

Before Starting the CoC Application

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

- CoC Application
- Project Listing

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

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

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

1B-1 How often does the CoC conduct meetings of the full CoC membership? Never

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Never

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

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

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

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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

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

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	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.	Bi-Monthly	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.

1C-1.2	100,000 Homes Implementation Committee	This committee is comprised of key stakeholders providing coordination for all aspects of the 100k Campaign in our CoC. These activities include creation of a local vulnerability index, location of housing opportunities for vulnerable, chronically homeless adults identified in the campaign, coordination of vulnerability list within HMIS, identification of a network of support services to assist in moving these adults into housing and in maintaining their housing, design of data collection tools to ensure accurate reporting, strengthening public support for the campaign and developing new resources. Most importantly this committee must continually strategize to make sure the vulnerable homeless are prioritized for housing opportunities.	Monthly	Fairfax County Department of Health, Office to Prevent and End Homelessness, Community Services Board, Pathway Homes, FACETS, Volunteers of America Chesapeake, Cornerstones, and New Hope Housing.
1C-1.3	CoC Committee - Ranking Committee	These two committees have met separately but plans are underway to combine them during the coming year. The CoC Committee of the Governing Board has set the priorities for new and reallocated projects and as well as approving component changes and selecting new project sponsors. In addition, they have endorsed the appointment of the Ranking Committee and the ranking priorities and criteria. The Ranking Committee has ranked all 29 projects for the past two funding cycles. Future involvement will include input into the Monitoring and Evaluation Tool, adoption of community wide outcome measures and criteria for efficiency and effectiveness in programs, and selection of projects to be reallocated.	Quarterly	Director Office to Prevent and End Homelessness, Chair Fairfax Falls Church Partnership Governing Board, members Governing Board including a past Deputy County Executive, community activists, non-profit and faith based organizations' lay leadership.
1C-1.4	Interagency Work Group on HOST Services	Housing Opportunities Support Teams (HOST) is a core strategy in the Ten-Year Plan. The concept is for integrated multi-disciplinary teams to connect people at risk of homelessness with prevention resources, and to provide essential supportive services to ensure stability in rehousing persons who have become homeless. The Interagency Work Group on HOST is comprised of nonprofit and county agency leaders charged with implementing the HOST model to transform the homeless services system. The focus is on targeted system redesign and process flow, prevention services, community case management, intake and assessment, rapid re-housing, housing locator functions, training and change management, use of HMIS, and coordination of planning.	Bi-Monthly	Fairfax OPEH, Housing and Community Development, Neighborhood and Community Services, Northern Virginia Family Services, FACETS, Cornerstones, Volunteers of America, New Hope Housing, Shelter House, Good Shepherd Housing, Homestretch

1C-1.5	Executive Directors	The ED meetings provide a forum 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 forum 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 forum.	Monthly	Director of the Office to Prevent and End Homelessness, Executive Directors of Good Shepherd Housing, Northern Virginia Family Services, United Community Ministries, FACETS, Shelter House, Cornerstones, New Hope Housing, and Volunteers of America.
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

Fairfax County's Office to Prevent and End Homelessness (OPEH) is the CoC's Lead Agency. As committees and work groups are formed attention is provided as to who should be represented. OPEH has extensive knowledge of the community and all stakeholders. As new organizations or persons with interest are identified, outreach is conducted and they are invited to join appropriate committees. Examples from this past year include the inclusion of the Executive Director of an organization serving former prisoners, an underrepresented population, on a CoC Operations Committee, and the recent addition of new representatives (Final Salute, Veterans On the Rise, and Easter Seals) to our Providers Groups. In addition, our Housing Options Group expanded its leadership in acknowledgement that other viewpoints were crucial to its deliberations.

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

Instructions:

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

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

The CoC Committee of the Governing Board acts on its behalf to set policy and priorities and approves or selects all new projects and reallocations; both when agencies request a change in grant type and when there is an open solicitation of proposals for new projects. They read proposals, hear presentations and decide by majority vote based on agency capacity and commitment to federal and local strategic priorities. They also appoint a Ranking Committee and approve ranking criteria annually. They Ranking Committee ranks all projects based primarily on the scores from a comprehensive monitoring and evaluation tool. They also consider project component, target population, fidelity to a housing first model, and timely and complete deliverables by grantees. Notification of rankings - 1/9/14 and acceptance of all applications - 1/13/14.

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

Our CoC instituted a new comprehensive monitoring and evaluation tool and process this past year. One component of the tool examined outcome measures with data taken from each project's APR. Thus the time period was the past grant year for each project. Scores were given for percentage of program participants who achieved housing stability, moved to permanent housing, maintained employment, had income, and received mainstream benefits, based on a scale created by the Monitoring and Evaluation Committee. For both PSH and TH there were 0 - 4 points awarded based on percentage of participants meeting each outcome. In order to take into account the severity of barriers faced by project participants PSH was scored separately from transitional housing. In addition, points were awarded to transitional programs that moved their families into permanent housing in an appropriate time period. Additional outcome measures will be added to the tool in the coming year. The scores from this tool were utilized in the ranking process.

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

Our CoC encourages proposals from first time agencies. On a regular basis the CoC Lead Manager receives requests for information regarding the CoC funding process from potential applicants and it is explained in great detail. As part of the reallocation of one grant during the current CoC Program Competition, the Office to Prevent and End Homelessness sent out a request for proposals to a wide range of non-profit and government service providers. Four entities applied, one of which is not a current CoC Program grantee. As the new applicant was not selected, a personal debriefing followed the decision to provide the tools for successful applications in the future. The effectiveness of our outreach efforts is evidenced by new applicants receiving funding in two of the last five funding cycles.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/29/2014

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

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

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

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

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

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

The CoC Lead Agency, the Office to Prevent and End Homelessness (OPEH) works closely with the HMIS Lead to ensure that our CoC's HMIS is operated in accordance with all HUD regulations and requirements. The data fields collected in HMIS are consistent with the 2010 HMIS Standards and all later notices. The data fields and pick lists are reviewed at least annually to ensure compliance with the latest updates. OPEH has added additional fields necessary to better understand the homeless and at risk population and to collect the data required for the regional enumeration produced by the Metropolitan Washington Council of Governments Homeless Services Committee, of which our CoC is an active member. These data elements are reviewed regularly as well. Our CoC utilizes Bowman's ServicePoint, one of the foremost HMIS providers. Its compliance department provides consistent updates and software upgrades which assists our CoC in meeting all HUD expectations.

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

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

The Privacy Plan, Security Plan and Data Quality Plan were developed a number of years ago by the HMIS Lead and the CoC Lead Agency - the Office to Prevent and End Homelessness in conjunction with nonprofit service providers. They are all included in our CoC's Procedure Manual, although with slightly different names. Supporting documentation of each plan is included in the Appendices section of the Procedure Manual. The manual is reviewed annually and all changes are submitted to participating agencies for approval.

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

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

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

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

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

2B-2 Select the CoC(s) covered by the HMIS: VA-601 - Fairfax County CoC
 (select all that apply)

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

2B-3.1 Funding Type: Federal - HUD

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

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$208,791
State	\$0
State and Local - Total Amount	\$208,791

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	\$208,791
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**2B-4 How was the HMIS Lead selected by the Agency Volunteered
CoC?**

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

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

Instructions:

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

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

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

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

N/A

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

N/A

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

Instructions:

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

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

Type of Housing	Average Length of Time in Housing
Emergency Shelter	23
Transitional Housing	16
Safe Haven	64
Permanent Supportive Housing	32
Rapid Re-housing	8

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

Universal Data Element	Percentage
Name	0%
Social security number	1%
Date of birth	1%
Ethnicity	1%
Race	7%
Gender	1%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	1%
Zip Code of last permanent address	0%
Housing status	1%
Head of household	3%

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

Staff members from all CoC Program projects, except DV programs, are trained in data entry, data quality process and review, and the reporting functions in HMIS. Data from all of their program participants are entered regularly in HMIS. They are all able to either run or request APR reports generated from the CoC's HMIS. Bowman ServicePoint has developed robust APR supporting reports and documentation and have worked tirelessly the past six months to keep up with all of the reporting changes. Training was conducted locally after the new APR was released by HUD. The ESG CAPER was developed with data provided from the HMIS this past year but we were unable to run the report developed by Bowman due to technical difficulties. We expect next year's ESG CAPER to be run in HMIS.

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

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

Over the past four years, our CoC has engaged in an impressive data quality campaign. All of our partner agencies have participated in the monthly data quality submission process. Multiple reports are run by the individual partners at the program level. Summary data quality worksheets are completed, signed by the Directors, and submitted to the HMIS Lead. If an agency faced particular challenges with their data quality which was not resolved with phone support, entire organizations/programs brought their staff to our computer training room for data quality workdays. These sessions focused on general data cleanup and re-training in specific areas of confusion. The HMIS Lead and the partner agency also worked together during these data quality days to develop internal business processes designed to maintaining the program data quality at a high level. Our CoC will continue these processes and augment them as necessary.

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

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

Instructions:

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

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

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

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

Instructions:

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

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

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

Page 9.

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

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

Instructions:

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

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

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

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/23/2013

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		7%		93%
Transitional Housing		27%		73%
Safe Havens				100%

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

There was a decrease in our sheltered PIT count from 2012 to 2013. Our numbers declined from 1,356 to 1,246, an 8% drop. Part of this decrease was due to our intentional reduction of transitional housing. The 2013 PIT count provided evidence of the success of our dual strategic approach which included an increased emphasis on homelessness prevention and a vigorous adoption of a rapid rehousing model. In addition, some transitional housing units were reclassified in order to comply with HUD definitions. There would have been an even more drastic reduction if not for the success of our outreach efforts to the unsheltered as we had increased numbers in our hypothermia prevention shelter programs and less unsheltered as well.

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

Instructions:

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

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

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

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

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

1. HMIS-The majority of the sheltered client data came from HMIS. Programs updated the data on each program participant as necessary. Management level staff of each agency signed off on the data quality of the HMIS PIT reports. 2. Survey Providers-Non HMIS providers, both DV and smaller programs, used Excel spreadsheets. Data was obtained from files and interviews as necessary. Both the HMIS and the Excel reports were reviewed for accuracy with follow-up as needed with the provider. All the data was compiled in workbooks integrating the HMIS and non-HMIS data into one data set. Additional edits were done in Excel to correct errors and check for duplication. Pivot tables were used to produce aggregate totals for basic counts as well as the subpopulations and other characteristics collected in the count.

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

Instructions:

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

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

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

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

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

Providers throughout the CoC were trained in the definitions of the subpopulations. 1. HMIS-Programs in HMIS reviewed client data to ensure that it was accurate and up-to-date. Special attention was given to updating data on clients in shelter and hypothermia programs, as not as much was known about them at entry. Management level staff of each agency signed off on the data quality of the HMIS PIT reports. 2. Interviews/Client Level Information-Providers without data in HMIS ensured accuracy by reviewing client files and interviewing clients as needed. They entered their data on Excel spreadsheets. Data was reviewed and providers contacted if there were inconsistencies in the data provided. Information from both sources was combined on spreadsheets which were reviewed for accuracy and edited as necessary.

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

Instructions:

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

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

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

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

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

1. Training - In preparation for the PIT count training was providing for all programs regardless of data collection method including instructions to ensure data quality. 2. Follow-up - Both the HMIS and the Excel reports were reviewed for accuracy with specific follow-up as needed with the provider. 3. HMIS –Ongoing data quality reviews and specific sign off on PIT data. 4. Non-HMIS de-duplication techniques –Everyone counted in the PIT, except those in DV programs, was provided with a unique identifier. Once all the data is compiled in Excel there are searches done to make sure no one is counted twice. In addition, providers who work with single adults who are not regularly sheltered worked together to ensure persons were only counted once. This process was coordinated by the lead outreach worker.

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

Instructions:

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

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

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

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/23/2013

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

There was a significant decrease in our unsheltered PIT count from 2012 to 2013. Our numbers declined from 178 to 110, a 42% drop. As there was an increase in the numbers of people utilizing the winter seasonal and hypothermia programs during the PIT count, the data suggests that intensified outreach efforts were successful and that our shelter program is attracting and meeting the needs of this population. These numbers were corroborated a few weeks later when a similar number of unsheltered homeless people were located and interviewed as part of our community's 100,000 Homes Campaign's Registry Week. Most importantly this decrease substantiates the success of our efforts at increasing PSH and other housing options for this population.

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

Instructions:

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

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

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

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

Outreach workers engage unsheltered homeless persons throughout the year and develop relationships through which they learn about individual's psychological, substance use, health and other issues. On the day of the count, outreach staff coordinate with drop-in centers, shelters, and hypothermia prevention programs, as well as visiting known sites where unsheltered homeless people may be living, in order to determine the number of persons who are homeless in the community but are not in a program or other arrangement that provides shelter. For those determined to be homeless on the day of the count, case notes provide subpopulation data and demographic characteristics that have been noted through personal contact over time between the worker and the homeless individual.

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

1. Public places count with interviews – A form that included all necessary data was used. It contained questions to determine homelessness, if they had previously been counted, and definitions of subpopulations. It was used by outreach workers in the field who went throughout the county where they know homeless people sleep. Information from the forms was collected on Excel spreadsheets that parallel the structure of the PIT assessment in HMIS. 2. Service-based count – On the day following the count persons utilizing drop-in centers were interviewed. After determination that they had not been counted the night before they were interviewed using the same form and data was entered on an Excel spreadsheet. As each person counted, except those in DV programs, was given a unique identifier further review eliminated any duplications.

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

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

1. Training – Training was arranged for all providers involved in the PIT count; additional guidance was offered specifically for those involved in the unsheltered count. 2. Unique Identifier – The first three letters of each person's last name combined with age was used as an identifier, except for those in DV programs. Data on all persons surveyed was reviewed thoroughly to avoid duplication. 3. Survey question – The survey form included questions meant to eliminate duplication, asking where people slept the night before and if they had already been counted. In addition, outreach staff coordinated these efforts and cross referenced people in hypothermia programs, drop-in centers and in public areas. After all data was compiled in one spreadsheet further review was conducted, including deduplication efforts.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

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

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

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

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		229	235	230
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	139	146	150	160
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		49	37	37
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		0%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		20	10	10

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

Our CoC's plan continues the policies that are currently in place, prioritizing housing for the chronically homeless population. This past year Fairfax County completed construction of a multi-unit housing facility for homeless individuals, now operated by a non-profit provider. Ten of the twenty units are designated for the CH population. Our new project from the 2012 competition will serve 18 CH individuals beginning in 1/14. In addition, 2 transitional housing projects have been reallocated to serve this population as part of the 2013 competition; we plan on continuing this reallocation process in the future. All PSH projects have committed to prioritize CH for placement in turnover beds. Our CoC is part of the 2.5% Club of the 100,000 Homes Campaign indicating that we are on track to end chronic homelessness in our community. We are also meeting our goal of housing 50 from our vulnerability list this year. We would increase our numbers more but some beds that have been serving the chronically homeless but are not designated as CH beds will need to be reclassified to meet the current definitions.

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

Staff members of the Fairfax County Office to Prevent and End Homelessness are responsible for implementing this goal. The Program Manager and CoC Lead Manager are involved in the continuing development of our CoC's coordinated system which will prioritize housing the most vulnerable chronically homeless. The Program Manager leads the 100,000 Homes Campaign in our community. The CoC Lead Manager will work with the CoC Program grantees to ensure that chronically homeless are housed upon turnover in PSH per agency commitments. She will also lead the effort to reallocate funds to projects serving this population.

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

Objective 2: Increase Housing Stability

Instructions:

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

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

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	364	384	406
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	339	357	378
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	93%	93%

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

Our CoC plans on continuing the strategies that have led to our extremely high level of housing stability. These include close relationships with the local Community Services Board and Health Department, which provide necessary supportive services to clients as appropriate. As our Coordinated System is further developed we will ensure that clients are referred to programs with the appropriate levels of support to meet their needs. We are part of the Virginia Coalition to End Homelessness' AmeriCorps VISTA program whose volunteers are tasked with determining best practices and disseminating the findings throughout Virginia. Strategies will also be shared among grantees at both our singles and family providers' group meetings. If a project has an issue with clients' housing stability technical assistance will be provided by the staff of the Office to Prevent and End Homelessness. We are also seeking to increase housing opportunities for PSH graduates. We do not project an increase in the percentage as our CoC will be targeting a challenging population of chronically homeless vulnerable individuals for new projects and turnover beds and we currently exceed the HUD objective.

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

The staff of the Fairfax County Office to Prevent and End Homeless will be responsible for implementing the strategies listed above. The CoC Lead Manager, and the Singles and Families Managers will provide oversight and technical assistance, organize and chair meetings as necessary, and are closely involved in the development of our CoC's Coordinated System.

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

Objective 3: Increase project participants income

Instructions:

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

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

3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 565

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	32%	33%	34%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	29%	31%	33%

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

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	214	37.88 %
Unemployment Insurance	5	0.88 %
SSI	124	21.95 %

SSDI	128	22.65	%
Veteran's disability	1	0.18	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	66	11.68	%
General Assistance	37	6.55	%
Retirement (Social Security)	3	0.53	%
Veteran's pension	1	0.18	%
Pension from former job	0		%
Child support	24	4.25	%
Alimony (Spousal support)	1	0.18	%
Other Source	4	0.71	%
No sources	61	10.80	%

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

Our CoC will further develop relationships with our county's Department of Family Services which is responsible for various income programs and publicize eligibility requirements and access. We will continue our close partnership with the Community Services Board which has taken the lead on SOAR implementation throughout our CoC. We will offer SOAR training to all grantee agencies. As this outcome, clients obtaining non-employment income, is highlighted in the newly instituted monitoring and evaluation tool, its importance will be reemphasized to all grantees. Outcomes will be monitored and technical assistance will be offered as necessary. We are not projecting significantly higher percentages of people gaining this income as program participants, as many of them are already receiving entitlement benefits at program entry due to the excellent work of our outreach workers and emergency shelter staff. We do meet the HUD objective of 54% of program participants overall, both leavers and stayers, receiving non-employment income.

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

Our CoC plans on continuing our successful strategies of promoting employment as a crucial part of case management and helping clients achieve greater self-sufficiency. Case managers from grantee agencies work with the Northern Virginia Workforce Investment Board's SkillSource Centers, ensuring access for program participants. A number of partner non-profits have job locators and vocational counselors on staff. Most importantly, the Fairfax County Board of Supervisors funded an employment pilot project for people experiencing homelessness in this year's budget. A planning committee has been meeting to design services that will address the unique challenges our clients face and develop employment training and opportunities. As this outcome is highlighted in the newly instituted monitoring and evaluation tool, its importance will be reemphasized to all grantees. Outcomes will be monitored; technical assistance will be offered as necessary. We are not projecting significantly higher percentages, as we continually serve a more disabled population who are less likely to be able to maintain employment, but will continue to achieve a higher percentage than the HUD objective.

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

The staff of the Fairfax County Office to Prevent and End Homeless will be responsible for monitoring the strategies listed above. The CoC Lead Manager and the Singles and Families Managers will provide trainings and further develop connections with other county agencies as needed. The CoC Lead Manager will monitor project outcomes. The Director chairs the Employment Pilot Planning Committee and will be closely involved in the pilot project's implementation and monitoring of outcomes.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

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

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

3A-4.1 Number of adults who were in CoC- 565 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	75%	75%	75%

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

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	227	40.18 %
MEDICAID health insurance	246	43.54 %
MEDICARE health insurance	106	18.76 %
State children's health insurance	0	%
WIC	10	1.77 %

VA medical services	1	0.18 %
TANF child care services	22	3.89 %
TANF transportation services	0	%
Other TANF-funded services	3	0.53 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	16	2.83 %
Other Source	44	7.79 %
No sources	117	20.71 %

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

Our CoC will further develop relationships with our county's Department of Family Services which is responsible for overseeing various benefits programs and publicize eligibility requirements and access on a regular basis. Training will be provided as needed. Information on the Affordable Care Act has been disseminated; these efforts will be continued. The new governor has made Medicaid expansion a priority and we will inform all providers of how to enroll clients as soon as possible. Two of our non-profit providers have been awarded contracts to employ health care navigators and we plan on all programs system-wide taking advantage of their services. The goal of these efforts will be to connect all eligible clients to ACA resources as routinely as other mainstream benefits. As the general outcome of connecting clients to appropriate mainstream benefits is highlighted in the newly instituted monitoring and evaluation tool, its importance will be reemphasized to all grantees. Outcomes will be monitored and technical assistance will be offered as necessary. We are not projecting significantly higher percentages, as we already exceed the HUD objective.

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

The staff of the Fairfax County Office to Prevent and End Homeless will be responsible for implementing the strategies listed above. The CoC Lead Manager and the Singles and Families Managers will provide trainings and further develop connections with other county agencies. The CoC Lead Manager will monitor project outcomes.

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

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

Instructions:

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

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

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	19	23	26
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	24	30	35

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

The Fairfax COC plans to increase the number of households with children assisted through rapid rehousing projects by sustaining existing funding for rapid rehousing, applying for new funding when available, and increasing the cost effectiveness of programs. Fairfax COC members are improving housing relocation and stabilization services through their participation in a statewide learning collaborative, facilitated by a partnership between the Virginia Dept. of Housing and Community Development, the National Alliance to End Homelessness (NAEH), the Virginia Coalition to End Homelessness and the Freddie Mac Foundation. Collaborative participants learned about ways to improve service provision and strategically altered their approach to be more successful. The collaboration culminated in a Rapid Rehousing Challenge, which as of mid-January 2014 has housed a total of 450 families statewide. One local organization has received a Rapid Re-Housing Certification from NAEH in the process.

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

The Fairfax COC's Interagency Workgroup on Housing Options, along with a sub-committee of housing and service providers for households with children who are homeless, will be responsible for increasing the number of households with children that are assisted through rapid rehousing. The Housing Options workgroup is co-facilitated by four Fairfax County human services directors from the Office to Prevent and End Homelessness (OPEH), the Fairfax-Falls Church Community Services Board, the Department of Family Services, and the Department of Housing and Community Development. The housing and service provider sub-committee is led by two OPEH staff members, the Program Manager and Families Manager.

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

Fairfax utilizes a progressive engagement model in moving households who are homeless to stable housing. Nearly all households who are homeless, and do not have sufficient resources or support networks to return to housing on their own, start off receiving a small amount of rapid rehousing assistance – a mixture of short- to medium-term rental assistance, financial assistance, housing search and placement services and case management. Those households who cannot be successfully placed in housing are then prioritized for additional assistance, such as longer-term rental assistance or supportive housing. Rental assistance in Fairfax is generally provided for a period of up to six months with the client paying little of the rental amount in the first month but the assistance rapidly tapering off. Some cases, receiving up to 24 months of rental assistance, will pay thirty percent of their monthly income towards the rent with the assistance paying the remainder of the rental amount.

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

Rapid rehousing programs will provide case management to households residing in projects funded by the ESG program at minimum on a monthly basis. However, rapid rehousing case management typically occurs more frequently during the immediate transition from the shelter to their new home and tapers down to a monthly frequency once the household has been stabilized and connected to mainstream resources. Similar case management is provided to all RRH participants including those in programs supported by state and local funding.

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

Rapid rehousing providers do not routinely follow up with clients households beyond the period of assistance. For those households that remain in the community, there is a robust continuum of mainstream services that provides assistance to low-income households that promote housing stability. In cases where a household faces a housing crisis then there is also a centralized and coordinated assessment system, accessible via telephone and in regional human services offices, that provides the appropriate level of intervention at that time, including homelessness prevention services.

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

Instructions:

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

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

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

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

The Fairfax County Foster Care Services division of the Department of Family Services (DFS) has effective policies to ensure that foster care clients are not discharged into homelessness. This division contains an Independent Living Unit working with teens in preparation for discharge. All youth in custody, age 14 or older, complete an annual independent living skills assessment resulting in a transitional plan for each client focusing on their targeted needs. DFS developed a "Guidebook to Working with Teens in Foster Care" which includes specific guidance on discharge planning. In Fairfax County youth may remain in foster care and continue to receive related services until they are 21, which greatly assists with eventual self-sufficiency. Virginia community colleges run a program specifically for foster care students that provides more services than mainstream programs; assisting these students with the transition to college and the support needed to succeed. The Foster Care Services division has a staff person who coordinates with this program. While clients are in college and/or working housing stipends are available until the client is 21 to ensure housing stability.

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

The Fairfax County Office to Prevent and End Homelessness (OPEH) partners with County Department of Family Services (DFS); the agency that provides foster care services per the Code of the Commonwealth of Virginia. DFS has a family advocate who is the direct liaison between OPEH and DFS on homeless issues. In addition, OPEH regularly collaborates with Fairfax County Public Schools and nonprofit service providers on a regular basis. These successful collaborations ensure that clients are able to access appropriate programs so that the client is not discharged into homelessness. Evidence of these successful partnerships is the extremely low number of people surveyed in the annual PIT count that have had Foster Care involvement at any time.

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

Instructions:

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

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

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

There are no public hospitals in the county and the private hospitals are not subject to the HUD requirement for discharge planning from medical institutions. However, the Fairfax County Health Department regularly meets with hospital representatives in order to facilitate better communication and information sharing regarding the discharge planning for patients identified as homeless on admission or may have nowhere to go on discharge. Effective discharge planning to prevent homelessness of persons exiting private hospitals depends on the development of cooperative working agreements and strong ongoing partnerships.

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

One action taken as part of the implementation of our Ten-Year Plan was to convene a task group that developed protocols and procedures for hospitals, assisted living facilities, and adult foster care residences to identify appropriate placements for clients on discharge from hospitals and other medical care programs. The County has a small medical respite care program for homeless adults who need additional recovery time but do not need continued hospitalization. In addition, our Housing Opportunities Support Teams coordinates pertinent housing and support services for persons who are homeless or at risk of becoming homeless, regardless of their current situation. Our current work on developing our centralized access and assessment process will include a concentration on discharge planning.

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

The Fairfax County Health Department has been instrumental in developing cooperative agreements with Inova and Reston Hospital, the two major private hospitals in the county. The Health Department, the Office to Prevent and End Homelessness (OPEH), and nonprofit providers developed a Homeless Services Resource Guide which was distributed by hospital representatives to case management and discharge planning staff. The guide is intended to provide staff with supplemental information in order to make appropriate discharge planning decisions. OPEH works with the Health Department to coordinate, with other county agencies, training to provide updates to hospital case managers and discharge planners regarding homeless resources, and will continue to partner in conducting this training in the future. Nonprofit shelter providers work directly with hospital discharge planners to try to avoid discharge into homelessness and assist with arranging services and helping to find appropriate housing as needed.

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

Instructions:

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

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

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

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

Fairfax County abides by the Commonwealth of Virginia's state psychiatric discharge protocols. The primary CoC partner for liaison with State psychiatric institutions is the Fairfax-Falls Church Community Services Board (CSB). The CSB has a discharge liaison assigned to each publicly funded psychiatric hospital in the state. These discharge planners work collaboratively with state personnel to facilitate appropriate transitions to our community. CSB Mental Health expanded the discharge planning division to include three Intensive Community Services case managers to closely follow individuals discharged from the state hospitals and jails. Most people exiting from mental health treatment facilities return to existing housing of their own, a rented room, or with family. Some are referred to supervised supportive housing programs, a local Supported Shared Housing Program, or the PACT Residential program. Referrals are also made to residential treatment programs as appropriate. A limited amount of state funding is available through the Regional Discharge Assistance Program to rent an apartment for a time-limited period until an ongoing rental subsidy is obtained.

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

The Fairfax-Falls Church Community Services Board is a primary stakeholder for ensuring that persons being discharged from state mental health facilities are not released directly into homelessness. The CSB works with other county agencies, including the Office to Prevent and End Homelessness, the Health Department, the Department of Housing and Community Development, and the Department of Family Services Self-Sufficiency Division, to establish eligibility for community based services and seek an appropriate community placement for persons returning to the community from a period of psychiatric hospitalization. Forensic discharge planning services are provided to individuals hospitalized from the Adult Detention Center as part of the jail diversion program.

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

Instructions:

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

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

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

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

The County Sheriff is an active member of the Governing Board of the Partnership to Prevent and End Homelessness and was involved in the development of the Ten-Year Plan as well as the discharge planning implementation task group. The re-entry nonprofit, Opportunities, Alternatives, and Resources of Fairfax (OAR), also participates in the CoC. OAR offers a class at the ADC called After Release Planning. Staff reviews their services and community resources and offers the opportunity to meet with a case manager to develop an after-release plan. Staff will help inmates find appropriate housing, as available. This support system helps OAR clients establish stable living arrangements. OAR receives funding from the county to assist with homelessness prevention. Many inmates leave the ADC with their own plan to live with family or friends. Motel placements can also be used in certain situations. The CSB works with persons who have mental illness to try to find them an appropriate community placement. At times release to a shelter is the most viable option. Specifically, one shelter is located such that it can accommodate former sex offenders.

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

In addition to the Office of the Sheriff, the nonprofit Opportunities, Alternatives, and Resources (OAR), the Fairfax County Office to Prevent and End Homelessness, Health Department as well as the Fairfax-Falls Church Community Services Board (CSB) are key stakeholders in working with inmates to help prevent them from being discharged into homelessness. Inmates sent to the ADC from psychiatric hospitals work with either the CSB staff or the discharge planner in order to draft comprehensive discharge plans that include housing as a component. The CSB staff work under the guidelines of the State Mental Health Discharge Planning Protocols. OAR works not only on discharge planning, but also provides supports to the families of persons who are incarcerated and works to reunify inmates with their families on release. Engagement with family and community is one method for preventing a return to homelessness and incarceration. OAR also has started an exciting new project where former inmates live collectively and produce products that are sold to provide a means of financial support.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

To End Homelessness in 10 Years - The County will address the 10-year need for 2,650 additional units/permanent housing opportunities for homeless individuals and families through several means.

Improved Affordability/Accessibility (Objectives 1, 14 through 18): Examples of activities beginning in FY 2011 include but are not limited to: • Bolster the existing resources, including providing housing opportunities funded with re-targeted and additional federal resources (such as Continuum of Care units, Project-Based Vouchers, Family Unification Program (FUP) vouchers), the conversion of non-profit owned transitional housing and additional non-profit acquisitions, as well as the use of FCRHA-owned housing. • Initiate other efforts to house and serve homeless persons, including renovating an existing shelter facility, new construction, federal vouchers, and private sector partnerships. • Using local resources, if appropriated, to fund non-profit rental subsidy programs, short-emergency assistance, and non-profit housing acquisition.

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

State and local government ESG program recipients are core members of the local planning and implementation groups. Fairfax County, as an entitlement jurisdiction, receives ESG funds directly from the federal government and the funds are managed in coordination between the county's Dept. of Housing and Community Development and the Office to Prevent and End Homelessness (OPEH). The state of Virginia's Dept. of Housing and Community Development grants ESG funds to communities who are not entitlement jurisdictions. The state also grants ESG-like, Homeless Solutions Grant dollars to a number of local nonprofit organizations, which are all also contracted by OPEH to provide similar shelter, prevention and rapid rehousing services. This year OPEH is taking the lead in preparing the community's consolidated application to the state for homeless services funding, which will facilitate even greater collaboration among local recipients in planning, reporting and evaluating the funded programs.

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

Emergency Solutions Grant dollars provide a substantial portion of Fairfax COC rapid rehousing and homelessness prevention program funding. Currently one hundred percent of the ESG dollars received directly by Fairfax County is allocated towards housing relocation and stabilization services, in the form of financial assistance, short- and medium-term rental assistance, and the payment of rental arrears. Approximately thirty percent of the ESG funds have been allocated to rapid rehousing assistance and approximately seventy percent has allocated for homelessness prevention assistance. A greater percentage of the funds will likely be allocated towards rapid rehousing assistance in future program years as local providers improve upon their ability to use the funds effectively.

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

The Fairfax COC has made homelessness prevention a priority in its local plan to end homelessness and invested significant local resources in prevention programs while taking a data-driven approach to reducing the number of individuals and families who become homeless. Local Housing Opportunity Support Teams (HOST teams) have been created with a mixture of funding sources, which provide locally-based, diverse range of services with a focus on housing relocation and stabilization services. Two important measures have been developed to evaluate the COC's effectiveness at prevention: the annual number of households becoming homeless for the first time and the annual number of households that return to homelessness after being assisted. The COC is now exploring means to distinguish one group from the other and design interventions that more effectively reduce both numbers. Currently the COC is also refining its means of assessing that a household will become homeless or return to homelessness with the use of research-tested tools.

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

Our CoC coordinates with a wide-range of entities through regular committee meetings and strategic initiatives. The local administrators of HOPWA, TANF, SSVF, VASH, RHY, and NSP are active partners in our CoC and represent federal policies while implementing their programs as integral parts of our homeless assistance system. Our CoC has strengthened our relationship with the regional VA. Virginia has taken major steps towards addressing homelessness, creating a Homeless Outcomes Coordinating Council to oversee implementation of a plan to leverage and coordinate state resources more effectively. They have partnered with the Virginia Coalition to End Homelessness (VCEH), the NAEH and Freddie Mac Foundation (FMF) on state-wide initiatives in which our CoC has actively participated. State funding will be awarded in a process similar to the CoC Program competition. Our CoC is an active participant in VCEH's programs. FMF has been a vital partner in our CoC's efforts, funding many government and non-profit projects. Fairfax County continues to invest in the CoC's efforts both with significant funding and through the leadership of the Office to Prevent and End Homelessness.

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

The staff of the PHA in Fairfax County is integrally involved in the CoC's efforts to prevent and end homelessness. They were represented in the creation of the local 10-Year Plan, develop and implement the Housing Blueprint which guides the creation of housing options, administer a local rental subsidy program which targets people experiencing homelessness, manage VASH, have a long tradition of homeless preference for the Section 8 program, and are represented on major CoC planning and implementation committees. Ending homelessness is a main goal of the Consolidated Plan, developed by the local public housing authority. In addition, they are the grantees for four former Shelter Plus Care grants, now part of the CoC Program. Most importantly our PHA has been name a "Moving to Work" agency, a prestigious title awarded to only 34 PHAs in the country. This allows flexibility to design programs which will utilize scare resources most effectively and provide the greatest impact for those experiencing homelessness in our community.

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

As our CoC has adopted a housing first philosophy, and more programs have applied this approach, fewer projects see these issues as barriers to serving those in need of our services. There have been CoC wide trainings on housing first principles including the importance of removing barriers and eligibility criteria. A list of potential barriers, and whether or not projects exclude potential participants based on these criteria, was a part of the new monitoring and evaluation tool. This served to reemphasize the importance of removing all barriers to service. The information collected will be analyzed and leadership of projects utilizing disqualifying criteria will be contacted to explore changes to current policies. The only barrier that is an issue for some PSH programs is the issue of sobriety. As many of our residents in PSH share units as a cost saving measure, it is important to match up roommates that will not hinder one another's recovery. Many transitional housing programs have high barriers as part of their eligibility criteria. We are either reallocating these projects or working with the grantees to eliminate barriers to housing and serving those most in need.

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

Our CoC adopted a housing first approach a number of years ago and provided extensive training at that time. A vast majority of permanent housing programs throughout the community have adopted this philosophy. The county funds its own housing first initiative through a rental subsidy program. The new multi-unit apartment complex, constructed last year and opened in the fall, also utilizes a housing first model. Any new CoC Program projects will be required to use a housing first model. 100% of our PSH applications as part of the 2013 CoC Program competition practice this approach. The Office to Prevent and End Homelessness will work with the other providers to adjust philosophies and service provision practices.

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

Our CoC has a well-developed centralized intake system for families which covers the entire geographic area of the CoC. It is managed by the Fairfax County Department of Neighborhood and Community Services Coordinated Services Planning (CSP), which accepts all calls for services and refers clients to providers for homelessness diversion and prevention and to shelters if necessary. One comprehensive assessment tool, which specifies appropriate services, is utilized and also informs the services provided for each family at the shelters. The CSP phone number is well publicized and known to government agencies, food banks, emergency assistance agencies and faith communities, all the places people in crisis turn for assistance. The county-wide singles system has adopted the 100,000 Homes Campaign vulnerability survey as the coordinated assessment tool at this time. Priority is given for PSH to those identified as most vulnerable. We have begun building on these processes and tools within our Family and Single Providers Group meetings and will develop more standards for all assistance provided to further ensure appropriate services are available to all clients.

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

Our CoC is divided into 4 human service regions; outreach, shelters and housing programs are available in all 4 areas. The vast majority of our shelters and housing programs are funded by HUD or Fairfax County, operating with clear non-discrimination policies. Our Coordinated Services Planning, the first point of call for Fairfax residents in crisis, has multi-language capability and written material in 7 languages. They utilize TTY equipment for people with a hearing disability as needed. Providers throughout the county employ staff that reflect the diversity of our community and as well as those that speak multiple languages. As our community has become more diverse, providers have developed expertise in delivering cultural appropriate services. One CoC housing program targets language minority clients and others offer ESOL classes as part of their regular service provision. We are examining our policies to make sure we are serving couples without children adequately. Handicap accessible facilities are available. There are forums available to address any issues in equal and wide access to the homeless services system.

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

The Fairfax County Public Schools Homeless Liaison is a close partner who works alongside the Office to Prevent and End Homelessness, attends staff meetings, and participates actively in many CoC committees. Her office works closely with all family shelters and transitional housing programs to ensure that all school aged children are enrolled and attend school. Transportation is provided to any student attending school outside each shelter's school district. Homeless families eligible for the County's Child Care Assistance Program are given priority enrollment. In addition to providing before and after school care, this program serves infants and pre-school children. It utilizes family child care providers and child care centers. All are regulated and monitored by the County or State and all are required to have early childhood training. Families are also referred to Child Find and Infant Toddler Connection organizations that serves infants-two year olds and provides additional services when there is indication of an educational and/or developmental delay. Tutoring and mentoring programs are also provided to support students in shelters and transitional housing programs.

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

The CoC routinely includes the Fairfax County Public Schools (FCPS) Homeless Liaison Office (HLO) in planning activities, the annual Point-in-Time count, revision of policies impacting homeless youth, and several Interagency Work Groups. The HLO and CoC take a cooperative proactive approach to ensuring all homeless families are aware of their eligibility for special services being provided by FCPS. Work with the homeless family providers emphasizes coordination with HLO to ensure that special educational services available to homeless children can be accessed as appropriate. HLO is in frequent communication with the family shelters and transitional housing programs for families all of which have identified case managers or other staff to ensure that children are enrolled in school and receiving any needed educational services, and have certified that their policies and practices are consistent with applicable laws. The Office to Prevent and End Homelessness team and the FCPS HLO jointly developed a Homeless Youth Brief which is widely distributed in the community to raise awareness and educate regarding homeless children in our community and the challenges they face.

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

There are no shelters or housing programs for families within our CoC that separate children under 18 from their parents if they present as a family unit. There is a written policy in place which prohibits denying entry to any family member, regardless of gender or age. Program monitoring ensures that this policy is implemented throughout the system. As Coordinated Services Planning serves as the centralized intake for families any issue of this nature would be brought to the attention of contract monitors and CoC leadership immediately. There is ongoing communications with all shelter and housing providers, as well as regular meetings where any concern would be addressed.

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

Our CoC utilizes HMIS to track and analyze returns to homelessness across all program types on a system wide level. In addition, Coordinated Services Planning, the point of entry to the homeless services system for families, keeps extensive records and knows if a family is returning to homelessness when contacted for referral to service providers. The singles emergency service providers also keep track of their clients and know if someone moved on to permanent housing returns. The most significant actions our CoC has taken to reduce returns to homelessness are increasing housing options, including rapid rehousing, as well as the ability to assess need and assign the most appropriate remedy to each individual or family. These steps have been built on our community's experiences as well as borrowing from other successful jurisdictions. Providing case management in the community is another vital aspect of assisting formerly homeless maintain housing stability. In addition, our community maintains a wide-range of community based supportive services and financial assistance for those in crisis.

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

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

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

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

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

Instructions:

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

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

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

The goals and strategies included in our communities 10-year plan match those in the federal plan. They have been operationalized by adoption of housing first and rapid rehousing and joining the 100,000 Homes Campaign. We have made significant progress in ending chronically homeless as evidenced by the decrease in our PIT count and well as our inclusion in the 2.5% Club of the 100,000 Homes Campaign. We have prioritized the chronically homeless for new housing opportunities and turnover and will continue to do so. Chronically homeless veterans have been included in this outreach. We are also collaborating closely with the VA in order to identify and serve all homeless veterans, utilizing VASH, SSVF, and VETS, as well as other community resources. Our family homelessness has also decreased and we plan on this reduction continuing as we target resources to effective strategies and continue the conversion of transitional housing. Our CoC is currently constructing 6 units of PSH for families as this has been identified as an unmet need. We are making significant progress on ending homelessness for all of these populations.

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

Our CoC seldom has an unsheltered family. When this occurs, the family located by school or county officials, outreach workers, or nonprofit partners, is immediately placed in shelter or a motel until appropriate services can be delivered. Access to the homeless system is available through the Fairfax County Office of Neighborhood and Community Services Coordinated Services Planning. This is well known by all county offices, nonprofit social service providers, schools and the faith community. Our CoC has readily adopted the rapid rehousing model for families and has been successful in shortening shelter stays. There are plans to continue the conversion of transitional housing. As there is an unmet need for PSH for families Fairfax County is currently constructing 6 units of housing which will be ready for occupancy in 2015.

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

The Fairfax County Office to Prevent and End Homelessness shares office space and works closely with the county's Office for Women and Domestic and Sexual Violence Services (OWDSVS). OWDSVS has representatives on various CoC committees and work groups. OWDSVS has a contract to manage an emergency shelter for victims of domestic violence and their families with one of the CoC's main nonprofit partners. There is also another emergency shelter for victims of domestic violence run by a community based nonprofit. Four CoC Program funded transitional housing projects target families that have experienced domestic violence. In addition a wide-range of supportive services are available especially focused on the specific needs of this population. These are available to families in mainstream shelters and programs as well, as needed. All programs serving this population abide by the federal and state laws regarding privacy and confidentiality and their client level data is not included in HMIS. We are working to implement a separate system-wide DV database. At this time providers maintain their own data and submit it for the PIT on spreadsheets without client identifiers.

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

Due to the importance of this sub-population, the CoC Lead Agency now has a dedicated staff person to concentrate on youth and young adult homelessness. This person regularly collaborates with the Fairfax County Public Schools (FCPS) Homeless Liaison, nonprofits, and other county agencies to plan strategically for this population. Most of the unaccompanied youth in Fairfax don't meet the HUD definition of homeless, but do meet the Department of Education definition. The CoC works with the schools to ensure that clients are linked to appropriate county services. A Homeless Youth Initiative created in partnership with FCPS and The Alternative House (TAH), a nonprofit working with youth and young adults, is designed to support homeless youth (until they are 21 years old), through high school graduation and includes provision of housing. TAH manages another transitional program that doesn't require that the client be in FCPS and serves youth who are working or in training until they are 21. The staff person dedicated to youth issues also focuses on the 18-24 year olds and will work to identify them if they present at shelters and connect them to appropriate services.

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

Our CoC has a well-developed outreach system which has received intensified focus as part of our 100,000 Homes campaign. A team of PATH outreach workers, qualified in both mental health and substance abuse, identifies homeless adults living on the street or in the woods, develops relationships and engages them in services. As our county covers a large geographical area it is divided into four human service regions, each with its own outreach workers. A locally funded homeless health care program uses outreach workers to work with the nurse practitioners serving people throughout the county; providing basic health care also serves to further engagement. We collaborate with outreach workers from the VA Medical Center to ensure appropriate engagement with unsheltered veterans. Our CoC has increased housing placements for this population.

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

Our CoC participates in a wide-range of initiatives to assist homeless veterans. We collaborate with the DC VA Medical Center with both street outreach and the utilization of HUD-VASH. We have one established SSVF provider and others that have recently received grants and are setting up programs that may serve Fairfax County homeless. A representative from Easter Seals Veterans Employment Program is a participant in CoC committees. A private nonprofit, Final Salute, provides transitional housing and services to homeless female veterans and their families. The Commonwealth of Virginia's Department of Veterans Affairs established a Wounded Warrior Program and we continue to work with them. One HUD CoC Program project prioritizes chronically homeless veterans as a target population. Those served by this program do not need to be eligible for VA benefits dependent on discharge status. On our CoC's PIT count this year we have added questions for veterans, both type of discharge and length of service. We plan on determining the scope of the issue of veterans who are not eligible for VA benefits so we can plan accordingly and ensure adequate resources for this population.

3E. Reallocation

Instructions:

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

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

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

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

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$341,754				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
CRS Homes for the...	VA0104L3G011205	TH	\$82,250	Regular
CSB - Self Suffic...	VA0116L3G011205	TH	\$259,504	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: CRS Homes for the Homeless Families/Disabled
Grant Number of Eliminated Project: VA0104L3G011205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$82,250

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Due to the community discussion of changing priorities this grantee voluntarily declined to apply for a transitional housing renewal grant in order to allow another provider the opportunity to develop more permanent supportive housing. This change was endorsed by the community as it allowed our CoC to increase PSH targeting a chronically homeless population and the current grant no longer met community needs. In addition, as the reallocated grant utilized properties purchased with HUD funding, our CoC would retain these units as part of our affordable housing options. Community providers were offered to the opportunity to submit proposals to utilize this funding. The CoC Committee of the Governing Board reviewed the proposals, heard presentations and selected a sponsor for the new PSH project.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: CSB - Self Sufficiency
Grant Number of Eliminated Project: VA0116L3G011205
Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$259,504

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Due to the community discussion of changing priorities the sponsor of the reallocated grant decided to change their project from a transitional housing program to a program providing PSH to a chronically homeless population. The grantee presented their proposed change before the CoC Committee of the Governing Board for approval which was granted, as the current project did not meet current community needs. Our CoC began this process based on previous HUD guidance and didn't know that an open solicitation process was necessary if a grantee chose to reallocate independently. As this reallocation met both federal and local priorities our CoC enthusiastically supported the component change in August 2013.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$341,754				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
19	Just Home Fa...	PH	\$82,250	Regular
21	Welcome Home	PH	\$259,504	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 19
Proposed New Project Name: Just Home Fairfax
Component Type: PH
Amount Requested for New Project: \$82,250

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 21
Proposed New Project Name: Welcome Home
Component Type: PH
Amount Requested for New Project: \$259,504

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$341,754
Amount requested for new project(s):	\$341,754
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

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

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

This past year the CoC instituted a Monitoring and Evaluation Committee. It is comprised of representatives of CoC Program grantee organizations as well as other community providers, led by CoC Lead Manager, who is a staff member of the Office to Prevent and End Homelessness. Borrowing from other communities the committee developed a comprehensive tool to evaluate 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. As part of this process each project was scored on HUD-established performance goals. The scores on this tool were utilized in the ranking process. The committee will be refining this section of the tool in order to better monitor progress in this area. In addition onsite monitoring will be instituted this year to be used in conjunction with the tool on an annual basis. Another important component in the monitoring process is the APR review. The CoC Lead assesses all APRs at the time of submission and responds to the grantee if there are any areas of concern regarding performance outcomes.

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

A full-time CoC Lead Manager funded by Fairfax County assists grantees in reaching these goals. Our CoC's projects have historically exceeded all HUD-established performance goals; however we are always endeavoring to do better. The CoC distributes information on best practices in service provision as pertinent and available. There has also been a tradition of programs sharing successful approaches with their peers. Our CoC was chosen to be part of the Virginia Coalition to End Homelessness' AmeriCorps VISTA project; which will research best practices in PSH and disseminate the findings. This information will be shared with recipients. There is a new county funded employment pilot program targeting homeless which has the vital goal of increasing work income amongst the population HUD projects serve. The monitoring and evaluation tool includes all HUD performance goals, which highlights their importance to all grantees. The CoC Lead Manager is available for technical assistance, either bringing issues to the attention of the recipient or responding if asked for input and guidance. She helps the recipient evaluate the problem and develop a corrective course of action.

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

The vast majority of CoC Program funded projects are achieving excellent results and complying with all HUD requirements and regulations. To date the CoC Lead Manager has taken the lead in providing support to those who are lagging in either performance or grant management. This is done through personal outreach with specific suggestions for improvement as well as reference to helpful materials and possible trainings. As one section of the new monitoring and evaluation tool measures agency capacity, financial management, and compliance with HUD regulations the expectations in this area have been made clear to all recipients. Agencies that were underperforming received low scores and thus were ranked lower. This provides them with the knowledge of what specific areas need improvement and assistance in these areas is readily available. Some of the discussions around these areas of concern have led to reallocations during this funding cycle and might result in further reallocations in the future.

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

Our CoC has shortened length of stay in year round emergency shelters; last year the average for families was 79 days and singles 40 days. We have invested significantly in rapid rehousing assistance which has proven effective locally in reducing the length of time individuals and families remain homeless. The Stimulus-funded Homelessness Prevention and Rapid Rehousing Program dollars were used to create community-based housing stability case management, new housing search and placement services, financial assistance and medium-term rental assistance. Due the proven success of these efforts the local government invested new funding to sustain rapid rehousing activities and now ESG program funds are being allocated towards the same effective strategies. The adoption of the housing first philosophy as a fundamental principle in the community's ten-year plan to end homelessness has also been instrumental in enabling housing and service providers to shorten the average length of homelessness in the community. HMIS data is utilized to track trends system-wide and document the significant reduction achieved in our CoC.

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

The most significant actions our CoC has taken to reduce returns to homelessness are increasing housing options as well as the ability to assess need and assign the most appropriate remedy to each individual or family. These steps have been built on our community's experiences as well as borrowing from other successful jurisdictions. Of all the people who exited emergency shelter to permanent housing over the past two years, 89% of families and 71% of singles did not return to homelessness during FY13. Providing case management in the community is another vital aspect of assisting formerly homeless maintain housing stability. In addition, Coordinated Services Planning, the point of entry to the homeless services system for families, keeps extensive records and knows if a family is returning to homelessness when they refer them to a provider. Each provider also has access to the client's homeless history and can use that in developing a service plan which will hopefully end their homelessness permanently. HMIS is utilized to track and analyze return to homelessness across all program types on a system-wide level.

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

The Fairfax CoC has a well-developed outreach system. A core team of PATH outreach workers, qualified in both mental health and substance abuse services, identifies homeless adults living on the street or in the woods, develops relationships and engages them in services. A locally funded homeless health care program uses outreach workers to work with the nurse practitioners as they serve people throughout the county; providing basic health care also serves to further engagement. This team also links those with disabilities with suitable services. If a family with children is located living on the streets or in a car they are given priority placement in a shelter or motel, until appropriate services can be delivered. Non-profit homeless providers work with the public school homeless liaisons to assist families who are identified as homeless and are not receiving the necessary services. Our county's first point of call for residents in crisis is Coordinated Services Planning, whose phone number is broadly publicized. Staff has multi-language capability and written material is produced in 7 languages. They also use TTY equipment as necessary for the hearing impaired.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

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

The project sponsor, Fairfax-Falls Church Community Services Board (CSB), enhances employment opportunities for low income individuals by offering peer support specialist training. Individuals receive certifications and are eligible for employment. Peer support programs employ individuals with experience to help others. Currently the CSB contractors employ 24 such staff. The CSB works with the Laurie Mitchell Employment Center to provide computer training and Microsoft certification training free of charge to program participants in order to increase employability and income. Employment opportunities with Fairfax County are advertised widely through multiple venues including the Washington Post and www.washingtonpost.com and are focused on reaching individuals with low incomes. Libraries, community centers and human service agencies receive job listings. Employment counselors also assist. Libraries and employment centers have computers available for use by low income individuals who may not have access to a computer. The welcome Home project will ensure access to employment opportunities for low income individuals.

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

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

4C. Accessing Mainstream Resources

Instructions:

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

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

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

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

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

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

Our CoC has already begun disseminating information on the Affordable Care Act to all providers; these efforts will be continued. Experts on the ACA and its implementation in the Commonwealth of Virginia will be invited to present updated information to both the families and singles providers meetings in the near future and regularly thereafter as needed. The new governor has made Medicaid expansion a priority and we will inform all providers of how to enroll clients as soon as this development is made official. Two of our non-profit providers have been awarded contracts to employ health care navigators and we plan on all programs system-wide taking advantage of their services. The goal of these efforts will be to connect all eligible clients to ACA resources as routinely as other mainstream benefits.

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

All grantees have close relationships with our local Community Services Board, Health Department and Department of Family Services; as evidenced by the high level of leveraging from these county agencies. Further partnerships will be explored in order to provide necessary supportive services; the CoC will search for other sources of potential support. A Housing Support Services Blueprint was recently developed to complement the existing Housing Blueprint. Grantee agencies regularly apply for and receive funding for supportive services from Fairfax County's Consolidated Community Funding Pool. The CoC Lead Manager serves on the Interagency Team which staffs the Advisory Committee and two members of the OPEH staff serve on the Technical Advisory Committee which advises on funding decisions. The CoC will work on further aligning the funding priorities of the CCFP in order to target supportive services for the people we serve. In addition, our CoC has been involved in statewide discussions led by the Virginia Coalition to End Homelessness about the need for flexible funding from state funding sources and will continue to explore these opportunities.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/28/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No	Fairfax Falls Chu...	01/27/2014
CoC Rating and Review Document	No	Selection and Rev...	01/27/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No	CH Commitment List	01/27/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	Final HUD Approve...	01/28/2014
FY2013 Rank (from Project Listing)	No	Ranking - Priorit...	01/28/2014
Other	No	Evidence of Websi...	01/29/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Solicitation for ...	01/27/2014

Attachment Details

Document Description: Certification of Consistency with Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description: Fairfax Falls Church CoC HMIS Procedures Manual

Attachment Details

Document Description: Selection and Review Process and Results

Attachment Details

Document Description:

Attachment Details

Document Description: CH Commitment List

Attachment Details

Document Description: Final HUD Approved GIW

Attachment Details

Document Description: Ranking - Priority Listing

Attachment Details

Document Description: Evidence of Website Posting

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Solicitation for new project

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/28/2014
1D. Project Review	01/29/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/29/2014
2B. HMIS Funding Sources	01/27/2014
2C. HMIS Beds	01/24/2014
2D. HMIS Data Quality	01/29/2014
2E. HMIS Data Usage	01/28/2014
2F. HMIS Policies and Procedures	01/26/2014
2G. Sheltered PIT	01/24/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/28/2014
2K. Unsheltered PIT	01/22/2014
2L. Unsheltered Data - Methods	01/28/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/28/2014
Objective 1	01/29/2014
Objective 2	01/28/2014
Objective 3	01/28/2014
Objective 4	01/26/2014
Objective 5	01/28/2014
3B. CoC Discharge Planning: Foster Care	01/26/2014
3B. CoC Discharge Planning: Health Care	01/28/2014

3B. CoC Discharge Planning: Mental Health	01/28/2014
3B. CoC Discharge Planning: Corrections	01/28/2014
3C. CoC Coordination	01/28/2014
3D. Strategic Plan Goals	01/28/2014
3E. Reallocation	01/22/2014
3F. Grant(s) Eliminated	01/22/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/22/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/28/2014
4B. Employment Policy	01/28/2014
4C. Resources	01/28/2014
Attachments	01/29/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Fairfax County CoC on behalf of Partner Organizations

Project Name: See attached list

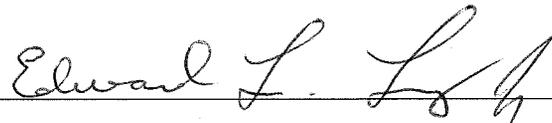
Location of the Project: Fairfax County, VA (county-wide)

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

Name of
Certifying Jurisdiction: Fairfax County, Virginia

Certifying Official
of the Jurisdiction
Name: Edward L. Long, Jr.

Title: County Executive

Signature: 

Date: 1/28/2014

Attachment to Form HUD-2991
Certification of Consistency with the Consolidated Plan
2013 Fairfax County Continuum of Care (CoC) Grant Process

FEDERAL PROGRAM: Continuum of Care Program

Applicant and Project Name:

1. Christian Relief Services of Virginia, Inc.; 1994 CRS/Pathway Homes/ PRS SHP
2. Christian Relief Services of Virginia Inc.; 1995 CRS/Pathway Homes/ PRS SHP
3. Christian Relief Services Charities, Inc.; 1991 CRS/Pathway Homes SHP
4. Pathway Homes, Inc.; 1991 Pathway Homes Supportive Housing Program
5. Pathway Homes, Inc.; 2007 Pathway Homes Supportive Housing Program
6. Pathway Homes, Inc.; 2009 Pathway Homes Supportive Housing Program
7. Pathway Homes, Inc.; 2011 Pathway Homes Supportive Housing Program
8. PRS, Inc.; PRS Intensive Supportive Housing
9. FACETS, Inc.; TRIUMPH II Permanent Supportive Housing Program
10. FACETS, Inc.; TRIUMPH Permanent Supportive Housing Program
11. Volunteers of America Chesapeake; Bailey's Supportive Housing Program
12. New Hope Housing; Gartlan House
13. New Hope Housing; Max's Place
14. New Hope Housing; Milestones
15. New Hope Housing Inc.; Just Home Fairfax
16. Fairfax County Dept. of Family Services; Reaching Independence through Support and Education (RISE)
17. Fairfax County Dept. of Housing and Community Development; DHCD/Pathway Homes Shelter Plus Care - SPC Grant #1
18. Fairfax County Dept. of Housing and Community Development; DHCD/Pathway Homes Shelter Plus Care - SPC Grant #2
19. Fairfax County Dept. of Housing and Community Development; DHCD/Pathway Homes Shelter Plus Care - SPC Grant #9
20. Fairfax County Dept. of Housing and Community Development; DHCD/Pathway Homes Shelter Plus Care - SPC Grant #10
21. Fairfax-Falls Church Community Services Board; Welcome Home
22. Fairfax County Dept. of Family Services; Community Housing Resource Program (CHRP)
23. Christian Relief Services Charities Inc.; Homes for the Homeless-STRIDE
24. Christian Relief Services Charities Inc.; Homes for the Homeless-Safe Places
25. Shelter House Inc.; NOVACO Transitional Housing for Victims of Domestic Abuse
26. United Community Ministries Inc.; Journeys Program
27. Homestretch, Inc.; Success
28. Kurdish Human Rights Watch Inc.; Transitional Housing and Supportive Services for Families
29. Fairfax County Office to Prevent and End Homelessness; CoC Planning Project

Name of Certifying Jurisdiction: Fairfax County, Virginia

Certifying Official Name and Title: Edward L. Long, Jr., County Executive

Signature: Edward L. Long, Jr. **Date:** 1/28/2014

**ServicePoint
and
Homeless Management Information
System (HMIS)
Procedure Manual**

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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 “**HMIS 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 streamlines 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 is not 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 as 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 shall not 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 will not 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 collected 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.

AGENCY NAME _____

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
<input type="checkbox"/> 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 .
<input type="checkbox"/> 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 .
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> 100K Homes	
<input type="checkbox"/> Bridging Affordability	
<input type="checkbox"/> Community Case Management	
<input type="checkbox"/> Families Shelter	
<input type="checkbox"/> Hypothermia Prevention (including winter seasonal)	
<input type="checkbox"/> Homeless Healthcare Program (HHP)	
<input type="checkbox"/> Outreach Program	
<input type="checkbox"/> Permanent Supportive Housing	
<input type="checkbox"/> Singles Shelter	
<input type="checkbox"/> Transitional Housing	
<input type="checkbox"/> 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)

Revised 10-25-2013

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:

<input checked="" type="checkbox"/> <input type="checkbox"/> Assessment Information	<input type="checkbox"/> <input type="checkbox"/> Medical Diagnosis	<input type="checkbox"/> <input type="checkbox"/> Educational Records
<input type="checkbox"/> <input type="checkbox"/> Financial Information	<input type="checkbox"/> <input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/> <input type="checkbox"/> Psychiatric Records
<input type="checkbox"/> <input type="checkbox"/> Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/> <input type="checkbox"/> Health Records	<input type="checkbox"/> <input type="checkbox"/> Criminal Justice Records
<input type="checkbox"/> <input type="checkbox"/> Substance Abuse Records (one time use only, see page 2)	<input type="checkbox"/> <input type="checkbox"/> Psychological Records	<input type="checkbox"/> <input type="checkbox"/> Employment Records

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	State/Local/Private/Non-Profit	Identify By Name
Yes No	Yes No	
<input type="checkbox"/> <input type="checkbox"/> Alcohol Safety Action Program	<input type="checkbox"/> <input type="checkbox"/> Dept. of Behavioral Health & Developmental Services	_____
<input type="checkbox"/> <input type="checkbox"/> Family Services	<input type="checkbox"/> <input type="checkbox"/> Developmental Services	_____
<input type="checkbox"/> <input type="checkbox"/> Fairfax County Courts	<input type="checkbox"/> <input type="checkbox"/> Dept. of Medical Assistance Services	_____
<input type="checkbox"/> <input type="checkbox"/> Health Department	<input type="checkbox"/> <input type="checkbox"/> Dept. of Social Services	_____
<input type="checkbox"/> <input type="checkbox"/> Housing & Community Development	<input type="checkbox"/> <input type="checkbox"/> Dept. of Rehabilitation Services	_____
<input type="checkbox"/> <input type="checkbox"/> Juvenile & Domestic Relations Court Services	<input type="checkbox"/> <input type="checkbox"/> Area Agencies on Aging	_____
<input type="checkbox"/> <input type="checkbox"/> Neighborhood & Community Services	<input type="checkbox"/> <input type="checkbox"/> Community Services Boards	_____
<input type="checkbox"/> <input type="checkbox"/> Office for Women	<input type="checkbox"/> <input type="checkbox"/> Home Health Agencies	_____
<input type="checkbox"/> <input type="checkbox"/> Probation & Parole	<input type="checkbox"/> <input type="checkbox"/> Hospices	_____
<input type="checkbox"/> <input type="checkbox"/> Fairfax County Public Schools	<input type="checkbox"/> <input type="checkbox"/> Local Health Departments	_____
<input type="checkbox"/> <input type="checkbox"/> Fairfax-Falls Church Community Services Board	<input type="checkbox"/> <input type="checkbox"/> Nursing Facilities	_____
<input checked="" type="checkbox"/> <input type="checkbox"/> Fairfax-Falls Church Community Partnership	<input type="checkbox"/> <input type="checkbox"/> Physicians	_____
	<input type="checkbox"/> <input type="checkbox"/> Community Based Organizations	_____
Other Identify By Name	Other Identify By Name	
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____	

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 Security 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			
3.10- UDE	General Info	Zip code of last permanent address?	All Programs									X		
3.10- UDE	General Info	Zip code data quality	All Programs									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
	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			
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X							X			X
PIT	Income	Primary Source of Income	All Programs **	X							X			X
4.1-PSDE	Income	Income sub assessment	All Programs **	X							X			X
4.2-PSDE	Income	Non-cash benefit received in past 30 days	All Programs **	X							X			X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	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 Assessment	All Programs								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 to 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-APSD	General Info	Pregnant	All Programs **		X	X				X	X			X
4.15D-APSD	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 of Present Homelessness	Homeless Programs	X						X				
4.15B-APSD	Education	Highest Level of Education Attained	All Programs **	X						X	X			X
	Education	Comments Related to Education	All Programs **	X						X	X			X
4.15B-APSD	Education	Currently in School or Working on any Degree	All Programs **	X						X	X			X
4.15B-APSD	Education	Received Vocational Training	All Programs **	X						X	X			X
4.15B-APSD	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-APSD	Employment	If Unemployed, Looking for Work	All Programs **		X	X				X	X			X
4.15A-APSD	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						
4.15F-APSD	Children	Presently Attending School	All Family Programs				X				X			X
	Children	Reason if Not Attending School	All Family Programs				X				X			X
4.15F-APSD	Children	If Yes, School Name	All Family Programs				X				X			X
4.15F-APSD	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X				X			X
4.15F-APSD	Children	If Child Enrolled, Type of School	All Family Programs				X				X			X
4.15F-APSD	Children	If no, Date Last Enrolled in School	All Family Programs				X				X			X
4.15F-APSD	Children	Enrollment Difficulties sub assessment	All Family Programs				X				X			X
	Children	Is Child at Grade Level	All Family Programs				X				X			X
	Education	Current Individual Education Program (IEP)	All Family Programs				X				X			X
		How many schools attended in the last 12 months												
PIT	Children	Immunizations Up To Date	All Family Programs				X				X			X
	Children	Does the child have a medical condition	All Family Programs								X			
	Children	Children Medical Condition Sub Assessment	All Family Programs								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		
	General	Client's Phone Number	All Programs	X	X				X	X		
	General	Client's Cell Phone Number	All Programs	X	X				X	X		
	General	Client's Email Address	All Programs	X	X				X	X		
	General	Emergency Contact Sub Assessment	All Programs	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 Assessment	All Programs **	X							X			X
PIT	General Info	Chronic Substance Abuser	All Programs **	X							X			X
PIT	General Info	Seriously Mentally II	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	X	X
4.9-PSDE	General Info	Extent of Domestic Violence (how long ago)	All Programs **	X						X	X	X
4.15D-APSDE	General Info	Pregnant	All Programs **		X					X	X	X
4.15D-APSDE	General Info	If Yes, Projected Birth Date	All Programs **		X					X	X	X
4.15A-PSDE	Employment	Employed	All Programs **		X					X	X	X
PIT	Employment	Employment Status	All Programs **		X					X	X	X
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		X					X	X	X
4.15A-APSDE	Employment	If Unemployed, Looking for Work	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
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **		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
4.15F-APSDE	Children	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
	Children	Reason If Not Attending School	All Family Programs				X				X		X
4.15F-APSDE	Children	Enrollment Difficulties sub assessment	All Family Programs				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	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

Program Exit

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects				When Collected											
				All Clients	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															
4.15-APSDE	General Info	Reason for leaving	All Programs	X															
4.15-APSDE	General Info	If Other Specify	All Programs	X															
4.10-PSDE	General Info	Destination	All Programs	X															
4.15-APSDE	General Info	If Other Specify	All Programs	X															
11-UDE	General Info	Housing Status	All Programs	X															
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X															
4.1-PSDE	Income	Income sub assessment	All Programs **	X															
4.1-PSDE	Income	Total Monthly Income	All Programs **	X															
4.2-PSDE	Income	Non-cash benefits received in past 30 days	All Programs **	X															
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X															

** Outreach programs collect this information when it becomes available

APPENDIX F

HMIS Service Transaction Requirements

Fairfax Falls Church CoC
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
Case/Care Management	Begin calendar month **	End Calendar month	X		X	X		X	X	X	X	X
Credit Counseling	Date of Service	Date of Service		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		
Educational Support Assistance	Date of Service	Date of Service		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
Housing Search Assistance	Begin calendar month **	End Calendar month	X		X	X		X		X	X	
Information & Referral	Date of Service	Date of Service		X	X	X		X		X	X	X
Job Search/Placement	Date of Service	Date of Service		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
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.											
	<i>"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."</i>											
	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	Report 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 Entry/Exits 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 Entry/Exit 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 than 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)
405	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	<p>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.</p>	<p>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.</p>	<p>All Entry Exit Programs (NOT HHP, Hypothermia, Outreach)</p>	<p>monthly (quarterly for TH and PSH in good Data Quality standing)</p>
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APPENDIX H

Data Quality Verification Forms

**PARENT PROVIDER
MONTHLY DATA QUALITY
VERIFICATION FORM**



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



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



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



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 <i>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.</i>	<input type="checkbox"/> Number of clients exceeding maximum length of stay. <input type="checkbox"/> I verify that <u>all</u> of the above clients are still being served. (initial) <input type="checkbox"/> 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) <i>DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for <u>each</u> member of the household.</i>	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> Data Completeness Grade <input type="checkbox"/> Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix	
ART Public Folder Data Quality folder	
Not required for HHP, Hypothermia, Outreach.	<input type="checkbox"/> 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	
	<input type="checkbox"/> 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.	<input type="checkbox"/> 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



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.	<p>_____ Data Completeness Grade</p> <p>_____ % Complete for Housing Status (Tab B)</p> <p>_____ Tab B and D are attached. (initial)</p>
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	
<p>Clients Exceeding Maximum LOS</p> <p><i>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.</i></p>	<p>_____ Number of clients exceeding maximum length of stay.</p> <p>_____ I verify that <u>all</u> of the above clients are still being served. (initial)</p> <p>_____ I verify that clients who have not received services in the last 45 days have been exited. (initial)</p>
<p>Multiple Entries for Same Client (highlighted in red on the report)</p> <p><i>DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for <u>each</u> member of the household.</i></p>	<p>_____ I verify that all duplicate EntryExit records have been deleted. (initial)</p>
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



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.	<input type="text"/> Data Completeness Grade <input type="text"/> % Complete for Housing Status (Tab B) <input type="text"/> Tab B and D are attached. (initial)

Clients with Self Sufficiency Matrix (MONTHLY) ART Public Folder Data Quality folder	
	<input type="text"/> 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 <i>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.</i>	<input type="text"/> Number of clients exceeding maximum length of stay. <input type="text"/> I verify that <u>all</u> of the above clients are still being served. (initial) <input type="text"/> 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) <i>DQ Hint: For data cleanup of duplicate EntryExit records, you must delete extra EntryExit records for <u>each</u> member of the household.</i>	<input type="text"/> 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.	<input type="text"/> 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.	<input type="text"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> I verify that my monthly services report matches with services received by client. <input type="checkbox"/> 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



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:

Data Quality Verification Form 12/11/2012

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

Homeless Management Information System Standard Operating Procedure

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

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

APPENDIX J

HMIS Training Registration

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:

<input type="checkbox"/> Register	New User (Must be accompanied by a signed 'HMIS User Responsibility' form)	Date
<input type="checkbox"/> Cancel		

<input type="checkbox"/> Register	Advanced Reporting Tool (ART)	Date
<input type="checkbox"/> Cancel		

<input type="checkbox"/> Register	Enter Data As (EDA)	Date
<input type="checkbox"/> Cancel		

<input type="checkbox"/> Register	Data Quality Day	Date
<input type="checkbox"/> Cancel		

Submit completed form to: OPEHTraining@fairfaxcounty.gov

APPENDIX K

Glossary of HMIS Definitions and Acronyms

Glossary of HMIS Definitions and Acronyms

ACF – See Administration for Children and Families

Administration for Children and Families (ACF) – A division of the U.S. Department of Health and Human Services (HHS). ACF has a budget for 65 programs that target children, youth and families, including for assistance with welfare, child support enforcement, adoption assistance, foster care, child care, and child abuse.

AHAR – See Annual Homeless Assessment Report

AIRS – See Alliance of Information & Referral Systems

Alliance of Information & Referral Systems (AIRS) –The professional association for more than 1,000 community information and referral (I&R) providers serving primarily the United States and Canada. AIRS maintains a taxonomy of human services.

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

Annual Progress Report (APR) – Report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance.

APR - See Annual Progress Report.

ARRA - American Recovery and Re-Investment Act

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.

Bed Utilization - An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Biometrics - Refers to the identification of a person by computerized images of a physical feature, usually a person's fingerprint.

CA - Collaborative Applicant

CCH - Chesapeake Coalition for the Homeless

CCM - Community Case Management

CDBG – See Community Development Block Grant

CDC - Community Development Corporation

CH - Chronically Homeless

CHO – See Covered Homeless Organization

Chronic homelessness - HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

CI - Central Intake

Client Intake - The process of collecting client information upon entrance into a program.

CoC - See Continuum of Care

COH - Commission on Homelessness (Greater Virginia Peninsula)

Community Development Block Grant (CDBG) – A flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,180 general units of local and State governments.

Glossary of HMIS Definitions and Acronyms

Consumer - An individual or family who has or is currently is experiencing homelessness.

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Coverage - A term commonly used by CoCs or homeless providers to refer to the number of beds represented in an HMIS divided by the total number of beds available.

Covered Homeless Organization (CHO) – Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses, or processes data on homeless clients for an HMIS. The requirements of the HMIS Final Notice apply to all Covered Homeless Organizations.

CP - Consolidated Plan

CSA - Comprehensive Services Act

CSB - Community Services Board

CSCG - Child Services Coordinator Grant (via VA Department of Housing and Community Development)

CSP - Coordinated Services Planning

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

Data Standards - See HMIS Data and Technical Standards Final Notice

Date of Birth (DOB) – The date a person was born

Dedicated HMIS - The cost of the HMIS implementation is its own component in the SuperNOFA project exhibit

De-identification - The process of removing or altering data in a client record that could be used to identify the person. This technique allows research, training, or other non-clinical applications to use real data without violating client privacy.

DHCD - Virginia Department of Housing and Community Development

DHS or DSS - Department of Human or Social Services

Digital Certificates - An attachment to an electronic message used for security purposes. The most common use of a digital certificate is to verify that the user sending a message is who he or she claims to be and to provide the receiver with the means to encode a reply.

Disabling Condition - A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

DOB – See Date of Birth

DoC - Department of Corrections

DOE – Department of Education

Domestic Violence (DV) - Occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence. There are a number of dimensions of DV. Including: mode - physical, psychological, sexual and/or social; frequency - on/off, occasional, chronic; and severity – in terms of both psychological or physical harm and the need for treatment, including transitory or permanent injury, mild, moderate, and severe up to homicide.

DV – See Domestic Violence

Glossary of HMIS Definitions and Acronyms

e*SNAPs – See Electronic Special Needs Assistance Program

eHIC – Electronic Housing Inventory Chart

EITC - Earned Income Tax Credit

Electronic Special Needs Assistance Program (e*SNAPs) – The electronic update from HUD's Office of Special Needs Assistance Programs (SNAPs) in the Office of Community Planning and Development, offers policy and program highlights, resource links, and community spotlights. The e*SNAPs update is issued bi-monthly to members of HUD's Homeless Assistance Program listserv.

Emergency Shelter (ES) – Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Shelter Grants (ESG) – A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Encryption - Conversion of plain text into unreadable data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.

ERCS - Embry Rucker Community Shelter

ES – See Emergency Shelter

ESG – See Emergency Shelter Grants

Ethnicity - Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language.

Exhibit 1 – Part of the SuperNOFA, includes the Housing Inventory Chart (HIC)

Exhibit 2 – Part of the SuperNOFA, project application section

Expansion Grant – Additional funds to an existing grant by proposing a new expansion project within the implementation.

Extensible Markup Language (XML) – General-purpose specification for creating custom markup languages. It is classified as an extensible language because it allows its users to define their own elements. Its primary purpose is to facilitate the sharing of structured data across different information systems, particularly via the Internet, and it is used both to encode documents and to serialize data.

Family and Youth Services Bureau (FYSB) – Provides national leadership on youth and family issues. Promotes positive outcomes for children, youth, and families by supporting a wide range of comprehensive services and collaborations at the local, Tribal, State, and national levels.

FB - Faith-based

Federal Information Processing Standards (FIPS) – Publicly announced standards developed by the U.S. Federal government for use by all non-military government agencies and by government contractors. Many FIPS standards are modified versions of standards used in the wider community.

Final Notice - See HMIS Data and Technical Standards Final Notice

FIPS – See Federal Information Processing Standards

FMR - Fair Market Rent

FQCHC - Federally Qualified Community Health Center

FSPT - Family Services Planning Team

FYSB – See Family and Youth Services Bureau

Glossary of HMIS Definitions and Acronyms

Geographic Information Systems (GIS) – An information system for capturing, storing, analyzing, managing, sharing, and displaying geographically referenced information.

GIS – See Geographic Information Systems

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.

GPRA – See Government Performance and Results Act

GVPHC - Greater Virginia Peninsula Homelessness Consortium

Hashing – The process of producing hashed values for accessing data or for security. A hashed value is a number or series of numbers generated from input data. The hash is generated by a formula in such a way that it is extremely unlikely that some other text will produce the same hash value or that data can be converted back to the original text. Hashing is often used to check whether two texts are identical. For the purposes of Homeless Management Information Systems it can be used to compare whether client records contain the same information without identifying the clients.

HBT - Housing Broker Team

HCH - Healthcare for the Homeless

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.

HF - Housing First

HHS – See U.S. Department of Health and Human Services

HIC – See Housing Inventory Chart

HIPAA – See Health Insurance Portability and Accountability Act of 1996

HMIS – See Homeless Management Information System

HMIS Data and Technical Standards Final Notice - Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.

HMIS Lead Organization – The central organizations that will house those individuals who will be directly involved in implementing and providing operational, training, technical assistance, and technical support to participating agencies.

HOME - Home Investment Partnerships Program (via HUD)

Homeless Management Information System (HMIS) – Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HOPWA – See Housing Opportunities for Persons with AIDS

Housing Inventory Chart (HIC) – Consists of three housing inventory charts for: emergency shelter, transitional housing, and permanent supportive housing.

Housing Opportunities for Persons with AIDS (HOPWA) – Established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons medically diagnosed with HIV/AIDS and their families.

Glossary of HMIS Definitions and Acronyms

HPP - Homeless Prevention Program (via VA Department of Housing and Community Development)

HPRP - Homeless Prevention and Rapid Re-housing Program

HRSA - Health Resources and Services Administration

HSG - Homeless Solutions Grant (via VA Department of Housing and Community Development)

HTF - Housing Trust Fund

HUD – See U.S. Department of Housing and Urban Development

I&R – See Information and Referral

IC - Intake Coordinator

Inferred Consent – Once clients receive an oral explanation of HMIS, consent is assumed for data entry into HMIS. The client must be a person of age and in possession of all his/her faculties (for example, not mentally ill).

Information and Referral (I&R) – A process for obtaining information about programs and services available and linking individuals to these services. These services can include emergency food pantries, rental assistance, public health clinics, childcare resources, support groups, legal aid, and a variety of nonprofit and governmental agencies. An HMIS usually 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.).

McKinney-Vento Act - The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.

KHFS - Katherine Hanley Family Shelter

LEA - Local Education Agency

Mental Health (MH) - State of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

MH – See Mental Health

NAEH - National Alliance to End Homelessness

NHC - Norfolk Homeless Consortium

NIMBY - Not In My Backyard

NOFA – See Notice of Funding Availability

Notice of Funding Availability (NOFA) – An announcement of funding available for a particular program or activity. See also SuperNOFA.

NSP - Neighborhood Stabilization Program

OPEH - Office to Prevent and End Homelessness

OTEH - Office to End Homelessness (City of Norfolk)

PART – See Performance Assessment Rating Tool

PATH - Projects for Assistance in Transition from Homelessness

Glossary of HMIS Definitions and Acronyms

PDE – See Program Data Element

Penetration Testing -The process of probing a computer system with the goal of identifying security vulnerabilities in a network and the extent to which outside parties might exploit them.

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 – A process that systematically evaluates whether your program's efforts are making an impact on the clients you are serving.

Permanent Housing (PH) – Long-term housing for homeless persons with no disabilities. Some permanent housing units have time-limited support services (short-term, between 3-15 months).

Permanent Supportive Housing (PSH) – Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables the special needs populations to live independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Personal Protected Information (PPI) – Information that can be used to uniquely identify, contact or locate a single person, or may enable disclosure of personal information.

PH - See Permanent Housing

PHA - Public Housing Authority

PHFS - Patrick Henry Family Shelter

PIT – See Point in Time

PKI –See Public Key Infrastructure

Point in Time Inventory - A calculation of the numbers of beds in a region on one particular night.

Point in Time (PIT) – A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

PPI – See Personal Protected Information

Privacy Notice - A written, public statement of an agency's privacy practices. A notice informs clients of how personal information is used and disclosed. According to the HMIS Data and Technical Standard, all covered homeless organizations must have a privacy notice.

Program Data Element (PDE) – Data elements required for programs that receive funding under the McKinney-Vento Homeless Assistance Act and complete the Annual Progress Reports (APRs).

PSH – See Permanent Supportive Housing

Public Keys - Public keys are included in digital certificates and contain information that a sender can use to encrypt information such that only a particular key can read. The 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 – Identification within five racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other

Glossary of HMIS Definitions and Acronyms

Pacific Islander, and White

RHA - Redevelopment and Housing Authority

RHYMIS – See Runaway and Homeless Youth Management Information System

RRH - Rapid Re-housing

RTFEH - Regional Task Force to End Homelessness (South Hampton Roads)

Runaway and Homeless Youth Management Information System (RHYMIS) – An automated information tool designed to capture data on the runaway and homeless youth being served by FYSB's Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP). RHYMIS also captures information on the contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.

S+C – See Shelter Plus Care (McKinney-Vento Program)

SA – Substance Abuse

SAMHSA - Substance Abuse and Mental Health Services Administration

Scan Cards – Some communities use ID cards with bar codes to reduce intake time by electronically scanning ID cards to register clients in a bed for a night. These ID cards are commonly referred to as scan cards.

Shared Grant - The cost of the HMIS Implementation is shared with another program. For example, if a transitional housing facility shares the cost of the HMIS implementation with other providers.

Shelter Plus Care (McKinney-Vento Program) (S+C) – A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

SHP – See Supportive Housing Program

Single Room Occupancy (SRO) – A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

SNAP – Special Needs Assistance Program

SOAR - SSI/SSDI Outreach, Access and Recovery

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.

SRO – See Single Room Occupancy

SSDI - Social Security Disability Income

SSI – See Supplemental Security Income

SSN – See Social Security Number

SSO – See Supportive Services Only

SuperNOFA – See Super Notice of Funding Availability

Super Notice of Funding Availability (SuperNOFA) – The consolidation of all of HUD's homeless grants program into one notice of funding availability. The SuperNOFA funds the Continuum of Care Competition.

Glossary of HMIS Definitions and Acronyms

Supplemental Security Income (SSI) – A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the U.S. Government.

Supportive Housing Program (SHP) – A program that provides housing, including housing units and group quarters that has a supportive environment and includes a planned service component.

Supportive Services - Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Supportive Services Only (SSO) – Projects that address the service needs of homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services. SSO projects may be in a structure or operated independently of a structure, such as street outreach or mobile vans for health care.

SVHC - Southeastern Virginia Homeless Coalition (Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight and Southampton)

TA – Technical Assistance

TANF – See Temporary Assistance for Needy Families

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 indigent American families with dependent children through the United States Department of Health and Human Services.

TH – See Transitional Housing

TIP - Transitions in Place

Transitional Housing (TH) – A project that has its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

UDE – See Universal Data Element

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 school-age unwed mothers who have no housing of their own.

Unduplicated Count – The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Element (UDE) – Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran’s status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional directive to support AHAR.

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 America’s housing needs that improve and develop the Nation’s communities, and enforce fair housing laws. HUD’s business is helping create a decent home and suitable living environment for all Americans, and it has given America’s cities a strong national voice at the Cabinet level.

VA – See Veterans Affairs

VAMC - Veteran’s Affairs Medical Center

VASH - Veteran’s Affairs Supportive Housing

Glossary of HMIS Definitions and Acronyms

VAWA – See Violence Against Women Act

VCEH - Virginia Coalition to End Homelessness

VEC - Virginia Employment Commission

Veterans Affairs (VA) – A government-run military veteran benefit system. It is responsible for administering programs of veterans' benefits for veterans, their families, and survivors. The benefits provided include disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits, and burial benefits.

VHDA - Virginia Housing Development Agency

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.

VOA - Volunteers of America

WIA - Workforce Initiative Act

Written Consent - Written consent embodies the element of informed consent in a written form. A client completes and signs a document consenting to an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

WTCCC - Western Tidewater Continuum of Care Council

XML – See Extensible Markup Language

Nonprofit Organizations

Alternative House - A shelter for runaway youth that works to keep young people safe and provide positive options to help them reach their full potential

Beth El House - A model transitional housing program for formerly homeless mothers and their children where these families are able to work toward self-sufficiency and confidence in three crucial areas of life: economic stability, emotional well-being, and interpersonal relationships

Bethany House - A private, 501(c)3 that provides emergency shelter and supportive services to victims of domestic violence throughout Northern Virginia and the surrounding DC metro communities to help women and their children who have suffered from domestic violence regain health and dignity

Brain Injury Services - Helps children and adults with a brain injury build the skills and confidence they need to lead a fulfilling and productive life.

Christian Relief Services - Works through partnerships and in collaboration with grassroots charitable groups, churches and human service agencies, to connect the vast resources of America to help those in need in their own local communities and to enable people to help themselves

Community Residences - Established to serve people with mental health diagnoses, intellectual disabilities and those who were homeless, by offering them supportive housing and the physical, mental and emotional services needed to facilitate independent and dignified living within the community

FACETS - A well-established nonprofit organization that touches and improves the lives of thousands of families and individuals every year by committing to working collaboratively in the county-wide effort to help our neighbors in need of safe and affordable housing in Fairfax County

Family PASS - Helps families that are homeless or at risk of homelessness in Fairfax County, by providing rent subsidies and connecting families with the support services needed to become self-sufficient

Final Salute - Established to identify and meet the unique needs of homeless women Veterans and provide them with safe and suitable housing through a three-pronged approach to address the issues associated with the homelessness of female Veterans: Awareness, Assistance, Aspiration

Glossary of HMIS Definitions and Acronyms

Friends of Guest House - A 501(c)(3) charity that helps Northern Virginia women make successful transitions from incarceration back into the community by addressing the root causes of the vicious cycle of crime

Good Shepherd Housing & Family Services - A 501(c)3 with the mission to reduce homelessness, increase community support, and promote self-sufficiency

Habitat for Humanity - Believes that every man, woman and child should have a decent, safe and affordable place to live and builds and repairs houses all over the world using volunteer labor and donations in order to do so.

Homestretch - Helps homeless families with children under age 18 in Virginia to attain permanent housing and self-sufficiency by giving them the skills, knowledge and hope they need to become productive participants in the community

Kurdish Human Rights Watch - Primary Kurdish, community-based organization in America that wants to enable Internally Displaced Persons (IDPs), refugees, asylee newcomers and homeless individuals to achieve self-sufficiency and economic independence through direct assistance and capacity-building

Lamb Center - Focuses on proclaiming the Good News of Jesus Christ in word and action to poor, hurting and homeless people in our community and to love them and serve them as Jesus would do in order to end homelessness

New Hope Housing - Provides a comprehensive, innovative array of services to homeless families and single adults, offering innovative and lasting solutions to end the cycle of homelessness by providing homeless men, women and children the services they need to change their lives and succeed

Northern Virginia Family Service - A private, nonprofit community service organization dedicated to helping individuals and families find new paths to self-reliance and brighter futures through five mission initiatives: safe & stable housing, child & family enrichment, health access, emergency assistance and workforce development

Novaco - Build healthier communities by providing programs that break the cycle of abuse by providing safe and affordable housing, and services that enable survivors of domestic abuse to bridge from homelessness to self-sufficiency

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 - A volunteer-based organization focused on easing the plight of low income residents in the Fairfax County area of Virginia by identifying and addressing the unmet fundamental needs of residents and empowering the community to help neighbors maintain self-sufficiency

Pathway Homes - A 501(c)3 which provides non-time-limited housing and supportive services to adults with serious mental illness in Northern Virginia to enable them to realize their individual potential

Psychiatric Rehabilitation Services - Exists so that individuals with mental illness, emotional and/or behavioral disorders achieve personal wellness, recovery and community integration

Reston Interfaith - A nonprofit organization that promotes self-sufficiency by providing support and advocacy for those in need of food, shelter, affordable housing, quality childcare, and other human services

Shelter House - A community-based, non-profit organization serving homeless families in Fairfax County, Virginia committing itself to the Housing First model as they strive to rapidly re-house every family that enters one of their housing programs

United Community Ministries - Assists families and individuals to improve the quality of their lives in a manner that builds their self-reliance and fosters their ability to function at the greatest level of their economic and social capacities

Volunteers of America Chesapeake - A faith-based, non-profit organization whose mission is inspire self-reliance, dignity and hope through health and human services

Western Fairfax Christian Ministries - As an expression of God's love and an opportunity to share the Gospel of Jesus Christ, it provides life-essential support to those needing our assistance

HUD 2013 CoC Competition - Project Selection and Ranking Process

1. In August 2013 all CoC Program Grantees were notified of the process to follow if they wanted to reallocate or make any other major changes to their projects.
2. The CoC Committee of the Governing Board met on August 29, 2013 and heard proposals from grantees that wanted to make major changes in their projects. They approved two reallocations to PSH; one grantee decided not to reallocate at this time and one did so as part of the 2013 CoC Competition. They also approved the assumption of one nonprofit grantee by another nonprofit provider, who is now the grant sponsor.
3. On October 29, 2013 the CoC Committee of the Governing Board met and approved appointment of the members of the CoC Ranking Committee. They also adopted the process to be used and decided that all permanent supportive housing would be ranking higher than all transitional housing.
4. On November 18, 2013 the CoC Committee met to select a sponsor of a new PSH project created through reallocation.
 - A grantee voluntarily agreed to forgo applying for renewal funding for a transitional housing project.
 - A request for applications was sent to a wide range of potential sponsors.
 - Four applications were submitted, one did not meet the basic eligibility requirements and one was withdrawn prior to the selection meeting.
 - The Committee met and heard presentations from two potential sponsors and chose one to be the applicant.
 - The new project is part of the CoC application.
5. All HUD CoC Program grantees were informed of the ranking process and criteria.
6. There was a meeting of all CoC Program grantees on Monday, December 2, 2013 following the release of the NOFA. The schedule for submission and other details of the application process were reviewed.
7. The deadline for submission of all applications in e-snaps was Tuesday, December 31, 2013. All applications were submitted originally by this date. One was released for editing and resubmitted on Thursday, January 2, 2014.
8. Part of the ranking process was the inclusion of the project scoring that was instituted this year as part of the new monitoring and evaluation process.
9. Overview of the monitoring and evaluation tool and process:

Formation of Committee and Development of Tool:

- A Monitoring and Evaluation Committee was formed, consisting of representatives of agencies receiving CoC Program funding as well as other service providers.
- All CoC Program grantees were invited to send a representative; some accepted and some declined the offer to participate.
- The committee met and discussed how to monitor and evaluate the projects.
- A comprehensive tool was developed. 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 performance outcomes.
- The tool was distributed to all HUD CoC Program grantees for completion.
- All projects submitted the tool for review.

Scoring:

- The scoring was completed by a subcommittee comprised of people not associated with any of the HUD CoC grantee organizations.

- As this was the first year we used this tool the committee felt that there were some areas that should not be scored but that the information gathered will be helpful for general CoC planning as well as for monitoring and evaluation in the future.
- The points for questions for those serving families and singles evened out.
- The total score available for the agency component was 25.
- The total score available for Permanent Supportive Housing projects was 38
- The total score available for Transitional Housing projects was 41.
- All projects met the threshold to be included in the collaborative application.

General Findings:

- In general there were very high scores on both components, demonstrating high level capacity and experience.
- The actual outcomes of the programs, as determined by HUD, and measured by the APRs, were impressive and speak to the high level of programs throughout our CoC.
- Most agencies followed instructions, compiled many attachments, submitted in a timely fashion, indicating seriousness of purpose.
- A great deal of important information was collected, providing a baseline for further monitoring and evaluation. This information will allow us to determine community standards and additional outcome measures.
- There is a need for standardized forms and policies throughout the CoC; they will be developed together this coming year. An example of this is forms for verifying homeless and chronic homeless status.

10. The ranking committee reviewed material on each project before meeting on January 7 and 8.

11. Criteria for ranking included:

- The scores received on the Monitoring and Evaluation Tool.
- Extent to which the projects serves the chronically homeless.
- Other target populations served.
- Implementation of a housing first model.
- The ratio of client served/\$ of CoC Program funding with consideration of level of supportive services provided.
- Ownership of property was taken into consideration.
- The ratio of leveraging & match/\$ of CoC Program funding.
- Completeness and timeliness of all deliverables as part of the 2013 CoC Program Competition.

12. The committee met and discussed overall strategic issues as well as individual projects.

13. The committee reviewed all 26 renewal grants as well as the planning grant and two new grants created through reallocation.

14. As transitional housing projects were at risk of being placed in Tier 2; putting funding at risk, they presented before the committee.

15. Each committee member ranked the projects individually and then the ranks were compiled.

16. All HUD grantees were officially informed of their rank on January 9, 2014.

17. As all applications were submitted 30 days before the application due date and met threshold criteria, all applicants were officially informed that their applications would be included in the Collaborative Application on January 13, 2014.

18. The ranking process and results are available to the public on the Community Partnership to Prevent and End Homelessness website as of Tuesday, January 21, 2014. <http://www.fairfaxcounty.gov/homeless/coc/>



**Fairfax-Falls Church Continuum of Care
2013 HUD CoC Program Competition**

Project Rankings:

Tier 1

1. DFS - RISE
2. Pathway Homes, Inc. – 1991 Pathway Homes Supportive Housing Program
3. New Hope Housing – Gartlan House
4. Pathway Homes, Inc. – 2011 Pathway Homes Supportive Housing Program
5. FACETS – Triumph
6. New Hope Housing – Milestones
7. New Hope Housing – Max’s Place
8. Pathway Homes, Inc. – 2007 Pathway Homes Supportive Housing Program
9. Pathway Homes, Inc. – 2009 Pathway Homes Supportive Housing Program
10. DHCD/Pathway Homes - Shelter Plus Care #2
11. PRS, Inc. - Intensive Supportive Housing Program
12. Christian Relief Services of Virginia, Inc. – 1995 CRS/Pathway Homes/PRS
13. Christian Relief Services Charities, Inc. – 1991 CRS/Pathway Homes
14. DHCD/Pathway Homes - Shelter Plus Care #1
15. DHCD/Pathway Homes - Shelter Plus Care #9
16. Christian Relief Services of Virginia, Inc. – 1994 CRS/Pathway Homes/PRS
17. FACETS – Triumph II
18. DHCD/Pathway Homes - Shelter Plus Care #10
19. New Hope Housing – Just Home Fairfax
20. Volunteers of America Chesapeake – Bailey’s Supportive Housing Program
21. Community Services Board – Welcome Home
22. OPEH – Planning Project
23. Homestretch – Success
24. DFS - CHRP
25. United Community Ministries – Journeys
26. Shelter House/NOVACO – Transitional Housing for Victims of Domestic Abuse
27. Christian Relief Services - Safe Places
28. Christian Relief Services - STRIDE

Tier 2

29. Kurdish Human Rights Watch - Transitional Housing and Supportive Services for Families

FY2013 CoC Program Competition

Grantees/Projects Committed to Prioritizing Chronically Homeless Upon Turnover

	Grantees/Projects	Number of Projected Turnover Beds	Percentage with CH Prioritization
1	1991 CRS/Pathways SHP	2	100%
2	1994 CRS/Pathways/PRS SHP	2	100%
3	1995 CRS/Pathways/PRS SHP	2	100%
4	1991 Pathways SHP	2	100%
5	2011 Pathways SHP	2	100%
6	DHCD/Pathways/SPC #1	3	100%
7	DHCD/Pathways/SPC #2	3	100%
8	DHCD/Pathways/SPC #9	3	100%
9	DFS-RISE	12	100%
10	PRS ISHP	1	100%
11	New Hope Housing – Milestones	5	100%



[homepage](#) > [ending homelessness](#):

Continuum of Care

Fairfax County government and non-profit agencies receive significant funding for homeless services from the federal Department of Housing and Urban Development through the Continuum of Care (CoC) Program. The Collaborative Application, our community's request for funds, and the ranking process and results for our area's CoC projects are available here.

- HUD 2013 CoC Competition - [Project Selection and Ranking Process](#)
- HUD 2013 CoC Competition - [Final Project Rankings](#)
- HUD 2013 CoC Competition - [Application](#)

Contact Fairfax County: [Phone, Email or Twitter](#) | **Main Address:** [12000 Government Center Parkway](#), Fairfax, VA 22035

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Application for New PSH Project

HUD CoC Program Competition 2013

Permanent Supportive Housing Project

Background:

It was announced in the FY2013 HUD CoC Program Registration Notice of August 23, 2013 that there would be no "Bonus Project" during the 2013 competition. However, CoCs were encouraged to reallocate funds from ongoing projects to create new permanent supportive housing targeting the chronically homeless population. One of our grantees has decided to forgo renewal funding for one of its projects and this money is available for a new project.

Basic Information:

- Amount of funding available: \$82,250
- The project must meet all requirements and regulations of the Interim CoC Program Rule: https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- The project must provide permanent supportive housing for chronically homeless single adults.
- Process consists of submission of application including items listed below.
- Applications are due by Wednesday, October 23, 2013 prior to 5:00 p.m.
Email to: OPEHCoCLead@fairfaxcounty.gov

Criteria for Evaluation of Applications:

The CoC Committee of the Governing Board of the Community Partnership to Prevent and End Homelessness will consider the following factors in selecting a project to be included in the CoC application to HUD:

- Number of homeless persons the project will serve
- Range and depth of the services that will be provided to them
- Utilization of a housing first approach
- Commitment to prioritize serving clients from the 100,000 Homes Campaign vulnerability list
- Demonstrated experience of the organization in successfully implementing similar projects
- Overall quality of the application
- Amount of match and leveraging resources that will be brought to the project aside from HUD funding

Application should include the following items and be limited to three pages:

- Name of agency
- Point of contact and contact information
- Project Name
- Overall description of proposed project, including number to be served, housing type and quantity, services that will be provided
- Where the participants will come from, outreach, and referral process
- Experience with operating similar programs
- Experience with managing federal funding
- Simple budget including how the HUD CoC Program funds will be divided between leasing, supportive services, operating and administrative funds, as well as the sources and amount of cash and in-kind match and leveraging

Procedure following submission of applications:

- Applicants will be notified if further information is required.
- Applicants will be notified if the CoC Committee would like a presentation about the project.
- Applicants will be notified if they are or are not chosen to submit an application to HUD as part of the 2013 HUD CoC Program competition.
- The applicant selected will be required to fill out a new project application in e-snaps as part of the competition.
- Following the completion of the application in e-snaps the project will be ranked as part of the CoC-wide ranking process. It will be considered under the new project category.
- HUD will announce funding for new projects in 2014.