the joint annual meeting of the CoC and Ranking Committees for possible reallocation.

CoC Program Grants Monitoring and Evaluation Schedule

- End of February - Monitoring and Evaluation Committee will convene to review and finalize the Agency and Project Monitoring and Evaluation tools, instructions and process schedule to be utilized that year.
- Beginning of March - HUD CoC Grantees will receive a copy of the Agency and Project Monitoring and Evaluation Tools, as well as instructions and schedule for completing them via email.
- Following week - The CoC lead agency, Fairfax County's Office to Prevent and End Homelessness (OPEH), will hold a training session for all of the HUD CoC Grantees to review the Agency and Project Monitoring and Evaluation Tools, accompanying attachments, instructions and schedule. It is expected that all grantees review materials prior to the training so that any questions or issues can be addressed during the training session.
- Four weeks following distribution of tools - The completed tools are due by COB on a Monday. HUD CoC Grantees must submit 2 hard copies of their completed Agency and Project Monitoring and Evaluation Tools and 1 hard copy of each attachment to OPEH.
- Agencies/projects that have not made submissions by this deadline will lose 4 points on both the Agency and Project tools for each business day either tool is late.
- On Wednesday afternoon of the same week - OPEH will notify any agencies or projects that have not submitted tools that points are being deducted from their scores and they have 2 days to submit them or face additional consequences.
- By 4:00pm on Friday the Monitoring and Evaluation Process will be closed. Any agencies or projects that still have not made submissions will be further reviewed by the Monitoring and Evaluation Committee and, if necessary, be subjected to additional consequences as determined by the CoC and Project Ranking Committees.
- During the following weeks:
    - OPEH staff will convene to review and score all of the submitted tools.
    - They will compile notes of any issues and/or shortcomings for each agency and project.
    - The CoC Monitoring and Evaluation Committee will convene to discuss the scores and notes with identifying names of agencies and projects omitted to ensure integrity of the process. Any low scores or specific issues are discussed and follow-up is recommended as necessary.
- Six weeks after final submission deadline - Agencies receive a scored copy of their submitted tools with notes via email along with the final range of scores for both the agency and project components.
    - Agencies/projects are given 2 weeks to review their scored tools and submit any inquiries they have to OPEH before they become final.
- During the HUD CoC Competitions – The scores and accompanying notes are provided to the CoC Ranking Committee who utilize them as a primary tool while ranking the projects as part of the competition.

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

ServicePoint
and
Homeless Management Information System (HMIS)
Procedure Manual

Table of Contents

Introduction ... 3
Who can participate? ... 4
How to Participate? ... 4
How to obtain access to the Homeless Management Information System? ... 4
Privacy and Security Standards ... 4
- **System Security** ... 4
- **User Name and Passwords** ... 5
  - **User Name** ... 5
  - **Passwords** ... 5
  - **Password Resets** ... 5
- **User Security** ... 6
- **User Terminations/Separations** ... 6

HMIS Data Standards ... 6
HMIS Data Elements ... 7
- **HMIS Notice and Releases of Information** ... 7
- **ServicePoint Modules** ... 7
  - **Client Point** ... 7
  - **Client Profile** ... 7
  - **Assessments** ... 8
  - **Matrix** ... 8
  - **Case Plans** ... 8
  - **Service Transactions** ... 8
- **ShelterPoint** ... 8
- **Program Entry/Exit** ... 9
- **HMIS Data Fields** ... 9
- **HMIS Data Quality** ... 9
- **Uses of Data** ... 10

APPENDIX A (Agency Participation Agreement) ... 11
APPENDIX B (User Policy, Responsibility Statement & Code of Ethics) ... 17
APPENDIX C (HMIS System Notice) ... 22
APPENDIX D (Fairfax County Uniform Authorization) ... 25
APPENDIX E (HMIS Data Collection Fields) ... 31
APPENDIX F (HMIS Service Transaction Requirements) ... 44
APPENDIX G (Data Quality Reports List) ... 47
APPENDIX H (Data Quality Verification Forms) ... 50
APPENDIX I (HMIS Guidance for Programs Serving Victims of Domestic Violence) ... 66
APPENDIX J (HMIS Training Registration) ... 69
APPENDIX K (Glossary of HMIS Definitions and Acronyms) ... 71

Introduction

The Fairfax/Falls Church Partnership to Prevent and End Homelessness **Homeless Management Information System** is a client information system that meets the Housing and Urban Development (HUD) requirements and satisfies the U.S. Congress directive for the implementation of a Homeless Management Information System (HMIS). The Homeless Management Information System (HMIS) provides a standardized tool for our partners to collect information regarding our homeless and at risk population. It allows individual program and system wide reporting of data.

The goals of the Homeless Management Information System are to:

- Improve the availability of data to aid participating programs and their funding partners in making planning and funding decisions about services to homeless people.
- Provide an unduplicated count of homeless clients.
- Measure program and system outcomes.
- Meet federal, state and local reporting requirements.

The current vendor for our Homeless Management Information System is Bowman Systems and the application is known as ServicePoint.

Who can participate?

Any program that serves homeless and at risk population should participate in HMIS, and participation is mandatory for HUD program serving homeless and at risk population. However, programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking are not permitted to enter client-level data directly in HMIS as outlined in the HMIS standard procedure "H**MIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking" adopted: 09/12/2009.**

How to Participate?

Participation in the Homeless Management Information System (HMIS) is open to all members of the Fairfax Falls Church Partnership to Prevent and End Homelessness who serve homeless clients or at risk population.

Agencies wanting to join and participate in HMIS need to contact the Information Systems Manager at the Office to Prevent and End Homelessness. Agencies will be required to sign a participation agreement (appendix A) that outlines confidentiality, system use, data requirements and data quality.

How to obtain access to the Homeless Management Information System?

Before a user is granted access to HMIS, a user must complete a user responsibility agreement (appendix B) and attend a New User Training session.

Need must be verified by program supervisor before access is granted.

HMIS New User training sessions are offered monthly. However, on demand trainings are also offered to meet provider needs.

Training requests can be made via email to the Information Systems Manager at Nikki.Thomas-Campbell@fairfaxcounty.gov.

Once user has completed user responsibility agreement and attended training, access to HMIS will be granted by the HMIS administrator.

Privacy and Security Standards

System Security

ServicePoint is a web application that uses a 128-bit encryption, user authentication, and user access levels to protect that from intrusion.

Agencies and users are required to provide a secure location for the computers who will access the Homeless Management Information System.

Agencies participating in the HMIS must have an information technology security policy that addresses the following:

- Privacy including password security
- Screen saver usage
- Security awareness and training
- Firewall
- Virus detection
- Restriction on access to HMIS in public settings and or public forums

User Name and Passwords

User Name

User names are issued by the HMIS system administrator only. The system administrator must ensure that user names are unique.

Each user is assigned a role that determines what the user can and cannot do or see.

Users must sign a user responsibility agreement (appendix B) before a user name and password is assigned

Passwords

Temporary passwords are issued for each user at the time HMIS access is granted.

Password characteristics:

1. Passwords must be 8 to 16 characters in length and must contain at least two numerals somewhere in the password.
2. Passwords will expire every 45 days and user is prompted to create a new password. Passwords cannot be reused.
3. Password allows only 3 instances for a user to key in the correct password, after that user account is locked.

Password Resets

Users can contact their Agency Administrator to obtain a new password or they can contact the Information Systems Manager.

User Security

The Homeless Management Information system contains client data, users are responsible to maintain confidentiality and ensure security of the data. As a user they must maintain and safeguard their password.

Passwords shall be protected by the individual user from use by, or disclosure to, any other individual or organization.

Passwords shall not be anything that can be easily tied back to the account owner.

It shall not be written or stored in a location (physical or logical) in which any person other than the password owner has access. Users shall not allow the internet browser to remember their password.

User account passwords shall not be divulged to anyone. If the security of a password is in doubt, it shall be changed immediately.

Password resets when necessary are Agency Administrators and/or System Administrator duties.

User Terminations/Separations

Agencies are responsible to ensure that only active users have access to the Homeless Management Information System (HMIS). The Information Systems Manager shall be immediately notified upon termination or separation of any employee who has access to HMIS.

To ensure data protection, the Information Systems Manager will immediately remove HMIS access to the user in question and notify agency when action has been completed.

Every six months the Information Systems Manager will require agencies to review a list of active users and confirm that they still require access to HMIS.

HMIS Data Standards

The data fields collected in the Homeless Management Information System (HMIS) are in compliance with the Department of Housing and Urban Development (HUD) published HMIS data standards. However, there are additional fields that the Fairfax/Falls Church Partnership to Prevent and End Homelessness have determined are necessary to collect to better understand the homeless and at risk population.

HMIS data fields and pick lists are reviewed at least annually to ensure compliance with the HMIS data standards, the Fairfax/Falls Church Partnership to Prevent and End Homelessness needs and the data required for the Regional Enumeration produced by the Metropolitan Washington Council of Governments.

HMIS organizes data fields into forms called assessments. When additional program specific data fields are required, they are organized in special assessments dedicated to the particular program. The HMIS procedure manual only documents the general assessments that are required for all programs.

HMIS Data Elements

HMIS Notice and Releases of Information

All HMIS participating agencies/programs must display and explain the HMIS notice to their clients (appendix C).

HMIS participating agencies/programs should encourage clients to sign a release of information to facilitate data sharing among providers (appendix D). Release of information when granted must be entered in HMIS to allow sharing of data.

ServicePoint Modules

Information in ServicePoint (our HMIS system) is organized in different modules. The Fairfax Falls Church Partnership to Prevent and End Homelessness utilizes the following modules:

Client Point

Contains individual client information. Following is a description of each section within client point and its required use.

Client Profile

Contains client basic demographic information and household information. All programs are required to use the client profile.

Assessments

It is a collection of forms containing many data fields to collect client information. All programs are required to complete the different assessments as outlined in the HMIS Data Elements section of this manual.

Matrix

This module contains the client self sufficiency matrix, a tool that charts client progress during program participation using specific domains. All programs except hypothermia and outreach programs must complete a self sufficiency matrix. The self sufficiency matrix should be completed for all adult clients. The Partnership for Permanent Housing (PPH) and the Bridging Affordability Program are only required to complete a self-sufficiency matrix for the head of the household.

All clients should have an initial measurement, one or more interim measures (annually depending on the length of their program stay and one final measure. A Semi annual follow up measures on the first year after the end of the program are suggested but not required.

Case Plans

The Case Plans Module allows providers to create and manage client goals and record progress notes.

Programs are not mandated to use this module. However, tracking of goals in HMIS allows outcomes reporting.

Service Transactions

The service transaction module allows provider to record services provided. All HUD programs and any program that requires financial reporting are required to record services provided. All other programs are encouraged to record services provided.

ShelterPoint

This module allows shelters to manage bed list. All shelters are required to manage daily bed lists thru Shelter point.

Program Entry/Exit

A program entry and exit to a specific program is required for all clients. A program entry/exit associates a client with a program and allows reporting for the particular program.

Program entries and exits should record actual program entry and exit dates. Information needs to be recorded within 48 hours to allow timely reporting. However, there are programs that are requiring occurrences to be recorded within 48 hours.

Hypothermia Programs are required to record a program entry at the beginning of the season and a program entry at the end of the season.

HMIS Data Fields

Core HMIS Data fields and collection standards are outlined in appendix E. Additional assessments or data fields that are program specific are not documented in this procedure manual.

Data fields are reviewed at least annually to ensure compliance with the HMIS data standards, the Fairfax/Falls Church Partnership to Prevent and End Homelessness needs and the data required for the Regional Enumeration produced by the Metropolitan Washington Council of Governments.

HMIS Data Quality

Agencies and programs must review their program and client information monthly to ensure information is correct, up to date and reliable. Data deficiencies should be addressed as soon as they are identified.

Agencies have an array of reports that allows data review for quality, verification and consistency. See appendix F for a list of data quality reports and its description.

By the 10th of each month, Agency Directors or their designee must certify that the HMIS data has been reviewed, verified, and is accurate. They must submit a Data Quality Verification for all of their agency programs along with the specific reports, see appendix G.

The following calendar of submission shows the reports that must be submitted each month. The applicable date range for the reports is the month prior.

Calendar of Submission:

Months	Reports
Jan, Apr, Jul, Oct	242, 216, 220, 315
Feb, Mar, May, Jun, Aug, Sept, Nov, Dec	242, 315

Reports are submitted to the Office to Prevent and End Homelessness. Reports will be reviewed at least quarterly by the office or a data quality workgroup to evaluate compliance.

Uses of Data

HMIS data is the source for federal, state and local reporting. HMIS ability to de-duplicate clients and provide overall program and system information is critical to understanding the homeless and at risk population.

Agencies can use HMIS reports to review the demographic profile of clients served during a period of time, evaluate discharge placements and program length of stay among other data.

HMIS is used to generate the following federal program and system wide reports:

- Annual Performance Reports for individual programs (APR)
- Annual Homeless Assessment Report (AHAR)
- Quarterly Performance Reports for specific programs (QPR)

In addition HMIS is used to generate the following state and local reports:

- Daily, monthly, quarterly Shelter statistics
- SSG and ESG quarterly reports
- Point in Time reports
- Annual snapshot
- Health Care for the Homeless outcomes and statistics

In addition there are many program reports in HMIS that allow providers to evaluate outcomes (goals, program exit information).

Reporting needs can be discussed and addressed with the Information Systems Manager.

APPENDIX A

Agency Participation Agreement

AGENCY PARTICIPATION AGREEMENT

For Fairfax/Falls Church Continuum of Care
Homeless Management Information System

The Fairfax/Falls Church Homeless Management Information System is a client information system that provides a standardized assessment of consumer needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Agencies, identify gaps in the local service continuum and develop outcome measurements.
The purpose/goals of a web-based computerized Homeless Management Information System are to:

- Improve the quality and integration of services
- Improve the availability of data to aid participating programs and their funding partners in making planning and funding decisions about services to homeless people.
- Provide an unduplicated count of homeless people
- Improve quality of client services by providing faster linkage to housing, benefits, and services.
- Identify gaps in the service system.
- Deliver a cost-effective system that stream lines the information management processes and improves data processing for homeless service providers.

The signature of the Executive Director of the Agency indicates agreement with the terms set forth before a Homeless Management Information System account can be established for the Agency.

The Fairfax/ Falls Church Continuum of Care (CoC) is the primary coordinating entity. The Fairfax County Department of Administration for Human Services (DAHS) shall be the system administrator. In this Agreement, “Participating Agency” is an Agency participating in Homeless Management Information System, "Client" is a consumer of services, and “Agency” is the Agency named in this agreement.

The Fairfax-Falls Continuum of Care (CoC) is a collaboration of representatives from over 30 private and public organizations who represent all components in the homeless delivery system and whose focus is community planning for the delivery of homeless services in the Fairfax/Falls Church area.

I. Confidentiality

A. The 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 regulations.

1. The 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 records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse 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 <u>is not</u> sufficient for this purpose. The Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

2. The Agency shall provide a verbal explanation of the Homeless Management Information System and the terms of consent and shall arrange for a qualified interpreter or translator

in the event that an individual is not literate in English or has difficulty understanding the consent form.

3. The Agency shall not solicit or input information from Clients into the Homeless Management Information System unless it is essential to provide services, or to conduct evaluation or research.

4. The Agency agrees not to release any confidential information received from the Homeless Management Information System to any organization or individual without proper Client consent.

5. The Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for the Homeless Management Information System receives basic confidentiality training.

6. The Agency understands that the Client data will be encrypted at the server level using encryption technology provided by Bowman Internet Services.

7. The Agency understands the file server, which will contain all Client information, including encrypted identifying Client information, will be located at Bowman Internet System, Inc. offices
8. The Agency shall maintain appropriate documentation of Client consent to participate in the Homeless Management Information System.

9. The Agency shall not be denied access to Client data entered by the Agency. Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Agency shall diligently record in the Homeless Management Information System all restrictions requested. The Agency shall not knowingly enter false or misleading data under any circumstances.

10. If this Agreement is terminated, DAHS 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.

11. The Agency will utilize the Homeless Management Information System Client Consent to Exchange form, as developed in conjunction and coordination with Participating Agencies, for all clients providing information for the Homeless Management Information System. The Client Consent to Exchange Information form, once signed by the Client, authorizes Client data to be entered into the Homeless Management Information System and authorizes information sharing with Homeless Management Information System Participating Agencies for the time period stipulated on the Consent form.

12. If a Client withdraws consent for exchange of information, the Agency remains responsible to ensure that Client's information is unavailable to all other Participating Agencies.

13. The Agency shall keep signed copies of the Client Consent Form/Information Release forms for Homeless Management Information System for a period of up to six years or as required by law.

14. The COC does not require or imply that services must be contingent upon a Client's participation in the Homeless Management Information System. Services should be provided to Clients regardless of Homeless Management Information System participation provided the Clients would otherwise be eligible for the services.

The CoC will establish a HMIS Policy Advisory Committee as its authorized representative to provide the oversight to the Homeless Management Information System. The HMIS Policy Advisory Committee will include representation from Participating Agencies.

The CoC through its HMIS Policy Advisory Committee shall establish guidelines and operating procedures for the Homeless Management Information System and make a copy of such available to the Agency. Such shall be updated are required from time to time. The Agency agrees to comply with these guidelines, policies and procedures and shall require its employees and agents to do the same.

II. Homeless Management Information System Use and Data Entry

A. The Agency shall follow, comply with and enforce the User Policy, Responsibility Statement & Code of Ethics (Appendix A). Modifications to the User Policy, Responsibility Statement & Code of Ethics shall be established in consultation with Participating Agencies and may be modified as needed for the purpose of the smooth and efficient operation of the Homeless Management Information System system. The HMIS Policy Advisory Committee will announce approved modifications in a timely manner via NewsFlash in Homeless Management Information System.

   1. The Agency shall only enter individuals in the Homeless Management Information System that exist as Clients under the Agency's jurisdiction. The Agency <u>shall not</u> misrepresent its Client base in the Homeless Management Information System by entering known, inaccurate information.

   2. The Agency shall use Client information in the Homeless Management Information System, as provided to the Agency or Participating Agencies, to assist the Agency in providing adequate and appropriate services to the Client.

B. The Agency shall consistently enter information into the Homeless Management Information System and will strive for real-time, or close to real-time data entry or will enter data in the HIS within ten business days upon seeing the client.

C. The Agency <u>will not</u> alter information in the Homeless Management Information System 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).

D. The Agency shall not include profanity or offensive language in the Homeless Management Information System.

E. The Agency shall utilize the Homeless Management Information System for business purposes only.

F. The DAHS will provide initial training and periodic updates to that training to select Agency Staff on the use of the Homeless Management Information System software.

G. The DAHS will be available for technical assistance within reason (i.e. troubleshooting and report generation).

H. 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.

I. The Agency shall not use the Homeless Management Information System with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

III. Reports

A. The Agency shall retain access to identifying and statistical data on the Clients it serves only.

B. The Agency 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 individual Clients.

C. The COC's authorized entity will provide guidance to the System Administrator (DAHS) on the use of the data colleted in the system and the reports to be produced. Only unidentified, aggregate data will be used for homeless policy and planning decisions. Aggregate data may also be used 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, as directed by the CoC authorized entity.

IV. Proprietary Rights of Bowman Internet System

A. The Agency shall not give or share assigned passwords and access codes of the Homeless Management Information System with any other Agency, business, or individual.

B. The Agency shall not cause in any manner, or way, corruption of the Homeless Management Information System in any manner.

C.

VI. Terms and Conditions

A. Neither the COC nor the 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 provided funding is available.

C. This Agreement may be terminated with 30 days written notice.

_____ _____

Signature of Executive Director **Date**

_____

AGENCY

_____

STREET ADDRESS

_____ _____

CITY ZIP CODE

APPENDIX B

User Policy, Responsibility Statement & Code of Ethics

User Policy, Responsibility Statement, and Code of Ethics

For the Fairfax-Falls Church Continuum of Care Homeless Management Information System (HMIS: ServicePoint) and Advance Reporting Tool [ART])

Agency _____

User

Name _____ **Hire Date** _____

Title _____ **Phone** _____

Email _____

Supervisor

Name _____ **Phone** _____

Title _____ **Email** _____

User Policy

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

Partner Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the Homeless Information System. Partner 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 HMIS shall be shared and with which Partner Agencies. The Client Consent to Exchange of Information shall be signed if the Client agrees to share information with Partner Agencies.

Minimum Data Entry

All Clients	Follow guidelines as described in the ServicePoint HMIS Procedure Manual.
Clients Receiving Services through HUD Grants	Data required for the HUD APR.

The Homeless Information System is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the client information in the system to target services to the client’s needs.

User _____ **Agency** _____

Title _____ **Email** _____

User Responsibilities

Your User ID and Password give you access to the Fairfax County Homeless Information Management Information System (HMIS).

Initial each item below to indicate that you understand the policy and agree to comply.

If you fail to uphold any of these policies, your access to the HMIS may be immediately terminated.

_____ My User ID and Password are for my use only. I will not share them with anyone.

_____ I will take all reasonable means to keep my Password secure.

_____ I understand that only authorized HMIS users (and the Clients to whom the information pertains) are permitted to view information in the HMIS.

_____ I will only view, obtain, disclose, or use client information when necessary to perform my job.

_____ I will log out of the HMIS any time I leave my computer. I understand that a computer logged into the HMIS must never be left unattended.

_____ I understand that failure to log out of the HMIS may result in a breach in client confidentiality and system security.

_____ I understand that all "hard copies" of HMIS data must be kept in a secure file.

_____ I understand that hard copies of HMIS data must be properly destroyed when are no longer needed, in a way that will maintain confidentiality. (That is, shredded or otherwise rendered unreadable.)

_____ If I notice or suspect a security breach, I will immediately notify my HMIS Agency Administrator, as well as a System Administration at the Fairfax County Office to Prevent and End Homelessness (OPEH).

_____ I will notify my HMIS Agency Administrator, as well as an OPEH System Administration of any change in employment status or need to access HMIS.

User Code of Ethics

Homeless Information System Users must treat Partner Agencies with respect, fairness and good faith.

Each Homeless Information System User should maintain high standards of professional conduct in the capacity as a Homeless Information System User.

Homeless Information System Users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

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

_____ _____

HMIS User Signature Date

User _____ **Agency** _____

Title _____ **Email** _____

Access Level

(Supervisor to select an access level from the table below.)

Level	Description
☐ **Volunteer**	**Volunteers** have access to ***ResourcePoint***. These users can also view or edit basic demographic information about clients on the **Profile** screen, but they are restricted from viewing other assessments. A volunteer can create new client records, make referrals, or check clients in and out of shelters. Administrators often assign this user level to individuals who complete client intake and refer clients to agency staff or a case manager. In order to perform these tasks, volunteers have access to some areas of ***ClientPoint*** and ***ShelterPoint***.
☐ **Agency Staff**	**Agency Staff** users have access to ***ResourcePoint*** and ***ShelterPoint***. These users also have limited access to ***ClientPoint***, including access to service records and clients' basic demographic data on the **Profile** screen. Agency Staff cannot view other assessments or case plan records. Agency Staff can also add news items to **Agency Newsflash**.
☐ **Case Manager II**	**Case Managers** have access to all ***ServicePoint*** features except those needed to run audit reports and features found under the ***Admin*** tab. They have access to all screens within ***ClientPoint***, including assessments and service records. **Case Manager II** users can also create/edit client infractions if given access by an **Agency Administrator** or above.
☐ **Agency Admin**	**Agency Administrators** have access to all ***ServicePoint*** features, including agency level administrative functions. These users can edit their organization's data. They have the ability to shadow other users. They also have full reporting access with the exception of five reports: Client/Service Access Information, AHAR Annual Homeless Assessment Report, Duplicate Client Report, Exhibit 1: HUD-40076 (CoC)-M), and Call Record Report. Agency Admins cannot access the following administrative functions: Assessment Administration, Direct Access to Admin>Groups, Picklist Data, Admin>Users>Licenses, or System Preferences. **Agency Administrators** can delete clients that were created by organizations within their organizational tree. They cannot, however, delete clients who are shared across organizational trees. Additionally, **Agency Admins** can delete needs and services created within their own organizational tree, unless the needs and services are for a shared client.
☐ **Executive Director**	**Executive Directors** have the same access rights as **Agency Administrators**; however, they are ranked above **Agency Administrators**.

_____ _____

Supervisor Signature Date

User _____ **Agency** _____

Title _____ **Email** _____

Program Access

I request that my staff member have access to the following programs at my agency. If user is to be limited to specific providers within a program, please list the providers by name in the Notes section.

Program	Notes
☐ **100K Homes**	
☐ **Bridging Affordability**	
☐ **Community Case Management**	
☐ **Families Shelter**	
☐ **Hypothermia Prevention (including winter seasonal)**	
☐ **Homeless Healthcare Program (HHP)**	
☐ **Outreach Program**	
☐ **Permanent Supportive Housing**	
☐ **Singles Shelter**	
☐ **Transitional Housing**	
☐ **Other (please specify)**	

_____ _____

Supervisor Signature Date

APPENDIX C

HMIS System Notice

HOMELESS MANAGEMENT INFORMATION SYSTEM NOTICE

THIS NOTICE DESCRIBES WHAT INFORMATION IS COLLECTED, HOW IT MAY BE USED AND DISCLOSED AND YOUR PRIVACY RIGHTS.
PLEASE REVIEW IT CAREFULLY.
Effective Date: October 25, 2013

When you request or receive services and give information about yourself and your family, it is entered into a computer system called the Homeless Management Information System (HMIS). Fairfax-Falls Church Community Partnership partner agencies that provide services to homeless persons and others in need use the same computer system because it helps agencies do a better job of providing services to people in the community.

WHAT INFORMATION IS COLLECTED AND HOW IS IT USED OR SHARED?

The information is used to: (1) Plan and deliver services to you and your family; (2) For statistical purposes and to meet federal reporting guidelines, such as determining the number of persons who are homeless; (3) To track individual program-level outcomes; (4) To identify unfilled service needs and plan for the provision of new services; (5) and other uses allowed by law.

There are two types of information collected and different rules about how and when the information is shared.

1. **Basic Identifying Information** (Client profile) **-** Name, Gender, last four digits of Social Security Number, and Date of Birth.

   By reviewing this notice you are giving your permission to have your **Basic Identifying Information** *entered in HMIS.*

2. **Case Information** (Assessment information - HUD Universal Data Elements, Program Entry/Exit, and Homelessness Prevention and Rapid Re-housing Program Data Elements and services) **-** such as family composition, race, ethnicity, income, financial resources, military duty status, prior living situation, length of stay, zip code of last permanent address, disability information, housing status, homeless status, employment history, domestic violence status, financial assistance/benefits, debts, expenses and contact information.

   By signing the attached "Uniform Authorization to Use and Exchange Information" form **Case Information** *may be shared with the Fairfax - Falls Church Community Partnership* ***only*** *if you give specific permission to share it so you may be better served by partner agencies.*

HOW WILL MY INFORMATION BE KEPT SECURE?

Several measures have been taken to ensure that your information is kept safe and secure:

- The HMIS system has the highest degree of security protection available;
- Any information that could identify you, like your name or date of birth, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or federal agencies;
- Employees using the HMIS system receive training in confidentiality and privacy protection and agree to follow rules before using the system.

KNOW YOUR INFORMATION RIGHTS:

As a client receiving services, you have the following rights:

1. ***Access to your record -*** You have the right to view your HMIS record. At your request, we will prepare a report of your records or assist you in viewing them.
2. ***Correction of your record -*** You have the right to have your record corrected so that information is up-to-date, accurate, and to ensure fairness in its use.
3. ***Refusal -*** You have the right to refuse consent. You cannot be denied services that you would otherwise qualify for if you refuse to sign the "*Uniform Authorization to Use and Exchange Information"*. Please note that if you refuse, information will still be entered into the system for statistical purposes, but all of your information will be closed so that no other user agency will have access to it.
4. ***Withdrawal of the Consent -*** Your consent to share information can be withdrawn at any time upon written demand.
5. ***Appeal -*** You have the right to complain if you believe your privacy rights have been violated. You will not be penalized or denied service for filing a complaint.

For more information, please contact _____ (name/title and phone number)

Revised 10-25-2013

HOMELESS MANAGEMENT INFORMATION SYSTEM NOTICE

THIS NOTICE DESCRIBES WHAT INFORMATION IS COLLECTED, HOW IT MAY BE USED AND DISCLOSED AND YOUR PRIVACY RIGHTS.
PLEASE REVIEW IT CAREFULLY.
Effective Date: October 25, 2013

Fairfax -Falls Church Community Partnership

Annandale Christian Community for Action
Bethany House of Northern Virginia
Christian Relief Services Charities
Committee for Helping Others
Cornerstones
Ecumenical Community for Helping Others
FACETS
Fairfax County Department of Administration for Human Services
Fairfax County Department of Family Services
Fairfax County Department of Housing and Community Development
Fairfax County Department of Neighborhood and Community Services
Fairfax County Health Department
Fairfax County Office for Women and Domestic and Sexual Violence Services
Fairfax County Office to Prevent and End Homelessness
Fairfax-Falls Church Community Services Board
FISH
Foundation for Appropriate and Immediate Temporary Help
Good Shepherd Housing and Family Services
Helping Children Worldwide
Homestretch
Inova Health System
Kurdish Human Rights Watch
Lorton Community Action Center
Lutheran Social Services
New Hope Housing
Northern Virginia Family Service
NOVACO
Our Daily Bread
OAR of Fairfax County
Pathway Homes
PRS
Residential Youth Services
RPJ Housing Development Corporation
SHARE
Shelter House
The Alternative House
The Lamb Center
United Community Ministries
Volunteers of America-Chesapeake
Western Fairfax Christian Ministries
Future Partner Agencies of the Fairfax-Falls Church Community Partnership

For more information, please contact _____ (name/title and phone number)

APPENDIX D

Fairfax County Uniform Authorization to Use and Exchange Information

FAIRFAX COUNTY VERSION OF COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON)

_____
(FULL PRINTED NAME OF INDIVIDUAL)

_____
(INDIVIDUAL'S ADDRESS) *(INDIVIDUAL'S BIRTH DATE)*

My relationship to the individual is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian ☐ Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged; each item must be checked:

Yes	*No*		*Yes*	*No*		*Yes*	*No*	
☒	☐	Assessment Information	☐	☐	Medical Diagnosis	☐	☐	Educational Records
☐	☐	Financial Information	☐	☐	Mental Health Diagnosis	☐	☐	Psychiatric Records
☐	☐	Benefits/Services Needed, Planned, and/or Received	☐	☐	Health Records	☐	☐	Criminal Justice Records
			☐	☐	Psychological Records	☐	☐	Employment Records
☐	☐	Substance Abuse Records (one time use only, see page 2)						

Other Information (write in): _____

I want _____
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

Fairfax County

Yes	*No*	
☐	☐	Alcohol Safety Action Program
☐	☐	Family Services
☐	☐	Fairfax County Courts
☐	☐	Health Department
☐	☐	Housing & Community Development
☐	☐	Juvenile & Domestic Relations Court Services
☐	☐	Neighborhood & Community Services
☐	☐	Office for Women
☐	☐	Probation & Parole
☐	☐	Fairfax County Public Schools
☐	☐	Fairfax-Falls Church Community Services Board
☒	☐	Fairfax-Falls Church Community Partnership

Other Identify By Name

☐ ☐ _____
☐ ☐ _____

State/Local/Private/Non-Profit ***Identify By Name***

Yes	*No*	
☐	☐	Dept. of Behavioral Health & Developmental Services Developmental Services
☐	☐	Dept. of Medical Assistance Services
☐	☐	Dept. of Social Services
☐	☐	Dept. of Rehabilitation Services
☐	☐	Area Agencies on Aging _____
☐	☐	Community Services Boards _____
☐	☐	Home Health Agencies _____
☐	☐	Hospices _____
☐	☐	Local Health Departments _____
☐	☐	Nursing Facilities _____
☐	☐	Physicians _____
☐	☐	Community Based Organizations _____

Other Identify By Name

☐ ☐ _____
☐ ☐ _____

I want this information to be exchanged ONLY for the following purpose(s):
☐ Service Coordination and Treatment Planning ☐ Eligibility Determination ☐ Other: _____

I want this information to be shared by the following means: *(check all that apply)*
☐ Written Information ☐ In Meetings or By Phone ☐ Computerized Data ☐ Fax

I want to share additional information received after this authorization is signed: ☐ Yes ☐ No
This authorization is effective: _____
(DATE)
This authorization is good until: ☐ My service case is closed. ☐ Other: _____

I can withdraw this authorization at any time by notifying any involved agency listed on the form. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid consent to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON)

Person Explaining Form: _____
(Name) *(Address)* *(Phone Number)*

Other *(If Required)*: _____
☐ Parent ☐ Witness *(Signature)* *(Address)* *(Phone Number)*

FAIRFAX COUNTY VERSION OF COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Full Printed Name of Individual: _____

FOR AGENCY USE ONLY

AUTHORIZATION HAS BEEN:

☐ Revoked in entirety
☐ Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

☐ Letter (Attach Copy) ☐ Telephone ☐ In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

_____
(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

_____
(AGENCY ADDRESS) *(PHONE NUMBER)*

SUBSTANCE ABUSE RECORDS:

These records *(select only one):*

☐ **ARE** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are protected by 42 CFR, Part 2, I understand a recipient is prohibited from making any further disclosure of this information unless expressly permitted by my written authorization, except as otherwise permitted by the Regulations. 42 CFR Part 2 also restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

☐ **ARE NOT** protected by Federal Drug & Alcohol Confidentiality Regulations (42 CFR Part 2). If these records are not protected by 42 CFR Part 2, I understand that the HIPAA Privacy Regulations require I be advised that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by federal HIPAA regulations.

AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Introduction

Specified information can be shared among ALL of the agencies listed below without having to obtain any additional signed consent from the individual. The *Authorization to Use and Exchange Information* form was developed for use by the following agencies:

- Local departments of social services
- Area agencies on aging
- Health department clinics and programs
- Community services boards
- Department of Correctional Education
- Department of Youth and Family Services
- Service delivery areas for the Job Training Partnership Act
- Local departments of Rehabilitative Services
- Local school systems
- Regional offices, Department of Corrections
- Regional outreach offices, Department for the Deaf and Hard of Hearing
- Regional Offices, Department for the Blind and Vision Impaired
- Virginia Employment Commission Offices
- Fairfax / Falls Church Community Partnership

The "referring agency" is defined as the agency that initiates the completion of the *Authorization to Use and Exchange Information* form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a "referring" or an "other" agency, depending upon which agency is contacted first by the individual. If all parties agree, additional public and private agencies, facilities, and organizations may be included.

Agencies are assured that, when properly executed, this is a legally valid form that meets not only their own agency's state and federal requirements, but also those of the other participating agencies. The *Authorization to Use and Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

Alcohol and Drug Abuse Confidentiality Requirements

To ensure compliance with federal alcohol and drug abuse confidentiality requirements, this form excludes the general sharing of information about individuals in drug and alcohol programs. A separate release of information form specifically for alcohol and drug abuse records should be used each time information is shared between agencies.

Purpose of the Authorization to Use and Exchange Information Form

The *Authorization to Use and Exchange Information* form is designed for use by agencies that work together to jointly provide or coordinate services for individuals with complex needs and should be used along with the referring agency's specific procedures for obtaining a valid release to exchange information. It also can be used to assist agencies obtain information needed from other agencies to determine an individual's eligibility for services or benefits. The completed form should reflect that the individual (or his or her representative) controlled the choices and understood the process. When using this form, always keep in mind the importance of individual wishes, individual choices, and individual comprehension of the process.

Agency staff and the consenting person will first determine whether the individual might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests, and circumstances of the individual as well as staff's knowledge of other agencies' services or benefits and eligibility requirements.

Referring agency staff must explain the following to the individual:

- Potential services and benefits that might be available from other agencies.
- What information these agencies might need and for what purpose(s).

- The purpose of the form.
- The consequences of signing or not signing this release.
- Key provisions and protections (e.g., revocation, access to agencies' written record).

Staff should make every attempt to ensure that the consenting person understands the provisions of the form and should make appropriate efforts to accommodate the special needs of the consenting person. If the consenting person is unable to read or is blind or visually impaired, staff should read the form to him or her. Interpreters should be made available for people who do not speak English and for those who are deaf or hearing impaired. If the consenting person does not appear to comprehend the meaning of the form, it should be explained. If staff have ANY doubts that the consenting person is not comprehending the purpose and provisions of the form, they should ask the consenting person questions about the form (what the form allows the agency to do, etc.).

Based upon these answers, if staff determine that the consenting person is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized consenting person who fully comprehends the purpose and provisions of the form. The signature of a consenting person who does NOT comprehend what he or she is signing is not valid.

If the consenting person agrees, the form should be completed. This should be done by the consenting person, wherever possible. The consenting person must sign the form and insert the date in the indicated place. Staff explaining the form to the consenting person must sign the form in the indicated place. For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the consenting person signing or placing a mark on the form and then must sign as indicated. The referring agency must give a copy of the completed form to the consenting person.

Sharing Information with Other Agencies

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or through written correspondence. This notification must be entered into the individual's record. If the referring agency wants to receive information from other agencies, it must provide a copy of the signed consent form with its initial request for information form each listed agency.

Virginia Privacy Protection Act Requirements

To ensure compliance with the Virginia Privacy Protection Act, each time information is disclosed by any of the listed agencies, staff of the disclosing agency must enter the following information into the individual's record:

- Name of the agency and the name, title, telephone number of the individual receiving the information.
- Type and source of the information disclosed.
- Reason or purpose for the disclosure.
- Date the information was disclosed.

This requirement can be met by using a disclosure log (sample attached) or through the agency's own record keeping policies and procedures.

NOTE: The consenting person has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' normal business hours.

Agency Record Keeping Policies and Procedures

Referring Agency: The original signed copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Other Agencies: A copy of the *Authorization to Use and Exchange Information* form, disclosure record, and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.

Renewing or Amending the Authorization Form

The referring agency can renew or amend (e.g., by adding additional agencies) the original signed copy of the *Authorization to Use and Exchange Information* form by having the consenting person sign and insert the date beside the amendment on the original form. The referring agency must give a copy of the amended form to the consenting person and forward a copy of the amended form to each of the listed agencies.

Revocation of Authorization
Consent to exchange information will expire on the date or condition agreed to by the consenting person. However, anytime prior to the expiration, the consenting person may choose to revoke or cancel this consent either with all or with selected agencies.

The consenting person may revoke his or her consent by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Authorization to Use and Exchange Information* form and signed and dated by the agency staff person receiving the request to revoke the consent.

If the consenting person exercises the option of revoking his or her consent (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement of the revocation of the consent.

Individuals Who Refuse to Sign the Authorization Form
It is absolutely essential that the individual understand and appreciate what will happen as a result of signing this form. The individual also needs to understand that there is no requirement to sign this form, but that not signing the form will result in specific consequences. If the form is not signed, the individual must deal with each agency individually to obtain needed information, and/or the agency may not be able to provide services. If the form is signed, the process for applying for and receiving services may be easier for both the individual and the involved agencies.

When Not to Use This Form
The *Authorization to Use and Exchange Information* form should not be used with:

- Individuals who do not comprehend the purpose and substance of the consent form; or
- Individuals for whom drug or alcohol abuse diagnostic or treatment information is being shared. In these cases, a separate consent form should be used.

Can Other Interagency Consent Forms Be Used?
Agencies should accept the *Authorization to Use and Exchange Information* form as a legally valid form. However, they may choose to use a different release form that addresses their individual needs IF it meets the state and federal confidentiality statutory and regulatory requirements of ALL the involved agencies.

APPENDIX E

HMIS Data Collection Fields

Client Profile and Universal Data Elements Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
3.1- UDE	General Info	Name	All Programs	X					X			
3.2 - UDE	General Info	Social Secuirty Number (full or partial)	All Programs	X					X			
3.2 - UDE	General Info	SSN Data Quality	All Programs	X					X			
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.3-UDE	General Info	Date of Birth Type	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
3.5-UDE	General Info	Ethnicity	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs	X					X			
3.8-UDE	General Info	Do you have a Disability of Long Duration	All Programs	X						X		
3.9-UDE	General Info	Prior Living Situation	All Programs	X						X		
3.9-UDE	General Info	Length of Stay	All Programs	X		X				X		
3.10-UDE	General Info	Zip code of last permanent address?	All Programs			X				X		
3.10-UDE	General Info	Zip code data quality	All Programs			X				X		

Program Entry

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
2.4-PSDE	General Info	Provider (Program)	All Programs	X						X		
HMIS R	General Info	Entry Type	All Programs	X						X		
12-UDE	General Info	Program Entry Date	All Programs	X						X		
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.3-UDE	General Info	Date of Birth Type	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.9-UDE	General Info	Prior Living Situation	All Programs			X				X		
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs	X						X		
11-UDE	General Info	Housing Status	All Programs	X						X	X	X
	General Info	Is Client Homeless	All Programs	X						X		
	General Info	Is Client Chronically Homeless	All Programs	X						X		
	General Info	Homelessness Primary Reason	Homeless Programs	X						X	X	
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X
3.8-UDE	General Info	Do you have a disability of long duration	All Programs	X						X		
4.3-4.8-PSDE	General Info	Disabilities Sub Asessment	All Programs							X	X	X
SHARE	Entry Info	TANFEligible	ES/TH	X						X		
SHARE	Entry Info	Select Source of Referral (SHAREitem#9):	ES/TH	X						X		
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs		X					X		

**** Outreach programs collect this information when it becomes available**

Additional Client Information Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	General Info	Alias	All Programs	X					X			
	General Info	Marital Status	All Programs **		X	X				X		
	General Info	Primary Language Spoken	All Programs **	X					X			
	General Info	Is Client able communicate in English	All Programs **	X						X		
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs **	X						X		
4.9-PSDE	General Info	Extent of Domestic Violence (how long ago)	All Programs **	X						X		
	General Info	Has Medical Insurance	All Programs **	X						X		
4.15D-APSDE	General Info	Pregnant	All Programs **		X	X				X	X	X
4.15D-APSDE	General Info	If Yes, Projected Birth Date	All Programs **		X	X				X	X	X
	General Info	Homelessness Primary Reason	Homeless Programs	X						X		
	General Info	Date o fPresent Homelessness	Homeless Programs	X						X		
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **	X						X	X	X
	Education	CommentsRelatedtoEducation	All Programs **	X						X	X	X
4.15B-APSDE	Education	Currently in School or Working on any Degree	All Programs **	X						X	X	X
4.15B-APSDE	Education	Received Vocational Training	All Programs **	X						X	X	X
4.15B-APSDE	Education	Degrees sub assessment	All Programs **	X						X	X	X
4.15A-PSDE	Employment	Employed	All Programs **		X	X				X	X	X
PIT	Employment	Employment Status	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Unemployed, Looking for Work	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		X	X				X	X	X

**** Outreach programs collect this information when it becomes available**

Children Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	Children	Is Caregiver Legal Guardian	All Family Programs					X		X		
4.15F-APSDE	Children	Presently Attending School	All Family Programs				X			X	X	X
	Children	Reason If Not Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Yes, School Name	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Child Enrolled, Type of School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If no, Date Last Enrolled in School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Enrollement Difficulties sub assessment	All Family Programs				X			X	X	X
	Children	Is Child at Grade Level	All Family Programs				X			X	X	X
	Education	Current Individual Education Program (IEP)	All Family Programs				X			X	X	X
PIT	Children	How many schools attended in the last 12 months	All Family Programs				X			X	X	X
	Children	Immunizations Up To Date	All Family Programs					X		X		
	Children	Does the child have a medical condition	All Family Programs					X		X		
	Children	Children Medical Condition Sub Assessment	All Family Programs					X		X		

Client Contact Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
	General	Client's Address	All Programs		X	X			X	X	X	
	General	Client's Phone Number	All Programs		X	X			X	X	X	
	General	Client's Cell Phone Number	All Programs		X	X			X	X	X	
	General	Client's Email Address	All Programs		X	X			X	X	X	
	General	Emergency Contact Sub Assessment	All Programs		X	X			X	X	X	

Disabilities and Sub Populations Aseessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
3.8-UDE	General Info	Do you have a disability of long duration	All Programs **	X						X		
4.3-4.8-PSDE	General Info	Disabilities Sub Asessment	All Programs **	X						X	X	X
PIT	General Info	Chronic Substance Abuser	All Programs **	X						X		X
PIT	General Info	Seriously Mentally Il	All Programs **	X						X		X
PIT	General Info	Client Homeless as a result of Domestic Violence	All Programs **	X						X		X
PIT	General Info	Individual Became Homeless from an Institution	All Programs **	X						X		X
PIT	General Info	Language Minority	All Programs **	X						X		X
PIT	General Info	Ever been in the foster care system	All Programs **	X						X		X
PIT	General Info	Brain Injured	All Programs **	X						X		X
PIT	General Info	Intellectual Disability	All Programs **	X						X		X
PIT	General Info	ADHD	All Programs **	X						X		X
PIT	General Info	Other Subpopulation	All Programs **	X						X		X

**** Outreach programs collect this information when it becomes available**

Income Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X								
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X

**** Outreach programs collect this information when it becomes available**

HUD Program Specific Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects						When Collected		
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.1-PSDE	Income	Income received from any source in past 30 days?	All Programs **	X						X	X	X
PIT	Income	Primary Source of Income?	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X						X	X	X
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X
4.3-4.8-PSDE	General Info	Disabilities/Special Needs sub assessment	All Programs **							X	X	X
4.9-PSDE	General Info	Domestic violence victim/survivor	All Programs **	X						X		
4.9-PSDE	General Info	Extent of Domestic Violence (how long ago)	All Programs **	X						X		
4.15D-APSDE	General Info	Pregnant	All Programs **		X	X				X	X	X
4.15D-APSDE	General Info	If Yes, Projected Birth Date	All Programs **		X	X				X	X	X
4.15A-PSDE	Employment	Employed	All Programs **		X	X				X	X	X
PIT	Employment	Employment Status	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		X	X				X	X	X
4.15A-APSDE	Employment	If Unemployed, Looking for Work	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Currently in School or Working on any Degree	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Received Vocational Training	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Degrees sub assessment	All Programs **		X	X				X	X	X
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **		X	X				X	X	X
4.15E-APSDE	Military	Military Era sub assessment ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	Months Served on Active Duty in the Military ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	Did You Serve in a War Zone ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	WarZone sub assessment ++++	Hud Programs		X					X	X	X
4.15E-APSDE	Military	DischargeType ++++	Hud Programs		X					X	X	X
4.15F-APSDE	Children	Presently Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Yes, School Name	All Family Programs				X			X	X	X
4.15F-APSDE	Children	If Child Enrolled, Type of School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X			X	X	X
	Education	Current Individual Education Program (IEP)	All Family Programs				X			X	X	X

**** Outreach programs collect this information when it becomes available**

HUD Program Specific Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects						When Collected		
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
4.15F-APSDE	Children	If no, Date Last Enrolled in School	All Family Programs				X			X	X	X
	Children	Reason If Not Attending School	All Family Programs				X			X	X	X
4.15F-APSDE	Children	Enrollement Difficulties sub assessment	All Family Programs				X			X	X	X
PIT	Children	How many schools attended in the last 12 months	All Programs				X					X
	Children	Is Caregiver Legal Guardian	All Family Programs					X		X		
	Children	Immunizations Up To Date	All Family Programs					X		X		
	Children	Does the child have a medical condition	All Family Programs					X		X		
	Children	Children Medical Condition Sub Assessment	All Family Programs					X		X		

"++++ Military Questions for Veterans Only Available in this Assessment"

**** Outreach programs collect this information when it becomes available**

PIT Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	PIT Date
3.3- UDE	General Info	Date of Birth	All Programs	X					X			
3.6-UDE	General Info	Gender	All Programs	X					X			
3.5-UDE	General Info	Ethnicity	All Programs	X					X			
3.4-UDE	General Info	Primary Race	All Programs	X					X			
3.4-UDE	General Info	Secondary Race	All Programs	X					X			
PIT	General Info	Chronic Substance Abuser	All Programs	X						X		
PIT	General Info	Seriously Mentally Ill	All Programs	X						X		
PIT	General Info	Client Homeless as a result of Domestic Violence	All Programs	X						X		
PIT	General Info	Individual Became Homeless from an Institution	All Programs	X						X		
PIT	General Info	Language Minority	All Programs	X						X		
3.7-UDE	General Info	Have you ever been on Active Duty in US Military	All Programs		X					X		
PIT	General Info	Ever been in the foster care system	All Programs	X						X		
PIT	General Info	Brain Injured	All Programs	X						X		
PIT	General Info	Intellectual Disability	All Programs	X						X		
PIT	General Info	ADHD	All Programs	X						X		
4.3-4.8-PSDI	General Info	Disabilities Sub Assessment	All Programs							X	X	X
PIT	General Info	Other Sub population	All Programs	X						X		
4.15A-PSDE	Employment	Employed	All Programs		X	X				X	X	X
PIT	Employment	Employment Status	All Programs		X	X				X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs	X						X	X	X
PIT	Income	Primary Source of Income	All Programs	X						X		X
PIT	Other Shelter SVCS	Overnight shelter outside FfxCoC w/in pastyear	All Programs	X								X
PIT	Other Shelter SVCS	Washington,D.C.	All Programs	X								X
PIT	Other Shelter SVCS	Maryland (statewide)	All Programs	X								X
PIT	Other Shelter SVCS	Virginia (statewide)	All Programs	X								X

PIT Assessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	PIT Date
PIT	Other Shelter SVCS	Outside of DC, MD, VA	All Programs	X								X
PIT	Other Shelter SVCS	Last place lived BEFORE becoming homeless	All Programs	X								X
PIT	Other Shelter SVCS	Unsheltered	All Programs	X								X
PIT	Other Shelter SVCS	Housing Needed Today	All Programs	X								X
PIT	Children	How many schools attended in the last 12 months	All Programs				X			X	X	X

Program Exit

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects					When Collected			
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually
13-UDE	General Info	Program Exit Date	All Programs	X							X	
4.15-APSDE	General Info	Reason for leaving	All Programs	X							X	
4.15-APSDE	General Info	If Other Specify	All Programs	X							X	
4.10-PSDE	General Info	Destination	All Programs	X							X	
4.15-APSDE	General Info	If Other Specify	All Programs	X							X	
11-UDE	General Info	Housing Status	All Programs	X						X	X	x
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X						X	X	X
4.1-PSDE	Income	Income sub assessment	All Programs **	X						X	X	X
4.1-PSDE	Income	Total Monthly Income	All Programs **	X								
4.2-PSDE	Income	Non-cash benefi treceived in past 30 days	All Programs **	X						X	X	X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X						X	X	X

**** Outreach programs collect this information when it becomes available**

APPENDIX F

HMIS Service Transaction Requirements

Services	Service Start Date	Service End Date	Entire Household	Specific Individual	CRS/ OPEH Transitional Housing	Family Shelters	Single Shelters	CRS/ OPEH PSH	CCM / BA / SSVF	Hypo/ Seasonal	Transitional Housing *	Permanent Supportive Housing *
Beds	Date approved	Date approved		X					x			
Benefits Assistance	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Case/Care Management	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	x
Credit Counseling	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Credit Rating Assistance	Date approved	Date approved		X					x			
Dental Bill Payment Assistance	Date approved	Date approved		X					x			
Driver License Reinstatement Assistance	Date approved	Date approved		X					x			
Emergency Shelter (through ShelterPoint ONLY)	Date Entered	Date Exited	X			x	x			x		
Educational Support Assistance	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Food Vouchers	Date approved	Date approved	X						x			
Homeless Motel Vouchers	Date approved	Date approved	X			x			x			
Household Goods Storage	Date approved	Date approved	X						x			
Housing Counseling	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	x
Housing Search Assistance	Begin calendar month **	End Calendar month	X		x	x	x	x	x	x	x	
Information & Referral	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Job Search/Placement	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Job Training Expense Assistance	Date on agency check	Date on agency check		X					x			
Legal Services	Date approved	Date approved		X					x			
Life Skills Education	Date of Service	Date of Service		X	x	x	x	x		x	x	x
Medical Bill Payment Assistance	Date approved	Date approved		X					x			
Moving Expense Assistance	Date approved	Date approved	X						x			
Prescription Expense Assistance	Date approved	Date approved		X					x			
Rent Payment Assistance	Month Provided	Month provided	X		x				x			

Services	Service Start Date	Service End Date	Entire Household	Specific Individual	CRS/ OPEH Transitional Housing	Family Shelters	Single Shelters	CRS/ OPEH PSH	CCM / BA / SSVF	Hypo/ Seasonal	Transitional Housing *	Permanent Supportive Housing *
Rental Deposit Assistance	Date approved	Date approved	X						x			
Resume Preparation Assistance	Date Provided	Date Provided		X	x	x	x	x		x		
Transportation Expense Assistance	Date approved	Date approved		X					x			
Utility Deposit Assistance	Date approved	Date approved	X						x			
Utility Service Payment Assistance	Begin calendar month ** & ***	End Calendar month	X						x			

Background:

The ServicePoint / Homeless Management Information System (HMIS) Procedural Manual which was agreed upon by the HOST Implementation Team contains the following language.

"Service Transactions: The service transaction module allows provider to record services provided. All HUD programs and any program that requires financial reporting are ***required to record services provided****. All other programs are encouraged to record services provided."*

Directions:

Please complete service transactions in ServicePoint based on the services matrix provided above.

Helpful Information and Key:

* Recommendations for TH and PSH (non CRS/OPEH) are based upon staff knowledge of HUD contract templates and recommendations. If your individual contract does not require service transactions, you may modify this specific column.

** Service Start Date cannot be before program entry date (if client enters mid month ServiceStartDate = Entry Date)

*** EXCEPT ARREARS: Arrears payments - Svc start and end date = supervisor approval date.

Effective 11/01/2012-- all programs which have not been entering services are to begin as of 11/01/2012

APPENDIX G

Data Quality Reports List

Data Quality Reports Documentation

Report Number	Name	ART folder location	Description	Purpose	Required for	frequency
123	ServicePoint User Last Login Report	ART | Public Folder | System Administration	To be run at the Parent Provider Level. Provides a list of all users in an organization and the numbers of days since login.	For review so that users who have left employment in the Partner Agencies are reported for deletion. NOTE: Users should be immediately reported when terminated from employment. They should never be allowed access to confidential data after leaving employment.	All Parent Providers (providers which should not have EntryExits attached)	monthly (quarterly for TH and PSH in good Data Quality standing)
216	Unexited Clients Exceeding Maximum Length of Stay	ART | Public Folder | Data Quality	Monitors data quality by insuring that clients in selected program have a timely program exit. The report allows the User the ability to examine the length of stay (los) for all unexited clients in up to five selected programs. The User is also prompted to specify the maximum length of stay for each program enabling the report to flag clients whose los has exceeded the limit. The report also identifies unexited clients with multiple entries.	To ensure clients' program exits are recorded in time and to alert program managers of clients exceeding length of stay. Also assists in identifying clients with multiple entries into the same program simultaneously.	All Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
220	Data Incongruity Locator	ART | Public Folder | Data Quality	Assists users in locating data entry errors resulting in incongruous information related to the client's recorded age, gender and/or household relationship(s).	To ensure client data is consistent	All Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
252	Data Completeness Report Card	ART | Public Folder | Data Quality	Data quality monitoring tool that generates a letter grade based upon program's data completion rate for required data elements at the time of client entry into the program. The report can be run for multiple programs and is sectioned by provider so that each provider's report card will be displayed on a separate page, allowing batch printing.	1) To ensure required elements are completed at time of program entry. 2) When run for Parent Providers - ensures that EntryExit records are not attached to parent providers.	All Entry Exit Programs / All Parent Providers	monthly (quarterly for TH and PSH in good Data Quality standing)
315	Daily Program Census		Provides daily program census for a selected program for a 31 day period of time specified by the user. The reported daily census is based on client entries and exits, and includes individual counts, household counts, percent of capacity and breakdowns by gender, age, race, ethnicity and prior living situation. In addition to this summary data, the report includes the client detail related to each breakdown, and combined counts for the entire reporting period	To provide a daily census for verification of who is in the program during the reporting period.	All short term (less then one year) Entry Exit Programs	monthly (quarterly for TH and PSH in good Data Quality standing)
347	Services (Billing) Summary	ART | Public Folder | Case Mgmt	The 0347A Services Summary report supports reviewing all of the services delivered by your programs, service type, client, and case worker.	To provide accurate service counts for clients.	All Entry Exit Programs (NOT HHP, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)
	Clients with Self Sufficiency Matrix	ART | Public Folder | Data Quality	Lists clients who have a self sufficiency matrix recorded in HMIS. Overly simplistic report which needs enhancements in the near future	To provide a list as requested by the partners of the clients who have SSOMs in ServicePoint.	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)
405	SSOM client Achievement Report	ART | Public Folder | SSOM Reports	This report compares the initial and the final Self Sufficiency Outcome rating for each of the clients in a selected program. Initial/Final comparisons with calculated gains/losses are reported for each domain where at least one value has been recorded, as well as an average score for all domains. A second report tab compares the program averages by domain and by overall average. Both the client report and the program report display the results both graphically and in table format. To be included in this report the client must have an initial SSOM assessment and a final SSOM assessment by the specified provider and on or after the reports specified start date.	To ensure that all clients who have exited the program have an SSOM	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)

Data Quality Reports Documentation

631	HUD CoC APR Detail	ART | Public Folder | HUD APR	This ART Gallery report is a companion to report #0625 and displays the record level detail behind the CoC APR summary tables. This CoC APR Detail report consist of several sub-reports each of which focus on a portion of the CoC APR data, including client demographics, household membership, types and levels of service, entry-exit related data, length of stay, income, non-cash benefits, etc. The report also included additional feature to assist in data quality monitoring including null data flags, identification of non-HUD assessment question values, and a sub-report that identifies duplicate clients included in the dataset.	Overall program evaluation and reporting consistent with HUD requirements. As all programs follow the same workflow whether HUD program or local, the report is extremely useful. The report includes features to assist in data quality monitoring including null data flags, identification of non-HUD assessment question values, and a sub-report that identifies duplicate clients included in the dataset.	All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)	monthly (quarterly for TH and PSH in good Data Quality standing)

APPENDIX H

Data Quality Verification Forms

PARENT PROVIDER MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: (this should be your agency in HMIS not specific programs)

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____I verify that all clients have been exited from this program and are in their correct program (initials).

0123 – ServicePoint User Last Login Report ART | Public Folder | System Administration Reports folder	
Please review the Users in your organization and request appropriate deletion by itemizing in the cell.	_____ I verify all users are active in HMIS. (initial) Please delete the following users from HMIS: _____ _____

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions are not accepted after the 14th of the month.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

SHELTER MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:
HMIS Program/Provider:
(a separate form is required for each HMIS Program)
Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial) _____% Complete Service Transactions (Tab B) _____% Complete Income Yes/No (Tab B)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631-HUD CoC APR Detail

ART | Public Folder | HUD APR

Please review the Annual Report data for accuracy.	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report accurately reflects the services for clients in the shelter (Submit Tab A). _____I verify that the number of clients served in the reporting month is accurate.

Turnaways (not currently recorded in HMIS, manually tracked and reported per contract requirements)	_____ _____	**TOTAL Turn-Aways Women:** **TOTAL Turn-Aways Men & Women:**
0315 Program Daily Census Report ART | Public Folder | Shelter Reports folder		
Daily Bedlist Counts & Client Bed Occupancy Data Submission of this report fulfills contractual requirements to provide daily occupancy data	_____ _____	Tab B—I verify that this is an accurate list of clients. (initial) Tab A1 – I verify that this is an accurate daily count of clients occupying bed and is **attached**. (initial)

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

TRANSITIONAL HOUSING QUARTERLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631 -HUD CoC APR Detail

ART | Public Folder | HUD APR

Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

PERMANENT SUPPORTIVE HOUSING QUARTERLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0216 – Un-Exited Clients Exceeding Maximum Length of Stay

ART | Public Folder | Data Quality folder

Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator

ART | Public Folder | Data Quality folder

Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality folder

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix

ART | Public Folder | Data Quality folder

Not required for HHP, Hypothermia, Outreach.	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)

ART | Public Folder | SSOM Reports folder

	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0123 – ServicePoint User Last Login Report

ART | Public Folder | System Administration Reports folder

Please review the Users in your organization and request appropriate deletion by itemizing in the cell.	_____ I verify all users are active in HMIS. (initial) Please delete the following users from HMIS: _____ _____

0631 -HUD CoC APR Detail ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of the month will not be accepted.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

COMMUNITY CASE MANAGEMENT
MONTHLY DATA QUALITY VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____% Complete for Housing Status (Tab B) _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix ART | Public Folder | Data Quality folder	
	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

0216 – Un-Exited Clients Exceeding Maximum Length of Stay ART | Public Folder | Data Quality folder	
Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that all of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 45 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for each member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator ART | Public Folder | Data Quality folder	
Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) ART | Public Folder | SSOM Reports folder	
	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631 -HUD CoC APR Detail ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report matches financially with the Excel Spreadsheet submitted to OPEH _____I verify that all clients have at least one service transaction for the reporting month (Submit Tab A).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365.

BRIDGING AFFORDABILITY
DATA QUALITY
VERIFICATION FORM

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name:

HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) (MONTHLY) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____Data Completeness Grade _____% Complete for Housing Status (Tab B) _____Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix (MONTHLY) ART | Public Folder | Data Quality folder	
	_____I verify all clients in this program have appropriate Entry, Interim and Exit Self-Sufficiency Matrixes entered into HMIS. (initial)

0216 – Un-Exited Clients Exceeding Maximum Length of Stay (MONTHLY) ART | Public Folder | Data Quality folder	
Clients Exceeding Maximum LOS *DQ Hint: If a client who has exited the program is still showing on the report, check EntryExit in the HMIS client record to verify that there are not duplicate records.*	_____ Number of clients exceeding maximum length of stay. _____ I verify that <u>all</u> of the above clients are still being served. (initial) _____ I verify that clients who have not received services in the last 30 days have been exited. (initial)
Multiple Entries for Same Client (highlighted in red on the report) *DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for <u>each</u> member of the household.*	_____ I verify that all duplicate EntryExit records have been deleted. (initial)

0220 - Data Incongruity Locator (MONTHLY) ART | Public Folder | Data Quality folder	
Please review and correct null values or incongruit data.	_____I verify all corrections have been made to our data incongruity. (initial)

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A to OPEH.	_____I verify that my monthly services report accurately reflects a case management service transaction for each client. (Submit Tab A).

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) (QUARTERLY) ART | Public Folder | SSOM Reports folder	
Due: January, April, July, October	_____I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

0631-HUD CoC APR Detail (QUARTERLY) ART | Public Folder | HUD APR	
Please review the Annual Performance Report data for accuracy. **Due: January, April, July, October**	_____ I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) _____ I verify all clients have the correct exit destinations. (initial) _____ % of clients exited to permanent housing this month.

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. A **separate** Monthly Data Quality Verification Form is needed for **each program** within HMIS.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day. Submissions after the 14th of each month will not be accepted.
4. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator.

*Note: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365.

CRS QUARTERLY DATA QUALITY VERIFICATION FORM

Agency Name: HMIS Program/Provider:
(a separate form is required for each HMIS Program)

Reporting Month/Year: Submission Date:

0252 – Data Completeness Report Card (EE) ART | Public Folder | Data Quality folder	
Please review and make corrections necessary to achieve the highest possible Data Completeness grade.	_____ I verify that I do not have any null values. If null values exist, please explain below.

405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix) ART | Public Folder | SSOM Reports folder	
Submit the entire document in the PDF Format by Email.	_____Submit the entire document to this form.

347 – Billing Summary ART | Public Folder | Case Mgmt	
Please review and correct any discrepancies and submit Tab A and Tab B to CRS.	_____I verify that my monthly services report matches with services received by client. _____I verify that all clients have all service transactions they received in this month (Submit Tab A and Tab B).

The signature below ***certifies*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.
Explanation of errors:

Responsible Party Signature: _____
Responsible Party Name:

Executive Director (or Designee) Signature: _____
Executive Director Name (or Designee):

Instructions

1. This is in *addition* to the Data Quality Verification Form submitted to OPEH each month/quarter.
2. Begin running and correcting reports the 1st of the month so that there is sufficient time to request assistance from OPEH for Data Quality issues.
3. Final submissions to OPEH and to Lynn Thomas at CRS by COB on the 10th of the month. If the 10th is a weekend or holiday, final submissions are due the next business day.
4. Months Due: April (Jan-March); July (April-June); October (July-September); January (October-December).
5. **If your submission is late (past the 10th) of any quarter OR your data completeness grade (252) falls below an A during any month, you will be required to submit monthly.**
6. Complete this form for each program and ***submit only required tabs*** to OPEH via email to OPEHPrograms@fairfaxcounty.gov or via fax to 703-653-1365 attn. HMIS Administrator and copy Lynn Thomas at lynn@christianrelief.org

***Note**: Other forms of submission will not be accepted. Submissions will only be accepted by e-mail or fax at 703-653-1365

Hypothermia Weekly Data Quality Verification

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Agency Name _____

HMIS Program/Provider _____

(A separate form is required for each HMIS Program.)

Reporting Month/Year _____ **Date Submitted** _____

0252 – Data Completeness Report Card (EE)

ART | Public Folder | Data Quality

Please review and make corrections necessary to achieve the highest possible Data Completeness grade.

_____		Data Completeness Grade
_____		Tabs B and D are attached. (Initial)
_____	%	Complete Service Transactions (Tab B)
_____	%	Complete Income Yes/No (Tab B)

Turn-Aways

Not currently recorded in HMIS. Manually tracked and reported per contract requirements.

_____	Total Turn-Aways—Women
_____	Total Turn-Aways—Men & Women

0315 Program Daily Census Report

ART | Public Folder | Program Specific Reports | Shelter Reports

Daily Bedlist Counts & Client Bed Occupancy Data
Submitting this report fulfills contractual requirements to provide daily occupancy data.

_____	**Tab B**	I verify that this is an accurate list of clients. (Initial)
_____	**Tab A1**	I verify that this is an accurate daily count of clients occupying beds. Report is attached. (Initial)

347 – Billing Summary

ART | Public Folder | Case Mgmt

Please review and correct any discrepancies and submit Tab A to OPEH.

_____	I verify that my monthly services report accurately reflects the services for clients in the shelter (Initial and Submit Tab A)
_____	I verify that the number of clients served in the reporting month is accurate.

In the space provided below, please explain any discrepancies.

By our signatures, we ***certify*** that the HMIS data in ServicePoint has been reviewed for quality, completeness and consistency.

Name of Responsible Party	*Signature of Responsible Party*
Name of Executive Director or Designee	*Signature of Executive Director or Designee*

☐ I am requesting Data Quality Assistance from OPEH:

Instructions

1. Your **Weekly Data Quality Verification** form must be submitted to OPEH by **5:00 pm** each **Tuesday**.
2. You must submit a **separate form** for each program within HMIS.
3. **Allow enough time** to get help from OPEH if you have Data Quality issues. This means you should start to run and correct reports by Friday morning!

To submit the Weekly Data Quality Verification

Submit only the required tabs to

Email: **OPEHPrograms@fairfaxcounty.gov**

or

FAX (703) 653-1365

You must submit the form via this email or this FAX number.

If the form is not submitted correctly, it will be refused.

APPENDIX I

HMIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Procedure

Procedure Number:
Title: **HMIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**
Date Adopted: 09/12/2009

PURPOSE:

To provide guidance regarding the use of the Homeless Management Information System (HMIS) operated through the Fairfax County Office to Prevent and End Homelessness when serving victims of domestic violence, dating violence, sexual assault or stalking.

RESPONSIBILITY:

It is the responsibility of all Continuum of Care providers to be familiar with and adhere to this procedure. Each non profit organization has the final responsibility to ensure this procedure is followed.

PROCEDURE:

1. Pursuant to Federal and State law, programs *whose primary mission* is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking are not permitted to enter client-level data directly in HMIS. (See Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. 109-162; and Virginia Code § 63.2-104.1).

2. Domestic and sexual violence programs that receive sub grants through the American Recovery and Reinvestment Act of 2009 (ARRA) Homelessness Prevention and Rapid Re-Housing Program (HPRP) are not permitted to enter data directly in HMIS, but are required to use a comparable database to generate and submit unduplicated aggregate quarterly reports about individuals and families served with HPRP funds.

3. All other programs that are not primarily dedicated to serving victims of domestic violence, dating violence, sexual assault and stalking but provide services to such victims, are required to enter client-level data in HMIS.

   a) In order to protect the client/victim's confidentiality and safety, the **non**-DV/SV provider must have a full discussion with the client/victim about HMIS. (See Fairfax Falls Church HMIS Notice).
   b) If the client/victim indicates that he/she does not want his/her personal identifying information (e.g., name, date of birth, gender and last four digits of their social security number) and other case-related information accessible to other providers that use

Office to Prevent and End Homelessness
12000 Government Center Parkway, Suite 561
Fairfax, VA 22035
Phone: 703-324-9492 **Fax**: 703-324-9491 **TTY:** 711
www.fairfaxcounty.gov/homeless

HMIS, then the **non**-DV/SV provider must close the client/victim's record in HMIS immediately upon creation/entry.

c) If a client/victim fully consents to sharing his/her client-level data (i.e., Assessment information - HUD Universal Data Elements, Program Entry/Exit, and Homelessness Prevention and Rapid Re-housing Program Data Elements) by signing the "Uniform Authorization to Use and Exchange Information" form, then a release of information form will be entered in HMIS and client-level data be shared with the Fairfax Falls Church Continuum of Care only.

Additional Information:

Violence Against Women and Department of Justice Reauthorization Act of 2005 applicability to HUD programs; March 16, 2007 Notice

http://hmis.info/Resources/842/VAWA-Applicability-to-HUD-Programs;-March-16,-2007-Notice.aspx

Guidance on HPRP Subgrantee Data Collection and Reporting for Victim Service Providers

http://www.hudhre.info/documents/HPRPVictimServiceReportingGuidance.pdf

Confidentiality of records of persons receiving domestic and sexual violence services

http://leg1.state.va.us/cgi-bin/legp504.exe?000+coh+63.2-104.1+704205

Approved_____

Dean Klein
Director office to Prevent and End Homelessness

Revised September 12, 2009

Office to Prevent and End Homelessness
12000 Government Center Parkway, Suite 561
Fairfax, VA 22035
Phone: 703-324-9492 **Fax**: 703-324-9491 **TTY:** 711
www.fairfaxcounty.gov/homeless

APPENDIX J

HMIS Training Registration

Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Training Registration or Cancellation

Date of Request _____

Name _____

Organization _____

Telephone _____ **E-Mail** _____

I would like to register for or cancel my registration for the following trainings:

☐ Register ☐ Cancel	**New User** **(Must be accompanied by a signed 'HMIS User Responsibility' form)**	Date
☐ Register ☐ Cancel	**Advanced Reporting Tool (ART)**	Date
☐ Register ☐ Cancel	**Enter Data As (EDA)**	Date
☐ Register ☐ Cancel	**Data Quality Day**	Date

Submit completed form to: OPEHTraining@fairfaxcounty.gov

APPENDIX K

Glossary of HMIS Definitions and Acronyms

Fairfax/Falls Church CoC HMIS Definitions

Activities of Daily Living (ADLs) – term used in healthcare to refer to people's daily self-care activities (bathing, eating etc.)

Administration for Children and Families (ACF) – division of HHS that provides assistance for children, youth and families (adoption assistance, foster care, child abuse investigations, etc.)

Alliance of Information & Referral Systems (AIRS) – professional association for 1,000+ community information and referral (I&R) providers serving primarily the US and Canada; AIRS maintains taxonomy of human services

Annual Homeless Assessment Report (AHAR) – Annual report to Congress on the extent and nature of homelessness in each CoC

Annual Progress Report (APR) – Report that tracks/assesses performance outcomes in HUD CoC Program granted projects

Audit Trail - A record showing who has accessed a computer system and what operations he or she has performed during a given period of time; Most database management systems include an audit trail component

Biometrics - Refers to the identification of a person by computerized images of a physical feature (ex: fingerprinting)

Central Intake – coordinated access strategy in which a single centralized hub manages intake for all persons entering the regional homeless services system

Child Protective Services (CPS) – state or local agency intended to identify, assess and serve children and families in effort to protect the children, prevent further maltreatment and preserve families when possible; often deal with neglected or abused children

Chronic homelessness (CH) – long-term or repeated homelessness, coupled with a disability; by HUD standards the individual (or adult in a family) must have a disability and have experienced homelessness for a year or more, or experienced 4 episodes in the past 3 years which total at least 12 months and are currently living in an emergency shelter or a place not meant for human habitation

Client Intake – The process of collecting a client's information upon entry into a program

Collaborative Applicant (CA) - entity that applies for CoC grants from HUD on behalf of the continuum it represents (OPEH in Fairfax)

Community Based Organization (CBO) – non-profits and faith based groups, with experience solving issues that affect their immediate locality in a way that promotes regional change, and ultimately influences larger systems

Community Case Management (CCM) – process of assessing, planning, coordinating care, and connecting individual to services

Community Development Corporation (CDC) – non-profit organization incorporated to provide programs, services and other activities that promote community development in a specific location; usually serves low-income areas

Community Development Block Grant (CDBG) – HUD program providing annual grants on a formula basis to local governments and states to address community development needs

Community Healthcare Network (CHCN) – partnership of health professionals, physicians, hospitals and local government formed to provide primary healthcare for low income and uninsured residents of Fairfax County, Fairfax City and Falls-Church

Community Services Board (CSB) –local agency serving as the point of entry into publicly-funded service system for mental health, intellectual disability and substance abuse

Comprehensive Services Act (CSA) – allows for the pooling of 8 specific funding streams to support services for high-risk youth

Consumer –individuals or families currently accessing prevention or homeless assistance services

Continuing Education Unit (CEU) – measure used in programs (usually 10 hrs. of participation) to provide evidence of completion of mandated continuing education requirements

Fairfax/Falls Church CoC HMIS Definitions

Continuum of Care (CoC) – A HUD term referring to each local homeless services system

Coordinated Services Planning (CSP) – central intake hub for accessing human services in Fairfax County; also serve as the central intake for homeless families into the local homeless services system

Coverage - number of beds in HMIS over total number of beds available; used by CoC's/service providers to refer to the number of beds represented in their HMIS

Covered Homeless Organization (CHO) – Any organization that records, uses, or processes data on homeless clients for an HMIS; requirements of the HMIS Final Notice apply to all CHO's

Data Quality (DQ) - The accuracy and completeness of all information collected and reported to the HMIS.

Data Standards – The basic data that is required to be entered into HMIS and how

De-identification - The process of removing or altering identification data in a client record; allows non-clinical applications to use real data without violating client privacy

Department of Corrections (DOC) – state departments under the DOJ responsible for the custody of inmates in state institutions and prisons and the supervision of offenders sentenced to probation or parole

Department of Family Services (DFS) – local government agency tasked with bettering the well-being of children and families living in challenging situations

Department of Housing and Community Development (DHCD) – local government agency responsible regional policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws

Digital Certificates - attachments to an electronic message used for security purposes; commonly used to verify the sender's ID and provide the receiver with the means to encode a reply

Disabling Condition - Condition limiting and individual`s ability to work or perform ADL's; in reference to HUD's definition of chronic homelessness, disabling conditions include: diagnosable substance use disorder, serious mental illness, developmental disability or chronic physical illness/disability

Domestic Violence (DV) – repeated pattern of abuse of one household member by another; there are many dimensions to DV including mode, frequency and severity, so instances can be obvious and overtly criminal (physical/sexual violence, etc.) or not (financial/emotional abuse, etc.)

Earned Income Tax Credit (EITC) – refundable tax credit for low/moderate income working people, particularly families; the amount of EITC benefit depend on household income and the number of children

Electronic Special Needs Assistance Program (E-SNAPs) – electronic grants management system operated by HUD's Office of SNAPS; supports the annual CoC Program Application and APRs

Emergency Shelter (ES) – Any facility whose primary purpose is to provide immediate, temporary shelter and services to people suffering from homelessness

Emergency Solutions Grants (ESG) – competitive federal grant that awards funds to cities, counties and non-profits to provide services to people at risk or suffering from homelessness so they may regain stable housing

Encryption – scrambles plain text into unreadable data using code to mask the data's meaning unauthorized viewers

Ethnicity - identity with a particular racial, national, linguistic, or cultural group; in HUD's reporting ethnicity is a question of Latino or non-Latino

Extensible Markup Language (XML) – markup language that defines a set of rules for encoding document in a format that is readable by people and computers; it is used to share data across different information systems via the Internet, and can encode documents and serialize data

Fair Market Rent (FMR) – A HUD term that applies to the amount of rent that may be paid with a subsidy in each jurisdiction based on average rents throughout the community

Family and Youth Services Bureau (FYSB) – provides national leadership, funding and support to organizations that work to end youth homelessness, adolescent pregnancy and domestic violence

Federal Information Processing Standards (FIPS) – federally developed standards publicized for use by all non-military government agencies and contractors; many FIPS's are modified versions of local standards

Federally Qualified Community Health Center (**FQCHC)** – reimbursement designation for CBO's that provide healthcare services to people regardless of financial/health insurance status; mission is to enhance primary care services in underserved communities

Final Notice - See HMIS Data and Technical Standards Final Notice

Geographic Information Systems (GIS) – captures, stores, analyzes, manages, shares and displays geographically referenced information

Government Performance and Results Act (GPRA) – One of a series of laws designed to improve government project management. The GPRA requires agencies to engage in project management tasks such as setting goals, measuring results, and reporting their progress. In order to comply with GPRA, agencies produce strategic plans, performance plans, and conduct gap analysis of projects.

Hashing – hash values are numbers/series of numbers generated from input data by a formula so that it is unlikely to be converted back or that another record will produce the same hash values; used to securely check whether two records are identical (ex: comparing client records in HMIS without identifying the clients)

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. Developed by the Department of Health and Human Services, these standards provide patients access to their medical records and give them more control over how their personal health information is used and disclosed.

Health Resources and Services Administration (HRSA) – department of HHS tasked with improving healthcare services for the uninsured, isolated or medically vulnerable

Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) - The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs. Congress passed this act in 2009 and it was implemented in 2012

HMIS Data and Technical Standards Final Notice - regulations issued by HUD via the Federal Register describing HMIS implementation requirements; notes who needs to participate in HMIS, what data to collect, and how to protect client info

HMIS Lead Organization – organization designated to operate the CoC's HMIS; provides training and technical assistance and support to participating agencies

Housing First (HF) – strategy that attempts to move people experiencing homelessness into permanent housing as soon as possible, then provides supportive services to ensure housing stability

Home Investment Partnerships Program (HOME) – formula grant to states and localities to fund affordable housing activities including building, buying, renting and rehabbing properties as well as rental assistance for low-income people

Homeless Management Information System (HMIS) –computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of people experiencing homelessness

Homeless Solutions Grant (HSG) – state funding program to assist homeless households quickly regain stability in permanent housing

Housing Inventory Count (HIC) – community's stock of beds/units available for homeless individuals/families in the local

emergency shelters and homeless housing programs; counted and then reported to HUD in conjunction with the PIT count

Housing Opportunities for Persons with AIDS (HOPWA) – provides grants to local communities, States and nonprofits for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families

Intake Coordinator (IC) – person(s) tasked with assisting clients gain access to services; often ask basic questions about the client before referring them to a service provider based on need

Inferred Consent – assumed consent for data entry into HMIS after providing client an oral explanation of HMIS; must be a person of legal age and in possession of all his/her faculties

Information and Referral (I&R) – process for obtaining information about the program and service options available to homeless persons and linking them to these resources; HMIS includes features to facilitate information and referral

Informed Consent - A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.)

Length of Stay (LOS) – the duration of time a client remains in a particular program; this measurement is often used in emergency shelter programs to quantify how quickly they can solve clients' housing crises

McKinney-Vento Act – Congressional Act that authorized HUD's homeless assistance programs

Metropolitan Washington Council of Governments (COG aka MWCOG) – nonprofit that brings DC Metro leaders together to address regional issues in DC, MD and VA; PIT numbers from CoC's in the DC Metro area are reported to COG to create a regional snapshot of homelessness

Multiple Listing Service (MLS) – centralized database listing the real estate for sale in the United States

Local Education Agency (LEA) – synonymous with a school district, it is an entity which operates local public primary and secondary schools within a specific region

National Alliance to End Homelessness (NAEH) – national organization addressing homelessness; produce data for advocacy and policy reform as we well provide technical assistance and best practice research to CoC's

Not in My Back Yard (NIMBY) – characterization of residents' opposition to new development because it is close to them; sentiment is often directed towards homeless service organizations because of the population they attract

Notice of Funding Availability (NOFA) – HUD's annual announcement of funding available for programs or activities; the NOFA outlines funding limits and regulations for the CoC Program Competition

Neighborhood Stabilization Program – federal grants that provides emergency assistance to state and local governments in acquiring and redeveloping vacant/foreclosed properties that would otherwise be sources of abandonment and blight

Office to Prevent and End Homelessness (OPEH) – department within Fairfax County Human Services that serves as the lead agency for the Fairfax County CoC in Fairfax, VA and leads efforts to prevent and end homelessness locally

Projects for Assistance in Transition from Homelessness (PATH) – administered by SAMHSA, provides formula grants to providers that serve homeless or at risk persons with a mental illness or substance abuse issues – operated by the local CSB providing outreach

Penetration Testing – process of probing a computer system to identify security vulnerabilities and the extent to which they may be exploited

Performance Assessment Rating Tool (PART) – Developed to assess and improve program performance so that the Federal government can achieve better results. A PART review helps identify a program's strengths and weaknesses to inform funding and management decisions aimed at making the program more effective. The PART therefore looks at all factors that affect and reflect program performance including program purpose and design; performance measurement, evaluations, and strategic planning; program management; and program results. Because the PART includes a consistent series of analytical questions, it

allows programs to show improvements over time, and allows comparisons between similar programs.

Performance Measures – values used to evaluate programs' impact on the clients they serve

Permanent Housing (PH) – long-term housing options for homeless persons, often including time-limited support services; seen as the solution to homelessness

Permanent Supportive Housing (PSH) – long-term community-based housing with supportive services for homeless persons with disabilities so they may live independently as possible in a permanent setting

Personal Protected Information (PPI) – information that can be used to identify, contact or locate someone, or enable disclosure of their personal information

Public Housing Authority (PHA) – broad term for the state and local agencies that assist in implementing HUD projects and priorities at the regional level such as housing choice vouchers

Point in Time County (PIT) – A snapshot of the local homeless population recorded by each CoC in the last week of January and reported to HUD annually; includes all individuals/families that are literally homeless on the night of the PIT

Privacy Notice - public statement of an agency's privacy practices informing clients of how personal information is used and disclosed; all CHO's must have a privacy notice

Program Data Element (PDE) – data elements required for programs that receive HUD CoC Program funding and complete the APR

Public Keys - contain information that a sender can use to encrypt information such that only a particular key can read; recipient also can verify the identity of the sender through the sender`s public key

Public Key Infrastructure (PKI) – An arrangement that binds public keys with respective user identities by means of a certificate authority (CA). The user identity must be unique for each CA. The binding is established through the registration and issuance process, which, depending on the level of assurance the binding has, may be carried out by software at a CA or under human supervision. The PKI role that assures this binding is called the Registration Authority (RA). For each user, the user identity, the public key, their binding, validity conditions, and other attributes are made unforgeable in public key certificates issued by the CA.

Race – American Indian or Alaska Native; Asian, Black or African American; Native Hawaiian or Pacific Islander; White

Redevelopment and Housing Authority (RHA) –in Fairfax this is a subdivision of DHCD which administers low-income housing programs

Request for Proposal (RFP) – solicitation by an agency or company, often through a bidding process, interested in procurement of a commodity, service or valuable asset to potential suppliers to submit proposals; homeless services in Fairfax County are secured by local government through an RFP process

Results-Accountability (RBA) – management tool that facilitates collaboration amongst human series agencies as a method of decentralizing services and an innovative regulator process; implies clearly articulated goals and regular data analysis to understand if these goals are being met

Rapid Re-housing (RRH) – homeless service delivery approach that helps people access housing as quickly as possible; one housing is secured, supportive services are wrapped around clients so housing stability can be maintained

Runaway and Homeless Youth Management Information System (RHYMIS) – An automated information tool designed to capture data on the runaway and homeless youth seeking services from FYSB's Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP) and contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.

Substance Abuse (SA) – patterned use of a drug in which the amounts or methods of consumption are harmful to the user or those around them

Substance Abuse and Mental Health Services Administration (SAMHSA) – branch of HHS that attempts to improve quality and

availability of prevention, treatment and rehab services in order to reduce death, illness, disability and economic costs resulting from substance abuse and mental illness

Single Room Occupancy (SRO) – A residential property that includes units for single individual occupancy and provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings

Supplemental Nutrition Assistance Program (SNAP) – the largest program in the domestic hunger safety net, it provides nutrition assistance to low-income individuals and families; food stamps

Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) – provides SNAP participants with access to affordable employment and training programs through formula grants and reimbursement of state, local and non-profit providers

SSI/SSDI Outreach, Access and Recovery (**SOAR)** – program that certifies professionals to expedite client applications for SSI/SSDI

Social Security Number (SSN) – A 9-digit number issued by the Social Security Administration to individuals who are citizens, permanent residents, and temporary (working) residents

Social Security Disability Income (SSDI) – federal insurance program for individuals who are unable to work due to a disability; the disability should be over a year in duration and applicants must be under 65 years old and working prior to their disability

Supplemental Security Income (SSI) – federal program providing monthly stipend provided to low income individuals who are 65 years and older as well as those suffering from medical or psychological issues

Supportive Services - services that may assist homeless persons transition into, and maintain permanent housing

Supportive Services Only (SSO) – projects that only address the service needs of homeless persons and do not provide housing

Technical Assistance (TA) – provision of advice, assistance, and training pertaining to installation, operation and maintenance of business functions; HUD provides TA to CoC's for a variety of tasks including coordinated access and HMIS

Technical Submission – The form completed in the second phase of the SHP fund application process where an applicant that is successful in the competition (called a "conditionally selected grantee" or "selectee") then provides more detailed technical information about the project that is not contained in the original application.

Temporary Assistance for Needy Families (TANF) – provides cash assistance to families with dependent children through HHS

Transitional Age Youth – youth between the ages of 18-24 and their children

Transitions in Place (TIP) – housing model that allows participants to remain in their housing unit after completion of program

Transitional Housing (TH) – project intended to facilitate the movement of homeless individuals and families to permanent housing, usually providing 2 years of rental subsidies and mandatory service participation

Unaccompanied Youth – Minors not in the physical custody of a parent or guardian, including those living in inadequate housing such as shelters, cars, or on the streets. Also includes those who have been denied housing by their families and under-age mothers who have no housing of their own.

Unduplicated Count – count of homeless persons that has been reviewed to ensure individuals are counted once regardless of the number of entries/exits from the homeless system or the number of programs in which they are served

Universal Data Element (UDE) – data required to be collected from all clients serviced by homeless assistance programs using an HMIS including DOB, gender, race, ethnicity, veteran status, and SSN

U.S. Department of Education (ED) – dept. of federal government responsible for establishing policy for, administering and coordinating federal assistance to education as well as collecting data on U.S. schools and enforcing federal educational laws regarding privacy and civil rights

U.S. Department of Health and Human Services (HHS) - A Cabinet department of the United States government with the goal of

protecting the health of all Americans and providing essential human services

U.S. Department of Housing and Urban Development (HUD) - The Federal agency responsible for national policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws; mission is to create a suitable living environment for all Americans and give cities a strong national voice at the Cabinet level

U.S. Department of Justice (DOJ) – dept. of the federal government responsible for law enforcement and administration of justice

U.S. Department of Labor (DOL) – dept. of federal government responsible for occupational safety, wage & hourly, unemployment benefits, reemployment services and some economic statistics

Utilization Rate - measurement of the amount of beds/units in a program that are occupied within a specific time frame

Veteran's Affairs Medical Center (**VAMC)** – hospitals and clinics located nationwide that provide healthcare services to individuals and families that are eligible for VA benefits

Veterans Affairs Supportive Housing (VASH) – Permanent supportive housing for VA eligible veterans

Veterans Affairs (VA) – the US military veteran benefit system is responsible for administering programs of veterans' benefits for veterans, their families, and survivors including disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits, and burial benefits

Violence Against Women Act (VAWA) – Programs range from policies to encourage the prosecution of abusers to victim's services to prevention programs. VAWA helped forge new alliances between police officers, courts, and victim advocates.

Virginia Coalition to End Homelessness (VCEH) – non-profit dedicated to preventing and ending homelessness throughout Virginia through collaboration, capacity building, education and advocacy

Virginia Employment Commission (VEC) – state agency dedicated to promoting economic growth and stability in Virginia by delivering and coordinated workforce services like job placement, income support, training services, etc.

Virginia Housing Development Agency (VHDA) - state agency responsible for commonwealth policy and programs that address housing needs that improve/develop communities, and enforce fair housing laws in Virginia

Virginia Housing Trust Fund (HTF) – pool of funds intended to create and preserve affordable housing and reduce homelessness in the commonwealth of Virginia

Workforce Innovation & Opportunity Act (WIOA) – provides federally funded employment services, workforce development and basic education to improve workforce quality, reduce welfare dependency, and enhance competiveness and productivity across the US

Written Consent – document completed and signed by a client that assumes understanding of the options and risks of sharing data in an HMIS system; signed document kept on file by agency

Local Nonprofit Homeless Service Organizations

Alternative House – Non-profit organization focusing on homeless and at risk youth; operates emergency shelter for minor children and provides TH and RRH for transitional age youth.

Beth El House – transitional housing program for families experiencing homelessness due to domestic violence

Bethany House – nonprofit providing emergency shelter and supportive services to victims of domestic violence

Brain Injury Services – helps persons with a brain injury re-build the skills necessary to lead fulfilling lives

Fairfax/Falls Church CoC HMIS Definitions

Christian Relief Services (CRS)– non-profit providing affordable housing, PSH and TH

Community Residences - Serves people with mental health diagnoses or intellectual disabilities providing supportive housing

Cornerstones – non-profit that provides an array of housing programs and services and operates emergency shelter for singles and families

FACETS - non-profit that provides an array of housing programs and services and operates emergency shelter for families

Family PASS – Non-profit that provides temporary rent subsidies to homeless and at risk families and connects them with support services

Final Salute – Transitional Housing program for homeless female veterans and their families

Friends of Guest House – Non-profit that helps Northern Virginia women make successful transitions from incarceration back into the community

Good Shepherd Housing & Family Services (GSHFS)- Non-profit providing affordable housing

Homestretch - Operates a variety of transitional housing programs for families as well as some permanent hosuing

Kurdish Human Rights Watch (KHRW) – Non-profit that provides services to Middle Eastern immigrants

Lamb Center – Faith based day center offering hot meals, showers, daily living amenities and access to services to some of Fairfax's most vulnerable homeless clients

New Hope Housing (NHH) **-** non-profit that provides an array of housing programs and services and operates emergency shelter for singles

Northern Virginia Family Service (NVFS) **–** non-profit which operates emergency shelter for singles and administers Bridging Affordability and ESG programs

Opportunities Alternatives and Resources (OAR) - Aims to rebuild lives and break the cycle of crime with opportunities, alternatives, and resources for offenders and their families to create a safer community

Our Daily Bread (ODB) - A volunteer-based organization focused on identifying and addressing the unmet fundamental needs of residents and empowering the community to help neighbors maintain self-sufficiency

Pathway Homes - Nonprofit providing permanent supportive housing to adults with serious mental illness; operates most of the permanent supportive housing for homeless individuals in Fairfax

Psychiatric Rehabilitation Services (PRS) – Non-profit operating PSH programs for adults with mental illness

Shelter House (SH)- non-profit that provides an array of housing programs and services and operates two emergency shelters for families

United Community Ministries (UCM) - Assists families and individuals living in poverty

FAIRFAX COUNTY

FAIRFAX COUNTY
REDEVELOPMENT AND HOUSING
AUTHORITY

3700 Pender Drive, Suite 300
Fairfax, Virginia 22030-7444

V I R G I N I A

Telephone: (703) 246-5000 ♦ Fax: (703) 653-1361
TTY: (703) 385-3578

August 18, 2016

HUD Headquarters

To whom it may concern:

The CoC program's commitment to the goal of ending homelessness and its mission of providing affordable housing to one of our community's most vulnerable populations is consistent with the goals of the Fairfax County Redevelopment and Housing Authority (FCHRA).

In particular, one of Fairfax County's local preferences included in both the FCRHA's Housing Choice Voucher (HCV) and Public Housing Programs is to serve individuals who are homeless and are referred to the FCRHA through the Transitional Housing, Project Homes, or Special Needs Homeless programs. This local preference is included in the FCRHA's "Administrative Plan for the Housing Choice Voucher Program", and the "Admissions and Continued Occupancy Policy for the Public Housing Program", which are the guidance documents for implementing the HCV and Public Housing Programs in the county.

The criticality of prioritizing individuals and families who are homeless is also reflected in the FCRHA's waiting list policy for the HCV and Public Housing Programs. Current FCRHA policy is to close the waiting list for the two programs when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants. However, since May 2008, the FCRHA approved a policy to keep the waiting list open to preferences for homelessness (Transitional Housing, Project Homes, and Special Needs Homeless) and its Family Unification allocation, even when the waiting list is closed to other applicants.

The FCRHA will continue to work with the Office to Prevent and End Homelessness, as well as the entire county human services system to identify priority populations, such as individuals and families who are homeless, and provide them with affordable, stable housing options using all the federal, state, local, private and non-profit resources that are available to the county.

Sincerely,

Thomas Fleetwood
Assistant Secretary, Fairfax County Redevelopment and Housing Authority

Fairfax-Falls Church Community Partnership to Prevent and End Homelessness Fairfax County Continuum of Care (CoC)

COORDINATED ENTRY: POLICIES, PROCEDURES, AND WRITTEN STANDARDS

Fairfax-Falls Church Partnership to Prevent and End Homelessness Coordinated Entry: Policies, Procedures, and Written Standards were accepted by the Coordinated Entry Design Team on August 22, 2016.

Michael L. O'Reilly
Chairman
Fairfax-Falls Church Partnership to Prevent and End Homelessness Governing Board
August 31, 2016

FAIRFAX-FALLS CHURCH COMMUNITY PARTNERSHIP TO PREVENT AND END HOMELESSNESS

Coordinated Entry: Policies, Procedures, and Written Standards

INTRODUCTION

The Coordinated Assessment Policies, Procedures, and Written Standards Manual details a set of policies, procedures and written standards specific to prevention, emergency shelter, hypothermia program, rapid rehousing, transitional housing, permanent supportive housing and other permanent housing programs to be utilized by the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. This Manual includes a basic outline of standards for eligibility and the prioritization process for program admission, policies for access and assessment, information about the prioritization pool, procedures for referrals and applications, and acceptance and rejection criteria.

The Fairfax-Falls Church Community Partnership to Prevent and End Homelessness developed its Coordinated Assessment system to make rapid, effective, and consistent client-to-housing and service matches—regardless of a client's location within a CoC's geographic area—by standardizing the access and assessment process and by coordinating referrals across the CoC.

Coordinated Assessment paves the way for more efficient homeless assistance systems by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Staff using these policies, procedures and written standards should also reference the HMIS Policies and Procedures Manual, as well as related HMIS training materials, for more guidance.

TABLE OF CONTENTS		PAGES
1)	Homelessness Prevention (including Shelter Diversion)	2 – 3
2)	Emergency Shelter	3 – 5
3)	Hypothermia Prevention – Individuals Only	5 – 6
4)	Rapid Rehousing	6 – 7
5)	Acceptance & Rejection Criteria for Homelessness Prevention, Emergency Shelter, and Rapid Rehousing.	7
6)	Appeals Process for Homelessness Prevention, Emergency Shelter, and Rapid Rehousing	7 – 8
7)	Transitional Housing (TH)	9 – 10
8)	Permanent Supportive Housing (PSH)	10 – 11
9)	List Maintenance / Data Quality, Referral & Application Process for TH & PSH	11 – 12
10)	Acceptance & Rejection Criteria for TH & PSH	12 – 13
11)	Acceptance / Rejection Documentation Process & Appeals for TH & PSH	14
12)	Other Permanent Housing (TBD)	14 – 15
13)	Domestic Violence	15 – 16
14)	Recordkeeping Requirements	16 – 19
15)	Key Terms	16 – 22

1. PREVENTION (including Diversion)

INTRODUCTION

Homelessness prevention is the approach used to stabilize households in their current housing or help them to move into new housing without first entering the shelter system or experiencing homelessness. Services may include financial assistance* (short or medium-term rental assistance, security or utility deposits, utility payments, moving cost assistance), housing relocation and stabilization services, legal assistance (generally mediation), credit counseling, and case management. The support is provided to help households resolve their immediate housing crisis and access ongoing sources of support in the community in order to remain housed. Prevention targets people at imminent risk of homelessness and diversion targets people as they are applying for entry into shelter. The overall goal of prevention services (including diversion) is to 1) reduce the number of Individuals and Families who become homeless for the first time, and 2) reduce the number of Individuals and Families experiencing multiple episodes of homelessness.

**Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.*

ELIGIBILITY

Those seeking prevention services are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 2 – 4
   - Category 2: At Imminent Risk of Literal Homelessness, OR
   - Category 3: Homeless under other Federal statutes - Homeless under the McKinney-Vento Education of Homeless Children and Youth Assistance Act (this definition solely applies to programs that are designated to serve youth only households) as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, OR
   - Category 4: Fleeing/Attempting to Flee Domestic Violence
   - At Risk of Homelessness

   (*See "Key Terms" section for full HUD homeless definitions*).
2) The household annual income must be at or below 50 percent of the Fairfax County area median income; the household must lack the financial resources and support networks needed to prevent literal homelessness.(*See "Key Terms" for guidance on calculating income*).
3) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Providers offering prevention services should consider the identified target populations served by the project. The households that meet the most number of criteria listed below will be considered the highest priority for prevention services.

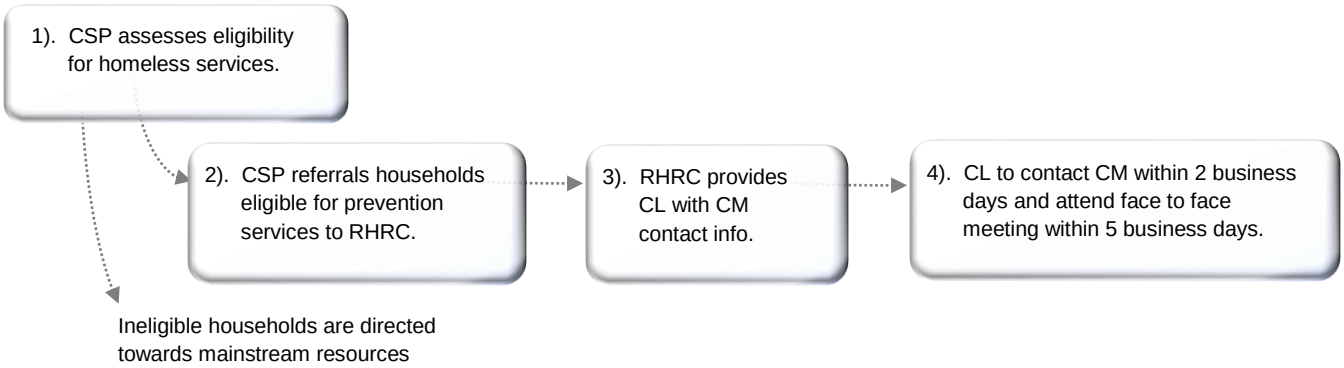
1) Fairfax County Residents (*See "Key Terms" section for Fairfax County Residency Status definition*).
2) Households with annual income at or below 30 percent of Fairfax County area median income.
3) Previous stay in emergency shelter as documented in HMIS (and /or verified by an emergency shelter serving victims of domestic violence) within 24 months after their date of exit to permanent housing.
4) Any experience of homelessness.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking homeless services assistance will be assessed by Coordinated Services Planning (CSP) to determine current housing status.
2) For households that cannot be served by CSP, CSP will send a referral to the Regional Homeless Referral Coordinator(RHRC) for Individuals and Families that meet the eligibility criteria for prevention services.
3) Upon receipt of the referral, the RHRC will provide the name and contact information of the assigned Case Manager (CM) to the client and inform the client of the expectation that they are to make contact within 2 business days.

4) The client is responsible for contacting the Case Manager within 2 business days. Clients that do not make contact with their Case Manager within 2 business days will be referred back to CSP. A face to face meeting should occur within 5 business days. Clients that do not attend a face to face meeting with their Case Manager within 10 business days will be referred back to CSP. The difference in timeframes is intentionally designed to give the Case Manager some flexibility in determining when to redirect clients back to CSP and to reduce the likelihood that CSP is generating duplicative referrals.

During the first meeting with the client, the case manager will collect documentation to confirm eligibility. Eligibility must be reassessed every 90 days. Households who have received homeless services within the last year and are seeking services again should be referred by CSP to the regional partner agency last providing services.



2. EMERGENCY SHELTER

INTRODUCTION

Emergency shelter is defined by the Department of Housing & Urban Development as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific homeless populations. Fairfax County emergency shelters serve Individuals and Families according to the following eligibility and prioritization criteria with the goal of transitioning those served back into permanent housing in 30 days or less.

ELIGIBILITY

Those seeking emergency shelter services are required to meet all of the following basic eligibility guidelines:

1) Families defined as Homeless under the HUD definitions, Categories 1 – 2, and 4
   Individuals defined as Homeless under the HUD definitions, Categories 1 and 4:
   - Category 1: Literally Homeless
   - Category 2: At Imminent Risk of Literal Homelessness (this definition solely applies to Families that have engaged in prevention / diversion services and no alternatives to shelter were identified)
   - Category 4: Fleeing/Attempting to Flee Domestic Violence (and no safe alternatives to shelter were available)

   (*See "Key Terms" section for full HUD homeless definitions*).
2) All other viable housing options have been considered and are not appropriate or available.

Diversion options should be explored before placing any Families or Individuals in emergency shelter. Family Shelters should conduct a Sex Offender Registry Search before admitting any adult in the household into the emergency shelter. See "Shelter Entry Screening - Sex Offender Registry Policy" for additional guidance.

PRIORITIZATION

Emergency shelter providers should use the following order of priority when placing Individuals and Families in emergency shelter:

Individuals	Families
The emergency homeless shelters for Individuals in the Fairfax-Falls Church Community are filled utilizing a prioritization pool. The pool prioritizes clients with consideration to the following factors: 1) belonging to any of the identified priority groups, 2) time in the prioritization pool, and 3) client selection of desired shelter by region. Clients can choose to be placed in the prioritization pool for one, two, or all three of these existing Emergency Shelters for single adults (Bailey's Community Shelter, Eleanor U. Kennedy Shelter, and Embry Rucker Community Shelter). Clients may be prioritized for one or three reasons: 1) In response to federal, state, or local legislation / demand including: • Veterans who are willing to work toward permanent housing • Chronically homeless individuals who are willing to work toward permanent housing • Individuals who are most likely to die if not sheltered 2) To avid / shorten an experience of sleeping in places not meant for human habitation when a housing option has been secured and is available within 30 days, and 3) To protect the life of the client (or an unborn child) when the client belongs to a high risk population. • Pregnant females who have been placed on bed rest and have the appropriate medical documentation who is willing to work toward permanent housing • A person who had a documented terminal illness who is willing to work toward permanent housing In order to identify the next eligible person, providers must complete the following steps: 1) Sort the Pool to identify all clients who are willing to come into their particular shelter; 2) Of those identified, sort to identify those persons belonging to one of the priority groups; 3) Of those who belong to a priority group, which person has been in the Pool the longest. This is the person who is eligible for next available regular program bed.	1) Families defined as Homeless under the HUD definition Category 1: Literally Homeless that meet the Fairfax County Residency Status & Verification of Loss of Permanent Housing in Fairfax County; and Category 4: Fleeing/Attempting to Flee Domestic Violence 2) Families defined as Homeless under the HUD definition Category 2: At Imminent Risk of Literal Homelessness that meet the Fairfax County Residency Status & Verification of Loss of Permanent Housing in Fairfax County. 3) All other Families defined as Homeless under the HUD Definition Category 1: Literally Homeless.

Providers must exercise due diligence when filling vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering services.

Documentation verifying Fairfax County Residency Status *and* Verification of Less of Permanent Housing in Fairfax County needs to be collected for Families that meet HUD homeless definition Categories 1 & 2 (this does not include Category 4) in order to apply the prioritization criteria:

1) Fairfax County Residency Status: At least one of the following forms of documentation should be collected upon entry to emergency shelter to verify Fairfax County Residency Status, including:
   - Driver's license or any form of ID with an address in Fairfax County, *or*
   - Utility bill with a name and address within the past 180 days for a unit located in Fairfax County, *or*
   - Documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Fairfax County Department of Family Services, *or*
   - Children currently in physical and legal custody enrolled in Fairfax County Public Schools, *or*

- Otherwise verifiable documentation through a third party connecting the household to Fairfax County

2) Verification of Loss of Permanent Housing in Fairfax County: Documentation should be collected upon entry to emergency shelter to verify Loss of Permanent Housing in Fairfax County, including:
   - A written legal rental lease or property mortgage for at least 180 consecutive days prior to their date of homelessness for property located in Fairfax County, *or*
   - An eviction or foreclosure notice indicating the date that the housing was list in Fairfax County, *or*
   - If the family never had a legal lease or property mortgage in Fairfax County, then the family must provide documentation (Third Party Housing Status Verification Form) to verify they have resided permanently in Fairfax County for at least 180 days.

ACCESS & ASSESSMENT

Individuals	Families
Triage, Diversion & Addition to the Prioritization Pool: 1) Individuals seeking shelter must first call one of the shelters (or Coordinated Services Planning) directly. Only people who are immediately able to enter a shelter bed will be added to the Prioritization Pool. This is not a waitlist, and cannot be used as a discharge plan for people exiting institutions, facing eviction or otherwise not meeting the eligibility requirements. If calling one of the shelters, the individual seeking shelter space must leave a clear message that includes: full first, middle and last name, date of birth, contact phone number, email and an authorized representative's name and phone number.* The Individuals have left messages will be contacted and screened for placement in the Prioritization Pool. Individuals can choose to be prioritized for one, two, or all three Fairfax-Falls Church emergency homeless shelters for singles. • For clients who are unable to call for themselves, such as clients without access to a phone, clients with an intellectual disability, brain injury or serious mental illness, calls will be accepted be a representative. • The Prioritization Pool will be regularly shared with regional and county-wide outreach teams for the purposes of Diversion from shelter. Cases will be assigned to outreach based on the original placement agency. 2) In order to be added to the Prioritization Pool, each individual will be contacted directly to complete the Housing Needs Tool, the Entry Data Collection Tool, and the ROI. If eligible and no other housing options are available, individuals will be added to the Pool.	1) All Families seeking homeless services assistance will be assessed by Coordinated Services Planning (CSP) to determine current housing status. 2) CSP will send a referral to the Regional Homeless Referral Coordinator (RHRC) for Individuals and Families that meet the eligibility criteria for emergency shelter. 3) The client is responsible for contacting the emergency shelter they were referred to within 2 business days. When the client makes contact, the RHRC will re-assess the housing status and determine if there are any other safe, viable housing options available. 4) If the household is assessed to be experiencing literal homelessness without any other safe, viable housing options, the RHRC will coordinate placement in emergency shelter. If the household is not literally homeless and eligible for prevention services, a case manager should be assigned. Documentation verifying eligibility will be collected upon entry into emergency shelter, which may include self-declaration of income, bank statements, pay stubs, etc.

**Sample Voicemail for agencies – Thank you for calling (name of program), a program of (name of agency). You have reached to a singles' shelter access line. If you are age 18 or over, currently homeless, are interested in seeking and securing housing, and you want to come into shelter, please leave a clear and complete message. The message must include your full first, middle, and last name, your date of birth and a contact phone number or email where you can be reached. If you do not have a phone or email, you can leave the name and phone number of someone who is able to contact you immediately. Based on the information what you leave in this voicemail, someone will be in contact with you in order to add your name to the singles' shelter Prioritization Pool.*

FILLING SHELTER BEDS – *Individuals Only*

When a bed becomes available, the appropriate regional homeless services staff at each shelter will begin attempting to fill at noon daily beginning at the top of the list with the first eligible person. In order to determine the next eligible person, the homeless service staff completes the following steps:

1) Sort the Pool to identify all clients who are willing to come into their particular shelter;
2) Of those identified, sort to identify those persons belonging to one of the priority groups;
3) Of those who belong to a priority group, which person has been in the Pool the longest. This is the person who is eligible for next available regular program bed. If there are no clients in the Pool that are identified priority group0s, the person who has been on the list the longest is the next eligible client. (A person may be ineligible due to an existing ban, the available bed is in the dormitory of the opposite gender, etc. The Stay Away and Banning Processes still Apply.)
4) Prior to shelter entry, Individuals will be re-assessed using the Housing Needs Tool to determine current eligibility and needs. Whenever possible, homeless assistance staff will use diversion techniques to divert households from entering shelter (family, friends, housing placement, etc.).
5) For Individuals who are eligible for the shelter, homeless assistance staff will complete all documentation necessary to complete HMIS data entry, the Uniform Authorization to Use and Exchange Information, the VI-SPDAT, collect contact and emergency contact information, complete shelter orientation and assign the Individual to a bed. The Individual will also be made aware that the shelter is a 30 day program, and they will be expected to exit the program 30 days after the date of intake. In addition, he / she will be informed that supportive services such as case management and housing location are available to assist him or her in finding and securing housing along with other services. For clients with an existing case manager in HMIS, intake staff should notify that case manager that the client is currently residing in their particular shelter and the identified exit date.
6) Homeless assistance staff notifies appropriate liaisons at other two partner shelters using HMIS of move-in.

PRIORITIZATION POOL MANAGEMENT – *Individuals Only*

Each agency will be responsible for maintaining the clients added to the Pool by their region. Clients will be called into shelter beds daily Monday through Friday (except holidays) as beds become available. Regional homeless staff is responsible for removing clients that have been called into the shelter from the Pool. In addition, as part of the data quality process, each region is responsible for ensuring that every client who has been added to the Pool by their region is contact at least once per month, and is still both interested in and eligible to enter shelter. Clients may been removed from the waitlist for the following reasons:

1) Entry into another shelter
2) Failure to make contact within a 30 day period
3) Refusal of bed space
4) Move into housing
5) Receiving a county-wide ban

3. HYPOTHERMIA PROGRAM– Individuals Only

INTRODUCTION

The following document details a set of policies, procedures and written standards for coordinated assessment specific to **Hypothermia Shelter** programs to be utilized by the Fairfax-Falls Church Community Partnership to Prevent and End Homelessness. This manual includes a basic outline of standards for eligibility.

ELIGIBILITY

Shelter providers are required to ensure that all program participants meet the following basic eligibility guidelines:

1) Individuals meet HUD's definition of Category 1, 3, 4 – Literally Homeless

2) All participating household members are over the age of 18.

PRIORITIZATION

Hypothermia Shelters are open to all homeless individuals in Fairfax County regardless of current alcohol or drug use in order to prevent weather-related deaths.

ACCESS & ASSESSMENT

1) All unsheltered homeless adults experiencing an episode of homelessness are eligible for participation in the Hypothermia Prevention and Response Program.
2) Homeless assistance staff will complete the Hypothermia Intake & Screening Form for participating households.
3) During the households' intake, homeless assistance staff will assess client's needs and make an initial attempt to connect household with vital support services.

ACCEPTANCE & REJECTION CRITERIA

Criteria for Banning would include: actual physical violence, or threatening behavior towards staff, other guests, or community volunteers; possession of weapons, and/or attempts to sell or distribute illegal drugs / controlled substances or so-called "designer drugs."

ACCEPTANCE / REJECTION DOCUMENTATION PROCESS & APPEALS

1) Denial of hypothermia shelter admission
   a. Hypothermia providers must document the reason for denial of hypothermia services in a document upload to HMIS and/or incident report reflecting a brief description of the event leading to the denial of hypothermia services.
   b. Complete incident/ban section in HMIS and document whether ban is program site specific or county wide
2) Client Participation and Appeals
   a. Every Hypothermia Shelter program must have an appeal process in place and available to anyone who requests a copy.
   b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within the time frame of the appeal.
3) Denial of hypothermia shelter admission
   a. Hypothermia providers must document the reason for denial of hypothermia services in an incident report reflecting a brief description of the event leading to the denial of hypothermia services, and maintain that documentation according their agency's documentation policies.
   b. The "Incidents" section must be completed in HMIS including a short description of the incident in the notes section, and specific documentation of whether the ban is program site specific or county wide.
   Whenever possible, hypothermia providers attempt to link clients who are denied hypothermia admission to other providers or sites; however, if the client provides sufficient danger to staff, volunteers or other clients, referrals should not be made. Hypothermia service providers will be made aware of any acts or threats of violence.
4) Client Participation and Appeals
   a. Every Hypothermia Shelter program must have an appeal process in place that allows for clients to have their appeal heard by a member of agency management. The process for appeals must be documented and available to anyone who requests a copy. Clients do not retain the right to remain on hypothermia site property during the appeal process.
   b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within 5 business days of the denial of program admission. The agency representative then must provide an initial response within 5 business days of receipt of the appeal, and then follow their agency's appeal process as documented.

4. RAPID REHOUSING

INTRODUCTION

Rapid Rehousing is an approach to help Individuals and Families experiencing homelessness move quickly into permanent housing, ideally within 30 days of becoming homeless. Rapid rehousing assistance is generally offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of each household. Services include housing search and selection support, assistance in negotiating the terms of a lease, short term rent subsidies and move-in assistance,* individualized case management, ongoing crisis prevention and crisis management services, facilitated access to community resources (i.e. benefits, employment), and other supportive services. The amount of rental assistance and length of case management services is determined with guidance provided by the Housing & Services Triage Tool. In general, longer term subsidies are designed to support households with higher barriers and short term subsidies are used for households with low barriers. The minimum amount of support should be provided to assist the household in stabilizing in housing.

**Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.*

ELIGIBILITY

Those seeking rapid rehousing services are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 1& 4.
   - Category 1: Literally Homeless
   - Category 4: Fleeing/Attempting to Flee Domestic Violence

   (*See "Key Terms" section for full HUD homeless definitions*).
2) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Providers offering rapid rehousing services should consider the identified target populations served by the project and use the following order of priority to select participants for rapid rehousing services:

1) Fairfax County Residents (*See "Key Terms" section for Fairfax County Residency Status definition*).
2) Households with annual income at or below 30 percent of Fairfax County area median income.
3) Previous stay in emergency shelter as documented in HMIS (and /or verified by an emergency shelter serving victims of domestic violence) within 24 months after their date of exit to permanent housing.
4) Any previous experience of homelessness.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking homeless services assistance will be assessed by the Regional Homeless Referral Coordinator (RHRC) to determine eligibility for rapid rehousing services.
2) If the household is assessed to be eligible for rapid rehousing services, a Case Manager will be assigned.
3) The RHRC is responsible for notifying the client and the referral source of the results of the eligibility assessment.

During the first meeting with the client, the Case Manager will collect documentation to confirm eligibility and will complete the Housing & Services Triage Tool (for Families) to determine the recommended length of services provided or VI-SPDAT (for Individuals). Eligibility must be reassessed every 90 days.

5. ACCEPTANCE & REJECTION CRITERIA for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

ACCEPTANCE & REJECTION CRITERIA for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

The homeless services provider is responsible for notifying the client and Coordinator Services Planning if the client was not approved for services. The following is a summary of why this may occur:

1) *Reasons for Rejection*
   Programs ultimately have the right to accept or reject applicants from their program. There must be documented, legitimate reasons for programmatic rejection. Some common reasons for programmatic rejections are listed below.
   a. Lack of required eligibility documentation; or
   b. Not meeting minimum eligibility criteria; or
   c. Not following up within the timeframe established; or
   d. Homeless services were previously terminated as a result of threats of violence or violence
2) *Client Choice*
   Clients retain the ultimate right to accept or refuse services and / or entrance into services. Clients who refuse services are not considered to have been rejected by the program provider.

6. APPEALS & FSPT PROCESS for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

DENIAL of SERVICES & APPEALS PROCESS for PREVENTION, EMERGENCY SHELTER, and RAPID REHOUSING

1) *Denial of Services – Individuals and Families*
   a. The emergency shelter provider must document the reason for denial of services in a case note or document and upload to HMIS. Family service providers should notify Coordinated Services Planning and client in writing. Individual service providers should notify the referring agent and the client in writing.
   b. Repeated denials of Individuals and Families by an emergency shelter provider may require additional monitoring and evaluation of the provider's decisions by the Fairfax County Office to Prevent and End Homelessness and other Community Partnership staff.
2) *Denial of Services – Individuals ONLY*
   a. Individuals with high recidivism rates may be required to "stay away" from single shelter services for a period of time based on the number of times they have been in Fairfax County shelters. "Stay away" refers to the amount of time that must pass before a person is eligible for re-entry into a shelter and is based on the following formula:
      - First, second, and third discharge from shelter: 30 day stay away period
      - Fourth, fifth, and sixth discharge from shelter: 3 month stay away period
      - After the seventh discharge from shelter: 6 month stay away period
3) *Client Participation and Appeals*
   a. Every emergency shelter provider must have an appeal process in place and available to anyone who requests a copy.
   b. The client must make every reasonable effort to provide the necessary information and documentation required for the appeal within the time frame of the appeal.

FSPT (FAMILY SERVICES PLANNING TEAM) MEETINGS

1) *Definition & Purpose* –"FSPT" stands for Family Services Planning Team. This language is used to describe the gathering of social service professionals that have experience in working with the household or are from different agencies that may be able to provide support in developing a housing plan. At least one other Fairfax-Falls Church Community Partnership social service professional must be present to qualify the meeting as a FSPT.
2) *Types of FSPTs*
   a. Entry FSPTs**–**An Entry FSPT may be held for households that have previously engaged in homeless services *or* are not experiencing literal homelessness but are requesting shelter instead of engaging in prevention services. The purpose of the Entry FSPT may be to (1) assist the family in addressing barriers to prevent or divert them from homelessness, (2) to review the details of a previous Exit FSPT (if applicable) including any requirements, contingencies, or time limits that were given, and / or (3) to determine if additional services or interventions can be offered moving forward.
   b. Exit FSPTs **–** Some participants receiving homeless services will fail to comply with the terms and conditions of their participant agreements or exceed their assigned length of stay in emergency shelter without identifying a

housing plan. Program violations can run the gamut from minor to major issues, and the program operator must comply with the appeals process established for the program type. In some instances, program violations will be severe and /or repeated to the point that immediate program termination is necessary. If a household is reporting they will be literally homeless if exited and there are no safety risks posed to the provider, a FSPT should be scheduled to help the household identify options.

c. Optional FSPTs – FSPTs can also be held any time that staff or clients feel it could be beneficial such as when (1) clients are experiencing difficulties in following their service plan (2) attempting to re-enter a program after a past successful exit or (3) voluntarily exiting a program.

3) *Documenting and Communicating FSPT Outcomes*– Following the determination of the FSPT, the homeless services worker that scheduled the FSPT should ensure that Coordinated Services Planning is aware of the decision of the meeting. If the family is exiting shelter into literal homelessness with minor children, and is determined to be ineligible for reentry, the homeless services worker that scheduled the FSPT should make a report to Child Protective Services via the CPS Hotline703-324-7400. This call should be made at actual program exit, when it is determined that the family will truly be unsheltered with minor children. Information shared should include the interventions that were provided, the reasons that they are being terminated, the reasons behind their ineligibility for reentry, and any other information as it pertains to the safety/wellbeing of the children.

7. TRANSITIONAL HOUSING

INTRODUCTION

To ensure that all Transitional Housing vacancies are used as strategically and effectively as possible, the Transitional Housing resource needs to be targeted to serve persons with the highest severity of service needs that is within the numeric range of the Housing Services Triage Tool (HSTT) and the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), indicating that these Individuals and Families can move toward self-sufficiency usually within a two year period.

ELIGIBILITY

Transitional Housing providers are required to ensure that all program participants and tenants meet the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 , Category 1 – Literally Homeless or for programs targeting youth, as defined by the McKinney-Vento Education of Homeless Children and Youth Assistance Act of 2001; and
2) If designated as a Transitional Housing project for Families (households with children), the household must include at least one adult and one minor child; and
3) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for youth, or programs for veterans, etc.).

PRIORITIZATION

Transitional Housing providers should consider the identified target populations served by the project and use the following order of priority to select participants for the Transitional Housing project:

1) Individuals and Families with an annual income at or below 50 percent of the Fairfax County area median income; and
2) Individuals and families with the highest Severity of Service Needs (see the "Key Terms" section for definitions) that is within the numeric range that is identified as appropriate for the Transitional Housing program based on household type'
   a) Households with at least one adult and one child – A score as measured by the Housing and Services Triage Tool (HSTT) that is between 17 – 25. Families with a HSTT score greater than 25 can be considered for Transitional

Housing only if there are no other Families in HMIS with a HSTT score between 17 – 25**and** the family does not meet the requirements for Permanent Supportive Housing.

b) Households without children – A score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score that is 5+.

c) Youth only households – A score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score that is 5+.

3) Individuals and Families with the longest history of homelessness as identified by Fairfax County HMIS.

4) All other homeless Individuals and Families.

Providers must exercise due diligence when filling program vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering housing. Providers are not required to keep units vacant where there are persons who meet a higher priority within the community and who have not yet accepted the Transitional Housing opportunities offered to them. Emergency shelter providers (that are sending the referrals) should continue to make attempts to engage those persons.

REFERRING AGENCIES

The agencies that are eligible to make referrals include all Fairfax County Office to Prevent and End Homelessness (OPEH) contracted regional providers, Continuum of care-funded providers, and

ACCESS & ASSESSMENT

1) All Individuals and Families seeking assistance will be assessed immediately by regional homeless assistance staff person to determine current housing status.

2) All Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless or the McKinney-Vento Education of Homeless Children and Youth Assistance Act of 2001 will be assessed within 10 business days of seeking assistance with either the Housing Services Triage Tool (HSTT) or the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as appropriate for the household type.

3) Homeless assistance staff should complete a referral in HMIS for all Individuals and Families determined by the HSTT or VI-SPDAT to have a score that meets the threshold for Transitional Housing. All required documentation must be uploaded into HMIS to complete the referral.

8. PERMANENT SUPPORTIVE HOUSING

INTRODUCTION

Permanent Supportive Housing is designed to serve persons with the highest needs and greatest barriers towards obtaining and maintain housing on their own, especially those who are experiencing chronic homelessness.

ELIGIBILITY

Permanent supportive housing providers are required to ensure that all program participants and tenants meet the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless or current tenants of permanent supportive housing that were chronically homeless at the time of admission (Individuals and Families referred from transitional housing programs must have met HUD's definition of literal homelessness upon entry into the transitional housing program); and

2) One household member must have a documented, long-term disability *(See "Key Terms" section for definition of Documented, Long-Term Disability);* and

3) If designated as a PSH project for families (households with children), the household must include at least one adult and one minor child; and

4) Any additional eligibility requirements specific to the project's funding (e.g. programs for survivors of domestic violence, programs for people with serious mental illness or chronic substance abuse or programs for veterans).

PRIORITIZATION

Permanent supportive housing providers should consider the identified target populations served by the project and use the following order of priority to select participants for the PSH project:

1) Current tenants of permanent supportive housing that were chronically homeless at the time of admission and are at risk of losing housing due to no fault of their own (e.g. including a loss of program funding, a change in service needs, or a new household composition).
2) Chronically Homeless Individuals and Families with the longest History of Homelessness and with the highest Severity of Service Needs *(See the "Key Terms" section for definitions).*
3) Chronically Homeless Individuals and Families with the longest History of Homelessness.
4) Chronically Homeless Individuals and Families with the highest Severity of Service Needs.
5) Homeless Individuals and Families with a Disability with the Most Severe Service Needs Coming from Transitional Housing programs.

If a PSH provider is not able to identify any eligible chronically homeless Individuals or Families as defined above then the PSH provide should use the following order of priority:

6) All Other Chronically Homeless Individuals and Families.
7) Homeless Individuals and Families with a Disability with the Most Severe Service Needs Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
8) Homeless Individuals and Families with a Disability and the longest period of continuous or episodic homelessness.

Providers must exercise due diligence when filling program vacancies to ensure that persons are served in the order of priority above. Some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to entering housing. Providers are not required to keep units vacant where there are persons who meet a higher priority within the community and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the PSH providers are encouraged to follow a Housing First approach to the maximum extent practical.

REFERRING AGENCIES

The agencies that are eligible to make referrals include all Fairfax County Office to Prevent and End Homelessness (OPEH) contracted regional providers, Continuum of Care-funded providers, and the Community Services Board for clients participating in the Projects for Assistance in Transition from Homelessness (PATH), Intensive Case Management (ICM) and Program Assertive Community Treatment (PATH) programs.

ACCESS & ASSESSMENT

1) All Individuals and Families seeking assistance will be assessed immediately by regional homeless assistance staff person to determine current housing status.
2) All Individuals and Families defined as Homeless under the HUD definition, Category 1 – Literally Homeless, will be assessed within 10 business days of seeking assistance with either the Housing Services Triage Tool (HSTT) or the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as appropriate for the household type.
3) Homeless assistance staff should complete a referral in HMIS for all Individuals and Families determined by the HSTT or VI-SPDAT to have a score that meets the threshold for PSH. All required documentation must be uploaded into HMIS to complete the referral.

9. LIST MAINTENANCE / DATA QUALITY, REFERRAL & APPLICATION PROCESS FOR TH & PSH

LIST MAINTENANCE and DATA QUALITY

Referring staff review open referrals during data quality process by the 10th of each month. Referring staff verify that open referrals are still legitimate and close referrals when appropriate. Referrals are closed by the referring agency when:

1) Client chooses to close referral;
2) Client is no longer eligible for housing programs utilizing the Prioritization Pool;
3) Client has not been seen in six months;
4) Client refuses three offers of safe, affordable and appropriate housing; or
5) Client has already been housed.

Receiving agency should close referrals when clients are housed through their program. *Referring* agency establishes all of the relevant client data at referral. Information must be updated at least once every six months, but should be updated whenever the referring agency is aware of changing client circumstances. When clients move to another location or program, then a new referring agency must staff the case with the original referring agency before changing prioritization information, such as length of homelessness or severity of service needs.

REFERRAL AND APPLICATION PROCESS

1) Prior to referral, case manager should check HMIS to see if there is an existing referral.
2) Required paperwork, including (a) referral, (b) certification of homelessness, (c) documentation of disability - *PSH only*, and (d) release of information should be completed by the applicant and case manager. All referrals must be reviewed by the supervisor prior to submission to the Prioritization Pool. Upon completion of the supervisory review, the required paperwork should be scanned and uploaded into HMIS. The V-SPDAT or HSTT will be recorded in HMIS and therefore do not need to be uploaded.
3) TH or PSH Provider goes to the Prioritization Pool in HMIS when filling a vacancy.
4) TH or PSH Provider identifies the top three Individuals or Families from the Prioritization Pool based on the Eligibility & Prioritization standards outlined above.
5) TH or PSH Provider contacts case manager to confirm that the eligibility documentation, such as the homeless certification or documentation of disability, is timely and accurate.
6) If all documents are not uploaded in HMIS and current, the referring case manager must upload essential documentation to HMIS within two business days of the TH or PSH Provider's request in order for the client to be considered for tenancy. The referring case manager should notify the PSH provider via e-mail when the documentation has been uploaded.
7) TH or PSH Provider contacts the client and referring worker to schedule an interview within 3-5 business days of receiving the documentation, unless housing unit repairs require additional time for work to be completed.
8) If the client cannot be contacted within 3-5 business days, then the TH or PSH Provider may move on to the next eligible client on the list.
9) TH or PSH Provider must notify the case manager and client of the decision on the referral within two business days of the interview.

10. PROGRAM SELECTION POLICIES FOR TH& PSH

PROGRAM SELECTION POLICIES

The TH or PSH Provider is responsible for notifying the referring case manager and client if the client was not accepted into the program. The following is a summary of why this may occur:

1) *Reasons for Rejection* - Programs ultimately have the right to accept or reject applicants from their program. There must be documented, legitimate reasons for programmatic rejection. Some common reasons for programmatic rejections are listed below.
   a. Lack of required eligibility documentation; or
   b. Not meeting minimum eligibility criteria; or

c. Program unable to meet client need (ex: clients in need of assisted living level of care may not be appropriate for an independent living program with 1 – 2 weekly visits); or
d. Denied based on appropriateness of client as per tenant screening procedures which must be outlined in the program's publicly-posted tenant selection plan that is maintained by the property owner, property manager or program staff (See '*Common Tenant Selection Process*' listed below); or
e. Client applicant does not provide additional documentation as requested or repeatedly misses program appointments.
f. Client applicant is not willing to participate in housing program.

2) *Common Tenant Selection Policies* - The following is a list that is often used by property managers to determine eligibility for specific housing units based on the tenant-selection policies of the private and public property owners or management. Clients who are denied due to tenant selection policies have not been rejected from the program and may be able to be successfully housed in a different unit within the same program if this is an option that the Transitional Housing provider can offer.
   a. Credit history
   b. Income / employment / education requirements (such as those mandated by Housing and Community Development for units that are funded using Project-Based Vouchers)
   c. Size of unit as compared to size of household
   d. Criminal history, such as a felony conviction or being on the sex offender registry
3) *Client Choice* - Clients retain the ultimate right to accept or refuse housing. Clients who refuse housing are not considered to have been rejected by the program provider. Below is a list of common reasons for refusal of housing.
   a. Geographic location of housing
   b. Accessibility of unit
   c. Client willingness or ability to share housing (if applicable)
   d. Preferred service provider

11. DOCUMENTATION PROCESS & APPEALS FOR TH & PSH

DOCUMENTATION PROCESS & APPEALS

1) *Denial of Tenancy*
   a. The TH or PSH Provider must document the reason for denial of tenancy in HMIS and send it to the referring case manager and client.
   b. Repeated denials of Individuals and Families by a TH or PSH Provider for tenancy may require additional monitoring and evaluation of the provider's decisions by the Fairfax County Office to Prevent and End Homelessness and other Community Partnership staff.
2) *Client Rejection and Appeals*
   a. Every TH and PSH Program must have an appeal process in place and available to anyone who requests a copy.
   b. Appeals must be submitted in writing within 3 days of rejection. TH and PSH Providers should respond to the appeal letter within 3 days of receipt. The client must make every reasonable effort to provide the necessary information and documentation required for tenancy.

12. OTHER PERMANENT HOUSING

INTRODUCTION

ELIGIBILITY

PRIORITIZATION

ACCESS & ASSESSMENT

PRIORITIZATION POOL MANAGEMENT

REFERRAL AND APPLICATION PROCESS

ACCEPTANCE & REJECTION CRITERIA

ACCEPTANCE / REJECTION DOCUMENTATION PROCESS & APPEALS

13. VICTIMS OF DOMESTIC VIOLENCE

INTRODUCTION

Individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking that are presenting to the homeless and victim services systems should have access to the full range of housing and service intervention options available in the Continuum of Care. This section outlines the protocols designed to ensure this population has safe and confidential access to the coordinated entry process.

ELIGIBILITY

Those seeking placement within a domestic violence shelter are required to meet all of the following basic eligibility guidelines:

1) Individuals and Families defined as Homeless under the HUD definitions, Categories 4:
   - Individuals and Families fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*
   - Has no other safe residence; and
   - Lacks the resources or support networks to safely obtain other permanent housing.

   (*See "Key Terms" section for full HUD homeless definitions*).

PRIORITIZATION

Domestic violence shelter providers should use the following order of priority when placing Individuals and Families in emergency shelter:

1) Individuals or Families assessed to be in imminent danger according to the Lethality Assessment Screening Tool.
2) All other Individuals or Families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking.

CONFIDENTIALITY

The Violence Against Women Act (VAWA) amended the McKinney-Vento Homeless Assistance Program to protect victims' personally identifying information by preventing local Victim Service Providers* from putting personally identifying information about victims into HMIS. Victim Service Providers receiving HUD funds must use a comparable database that adheres to the same technology data standards as mainstream HMIS systems.

Victims are not automatically exempt from having their personal information entered into HMIS when they use other HUD-funded services, although they do have a right to opt-out. It is critical that providers in both the homeless and victim services systems educate victims about their right to decline having any information about them entered into an HMIS system and also educate other HUD-funded agencies to provide full notice and obtain explicit, informed consent. All survivors should have the opportunity to decline any or all electronic HMIS entry – whether the information is "scrambled," "hidden" or "open." The confidentiality protections set forth in these federal laws and grant conditions apply to any survivor who (1) requests services (regardless if they are provided services or not), (2) is receiving services, or (3) has received services in the past.

Victim Service Providers are defined as nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, such as rape crisis centers, domestic violence shelters, and transitional housing programs. This also includes faith-based programs and homeless shelters that have specific victim services programs or umbrella organizations that have specific victim services programs as a part of its organization. In those programs, confidentiality protections only extend to the specific program in question, unless the larger organization receives VAWA or Family Violence Prevention and Services Act (FVPSA) funds and is therefore subject to those protections.

ACCESS, ASSESSMENT, and SAFETY PLANNING

Individuals and families fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking may not enter homeless and victim services systems through a single point of entry. The system is designed to be flexible so that all service providers are equipped to respond and appropriately direct victims to the resources available that best meet their individual needs. The following is an overview of the resources that can provide support in determining how to direct a victim seeking services:

Access Point	Contact Information	Services Provided
Fairfax County's Coordinated Services Planning	703-222-0880	Information, referral, linkage, and advocacy to public and private human services available to Fairfax County residents
Artemis House – 24 hour domestic violence shelter	703-435-4940	Emergency shelter for victims at imminent risk of lethality, victims of sexual assault, stalking or human trafficking
Bethany House – domestic violence shelter		Emergency shelter for victims of domestic violence
Fairfax County Sexual and Domestic Violence Hotline	703-360-7273	Safety planning, options counseling, and connection to resources
Fairfax County Domestic Violence Action Center	703-246-4573 4000 Chain Bridge Road, Suite 2702, Fairfax, VA 22035	Crisis intervention, safety planning, advocacy, and court attire, court accompaniment
Fairfax County Office for Women & Domestic and Sexual Violence Services	703-324-5730 12000 Government Center Pkwy, Suite 339, Fairfax, VA 22035	Short-term individual and group counseling (free), support services focusing on legal and economic issues, and batterer intervention programs

REFERRING VICTIMS OF DOMESTIC VIOLENCE TO PSH, TH, and OTHER PERMANENT HOUSING

ACCEPTANCE & REJECTION CRITERIA

APPEALS & FSPT PROCESS

14. RECORDKEEPING REQUIREMENTS

The following recordkeeping requirements have been established for all local partnership organizations in order to document the homeless and chronically homeless status of program participants.

ORDER OF PRIORITY FOR EVIDENCE

Partner organizations must maintain the following records to ensure compliance with the definition of "homeless" and "chronically homeless" per 24 CFR 578.3. The following list is the order of priority for obtaining evidence:

1) Third-party documentation (Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.);
2) Intake worker observations; and
3) Certification from the person seeking assistance.

EVIDENCE OF HOMELESS STATUS

Partner organizations that provide housing or services that are dedicated or prioritized to people experiencing homelessness must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for homeless at 24 CFR 578.3.

Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven.

EVIDENCE OF CHRONICALLY HOMELESS STATUS

Partner organizations that provide beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.

1) **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:
   a. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
   b. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
   c. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

2) **Evidence of the duration of the homelessness.** Partner organizations documenting chronically homeless status must also maintain the evidence described in paragraph (a) or in paragraph (b) below, and the evidence described in paragraph (c) below:

a. **Evidence that the homeless occasion was continuous, for at least one year.**

   i) Using any combination of allowable documentation described in the Order of Priority for Evidence section of the Recordkeeping requirements, partner organizations must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this policy, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

   ii) At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

   iii) A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

b. **Evidence that the household experienced at least four separate homeless occasions over 3 years.**

   i) Using any combination of allowable documentation described in the Order of Priority for Evidence section of the Recordkeeping requirements, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

   ii) Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

   iii) In only rare cases should self-certification from the individual or head of household seeking assistance be permitted in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

c. **Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.** Evidence of this criterion must include one of the following:

   i) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;

   ii) Written verification from the Social Security Administration;

iii) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);

iv) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

15. KEY TERMS

1) **Chronically Homeless.** The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:
   a) An Individual who:
      i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
      ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
      iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
   b) An Individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
   c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

2) **Coordinated Assessment.** According to the US Department of Housing and Urban Development (HUD), "Coordinated Assessment" is defined as "a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by Individuals and Families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." (CoC Interim Rule, Section 578.3)

3) **Diversion.** Programs that help people seeking shelter identify immediate alternative housing arrangements (e.g., a shared housing arrangement, reestablished lease arrangements with a previous landlord, moving in with friends/relatives) and if necessary connect them with services (such as short term case management, conflict mediation and moving in expenses) to help them return to permanent housing. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless. Financial assistance is dependent upon the availability of funding; the household must also meet the eligibility criteria of the funding source.

4) **Documented, Long-term Disability.** A disability documented by a licensed professional (approved to treat the disability) which impedes activities of daily living, impacts the Individual's ability to work full-time or earn at least 50 percent of the Area Median Income, or creates significant difficulty with functioning and requires some type of professional intervention. This disability must be expected to be of long, continued and indefinite duration. For households with children, where the child is disabled, the disability must be such that it requires the head of

household to provide on-going, intensive care related to the disability. This care must impact the head of household's ability to work full-time or earn at least 50 percent of the Area Median Income.

5) **Domestic Violence Database.** A database comparable to HMIS that is compliant with Continuum of Care and Violence Against Women Act regulations that collects victim service provider client-level data over time and generates unduplicated aggregate reports based on the data, which is administered by the Fairfax County Department of Administration for Human Services and the Office to Prevent and End Homelessness as the HMIS lead agency.

6) **Emergency Shelter.** Emergency shelter is defined by the Department of Housing & Urban Development as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless. Fairfax County emergency shelters serve Individuals and Families according to the following eligibility and prioritization criteria with the goal of transitioning those served back into permanent housing in 30 days or less.

7) **Fairfax County Residency Status.** At least one of the following forms of documentation should be collected upon entry to emergency shelter to verify Fairfax County Residency Status, including:
   - Driver's license or any form of ID with an address with Fairfax County, *or*
   - Utility bill with a name and address within the past 180 days for a unit located in Fairfax County, *or*
   - Verification documentation of receipt of entitlement benefits, such as SNAP, TANF, Medicaid from the Fairfax County Department of Family Services, *or*
   - Children currently in physical and legal custody enrolled in Fairfax County Public Schools*, or*
   - Otherwise verifiable documentation through a third party connecting the household to Fairfax County

8) **History of Homelessness.** For the purposes of Coordinated Assessment, "History of Homelessness" is defined as the total number of days that an Individual or family is homeless in the Fairfax-Falls Church Community in the three years prior to seeking assistance as documented in the Fairfax County HMIS, and by independent third-party certification of homelessness from the Fairfax County domestic violence homeless assistance database or other service providers.

9) **Homeless.** Homeless means:
   a) *Category 1: Literally Homeless* - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
      i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
      ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
      iii) 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 place not meant for human habitation immediately before entering that institution;
   b) *Category 2: At Imminent Risk of Literal Homeless* - An individual or family who will imminently lose their primary nighttime residence, provided that:
      i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
         (1) No subsequent residence has been identified; and
         (2) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
   c) *Category 3: Homeless under other Federal statutes* - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

d) *Category 4: Fleeing/ Attempting to Flee Domestic Violence* - Any individual or family who:
i) Is fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
ii) Has no other residence; and
iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

10) **Household Type.** For specificity and clarity, individuals and families can be identified as being a member of one of three different household type possibilities, where " children" is a person who is less than 18 years of age and "adult" is someone who is greater than 18 years of age:
a) Households with at least one adult and one child;
b) Households without children; or
c) Households with only children.

11) **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

12) **Prevention.**Programs that provide financial assistance and supportive services that stabilize households in their current housing or help them to move into new housing without first entering the shelter system or experiencing homelessness. Services may include financial assistance (short or medium-term rental assistance, security or utility deposits, utilities payments, moving cost assistance), housing relocation and stabilization services, legal assistance (generally mediation), credit counseling and case management. The goal is to help households resolve their crisis, secure short-term financial or rental assistance as needed, and access ongoing sources of support in the community in order to remain housed. If the individual or family is unable to stay in their existing housing, the prevention program

helps the household to find an alternative housing arrangement that is safe, reasonably affordable and adequate. Financial assistance is dependent upon the availability of funding; the household must also meet the eligibility criteria of the funding source.

13) **Rapid Rehousing.** Rapid Rehousing is an approach to help Individuals and Families experiencing homelessness move quickly into permanent housing, ideally within 30 days of becoming homeless. Rapid re-housing assistance is generally offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of each household. Services include housing search and selection support, assistance in negotiating the terms of a lease, short term rent subsidies and move-in assistance,* individualized case management, ongoing crisis prevention and crisis management services, facilitated access to community resources (i.e. benefits, employment), and other supportive services.
*Dependent upon the availability of funding. The household must also meet the eligibility criteria of the funding source.

14) **Severity of Service Needs.** Persons who have been identified as having the most severe service needs based on the assessment tool used for each household type:
   a) Households with at least one adult and one child – Highest score as measured by the Housing and Services Triage Tool (HSTT).
   b) Households without children – Highest score as measured by the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score excluding the Socialization and Daily Functioning section. The full VI-SPDAT score will be maintained on file for program assignment.

15) **Verification of Loss of Permanent Housing in Fairfax County.** Documentation should be collected upon entry to emergency shelter to verify Loss of Permanent Housing in Fairfax County, including:
   - A written legal rental lease or property mortgage for at least 180 consecutive days prior to their date of homelessness for property located in Fairfax County, *or*
   - An eviction or foreclosure notice indicating the date that the housing was list in Fairfax County, *or*
   - If the family never had a legal lease or property mortgage in Fairfax County, then the family must provide documentation (Third Party Housing Status Verification Form) to verify they have resided permanently in Fairfax County for at least 180 days.

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		2883		71			50	
1.2 Persons in ES, SH, and TH		3213		125			58	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	113	37	33%	10	9%	8	7%	55	49%
Exit was from ES	832	91	11%	72	9%	74	9%	237	28%
Exit was from TH	213	9	4%	0	0%	2	1%	11	5%
Exit was from SH	2	0	0%	0	0%	0	0%	0	0%
Exit was from PH	137	18	13%	3	2%	5	4%	26	19%
TOTAL Returns to Homelessness	1297	155	12%	85	7%	89	7%	329	25%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1225	1204	-21
Emergency Shelter Total	667	706	39
Safe Haven Total	8	0	-8
Transitional Housing Total	484	430	-54
Total Sheltered Count	1159	1136	-23
Unsheltered Count	66	68	2

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		3251	
Emergency Shelter Total		2905	
Safe Haven Total		8	
Transitional Housing Total		424	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		282	
Number of adults with increased earned income		9	
Percentage of adults who increased earned income		3%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		282	
Number of adults with increased non-employment cash income		8	
Percentage of adults who increased non-employment cash income		3%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		282	
Number of adults with increased total income		13	
Percentage of adults who increased total income		5%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		78	
Number of adults who exited with increased earned income		12	
Percentage of adults who increased earned income		15%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		78	
Number of adults who exited with increased non-employment cash income		23	
Percentage of adults who increased non-employment cash income		29%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		78	
Number of adults who exited with increased total income		32	
Percentage of adults who increased total income		41%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		2750	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		872	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		1878	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		3200	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		1119	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		2081	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		689	
Of persons above, those who exited to temporary & some institutional destinations		113	
Of the persons above, those who exited to permanent housing destinations		182	
% Successful exits		43%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		2745	
Of the persons above, those who exited to permanent housing destinations		1324	
% Successful exits		48%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		1040	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		985	
% Successful exits/retention		95%	

HUD CoC Program Competition 2016

Fairfax County CoC

Rapid Rehousing Units

In both questions 3B-2.3 and 4B-4 it appears that there has been a reduction in our CoC's number of RRH units from 2015 to 2016. This is not an accurate reflection of the inventory in our CoC. For a number of years our local rental assistance program "Bridging Affordability" has been classified as RRH. With the inclusion of "other permanent housing" in the Housing Inventory Count it was decided that this was a more accurate description of this program and thus the units were transferred to this category in the 2016 HIC. We will continue to use this designation in the HIC going forward. This accounts for the seeming reduction in RRH units from 2015 to 2016.