

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	No	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	No	No
Substance Abuse Service Organizations	Yes	No	No
Affordable Housing Developer(s)	Yes	No	Yes
Public Housing Authorities	Yes	No	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	No	No
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	No	No
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	No	Yes
Homeless or Formerly Homeless Persons	Yes	No	Yes
Faith Based Communities	Yes	No	Yes
Community Foundation	Yes	No	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The CoC's Lead Agency is extremely familiar with the community and the wide range of partners that are instrumental for an inclusive housing crisis response system and reaches out to them on a frequent basis. In addition, the Office to Prevent and End Homelessness is well known and those that want further involvement approach OPEH regularly. An example of substantial involvement would be our formerly homeless representative. He currently chairs the Consumer Advisory Council which routinely provides feedback, is an active member of the Governing Board co-chairing the Advocacy/Resource Committee and served on the Ranking Committee for the past three years. Another example of substantial involvement is the mental health service organization or CSB, whose representatives sit on every major committee. Vitally important this past year was their involvement in the development of our Coordinated System, ensuring adequate emphasis on street outreach and inclusion of the hardest to serve.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
The Alternative House	Yes	No	No
Youth for Tomorrow	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Artemis House	No	No
Bethany House	No	No
UCM Journeys	No	No
Shelter House NOVACO	No	No
Fairfax County Office of Women & Domestic and Sexual Violence Services	No	No
Fairfax County Department of Family Services CHRP	No	No
Beth El House	No	No
Christian Relief Services Safe Places	No	No
Homestretch Safe Shores	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

The CoC's Lead Agency is extremely familiar with the community and the wide range of partners that are instrumental for implementation of federal and local strategic plans. Appropriate leaders are approached as various working committees are identified. An excellent example is the group assembled to implement the plan to end homelessness among veterans. The working committee involves VA staff, SSVF providers, Lead Agency staff, shelter staff, outreach workers, shelter providers, PHA staff, and PSH providers. This group makes strategic decisions and designs implementation of the decisions.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

Our CoC encourages proposals from non-grantee agencies. The CoC Lead Manager regularly receives requests for information regarding the CoC funding process from potential applicants and it is explained. For both reallocated and bonus funding OPEH sent out requests for proposals to non-profit and government service providers, including non-grantee prospective applicants, as well as listing on the county website. Six agencies applied, one of which is not a current CoC Program grantee. This new applicant was selected to sponsor a new project utilizing reallocated funding. On a regular basis, when a proposal is not selected the agency is debriefed in order to improve their chance of being selected in the next competition. The factors considered are the strength of the proposal and the capacity of the applicant to operate an effective and efficient project. The effectiveness of our outreach efforts is evidenced by new applicants receiving funding in three of the last seven funding cycles.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

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

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

Fairfax County is the local ESG recipient and assigns responsibility for determining local ESG funding decisions, as well as developing performance standards and evaluating outcomes of ESG-funded activities, to the Office to Prevent and End Homelessness (OPEH) as the COC lead agency. The OPEH consults with members of the COC, using jurisdiction-level PIT, HMIS and other relevant data during planning and evaluation. Fairfax County currently allocates the majority of its ESG award for homelessness prevention and rapid rehousing assistance, mostly direct financial and rental assistance, with only a small amount allocated for administrative activities. A nonprofit organization and COC member is contracted to provide these services on behalf of the county.

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

Lead Agency and office of DV services are co-located with strong collaboration. Both robust systems provide services to each other's clients and interact regularly. The County's initial screening entity serves all human services and is knowledgeable in all resources available. They provide connections to victims' services, and domestic violence shelters and/or other housing and service options appropriate to each client, their preferences and circumstances. DV clients' information is kept in secure comparable databases. Identifying information is shared only within rigorous security parameters. Homeless organizations provide DV specific shelter and housing. Housing is provided in safe, scattered sites across the county and client's choice is a priority in identifying appropriate and safe housing. Recognizing the distress created by the ordeal of DV and homelessness, case management with DV/homeless clients is done from a trauma informed perspective and regular training is provided.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Fairfax County Redevelopment and Housing Authority	7.00%	Yes-Both

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

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

Our CoC contains a number of subsidized and low-income housing opportunities supported by local, state, and federal funding. The county initiated and has continued to support scattered site PSH at the time of adoption of the 10 year plan to demonstrate and support housing first as a best practice. Two years ago the county constructed a 20 unit apartment complex to provide PSH and provides ongoing operational funding. Recently the county built and supports six units of PSH for families. Three non-profit partners have developed other permanent housing using donated properties, private funding, as well as properties purchased with CDBG and HOME funds. OPEH has worked with these agencies to designate this housing for households exiting homelessness. The county has allocated significant funding for Rapid Rehousing, both rental assistance and case management, and the state has designated funds previously utilized for shelter and transitional housing for Rapid Rehousing as well.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

While not accurate to say there is “no” coordination, improvements can be made. The CoC has established agreements with local hospitals regarding appropriate discharge planning, however, patients are, on occasion, sent to emergency shelters upon discharge. Our CoC has private hospitals which are not subject to governmental requirements. We need to re-engage and re-train these partners to improve consistency across the system regarding strategies and resources to be utilized to prevent discharging patients into homelessness. It is critical that such engagement happen on a regular basis so as staff turns-over, they are aware of these agreements and can successfully work with patients and providers so as not to discharge patients into homelessness. There is also a small medical respite program in the CoC which serves patients who still need care but not enough to remain in hospital. Case Managers work with these patients on securing permanent housing while they are in this program.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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

Due to the geographically large service area, the Fairfax COC is largely a de-centralized, telephone-based coordinated entry system. Fairfax County operates an information and referral hotline with staff trained to assess households on their housing status and need. The hotline is advertised via phone, email, online, and in-person by organizations that encounter people experiencing homelessness. Based on need, households are referred to homelessness prevention, rapid rehousing or emergency shelter programs. Once the household is admitted, additional information is used to determine household needs and further referral. Not all intake is completed by phone. The coordinated entry system provides the option of face-to-face initial assessments for households requesting assistance if they walk into a shelter outside of normal operating hours or if they are engaged by county-wide homeless outreach programs. Currently the COC only maintains a by-name list of homeless veterans.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

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

	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	24
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
linkage to mainstream benefits	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Accuracy and Timeliness of all deliverables	<input checked="" type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
extreme vulnerability	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

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

Monitoring and evaluation scores, data and other information concerning each project were presented to the Ranking Committee. Among the information was target population served by each project, including which programs serve those experiencing chronic homelessness and the severely mentally ill. In addition which PSH projects prioritize length of homelessness and vulnerability was also highlighted and discussed. New projects that plan on serving TAY and those with disabling somatic health issues were prioritized above other new projects by the Ranking Committee as there is a lack of resources for these populations. The Ranking Committee seriously considered all of these criteria when making ranking decisions. All of our projects are low-barrier so distinctions were not necessary for income/criminal record/substance use. All of our Transitional Housing projects serve families fleeing domestic violence so there were no distinctions to be made amongst these grantees either.

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

As the process for review, selection and ranking has been similar since the 2013 competition, it is well known in the community. The process has been vetted annually at HUD CoC Program grantee meetings. It was reviewed at a CoC Committee meeting on 10/14. The CoC CMTE made recommendations as to ranking criteria and Ranking Committee members to the Governing Board, which appointed the committee members and endorsed the ranking criteria at a meeting on 10/26. Prior to the meeting an email was sent on 10/22 to all grantees, as well as other community partners, to inform them of the details and to alert them to the meeting where these decisions would be made. The process and results were posted on Fairfax County's website on 11/17.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 03/24/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Our CoC has implemented a thorough monitoring and evaluation process overseen by our Monitoring and Evaluation Committee. The committee is comprised of representatives of CoC Program grantee organizations, other service providers and lead agency staff. Over the past three years the committee developed a comprehensive tool, completed annually, to evaluate all projects. It consists of two parts, one measuring agency capacity and adherence to HUD regulations and requirements and the other assessing program performance and outcome measures. The committee reviews the scores and results and highlights areas for improvement which are communicated to each grantee. The scores on this tool were utilized extensively in the ranking process. 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 or any other matter.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. No

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

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

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$262,722
State	\$0
State and Local - Total Amount	\$262,722

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$262,722
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	794	71	693	95.85%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	483	172	265	85.21%
Rapid Re-Housing (RRH) beds	401	0	396	98.75%
Permanent Supportive Housing (PSH) beds	555	0	450	81.08%
Other Permanent Housing (OPH) beds	67	0	0	0.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Only 85% of our non-DV transitional beds are in HMIS because our homeless youth provider's data was not in HMIS at the time of the 2015 HIC. As they are RHY funded their data is now included and in future years the percentage will be significantly higher. Only 81% of our Permanent Supportive Housing beds are in HMIS because VASH is not included in our HMIS. Depending on the ratio of increase of other PSH to VASH the percentage will change in the future. 100% of our PSH beds besides VASH are included in HMIS. At the time of the 2015 HIC our Other Permanent Housing beds were not yet in HMIS. This was a new category and our CoC has been encouraging agencies to develop and designate affordable housing options for a formerly homeless population. These beds will be included in HMIS in the future.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	11%
3.3 Date of birth	1%	0%
3.4 Race	3%	1%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	23%	3%
3.15 Relationship to Head of Household	18%	0%
3.16 Client Location	2%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	11%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 8

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

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

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

Projects for Assistance in Transition from Homelessness (PATH) data will be in our CoC's HMIS by June 30, 2016. There are no GPD funded programs in our CoC.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. 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"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

Our CoC has continued to use a complete census count mainly relying on HMIS data and utilization of supplemental interviews of sheltered persons as necessary. Almost all of our hypothermia prevention programs, year-round shelters, and transitional housing programs submit their data in HMIS on a regular basis so the main PIT data elements were already collected. Providers reviewed the data on all current program participants on the day of PIT. As needed program participants were interviewed on the day of the PIT to obtain additional information. The RHY funded youth programs and domestic violence shelters and transitional housing programs did a complete census count, with interviews as necessary, and submitted their counts on spreadsheets through secure communications. We have chosen this method because it allows us to do a complete and accurate count with the least amount of effort by our front line provider staff.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

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

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

During the 2014 PIT count our CoC included a Safe Haven in the sheltered count. During the 2015 PIT count we did not as this project's component type was correctly changed to Permanent Supportive Housing during the 2014 CoC Program Competition.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Based on feedback from the training and PIT count of 2014, our CoC enhanced our training for all persons involved in the 2015 count. Any issues that were raised in previous years were dealt with in greater detail during training sessions.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/11/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

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

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

The major change in our methodology was the inclusion of three days of additional counting by outreach workers and day drop-in centers. All staff was trained extensively to ensure that they were able to determine where people slept on the night of the PIT and not the nights following. We believe surveying people during these additional days produced a more accurate count.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT 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"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Based on feedback from the training and PIT count of 2014, our CoC enhanced our training for all persons involved in the 2015 count. Any issues that were raised in previous years were dealt with in greater detail during training sessions. In addition, we included five SSVF providers as well as outreach workers from the VA in our planning sessions and actual day of count. We also had specific planning sessions for those conducting unsheltered counts.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,225	1,204	-21
Emergency Shelter Total	667	706	39
Safe Haven Total	8	0	-8
Transitional Housing Total	484	430	-54
Total Sheltered Count	1,159	1,136	-23
Total Unsheltered Count	66	68	2

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	3,252
Emergency Shelter Total	2,808
Safe Haven Total	9
Transitional Housing Total	522

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

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

Our major effort to reduce the number of people who become homeless for the first time takes place through our Coordinated Services Planning, the main point of entry into the homeless system. CSP intake staff is experienced in whose homelessness can be prevented and how to do so. They also rely on their own data which has been compiled over a long period of time as well as HMIS. They work with a wide range of emergency assistance providers to ensure that homelessness can be prevented whenever possible. CSP explores alternative solutions in each situation and provide linkages to community resources as part of coordinated entry diversion efforts. Our CoC has dedicated significant resources to prevention efforts, not only financial assistance but provision of community case management as well. These efforts in conjunction with our improved coordinated system will allow us compile data to assist in determining more accurately whose homelessness can be prevented and by what method.

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

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

Our CoC has significantly reduced length of time homeless by setting new standards, expectations and procedures as part of the implementation of our 10 year plan and adoption of housing first as a community-wide policy. Resources have been dedicated to increase permanent housing, both PSH and RRH, and to fund housing locator positions. Staff considers every housing option available and has developed creative solutions. We have also decreased the amount of transitional housing in our inventory and will continue to do so. New county contracts with all shelters, community case management, and non-profit outreach workers include shortening the length of stay as a primary performance measure. This will be monitored regularly to ensure compliance and technical assistance will be offered as necessary. Utilizing our improved coordinated system and HMIS with new data standards we will identify and prioritize people with the longest time homeless for appropriate housing opportunities.

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

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

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	152
Of the persons in the Universe above, how many of those exited to permanent destinations?	119
% Successful Exits	78.29%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	395
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	380
% Successful Retentions/Exits	96.20%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Individuals and families returning to homelessness are identified at our primary entry point, Coordinated Services Planning or at shelters. Within our coordinated entry policies the returning population has been prioritized for homelessness prevention assistance, especially rental and other financial assistance in addition to receiving community case management. If a return to homelessness cannot be avoided a targeted case staffing is convened to ascertain why previous intervention was unsuccessful and to determine a more effective solution. Improvement of our assessment and assignment as we develop our coordinated system is another strategy to decrease returns to homelessness. HMIS is utilized to establish the number of returns to homelessness and to set goals for reductions. In our new county shelter, community case management and outreach contracts reducing homelessness is a performance measure expectation that will be monitored with technical assistance offered as necessary.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

CoC reinstated a SOAR certification training this year. Projects now have SOAR certified staff to assist eligible clients in obtaining SSI/SSDI in a timely manner. Staff work closely with our DFS to assist clients with applying for and receiving SNAPs and other non-cash benefits. Programs also assist clients with resumes, job applications, GED, vocational or other educational programs-all of which increase employability and increased income. Clients with a skill/training in a specific area receive assistance in obtaining certifications. A recent educational forum for the entire CoC included a panel discussion on linking homeless clients to employment resources. CoC is conducting an employment pilot which intensively recruits business partners that commit to train & hire clients with employment barriers. While locally funded/administered, clients in CoC have access to any training/employment opportunities in the Pilot. CoC grantees are on the Pilot's ongoing strategy improvement team.

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

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

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Outreach teams in our CoC consist of PATH, non-profit outreach workers, and Homeless Health Care nurse practitioners. Together they identify unsheltered and link them to housing resources. These teams are represented at county-wide provider meetings and work closely with shelter and housing providers. Special emphasis has been made in our coordinated system planning to enhance connections between outreach and PSH via HMIS. Our Lead Agency regularly hears from law enforcement, transportation officials, elected officials, faith communities, concerned citizens, businesses, etc. when they come across unsheltered individuals and families. Outreach workers are quickly notified and dispatched to engage these people. Drop-in centers act as a focal point for outreach worker/client interaction. Since our adoption of a housing first policy we have acquired extensive knowledge of how to engage and house people directly from the streets and we will continue to build on these efforts.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

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

As our county is more than 400 square miles in size it is impossible to cover the entire area during an unsheltered PIT count. In 2013, in preparation for 100,000 Homes Registry week, a canvas of the county was completed and every area where unsheltered homeless people gathered was identified. This knowledge has been used since that time as the basis for the locations of our unsheltered PIT count. In addition, as transportation officials, law enforcement, faith communities, businesses, health care for the homeless nurses, and individual citizens inform us of additional encampments, outreach teams are sent to these locations on a regular basis and on the night of the PIT as well. Areas where no unsheltered homeless people have been sighted and reported are excluded from our PIT count.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	198	219	21
Sheltered Count of chronically homeless persons	158	171	13
Unsheltered Count of chronically homeless persons	40	48	8

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

There was a small but significant increase in both the sheltered and unsheltered chronically homeless population from 2014 to 2015. One contributing factor to the sheltered increase is that in 2015 there were 6 CH families while in 2014 there was only 1. It is very rare in our CoC to serve so many CH families as we have policies and procedures in place to provide the housing and supports necessary to end their homelessness. A contributing factor for the increase in the unsheltered number is the change in the PIT count methodology. As we counted for three days following the day of the actual PIT we captured some people in drop-in centers that we might have missed in previous counts. Another issue is the divergent determination by case managers and outreach workers as to who is CH without thorough knowledge of each homeless person, or documentation of their disability or length of homelessness. Through training we attempt to have one standard but this is challenging to implement.

3B-1.2. From the FY 2013/FY 2014 CoC Application: 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. (read only)

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.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Our CoC has implemented and continued the strategies listed in the FY2013/FY2014 Application, dedicating reallocated and bonus funding to increase capacity to serve the chronically homeless persons in our community. Our CoC received bonus funding for projects providing PSH for CH in the 2012 and 2014 competitions. In addition, we reallocated funding from 4 transitional housing projects to three PSH projects in the 2013 and 2014 competitions. These projects combined have added 93 CH designated beds to our housing inventory. Continuing this strategy, we have reallocated two more transitional housing projects as part of the 2015 competition and are applying for bonus funding as well. If all three new PSH projects are awarded funding we will add capacity to serve 2 CH families and 44 CH individuals to our inventory. In addition, the county built and is supporting PSH for 6 families, some of which were CH at entry. All CoC Program PSH projects continue to prioritize CH upon turnover.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	111	170	59

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

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

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	257
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	45
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	45
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

We are currently implementing the strategy of increasing the inventory of beds designated to serve the chronically homeless through new funding and reallocating funding from other strategies and well as prioritizing CH upon turnover of other PSH beds. In addition, through implementation of our coordinated system we will identify and prioritize the longest time homeless among this target population. These strategies have produced significant results and we plan on eliminating chronic homelessness by the end of 2017. The main challenges are obtaining sufficient funding to serve all chronically homeless persons; keeping more people from becoming chronically homeless while other resources to serve them are so scarce, engagement of the hardest to serve, and obtaining the necessary documentation for each client. Additional resources would be the most impactful strategy for ending chronic homelessness in our community.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Unsheltered families with minor children are placed in a shelter immediately. Our plan to rehouse every family within 30 days utilizes a housing first approach. Upon entry into a shelter an exit date goal is determined and communicated to the clients. Case managers assess clients and work on a housing plan within the first week of residency exploring all options. Increased community resources have been dedicated to housing locators to assist this process. Our coordinated system prioritizes the families with the most barriers and the most times or longest time homeless. All family shelters are operated by non-profits contracted by the county. The newly signed contracts emphasize the outcomes of rapid exits and housing placements. ESG, local and state funds have been prioritized for RRH from shelters. In this competition we have applied for two RRH projects through reallocation and bonus funding to increase capacity for this work demonstrating community investment in this approach.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	47	92	45

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	211	213	2
Sheltered Count of homeless households with children:	211	213	2
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of families counted during the 2015 PIT increased as there were two more families then in 2014. We attribute this slight increase to the lack of access to our local homeless preference Housing Choice Vouchers, which were temporarily suspended due to federal sequestration. Despite this significant loss of resources, strong prevention efforts, prioritizing rapid re-housing from family shelters, and strategically reducing the numbers of transitional housing units has kept the family homeless population similar to the year before. In addition our non-profit provider of services for homeless youth increased their capacity of transitional housing, which offset our reduction of traditional transitional housing. This provider, with community and CoC Committee support, has applied for a RRH project through reallocation during this competition and plans on utilizing a RRH approach instead of a transitional model for some transitioning age youth in the future.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	142	116	-26

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

We believe that the decrease in the number of unsheltered youth served is due to two factors. One is that in general our shelters are exiting people much quicker as we attempt to house shelter residents within 30 days of entry, therefore allowing more homeless people to enter directly from housed locations and not from the streets. Second our non-profit homeless youth provider increased capacity in transitional housing targeting this population allowing for additional people to be served.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,002,560.00	\$1,963,580.00	(\$38,980.00)
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$263,580.00	\$263,580.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$2,002,560.00	\$1,700,000.00	(\$302,560.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	24
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	5
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	36

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The public schools' Homeless Liaison Office (HLO) is included in all CoC meetings and work-groups where issues specific to homeless youth are concerned including but not limited to the Family Provider Meetings and Governing Board meetings. The HLO meets regularly with non-profit, HUD and County funded homeless service providers on policies and procedures, as well as client issues. The head of the HLO meets with the OPEH Director monthly to review policy issues and provides the link between the state and county regarding education issues. The CoC lead agency has a point of contact dedicated to youth homelessness issues and one for family homelessness issues. They and the HLO have regular contact and meet to strategize solutions for complicated issues unique to homeless youth. The school's Homeless Liaison recently served on the Technical Advisory Committee that participated in the process for awarding County contracts for the locally funded homeless services programs totaling \$9.2M.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

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

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	51	46	-5
Sheltered count of homeless veterans:	45	41	-4
Unsheltered count of homeless veterans:	6	5	-1

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of veterans reported to be experiencing homelessness decreased from 51 in 2014 to 46 in 2015. The reduction is driven by two variables. The amount of resources that have been dedicated to homeless veterans has significantly increased, specifically Veterans Affairs Supportive Housing vouchers and Supportive Services for Veterans Families. Due to VASH vouchers many chronically homeless veterans in Fairfax have found permanent housing. The regional SSVF providers have enhanced local efforts to rapidly rehouse homeless veterans. Secondly, greater collaboration among community partners has been essential in reducing the number of homeless veterans, especially since the launch of the Mayors Challenge to End Veterans Homelessness. Staff from the US Department of Veteran Affairs' DC medical center has been particularly helpful in forging partnerships with local emergency shelters and homeless outreach staff so that veterans can quickly secure necessary documentation and resources.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Emergency shelter and outreach staff work in partnership with staff from the Washington DC Medical Center and regional SSVF providers to identify, assess and refer veterans to appropriate services. Individuals' service history is included in shelter and outreach programs' basic assessment forms so that veterans are identified quickly. Chronic homeless veterans are referred to VA outreach staff while other homeless veterans are referred to SSVF providers. Documentation of veteran status is usually obtained by a local shelter or outreach provider with technical assistance provided by VA outreach when needed. A VI-SPDAT is completed with each veteran by the local provider or VA staff to complete the prioritization process for permanent housing. Representatives from homeless service organizations, including those who are COC-funded, meet on a biweekly basis to discuss all of the active cases and ensure that all appropriate resources and solutions are brought to bear for each veteran.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

The primary organizations that serve homeless veterans meet on a biweekly basis to discuss veterans who need to be housed. When a veteran is determined to be ineligible for VA services then community partners at the table, many of whom also operate COC-funded programs, review the case to determine if the household meets basic eligibility guidelines for their other programs. In most cases, where the veteran is not chronically homeless, a non-VA- or COC-funded resource is sufficient to move the individual to housing. ESG rapid rehousing assistance or shared market-rate rental units are common options. In cases where a homeless veteran needs PSH a COC-funded PSH program would be the primary option. In such cases a staff member from the Office to Prevent and End Homelessness work with the PSH provider to prioritize the veteran for admission. Of the current 21 CoC Program PSH projects 18 have agreed to prioritize veterans for admission.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	66	46	-30.30%
Unsheltered count of homeless veterans:	11	5	-54.55%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

Our CoC joined the Mayors Challenge in December 2014. We have increased outreach and engagement efforts; maintained a by-name list of all veterans experiencing homelessness; hosted biweekly case staffing meetings of providers; implemented a Housing First approach that focuses on quickly referring veterans to the most appropriate services determined by standardized assessment tools while reducing barriers; and utilized veterans-specific resources for housing employment and other supports whenever possible. There are four issues that are most challenging: securing studio efficiency and one-bedroom apartments, keeping up the pace required to rapidly rehouse more veterans than are being newly identified, data collection across multiple jurisdictions and CoC's, and successfully engaging unsheltered chronically homeless veterans so that they agree to take advantage of available housing options. Regardless, we are likely to reach functional zero soon but likely after December 2015.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	29
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	29
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The Commonwealth of Virginia has not opted to expand Medicaid coverage as part of the ACA which limits the options for many of our clients. Project staff do access the CoverVA website on behalf of their program participants. It allows one to apply for multiple benefits, one of which is Medicaid. Once an application is submitted our county’s Department of Family Services assigns a case worker who works with each client from initial application through approval. If the application is declined the case worker assists with an appeal. For those clients ineligible for Medicaid there are two non-profits, Northern Virginia Family Services and Neighbor’s Keeper, with health care navigators who can link individuals to plans that are part of the ACA. In addition, the Fairfax County Community Health Care Network which provides health services to those who are uninsured and cannot afford primary health care, is available for program participants.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	29
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	29
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	29
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	26
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	90%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	80	167	87

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

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

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected 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 2015 CoC Program Competition? No

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

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	03/07/2014	4
Under-performing program recipient/project	08/12/2014	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	KHRW Reallocation...	11/09/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Website Posting a...	11/18/2015
03. CoC Rating and Review Procedure	Yes	Project Selection...	11/17/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Website Posting S...	11/18/2015
05. CoCs Process for Reallocating	Yes	Reallocation Policy	11/18/2015
06. CoC's Governance Charter	Yes	Fairfax County Co...	11/18/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/03/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref...	11/17/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	Website Posting R...	11/18/2015
14. Other	No		
15. Other	No		

Attachment Details

Document Description: KHRW Reallocation Letter

Attachment Details

Document Description: Website Posting and CoC Email Notification

Attachment Details

Document Description: Project Selection and Ranking Process

Attachment Details

Document Description: Website Posting Selection and Ranking Process

Attachment Details

Document Description: Reallocation Policy

Attachment Details

Document Description: Fairfax County CoC Charter Components

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Website Posting Reallocation Policy

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/15/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/15/2015
1D. CoC Discharge Planning	11/15/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/15/2015
2A. HMIS Implementation	11/15/2015
2B. HMIS Funding Sources	11/17/2015
2C. HMIS Beds	11/15/2015
2D. HMIS Data Quality	11/15/2015
2E. Sheltered PIT	11/15/2015
2F. Sheltered Data - Methods	11/15/2015
2G. Sheltered Data - Quality	11/15/2015
2H. Unsheltered PIT	11/15/2015
2I. Unsheltered Data - Methods	11/15/2015
2J. Unsheltered Data - Quality	11/15/2015
3A. System Performance	11/15/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/15/2015
4A. Benefits	11/15/2015
4B. Additional Policies	11/15/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required



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Continuum of Care Program

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

2015 HUD Continuum of Care Program Competition

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[Review past Continuum of Care Program Competiton information.](#)

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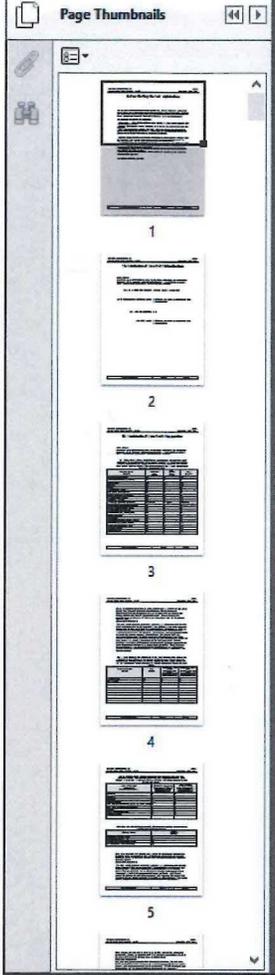


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BEST OF THE WEB 2011 FINALIST



Applicant: Fairfax County CoC
Project: VA-601 CoC Registration FY2015

VA-601
COC_REG_2015_121574

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

Maltzman, Julie

From: Caine, Stefan
Sent: Tuesday, November 17, 2015 4:42 PM
To: Maltzman, Julie; Klein, Dean H.
Subject: Fairfax CoC Update: 2015 HUD CoC Program Competition

Importance: High

Dear Fairfax County CoC Members,

As you know the HUD 2015 CoC Program Competition is closing this week. Our community is applying for over \$8.8 million in funding including support for 21 Permanent Supportive Housing and 3 Transitional Housing renewals as well as 3 Permanent Supportive Housing and 2 Rapid Rehousing new projects. Thanks to all the project applicants and community partners that assisted in completion of the application.

The complete application, including the Collaborative Application and Priority Listings, will be available on November 18, 2015 on the Fairfax County website at: <http://www.fairfaxcounty.gov/homeless/coc/>

Let us know if you have any questions or comments,

The OPEH Team

Stefan Caine
Stefan.caine@fairfaxcounty.gov
Management Analyst I/CoC Associate
Office to Prevent and End Homelessness
Work: 703-324-3470



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Fairfax County CoC - Project Selection and Ranking Process

Monitoring and Evaluation Process

1. Our CoC has implemented a comprehensive monitoring and evaluation process.
2. It is overseen by the Monitoring and Evaluation Committee which is comprised of representatives of grantee agencies, non-grantee service providers, and CoC Lead Agency staff.
3. All CoC Program grantees were invited to send a representative; some accepted and some declined the offer to participate.
4. The Monitoring and Evaluation tool is updated annually to include new HUD or community standards and newly identified issues. Final version is adopted by the committee.
5. There were two components; one for agencies and one for projects. Together they were able to measure a wide range of competencies including agency capacity, financial stability, adherence to HUD regulations and requirements, commitment to federal and local priorities, and project and client outcomes.
6. Community-wide performance measures are included in the tool.
7. It is distributed each spring to all CoC Program grantees. Grantees which plan on applying for renewal funding as part of the next competition must complete the tool.
8. Upon completion the tools are scored by a Monitoring and Evaluation sub-committee comprised of people not associated with any of the HUD CoC grantee organizations.
9. The scores, with comments concerning any issues or underperforming areas, are shared with the grantees.
10. The Monitoring and Evaluation Committee reviews the scores with identifying organizational and project names removed. Any issues are discussed and follow-up is recommended as necessary.
11. The OPEH staff performs site visits or request further information, as recommended by the committee.
12. The scores on the Monitoring and Evaluation tool are presented to the Ranking Committee and form the basis of the rankings. Any issues with a grantee organization or project are also included in the report to the committee.

Reallocation Process

1. The CoC and Ranking Committees will meet jointly, annually or as needed, to discuss potential reallocation of HUD CoC Program Project Grants.
2. If a decision is reached to do so, the committee will recommend reallocation of a specific project/grant or projects/grants to the Governing Board.
3. Criteria to be considered in a decision to recommend reallocation of a project/grant include: previous Collaborative Application rankings, Monitoring and Evaluation Tool scores, ongoing performance, financial stewardship, and alignment with HUD and Fairfax County 10 Year Plan strategic goals.
4. The Grantee is notified of the prospective reallocation as well as the reasons for the reallocation in writing and is able to respond in writing and verbally before the Governing Board.
5. If the Governing Board endorses the recommendation to reallocate funding, the grantee will be notified officially in writing by the Governing Board.
6. In addition, all HUD CoC Program grantees are notified of the opportunity to reallocate projects voluntarily.
7. One or more RFPs will be widely distributed in the community to solicit proposals for use of the reallocated funds.
8. The details of the RFP will depend on the HUD guidance and local strategic goals operative at the time of the reallocations.

CoC Committee

1. The CoC Committee of the Governing Board acts on its behalf to set policy and priorities regarding CoC Program funding.
2. The Committee members are appointed by the Chair of the Governing Board and is comprised of prominent community members with knowledge of homeless and human services and no conflict of interest.
3. They meet as needed to develop policies, set strategic priorities, recommend reallocation, and to select new projects.
4. The Committee selects all new projects, either through new bonus funding or reallocation. They read proposals, hear presentations and decide by majority vote which projects are selected to be included in the Collaborative Application.

5. They propose the members of the Ranking Committee and ranking criteria for adoption by the Governing Board annually.

Ranking Committee

1. The Ranking Committee is appointed by the Governing Board.
2. It is comprised of prominent community members with knowledge of homeless and human services, including at least one former homeless services consumer, and no conflict of interest.
3. The Ranking Committee meets during the annual CoC Program competition to rank all renewal projects and new projects chosen by the CoC Committee.
4. All renewal projects which have not been reallocated and all new projects selected by the CoC Committee which complete their application in e-snaps by the deadline are selected to be part of the Collaborative Application.
5. The Ranking Committee discusses each year's guidance from HUD as well as local strategic issues.
6. The Ranking Committee reviews detailed information on all projects and discusses about each project.
7. Each member of the Committee ranks the projects independently and their rankings are compiled to arrive at the final CoC Rankings.
8. Criteria for ranking include:
 - Type of project – Permanent Supportive Housing, Rapid Rehousing or Transitional Housing
 - Scores on Monitoring and Evaluation Tool
 - Scores on the project and client outcomes sections of the Monitoring and Evaluation Tool
 - Renewal or new through reallocation or permanent housing bonus
 - Target population – families, singles, DV, chronic homeless, youth
 - Percentage of leveraging
 - Timely and complete deliverables during the competition
9. Following the Ranking Committee meeting all grantees are notified directly of the project rankings.
10. They are posted on the Fairfax County's Office to Prevent and End Homelessness website. <http://www.fairfaxcounty.gov/homeless/coc/>



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2015 HUD Continuum of Care Program Competition

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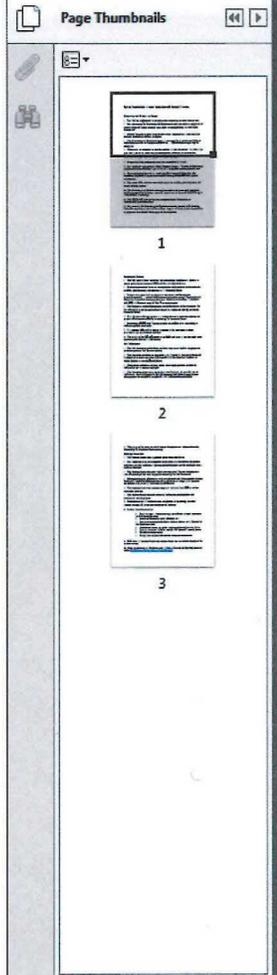
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3. All CoC Program grantees were invited to send a representative; some accepted and some declined the offer to participate.
4. The Monitoring and Evaluation tool is updated annually to include new HUD or community standards and newly identified issues. Final version is adopted by the committee.
5. 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

Reallocation Policy

This reallocation policy was publicized to the CoC prior to consideration by the Governing Board. It was formally adopted by the Governing Board on February, 19, 2015.

The following policy is in alignment with the HEARTH Act and CoC Program Interim Rule that holds each CoC responsible for the performance, fiduciary accountability, and strategic value of each CoC Program Project included in its annual Collaborative Application.

The CoC and Ranking Committees will meet jointly, annually or as needed, to discuss potential reallocation of HUD CoC Program Project Grants, and if a decision is reached to do so, recommend reallocation of a specific project/grant or projects/grants to the Governing Board. Criteria to be considered in a decision to recommend reallocation of a project/grant include: Collaborative Application rankings, Monitoring and Evaluation Tool scores, ongoing performance, financial stewardship, and alignment with HUD and Fairfax County 10 Year Plan strategic goals.

If the Governing Board endorses the recommendation to reallocate funding, the grantee will be notified by the Governing Board and an RFP will be widely distributed in the community to solicit proposals for use of the reallocated funds. The details of the RFP will depend on the HUD guidance operative at the time of the reallocation.

This policy is available on the Fairfax County website at:
<http://www.fairfaxcounty.gov/homeless/coc/>



Fairfax County CoC Charter Components

The Fairfax County Board of Supervisors adopted a Ten Year Plan which delineates strategies that guide local efforts consistent with state and federal priorities to prevent homelessness, implement a housing first approach, and end veterans, chronic, youth, and family homelessness.

The Fairfax County CoC Charter is under continuing development. The charter will be officially adopted prior to the next competition. Most of the critical components have been formally approved including the following:

Structure

- Membership
- Governing Board
- CoC Lead Agency
- HMIS Lead
- Consumer Advisory Council

Committees

- CoC Committee
- CoC Monitoring and Evaluation Committee
- CoC Ranking Committee
- PIT Planning Committee
- Coordinated Access Committee
 - Policies, Procedures and Written Standards
 - HMIS
 - Training
- Advocacy and Resource Development Committee
- Executive Directors Committee
- Veterans Work Group

Policies and Procedures

- HMIS Policies and Procedures
- Monitoring and Review Procedures
- Coordinated Access Policies
- Written Standards
- Reallocation Policy
- CoC Program Review, Selection and Ranking of Projects
- Conflict of Interest Policy
- PHA Homeless Preference
- Selection of Governing Board Members
- Confidentiality Policy

**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-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	
	General Info	Homelessness Primary Reason	Homeless Programs	X						X				
	General Info	Date of Present Homelessness	Homeless Programs	X						X				
4.15B-APSDE	Education	Highest Level of Education Attained	All Programs **	X						X			X	
	Education	Comments Related to Education	All Programs **	X						X			X	
4.15B-APSDE	Education	Currently in School or Working on any Degree	All Programs **	X						X			X	
4.15B-APSDE	Education	Received Vocational Training	All Programs **	X						X			X	
4.15B-APSDE	Education	Degrees sub assessment	All Programs **	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 Unemployed, Looking for Work	All Programs **		X	X				X			X	
4.15A-APSDE	Employment	If Currently Employed, Select Tenure	All Programs **		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-APSDE	Children	Presently Attending School	All Family Programs				X				X		X
	Children	Reason if Not Attending School	All Family Programs				X				X		X
4.15F-APSDE	Children	If Yes, School Name	All Family Programs				X				X		X
4.15F-APSDE	Children	Has McKinney-Vento Homeless Assistance liaison	All Family Programs				X				X		X
4.15F-APSDE	Children	If Child Enrolled, Type of School	All Family Programs				X				X		X
4.15F-APSDE	Children	If no, Date Last Enrolled in School	All Family Programs				X				X		X
4.15F-APSDE	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	X			
	General	Client's Phone Number	All Programs	X	X	X			X	X			
	General	Client's Cell Phone Number	All Programs	X	X	X			X	X			
	General	Client's Email Address	All Programs	X	X	X			X	X			
	General	Emergency Contact Sub Assessment	All Programs	X	X	X			X	X			

Disabilities and Sub Populations Aseessment

HMIS Data Standard Number	Category	Data Field	Program Applicability	Subjects						When Collected				
				All Clients	All Adults	All Adults & Unaccompanied Youth	School Age Children	Children	Initial Program Entry	Every Program Entry	Every Program Exit	At least Once Annually		
3.8-UDE	General Info	Do you have a disability of long duration	All Programs **	X							X			
4.3-4.8-PSDE	General Info	Disabilities Sub 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					
	Children	Immunizations Up To Date	All Family Programs					X					
	Children	Does the child have a medical condition	All Family Programs					X					
	Children	Children Medical Condition Sub Assessment	All Family Programs						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							X				X
4.1-PSDE	Income	Income received from any source in past 30 days	All Programs **	X							X				X
4.1-PSDE	Income	Income sub assessment	All Programs **	X							X				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							X				X
4.2-PSDE	Income	Non cash benefits sub assessment	All Programs **	X							X				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

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 <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)

0631 -HUD CoC APR Detail	
ART Public Folder HUD APR	
Please review the Annual Performance Report data for accuracy. Due: January, April, July, October	<input type="checkbox"/> I verify all clients in a homeless program (shelter, transitional housing, etc.) are marked as being homeless. (initial) <input type="checkbox"/> I verify all clients have the correct exit destinations. (initial) <input type="checkbox"/> % 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	
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>	<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>
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>	_____ I verify that all duplicate EntryExit records have been deleted. (initial)
0220 - Data Incongruity Locator	
ART Public Folder Data Quality folder	
Please review and correct null values or incongruit data.	_____ I verify all corrections have been made to our data incongruity. (initial)
405 – SSOM Client Achievement Report (Self Sufficiency Outcomes Matrix)	
ART Public Folder SSOM Reports folder	
	_____ I verify all clients that have exited have a Self-Sufficiency Matrix. (initial)

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

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

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

Explanation of errors:

Request for Data Quality Assistance from OPEH:

Responsible Party Signature: _____

Responsible Party Name:

Executive Director (or Designee) Signature: _____

Executive Director Name (or Designee):

Instructions

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

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

BRIDGING AFFORDABILITY
DATA QUALITY
VERIFICATION FORM



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.	_____	_____	_____	_____	Total Turn-Aways—Women
Manually tracked and reported per contract requirements.					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	_____	_____	_____	_____	Tab B I verify that this is an accurate list of clients. (Initial)
Submitting this report fulfills contractual requirements to provide daily occupancy data.					Tab A1 I verify that this is an accurate daily count of clients occupying beds. Report is attached. (Initial)

347 – Billing Summary

ART | Public Folder | Case Mgmt

Please review and correct any discrepancies and submit Tab A to OPEH.	_____	_____	_____	_____	I verify that my monthly services report accurately reflects the services for clients in the shelter (Initial and Submit Tab A)
					I verify that the number of clients served in the reporting month is accurate.

In the space provided below, please explain any discrepancies.

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

Name of Responsible Party

Signature of Responsible Party

Name of Executive Director or Designee

Signature of Executive Director or Designee

I am requesting Data Quality Assistance from OPEH:

Instructions

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

To submit the
Weekly Data Quality Verification

Submit only the required tabs to

Email: OPEHPrograms@fairfaxcounty.gov

or

FAX (703) 653-1365

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

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

APPENDIX I

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

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

APPENDIX ZZ

List of Modifications to HMIS Procedure Manual
10/7/2009 - current

List of Modifications to HMIS Procedure Manual
10/7/2009 – current

4/25/2012
Procedures

- Updated HMIS Lead contact April 2012

11/25/2013
Appendices

- User Policy, Responsibility Statement and Code of Ethics
 - The fields on this form have been updated frequently over the past 2 years, this is the most recent version
 - The wording of the agreement has not significantly changed
 - Addition of supervisory approval of access to programs in HMIS
- HMIS System Notice
 - Unchanged
 - The list of Fairfax-Falls Church Community Partnership which is part of the HMIS system Notice has been added to the manual (it has always been part of the HMIS System Notice)
 - Reston Interfaith changed to Cornerstones
 - Neighborhood and Community Services was updated over a year ago
 - Please note that we have always listed ‘Future Partner Agencies of the Fairfax-Falls Church Community Partnership’ at the bottom of the list
- Fairfax County Uniform Authorization to Use and Exchange Information
 - Unchanged since 10/07/2009
 - Three pages of directions have been added to the manual
- HMIS Data Collections Fields
 - Unchanged (appearance improved)
- HMIS Service Transaction Requirements
 - New to the Manual but part of HMIS training for over 4 years
- Data Quality Reports Documentation
 - Updated list
- Data Quality Verification Forms
 - Updated forms which have been in use since 10/23/2012
- HMIS Guidance for Programs Serving Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking
 - New to the Manual
- HMIS Training Registration
 - New to the Manual
- Glossary of HMIS Definitions and Acronyms
 - New to the Manual

3/20/2013
Appendices

- Added Appendix ZZ – List of Modifications to HMIS Procedure Manual (10/7/2009 – current)

Fairfax County Redevelopment and Housing Authority Policy

The FCRHA will offer a **Homeless** preference to any homeless family referred to the FCRHA through one of three programs:

1. Transitional Housing. See Exhibit 4-1 for a complete description of the Transitional Housing preference. No more than 30% of families admitted in the FCRHA's fiscal year will be allowed using the Transitional Housing preference.
2. Project Homes. See Exhibit 4-2 for a complete description of the Project Homes preference. No more than 14% of families admitted in the FCRHA's fiscal year will be allowed using the Project Homes preference.
3. Special Needs Homeless. See Exhibit 4-3 for a complete description of the Special Needs Homeless preference. No more than 6% of families admitted in the FCRHA's fiscal year will be allowed using the Special Needs Homeless preference.

The FCRHA will offer a **Health Danger** preference to any family that has a household member with a disability and resides in a housing unit where the present housing condition represents an imminent danger to the health and well-being of the disabled family member listed on the application. The FCRHA requires a physician verify the family member's condition. No more than 5% of families admitted in the FCRHA's fiscal year will be allowed using this Persons with a Disability (Health Danger) preference.

For entire plan see: http://www.fairfaxcounty.gov/rha/2012-hcv_admin_plan_-final.pdf



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Continuum of Care Program

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

2015 HUD Continuum of Care Program Competition

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

[Review past Continuum of Care Program Competition information.](#)



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Reallocation Policy

This reallocation policy was publicized to the CoC prior to consideration by the Governing Board. It was formally adopted by the Governing Board on February, 19, 2015.

The following policy is in alignment with the HEARTH Act and CoC Program Interim Rule that holds each CoC responsible for the performance, fiduciary accountability, and strategic value of each CoC Program Project included in its annual Collaborative Application.

The CoC and Ranking Committees will meet jointly, annually or as needed, to discuss potential reallocation of HUD CoC Program Project Grants, and if a decision is reached to do so, recommend reallocation of a specific project/grant or projects/grants to the Governing Board. Criteria to be considered in a decision to recommend reallocation of a project/grant include: Collaborative Application rankings,