



# Central Virginia

## CONTINUUM OF CARE

### **Policies and Procedures**

*Approved by the CVCoC Board on 10/07/2020*

Serving the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford and Campbell.

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# **CoC Governance**

## I. CoC Membership Roles and Responsibilities

### A. Ethics Statement

1. The Central Virginia Continuum of Care (CoC) board and membership shall always uphold the highest ethical standards. All members shall demonstrate professional behavior and pursue collaboration and teamwork. These efforts shall serve as a model for both the community and the individuals served by the CoC.
2. In order to fulfill the CoC's responsibilities to the community and clients in an ethical and effective manner, all members shall:
  - i. Represent the interest of donors and individuals served by the CoC;
  - ii. Maintain and do nothing to violate the trust of those served by the CoC;
  - iii. Respect and preserve the confidentiality of discussion and/or privileged information.
  - iv. Communicate and support CoC values, mission, goals, policies, decisions and strategies to all constituents;
  - v. Support and encourage pride, diversity, and accountability within the framework of CoC's mission and goals;
  - vi. Be active participants in the CoC, working diligently, in a timely fashion, and emphasizing due process and fairness;
  - vii. Not use this organization or our service for personal advantage or for the individual advantage of friends, supporters, or organization(s);

### B. Conflict of Interest

1. Members must act in the best interest of the organization and avoid situations where personal interests or relationships interfere with acting in good faith on behalf of the CoC.
2. Conflicts of interest, even a perceived conflict of interest, must be disclosed to the Board and avoided. The awareness of possible conflicts of interest should be particularly heightened regarding all decisions with respect to funding, awarding contracts, and implementing corrective actions as a result from CoC Collaborative Applicant monitoring activities of the CoC.
  - i. The member shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
  - ii. Members shall not vote on any item that would create a conflict or appearance of conflict.
  - iii. When acting on behalf of the CoC, members may not engage in activities that are in conflict with the interests of the CoC or that may negatively impact the reputation of the CoC.
  - iv. Members shall conduct CoC business in accordance with the by-laws and policies of CoC.
  - v. Members must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the CoC. This includes but is not limited to information about members and their organizations and funded agencies.
  - vi. CoC business will be conducted in a manner that reflects the highest standards in accordance with federal, state, and local laws, regulations, CoC bylaws and CoC policies.

### C. Non-Discrimination Policy

The members, Board, contractors and volunteers of the CoC will respect and honor differences among individuals. Decision-making shall be based on program standards and eligibility criteria, following all applicable state and federal regulations. The CoC shall not discriminate against any CoC member or client because of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, gender identity or gender expression, intellectual, or physical disability.

### D. Strategic Plan

1. Members will participate in developing a Strategic Plan for the CoC. This will be accomplished through attendance at input sessions. The Plan shall then be adopted by the CoC Board and reviewed at least annually. The Strategic Plan shall also be updated at least every three years and will contain at minimum:

- i. HUD Goals
- ii. Continuum of Care Goals
- iii. HUD Objectives
- iv. Continuum of Care Local Objectives
- v. Action Items that identify who and what steps will be taken to address the objectives and achieve the goals
- vi. Performance measures.

2. System Wide Performance Measures

The CoC will collect and report CoC System Performance Measures, in accordance with HUD standards and the requirements of the CoC Strategic Plan. These measures will be used for reporting, funding prioritization, and to gauge progress in achieving the goals of the Plan.

### E. Attendance

Members of the CoC should attend 75% of quarterly CoC meetings and participate on at least one committee of the CoC.

## II. CoC Board

### A. Composition

The CoC Board shall be comprised of individuals and agencies concerned with the development and coordination of the CoC's homeless response system. The Board shall consist of voting members equaling at least seven but no more than 17 members and should include:

- i. One representative from each participating jurisdiction in the Central Virginia Planning District.
- ii. One representative from each agency or organization currently receiving funding to operate housing grant programs.
- iii. At least two representatives from the public or private sector with no self-interest in the public funding programs influencing the CoC.
- iv. At least one member who has had the experience of being homeless or is presently experiencing homelessness
- v. Examples of additional representation may include:
  - a. Non-profit organizations representing veterans and individuals with disabilities

- b. Faith-based organizations
- c. Public housing agencies
- d. Advocates (Disability, Youth, LGBT, DV, Substance Abuse, Mental Illness)
- e. Mental health agencies
- f. School Administrators/Homeless Liaisons
- g. Hospitals
- h. Universities
- i. Affordable housing developers
- j. Law enforcement
- k. Local Jail(s)
- l. EMS/Crisis Response Team(s)
- m. Representatives of business and financial institutions
- n. Representatives of private foundations and funding organizations
- o. Social service providers
- p. State and local government agencies
- q. Street Outreach Team(s)
- r. Workforce development
- s. Other individuals interested in supporting the mission and vision of the CoC

#### B. Selection

1. Each agency, organization or jurisdiction receiving grant funding through the CoC shall maintain a representative on the CoC Board. The respective agency, organization or jurisdiction shall nominate a representative to fill the position on the Board, which must then be approved by a majority vote of the Board.
2. There shall be an annual call for nominations from the public by the Chair of the Nominating Committee to fill any remaining vacancies that exist on the board. Additional Board members shall be invited to serve based on their express interest in pursuing the CoC's mission.
3. Candidates shall complete both the Board Application and Commitment Form, and the acknowledgement of the Conflict of Interest Policy. These documents will be submitted to the Chair of the Nominating Committee for review.
4. All new Board applications shall be reviewed during the April Board meeting each year. The Board shall then approve nominees by a majority vote and shall present the nominee(s) to the Membership for election at the April Membership meeting.
  - i. Whenever a vacancy occurs on the Board, the vote to address the vacancy shall take place at the next regular or special meeting, and shall occur within 45 days of the vacancy.
  - ii. The Board may choose not to fill the vacancy, and wait to nominate a replacement until the next annual meeting of the Board, as long as the number of voting members does not fall below seven.
  - iii. If the Board chooses to fill the vacancy, the term of that Member shall expire at the next annual meeting of the Board. The Board Member may then be re-elected to the Board at that time to serve a normal term.

### C. Term Limits

Board members shall serve terms of two years, renewable for two additional terms, not to exceed three successive terms. After serving three consecutive terms, the Board member may be eligible for re-election after a one-year hiatus. Term limits will not be in place for CoC funded agency representatives.

### D. Conflict of Interests

CoC Board members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but shall recuse themselves from voting on any issue in which there may be a conflict of interests. No member of the CoC Board shall vote upon any matter which shall have direct financial bearing on the organization that the member represents or sits as a board member for the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions as a result from CoC Collaborative Applicant monitoring activities. Board members whose agencies/organizations are applying for grant funding shall not lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.

### E. Officers

1. The officers of the Central Virginia CoC shall be drawn from the members of the Board who shall annually elect a Chair, Vice-Chair, and Secretary. Additional officers, including additional Vice-Chair(s), as may be deemed necessary, also may be elected or appointed by the Board from time to time. The officers shall serve for a term of one year and be eligible for reelection. The Chair, or Vice-Chair in the absence or inability of the Chair to act or as requested by the Chair, shall:
  - i. Preside at all meetings of the Board,
  - ii. Set agendas for all Central Virginia CoC Board and Membership meetings,
  - iii. Serve as the formal signatory for the CoC, and
  - iv. Discharge the usual functions of the office of Board Chair.
2. The Chair shall be a non-voting Member of the Board, except in cases of a tie vote.
3. The Secretary shall prepare and distribute all Board notices, including date, time and location of meetings; record and maintain minutes of the proceedings of all meetings and formally approved documents of the CoC; and Board membership accounts showing the names of members and relevant contact information.
4. The duties of any remaining officers shall be to perform such tasks that are incident to the office or offices which they hold and shall carry out all other duties that may be required of them by the Board or the Chair or Vice-Chair.
5. In the absence of any officer, the Board may delegate power to any other officer or Board member, who shall perform those duties in the event of the absence, inability, or unavailability of the officer to perform.
6. Board members will be nominated to fill these offices prior to the April meeting of the Board, which takes place in April of each year. Candidates shall be elected by a majority vote during the annual Board meeting. Elected officers shall be presented to the CoC General Membership during the April Membership meeting.

### F. Responsibilities

1. The CoC Board is responsible for the following:
  - i. Conducts an annual gaps analysis of the needs of homeless people as compared to available housing and services within the CoC geographical area.



- ii. Works closely with government agencies, funders, advocates, providers, and clients to coordinate the implementation of a housing and service system within the CoC's geographical area that meets the needs of homeless individuals and families. The system encompasses:
  - a. Outreach, engagement, and assessment
  - b. Shelter, housing, and supportive services
  - c. Prevention strategies
- 2. Board Members are expected to adhere to the following:
  - i. Attend Board and Membership meetings and contribute to informed dialogue on actions the group undertakes. If the Board member cannot attend, they shall notify the Chair as soon as the conflict arises.
  - ii. Serve on one of the Central Virginia CoC Board or Membership committees list in CoC Governance section II.

#### G. Voting

- 1. A simple majority (50% + 1) of the number of Board members shall constitute a quorum for the transaction of business.
- 2. Any action requiring a vote of the Board shall be approved upon consent of a majority of voting Members, assuming presence of a quorum.
- 3. During the ranking process for CoC funding, representatives from funded agencies, or agencies that have an interest in the outcome of the vote, shall recuse themselves from the room during the process, but may stay in the room during discussion if approved by the Board.
- 4. Electronic voting is permitted but must comply with CoC Governance section II. H. 4. iii.

#### H. Meetings

- 1. CoC Board members shall demonstrate a commitment to the goals and objectives of the Continuum of Care Strategic Plan and shall attend and participate in no less than 75% of called CoC Board meetings as agreed upon by signature on the CoC Board Application and Commitment Form. Attendance shall be recorded at all Board meetings and included in meeting minutes. The CoC Board will review and approve minutes from the previous meeting and consider recommendations from committees during its Board proceedings.
- 2. Regular meetings of the Board may be held at such time and place as may be fixed from time to time by the Board with at least quarterly meetings.
- 3. Annual meetings shall be held in the month of April of each year to elect a Chair, Vice-Chair, Secretary, and nominate members of the Board and conduct such other business as may be necessary.
- 4. Special meetings may be held at any time upon the call of any two Board members.
  - i. Notice of a special meeting may be either oral or written, informing each member of the purpose of the special meeting and giving each member sufficient time to attend the meeting.
  - ii. Meetings may also be held by conference telephone call if it can be established that a quorum is present.
  - iii. Any action, which may be taken at a meeting of the Board, may be taken without a meeting if a consent in writing, including electronic means, setting forth the action so taken, is signed by 75% of the Board members entitled to vote thereon, with the date(s) of signatures included, and delivered to the Secretary for inclusion in the

minutes; and such consent shall have the same force and effect as a unanimous vote of the Board. The signature of a Board member may be provided electronically.

#### I. Termination and Resignation

1. A Board member may be removed without cause by a vote of the majority of the remaining members. Failure to attend three consecutive meetings, without prior excuse or cause, shall be grounds for removal. The Board shall require any funded agency/organization or jurisdiction to appoint a substitute in the event of the removal of their representative member from the Board. The nominee must then be approved by the Board as outlined in section II.B.1.
2. If a Board Member wishes to resign, they shall submit a letter of resignation to the CoC Board Chair. In this case, the procedure outlined in II.B.4 shall be followed to address the vacancy.

#### J. Data and Counts

1. The CoC shall operate a Homeless Management and Information System (HMIS), as required by HUD and in accordance with the written standards and procedures of HUD and the CoC. Data from the HMIS will be utilized by the CoC for reporting, in agency program performance evaluations, in system performance evaluations, and for strategic planning purposes.
2. The CoC shall conduct an annual Point in Time Count in accordance with the written standards of HUD. The Count shall include a census of unsheltered individuals, to be performed annually.
3. The CoC shall collect data from agencies annually necessary to complete mandated reports.

#### K. CoC Record Keeping and Retention

1. The activities of the CoC are undertaken on behalf of the community, and at the behest of funding organizations. The CoC shall retain adequate records to provide transparent operations and decision-making, and in support of any necessary audits. The CoC Board Secretary shall be responsible for overseeing the necessary record-keeping for the CoC. Constituent agencies shall maintain records of their operations and finances as required by CoC and funding organization policies and applicable law, including the recordkeeping requirements of HUD regulation 24 CFR 578.103.
2. The CoC Board Secretary will ensure minutes of all meetings are taken. Minutes shall be maintained for public review upon request. The minutes of Board meetings shall include documentation of attendance; decision-making, including discussion and alternatives considered; evaluations of actual or possible conflicts of interest, including names of persons involved, actions taken to determine whether a conflict of interest was present, and the Board's conclusions. The Collaborative Applicant shall maintain the CoC Board roster, Policies and Procedures, application forms, and attendance records.
3. Records shall be retained by the Collaborative Applicant for a minimum of 5 years, unless otherwise required by law; and except for records of Board meetings, Policies and Procedures, and grant applications, which shall be maintained for the lifetime of the CoC.

### III. CoC Committees

#### A. Creation and Dissolution

1. The CoC Board shall create committees as necessary to accomplish its purpose, roles and responsibilities. The Board will establish ad-hoc committees or working groups as needed. The purpose of these ad hoc committees and task forces will be to develop recommended

solutions to the specific issues for which they were developed and will absolve once completed. All committees are encouraged to meet regularly but at least quarterly with the exception of the Nominating Committee which shall meet at least once prior to the Annual Meeting of the Board, and the Point in Time Committee, which shall meet as necessary to plan and conduct the annual census.

2. The creation or dissolution of committees shall occur after approval by a majority of the Board.

## B. Committee Chairs

### 1. Selection

- i. In addition to the three primary offices of the Board, chairpersons shall be elected to lead each committee of the CoC. It is not required that committee chairs be members of the CoC Board. Chairs shall be elected by a majority vote of the Board at the annual meeting, which takes place in April of each year, or at a regular or special meeting to fill a vacancy.
- ii. The Chair of the Nominating Committee shall secure the written agreement, prior to election, for candidates for Committee Chairs.

### 2. Role and Responsibilities

Committee Chairs are responsible for:

- a. Facilitating the respective committee meeting;
- b. Ensuring that goals and action steps are in accordance with the CoC's mission and vision;
- c. Implementing action steps and goals as set forth in the CoC's 10-year plan;
- d. Maintaining attendance records and documentation of action taken by the committee (i.e. maintaining meeting minutes);
- e. Distributing meeting minutes to committee and Board Members;
- f. Reporting progress and recommendations to the CoC Board.

## C. Standing Committees:

### 1. Homeless and Housing Services Committee

- i. Works to improve the homeless response system. This is done through developing programs recommendations consistent with best practices in homeless assistance.
- ii. Oversees the implementation and improvement of coordinated intake for the CoC.

### 2. Data and Performance Committee

Works to ensure that the CoC meets its responsibilities regarding data collection, data sharing and privacy, data quality, implementation of new features, training and recruitment of new Homeless Management Information System (HMIS) participating agencies.

### 3. Nominating Committee

- i. Works to ensure that the CoC Board is comprised of individuals representing homeless or formerly homeless persons, homeless service provider organizations, partner organizations and persons from each locality under the CoC.
- ii. Publishes an annual call for candidates from the public for Board Members.
- iii. The call shall be published in January of each year, using media channels that can reach both members of the CoC and the general public in the CoC's service region.

- iv. Collects and vets applications for the Board, and obtains written agreements from nominees for other positions prior to presentation of candidates to the Board for a vote.
  - v. Provides timely notification to candidates of the results of the Board vote prior to announcement to the CoC.
4. Point in Time Committee
    - i. Plans and implements the annual Point in Time Count according to HUD guidelines.
    - ii. Works closely with the HMIS Lead to prepare, organize, and submit the data to HUD.
  5. Community Commitment Committee
    - i. Tasked with increasing public awareness and broaden support for implementing policies and programs aimed at ending homelessness.
    - ii. Keeps a listing of CoC members and works to increase membership through awareness efforts.
  6. Training Committee
 

Responsible for ensuring that funded and partner agencies have access to trainings required or recommended through HUD or DHCD.
  7. Monitoring and Evaluation Committee
    - i. Reviews CoC funded (either through HUD or DHCD funds) projects through the Board approved standardized evaluation tool. The monitoring tool shall incorporate site visits, evaluation of outcomes, financial audits, and case files.
    - ii. Provides the CoC Board with an annual assessment of each funded project and a recommendation on further funding.
    - iii. Will be comprised of representatives from organizations not funded through the CoC and who do not have a conflict of interest.
- D. Ad hoc Committees
- Ranking and Review Committee
- i. For both the HUD CoC Competition and DHCD's Virginia Housing Solution Program's application, the Board of the CoC will become the ad hoc Ranking and Review committee minus representatives from organizations applying for funds.
  - ii. For HUD, CoC Competition will score and rank projects in accordance with the scorecard created by the Monitoring and Evaluation Committee (see Appendix A).
  - iii. Meets during the application period for both HUD and DHCD to review and approve project application submittal according to the review policy (see, 'Evaluation', VII, p. 45).

#### IV. CoC Collaborative Applicant

##### A. Roles and Responsibilities

1. The Collaborative Applicant (CA) will provide staff support and technical assistance to the membership, committees and Board.
2. The CA along with the Monitoring and Evaluation Committee will conduct an annual performance assessment that includes project site visits, random case file reviews, and financial management data reviews.
3. The CA will respond to project requests for technical assistance that will result in enhanced performance.

4. The CA will oversee the point in time (PIT) and housing inventory count (HIC) data collection and submission with the PIT committee, HMIS Lead, and Data and Performance Committee.
5. The CA will remain current on HEARTH Act implementation and CoC and VHSP Guidelines to ensure CoC compliance and provide technical assistance to funded projects to ensure compliance.
6. The CA will provide annual updates to the CoC Board and Membership on system level performance and progress toward reducing homelessness.
7. The CA is responsible for the development and submission of the HUD CoC Grants Inventory Worksheet, CoC Registration, and CoC Application and the Department of Housing and Community Development annual Virginia Housing Solutions Program application.
8. The CA will apply for both DHCD and HUD planning grant funding, perform eligible grant activities and raise the match funds required.

#### B. Selection

1. The CoC Board will select an eligible organization to serve as the Collaborative Applicant responsible for submission of the Continuum of Care's application for the HUD Continuum of Care funding and conducting CoC program responsibilities.
2. The selection will be formalized through a majority vote of the Board membership present. The vote must occur prior to submission of the HUD eSNAPS application for CoC Planning funds. The CoC Board will enter into a Memorandum of Agreement with the Collaborative Applicant detailing the roles and responsibilities of each entity.
3. A Request for Qualifications (RFQ) for a Collaborative Applicant may be called by the CoC Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special subcommittee of the CoC to conduct the process for RFQ review and recommendation of a Collaborative Applicant to the Board.

#### C. Evaluation

The CoC Board is responsible for conducting an annual evaluation of the CA to assess the agency's performance in fulfilling the roles and responsibilities set forth in section IV. A. under 'Governance' (p. 12). If the CA consistently demonstrates poor performance, the CoC Board may decide to select a new CA using an evaluation tool developed by the Monitoring and Evaluation through a process which will be developed by the Policies and Procedures Ad-hoc Committee.

### V. HMIS Lead

#### A. Roles and Responsibilities

The HMIS Lead will manage the HMIS, subject to the CoC's HMIS Policies and Procedures. These responsibilities are as follows:

- i. Ensure that the HMIS is administered in compliance with HUD requirements.
- ii. Ensure the participation by recipients of CoC funding through the CoC program or VHSP.
- iii. Conduct quarterly trainings for HMIS users.
- iv. Develop, update and implement HMIS Policies and Procedures.
- v. Develop, update and implement CoC HMIS Data Quality Plan.
- vi. Work with homeless response providers not funded through the CoC to encourage data inclusion.

- vii. Generate data as requested for annual reports including but not limited to; the Point in Time report, Housing Inventory Count, and Annual Homeless Assessment Report.
- viii. Apply for HMIS funding through the CoC application and if awarded funding, enter into an agreement with HUD for grant activities and raise funds to satisfy match requirements.

B. Selection

- 1. The CoC Board will select an eligible organization to serve as the HMIS Lead responsible for administering the HMIS in compliance with requirements prescribed by HUD.
- 2. The selection will be formalized through a majority vote of the Board membership present. The vote must occur prior to submission of the HUD eSNAPS application for HMIS funds. The CoC Board will enter into a Memorandum of Agreement with the HMIS Lead detailing the roles and responsibilities of each entity.
- 3. A Request for Qualifications (RFQ) for an HMIS Lead may be called by the CoC Board by resolution approved by two-thirds of the Board membership. Upon approval, the Board shall name a special subcommittee of the CoC to conduct the process for RFQ review and recommendation of an HMIS Lead to the Board.

C. Evaluation

The CoC Board is responsible for conducting an annual evaluation of the HMIS Lead to assess the agency's performance in fulfilling the roles and responsibilities set forth in section V.A. under 'Governance' (p. 13). If the HMIS Lead consistently demonstrates poor performance, the CoC Board may decide to select a new HMIS Lead through a process which will be developed by the Policies and Procedures Ad-hoc Committee

VI. Grievance Policies

A. Grievance Against the CoC Board or CoC Funded Project

Any written complaint against the CoC will be reviewed by the Board within fourteen (14) days of its receipt. The Chair or Vice-Chair will respond within thirty (30) days to:

- i. Seek and clarify the issues raised by the complainant;
- ii. Determine what actions need to be taken;
- iii. Respond in writing to the complainant with clear identification of the issue and the specific resolution.

B. Grievance Regarding a CoC Funding Decision

- 1. A grievance may be filed by any applicant organization that claims it has been adversely affected by:
  - i. Improper application of rules, regulations and procedures concerning participation in the business of the CoC;
  - ii. Improper interpretation of rules, regulations and procedures concerning participation in the Consolidated Grant application process;
  - iii. Disparity in the application of rules, regulations and procedures regarding participation in the Consolidated Grant application process;
  - iv. Violation of rules, regulations or procedures concerning participation in the Consolidated Grant application process;
  - v. The score assigned by the Ranking and Review Committee.

2. Process

- i. Informal resolution of a grievance should be pursued by an Applicant Organization by contacting the CoC Board Chair prior to a formal written grievance.
- ii. A grievance should be submitted in writing to the Board within fourteen (14) days of the adverse action against the Applicant Organization. The written grievance should be from the Executive Director of the Applicant Organization and detail the action or inaction of which it complains.
- iii. The Board will create an ad hoc Grievance Committee consisting of at least three Board members who have no conflict of interest in the outcome of the grievance investigation. The Grievance Committee shall meet with the grievant as soon as practicable and investigate the written grievance. The Grievance Committee shall issue a written response within fourteen (14) days of submission of the written grievance.
- iv. Should the Applicant Organization be dissatisfied with the decision of the Grievance Committee, it may appeal within three (3) days to the Board.
  - a. The Board will review the grievance, meet with the Applicant Organization and make a written decision within ten (10) days of the appeal.
  - b. If the applicant is not satisfied with the determination of the Board, the applicant organization may appeal to HUD or DHCD according to the applicable procedures.

C. Deadline Extension

Any deadline in the grievance procedures that falls on a weekend or state holiday will be deemed extended to the next business day. The timelines provided in the procedure must be followed strictly.

# **Coordinated Entry System Policies and Procedures**

## **I. Overview**

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) governing the Continuum of Care program (24 CFR 578) and the Emergency Solutions Grant program (24 CFR 576) as well as HUD's final rule on defining chronically homeless and homeless individuals (24 CFR 91), HUD's Coordinated Entry Notice (CPD 17-01) and HUD Notice CPD 16-11 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless person in permanent supportive housing, the Central Virginia CoC has developed the following written standards for the Coordinated Entry System (CES). All projects that receive HUD Continuum of Care (CoC) funding, Department of Housing and Community Development funding, Emergency Solutions Grant (ESG) funding as well as other local government funding are required to participate in the CES and are therefore subject to complying with these basic minimum standards. In addition, other homeless service providers located within the CVCoC geographic area are encouraged to participate in the CES regardless of funding sources.

The Coordinated Entry System (CES) is a CVCoC-wide process for facilitating streamlined and consistent access to available resources designated for homeless families and individuals. This process includes identifying and assessing needs in a transparent and consistent way and referring clients to the most appropriate strategy or housing intervention. The system ensures that people experiencing homelessness or at risk for homelessness have equitable, coordinated and timely access to housing resources in a person-centered approach that preserves choice and dignity.

Implementing a coordinated entry process shifts the CoC from a network of projects making individual decisions about whom to serve into a fully integrated crisis response system that ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

The CES is designed to:

- Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services to best meet their needs;
- Prevent households from becoming homeless or divert households from entering the homeless response system when other safe housing accommodations are available;
- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
- Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensure that homeless households have easy access to services without being screened out for perceived barriers such as criminal history, substance use disorders, mental illness or lack of income;
- Promote a Housing First orientation across the entire homeless response system, such that people are housed quickly without preconditions or service participation requirements;
- Ensure that people who have been homeless the longest and are the most vulnerable have priority access to the CVCoC's limited resources;
- Honor client choice whenever possible;
- Provide data that can be used for system and project planning and resource allocation.

To achieve these objectives, the CES includes:



- A uniform and standard assessment process to be used for all seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets or places not meant for human habitation;
- Establishment of uniform guidelines among components of homeless assistance regarding eligibility for services, priority populations, expected outcomes and targets for length of stay;
- Agreed upon prioritizing principles by which the community can make decisions about how to utilize its resources most effectively in order to target those who are the most vulnerable, at highest risk of continued homelessness and have the highest service needs;
- Referral policies and procedures to facilitate access to appropriate services and prohibit screening out or denial of service to eligible households;
- Data collection and an annual evaluation of the coordinated entry process to inform continuous quality improvement and to identify gaps, unmet needs, and possible need to reallocate available housing and service interventions.

It is important to note that the homeless response system is a crisis response to literal homelessness, not a systemic response to poverty. The CVCoC's CES is aimed at addressing one of the worst symptoms of poverty: homelessness. With limited resources, there is no guarantee that every client seeking services will meet eligibility requirements for or receive a referral for housing interventions.

All CoC funded homeless response programs such as street outreach, homeless prevention, emergency shelter, domestic violence shelters, rapid re-housing, Housing Opportunities for Persons with AIDS (HOPWA), and permanent supportive housing are subject to the CES policies.

## **II. CES Purpose and Goals:**

The purpose of the CES is that all people experiencing homelessness will be connected to homeless services, will have same-day access to shelter, and will be housed quickly using the most appropriate intervention available. Once housed, they will be connected with the needed support to not return to homelessness.

The CES goals include:

- Providers and community members outside of homeless services know how households access housing and services;
- All access points—physical, phone, outreach—are easily accessible and provide standardized assessment and referral;
- All households are provided a problem solving conversations to divert households from entering a shelter when safely able to do so;
- Shelter beds are available and shelter policies are low-barrier, accepting all those experiencing homelessness;
- Outreach workers identify and connect all people who are unsheltered to shelter or housing, using community referral processes and/or self-resolution;
- All households experiencing homelessness are assessed consistently in order to facilitate appropriate referrals to housing;
- Connections are facilitated to mainstream resources.

## **III. Interventions within the CVCoC Coordinated Entry System:**

- A. Centralized Intake: Central point of contact for households facing a housing crisis to receive information, assessment and referral. Essential elements include staff trained to screen for

domestic violence, safety and diversion, verify homeless status and refer to outreach for individuals living on the streets or a place not meant for human habitation in order to connect them to housing options and supportive services. Written standards for this project type can be found in Section V.B under 'CVCoC Program Written Standards'..

- B. Diversion: A strategy that prevents homelessness for people seeking shelter by helping preserve their current housing situation or making immediate alternative arrangements. Essential elements for diversion include a screening process that provides an opportunity to explore a household's current housing crisis and be creative about housing options. Screening involves asking the person about every available resource he/she might have to stay housed or move directly to other housing. Diversion strategies are required at all intervention types.
- C. Prevention: Short to medium term financial assistance and stabilization services aimed to prevent shelter entrance and promote housing retention. The target population for prevention will be those at imminent risk of being homeless – those who “but for this assistance will become homeless.” Essential elements for prevention include a dedicated staff that completes an individualized assessment that assesses household needs, financial needs, and eligibility for mainstream resources, provides a housing stabilization plan, provides needed housing stabilization services including both financial and supportive services, and provides linkages to mainstream resources based on eligibility and need. Written standards for this project type can be found in Section V.D under 'CVCoC Program Written Standards'.
- D. Street Outreach: Outreach includes essential services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services. Outreach teams engage with other systems, including law enforcement, hospitals and emergency departments, corrections, libraries, and job centers. These efforts proactively seek all unsheltered people within the CVCoC geographic area, including people living in encampments, and not be limited to serving only persons seeking assistance. All outreach is person-centered and emphasizes building rapport and trust as a means of helping people obtain housing with appropriate services. Written standards for this project type can be found in Section V.C under 'CVCoC Program Written Standards'.
- E. Emergency Shelter: Emergency Shelter is defined by the U.S. Department of Housing and Urban Development (HUD) in 24 C.F.R. § 576.2 (2012) as any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements. Emergency Shelters provide emergency housing to address an individual's or family's immediate housing crisis. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and with few to no barriers. The resources and services provided are typically tailored to the unique needs of the individual or family. Essential elements include low/no barriers to entry and housing retention, safe and accessible physical environment, administers coordinated access assessment or directs clients to access point, provides a housing stability plan, and provides linkages to mainstream resources. Written standards for this project type can be found in Section V.E under 'CVCoC Program Written Standards'.
- F. Rapid Re-Housing (RRH): A short to medium term housing option that rapidly moves individuals and families experiencing literal homelessness into permanent housing with needed services to maintain stability. Essential elements include housing-focused services, supportive services coordination, temporary financial assistance, and long-term housing stability planning. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety); however, RRH recipients must have a lease in their name. Written standards for this project type can be found in Section V.F under 'CVCoC Program Written Standards'.
- G. Housing Opportunities for Persons with AIDS (HOPWA): Housing assistance for people living with HIV/AIDS with supportive services appropriate to the need of the participant. HOPWA targets households with at least one person who has AIDS or HIV coupled with income being below 80% AMI. HOPWA includes supportive services with a housing component for those experiencing

homelessness called Tenant-based Rental Assistance (TBRA) and assistance for households who are housed, but at risk of becoming homeless called Short-term Rent, Mortgage, and Utility (STRMU) Assistance. Written standards for this project type can be found in Section V.G and Section V.H under 'CVCoc Program Written Standards'.

- H. Permanent Supportive Housing (PSH): Permanent, lease-based housing with supportive services that are appropriate to the needs and preferences of tenants. PSH targets any high needs individual who is literally homeless and has multiple barriers to housing. Some PSH may contain specialized eligibility requirements for subsidies including veteran or disability status, and/or long-term homelessness. Written standards for this project type can be found in Section V.I under 'CVCoc Program Written Standards'.

#### **IV. Access**

The coordinated entry process for the CVCoc includes all households experiencing or at risk for homelessness including subpopulations such as people experiencing chronic homelessness, veterans, families, youth, survivors of domestic violence, persons with mental illness, LGBTQ persons, and persons with a disability.

##### **A. Coordinated Homeless Intake and Access (CHIA)**

The primary access point for the CES is Coordinated Homeless Intake and Access (CHIA). CHIA is available 24/7 and provides both in-person and phone-based assessment, diversion, and referral to outreach, prevention, shelter, and appropriate housing interventions/services. This access point covers the entirety of the CVCoc's geographic region by providing assessment and referral through a phone-based system. Through CHIA the staff will:

- Initiate (at minimum) a safety and diversion screening
- Facilitate self-resolution through housing-focused conversation
- Connect households with a temporary option (such as emergency shelter) as desired and available
- Enter data into HMIS (not applicable to domestic violence providers or clients fleeing domestic violence)

This design facilitates immediate access to emergency housing and is strengthened by shared data in the Homeless Management Information System (HMIS) and common assessment strategies at any and all points of entry. The CVCoc's access points as well as projects within the CES are subject to affirmative marketing and non-discriminatory access policies which are described in Section I.C under 'CVCoc Program Written Standards'.

##### **B. Outreach**

Outreach workers will actively engage the unsheltered homeless population for the purposes of providing immediate support, interventions and connections with homeless assistance programs and/or mainstream social services and housing programs.

Outreach workers will offer engagement and housing-focused case management services that are person-centered and emphasize building rapport and trust. Services offered will include:

- Locating, identifying and building relationships with unsheltered households;
- Connecting with the CVCoc's coordinated assessment system;
- Actively connecting and providing information and referrals to programs targeted to people experiencing homelessness and mainstream social services and housing programs;
- Conducting and documenting an initial assessment of needs and eligibility;
- Providing crisis counseling;

- Addressing urgent physical needs;
- Completing a strength-based housing barriers assessment and corresponding individualized housing and service plans;
- Assisting a program participant in overcoming immediate barriers to obtaining housing; and
- Monitoring and evaluating program participant progress.

### C. Domestic Violence

Domestic violence victims are able to access the domestic violence hotline 24 hours a day, 7 days a week. Eligible victims who seek services through the domestic violence hotline have access to the full range of housing and service intervention options available through the CVCoC's CES, including outreach, prevention, diversion, rapid re-housing, HOPWA, permanent supportive housing, and other mainstream housing resources. People fleeing, or attempting to flee, domestic violence also have safe and confidential access to the CES process through CHIA rather than the domestic violence hotline, if that is their preference. CHIA adheres to strict confidentiality and privacy protocols, conducting assessments out of sight and ear shot of other persons at the physical location, and collects data in accordance with the confidentiality requirements published in the CoC and ESG interim program rules.

In order to integrate victim services into the CES process, the CoC and victim services providers collaborate to establish assessment and screening tools, as well as referral policies and procedures, to ensure that the coordinated entry process addresses the physical and emotional safety, and privacy and confidentiality needs of participants. This includes protocols for extending safety planning and protections to victims of domestic violence who are staying at non-victim service provider projects. These protocols include incorporating safety planning questions into common assessment tools, ensuring strict confidentiality regarding identity of clients staying at non-victim service providers, and using de-identified information when referring and prioritizing domestic violence victims for housing and services through the CES process.

The CVCoC partners with local victim service provider agencies to offer training to staff involved in the coordinated entry process on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point. If a household is determined to be at risk of harm when an assessment is being conducted, then the coordinated entry staff should refer the household to a victim service provider using referral criteria established by victim service agencies. CES staff have up-to-date information on domestic violence shelters and housing options that are best equipped to serve households experiencing domestic violence based on their location, program model, and linkages to other supportive services.

### D. Privacy and Client Choice

It is imperative that coordinated entry processes be designed to prevent further trauma and to provide households with control over the process and referrals. Trauma-informed practices that are sensitive to the lived experience of all people presenting for services need to be incorporated into every aspect of the coordinated entry process. The assessment tool and process should not re-traumatize the individual or family, must inform the person up-front about how the information will be used, and must allow them the option to refuse to answer questions or choose not to disclose personal information.

Whether initial access is obtained through CHIA, domestic violence hotline, or outreach the client's consent must be obtained prior to sharing information for the purposes of completing assessments and making referrals. All households presenting for services will be informed that they can abstain from disclosing information without fear of denial of services.

Clients may decline a referral to any program based on program requirements or accommodations inconsistent with their needs or preferences. For example, a client may decline

a shelter referral based on the shelter's requirement that clients participate in certain programming. If the client denies a program referral and there is no alternative program availability, the program manager will request permission from the client to discuss their situation at the Community Case Review in order to successfully resolve their homelessness.

#### E. Other Systems of Care

The McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocol in place to ensure that publicly funded institutions do not routinely discharge individuals into homelessness. Before accepting participants into CVCoC programs from mental health, foster care, correctional, or public health systems, providers will work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly funded institutions should only be considered if there are no viable housing options and the person meets the eligibility criteria for the bed or unit.

### V. Assessment

In accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the Coordinated Entry Notice, CVCoC has implemented a standard assessment of all persons presenting for services that collects sufficient information to make prioritization decisions consistently and facilitate access to housing and supportive services across the CVCoC's geographic area.

#### A. Principles of assessment:

- Necessary information – The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless.
- Participant autonomy – The protocol for filling out assessment tool provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution.
- Person-centered – The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need.
- Cultural competence – Staff administering assessments will use culturally competent practices, and tools contain culturally appropriate questions.
- User-friendly – CVCoC approved assessment tools are brief and easy to understand.
- Privacy protections – Privacy protections are in place to ensure proper consent and use of client information.
- Meaningful recommendations – Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services.

#### B. Assessment Tools and Procedures

The CVCoC CES assessment uses a progressive model that only collects information necessary to determine eligibility and prioritization, and that allows for a safety and diversion screen as well as self-resolution. Staff complete assessments in safe and confidential ways so that individuals can share information privately. Staff engaged in completing assessments will receive annual training from the CVCoC on assessment protocols, the requirements for prioritization, and the criteria for uniform decision-making and referrals.

##### 1. Phase One: Initial Assessment

- i. Intake staff at CHIA access points and outreach will use the CVCoC's Safety and Diversion Screen to review clients' situations and determine eligibility for services. The

structure of the assessment and the specific questions it contains enable the CVCoC to collect information in a standardized way.

- ii. CHIA access points screening includes the following assessments:
  - Homelessness Screening – determines whether a household is at imminent risk of homelessness or literally homeless. If not, the household is referred to community resources.
  - Safety and Diversion Screening – determines if there are safe alternative options to avoid a shelter stay. Determines if a referral to domestic violence services is needed.
  - Release of Information for data entry into CallPoint.
  - Basic Assessment – Basic demographic/contact information including the information required by HUD.
  - Homeless Prevention Screening – If household is unable to be diverted and at imminent risk of homelessness, a homeless prevention referral is sent to homeless prevention staff to complete the fuller assessment/targeting tool.
- iii. Although not every household will complete every section of the assessment – or complete all sections in one interaction - all sections are part of one standard, progressive CES assessment for the CVCoC. This standard CES assessment will be initiated for all households within the same business day of contacting and entering the CES.

## 2. Phase Two: Prioritization Assessment

- i. The CVCoC uses both the households' vulnerabilities and population status to determine prioritization for housing interventions. The CVCoC focuses on 4 priority subpopulations: veterans, chronically homeless, households with children under the age of 18, and unaccompanied and parenting youth (24 and under).
- ii. The CVCoC uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment tool for households experiencing literal homelessness, who have been unable to be prevented or diverted from shelter or a place not meant for human habitation. The VI-SPDAT is administered by providers who have been trained through the CVCoC. Answers gathered during the assessment should be recorded as stated. The VI-SPDAT allows for prioritization based on vulnerability across five components:
  - History of housing and homelessness
  - Risks
  - Socialization and daily functioning
  - Wellness – including chronic health conditions, substance usage, mental illness, and trauma
  - Family unit (if applicable)
- iii. The CVCoC uses the By-Name List Reporting form for all households belonging to a priority subpopulation to be placed on the By-Name List, maintained through the Community Case Review team, for prioritization and referral. The agency completing the assessment will submit the form to the CVCoC Lead Agency.
- iv. With informed consent, the CES prioritization assessment should be administered to any literally homeless priority subpopulation household seeking services within the CVCoC's service area when diversion has been unsuccessful, and the individual remains

homeless. Every effort should be made to complete the CES prioritization assessment as soon as possible, but within the following guidelines:

- CES prioritization assessment is completed within 7 days of shelter entry (as soon as possible, but up to 7 days) if diversion is not successful and the household is not self-resolving. The assessment will be completed by an outreach worker for unsheltered households as soon as possible.
  - A new VI-SPDAT is completed for each new episode of homelessness a household experiences. If a household exits homelessness for 7 days or more, this constitutes a break in that homeless episode. If the household becomes homeless again after 7 days, the shelter or homeless service provider working with that household will complete a new VI-SPDAT.
- v. Case manager discretion to complete the VI-SPDAT is advised when progress towards self-resolution is no longer evident for households that were initially identified as self-resolving.
- vi. In addition to initial assessment, re-assessment should occur in either of the following circumstances:
- 90 days or more have passed since the individual was last assessed, and the individual remains homeless.
  - Other significant changes have occurred since the last assessment that would impact the individual's prioritization and/or eligibility for services.
- vii. As set forth by HUD in CPD-16-11 and in the Coordinated Entry Policy Brief, "Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. Therefore, the CES Assessment should be administered in a private space, preferably a single room with a door, or, if unavailable, away from others' earshot."
- viii. Case conferencing offers an opportunity for a more comprehensive assessment, wherein additional consideration can be given to the client's unique vulnerabilities and risk factors in developing a housing plan.

### 3. Phase Three: Housing Assessment

All CVCoC programs must complete the following assessments within 5 business days with each household:

- CVCoC Housing Barriers Assessment
- CVCoC Housing Plan

## VI. By-Name List (BNL)

A representative from the CoC Lead Agency will maintain a By-Name List of all homeless households belonging to one or more of the CVCoC's priority subpopulations of veterans, households with children under the age of 18, chronically homeless, and unaccompanied and parenting youth (18-24)

### A. Process

1. Households are added to the BNL by a service provider completing a By-Name List Reporting Form. Forms should be submitted to the CVCoC Lead Agency representative.
2. The By-Name List is reviewed twice a month during Community Case Review to prioritize all submitted households. See Community Case Review process detailed out in section VII of the Coordinated Entry Policies and Procedures.

3. Households on the BNL will be moved to the Inactive list if there has not been contact in 45 days or if the household is verified to have left the Central Virginia CoC's geographic coverage area.
4. All Rapid Re-Housing and Permanent Supportive Housing programs required to report project vacancies to the CVCoC Lead Agency within 2 business days of unit/bed availability. If providers know of an impending vacancy, they are required to report the anticipated vacancy up to 14 days before unit vacancy. All permanent housing projects must fill vacancies exclusively through the coordinated entry process. Open slots will be filled from the By-Name List based on the most recent prioritization voted on by Community Case Review. The CVCoC Lead Agency will provide referral information for the highest prioritized eligible household.

#### B. Referrals

1. Once the CVCoC Lead Agency makes a referral via email, the receiving program has one business day to acknowledge the referral to the CVCoC Lead Agency via an email. The receiving program must enroll or deny the referred household within 14 days. The receiving program can reject or deny the referral if the program staff has been unable to contact the household after 14 days. This household will be placed back on the By-Name List (BNL) for future vacancies and will be marked as inactive if unable to be reached after 45 days.
2. After intake and eligibility documentation is complete, the receiving program makes eligibility determinations within 3 business days. The program will communicate to the client the eligibility decision and applicable next steps including the client's right to appeal if denied. A housing provider can deny a referral that is ineligible for the program based on program eligibility requirements. Housing providers are responsible for assuring that a household meets the contractually required eligibility requirements for their program. There may be instances where a referral is made for a vacancy through the coordinated entry process, and the program receiving the referral is unable to adequately document the household's eligibility [i.e. disability documentation for Permanent Supportive Housing (PSH)]. In this case, the referred household will be placed back on the BNL for referral to another program for which they are eligible.
3. In general, programs receiving a referral from the BNL may only decline households in limited circumstances including:
  - i. There is no actual vacancy available
  - ii. The household has missed two intake appointments
  - iii. The receiving program has been unable to make contact with the household for 14 days
  - iv. The household presents with more people than referred and the receiving program cannot accommodate the increase
4. Programs must adhere to a housing first model and cannot deny referrals based on perceived barriers, lack of "motivation" or "housing readiness," or for refusal to participate in services.
5. Any denial must be documented and reported to the CVCoC Lead. The CVCoC Lead may follow-up with the housing program and the household referred in order to understand the circumstances of the returned referral. Denial of eligible referrals will be a consideration in funding decisions.
6. Households who have been denied services will be discussed at the next CCR for additional services.

## VII. Community Case Review (CCR)



## A. Purpose & Background

The CCR is a team staffed by anchor agencies from a variety of backgrounds interfacing with homeless individuals. The CCR team develops and reviews plans for individuals and families experiencing homelessness or at risk of homelessness to identify and secure services and supports that will lead to stable housing. The CCR has three separate but complimentary purposes: to review and create housing plans for all households on the By-Name List, to problem solve difficult cases, and to determine prioritization for Rapid Re-Housing and Permanent Supportive Housing openings. The case conferencing process provides a safety net for households whose level of vulnerability may not be accurately reflected through the assessment process.

## B. Membership

Due to the confidential material discussed at CCR meetings, formal membership is required of each attendee. The only exception to this policy is if a visitor with a pre-existing relationship to the client who is being staffed wishes to attend. See CCR Visitor Policy below. Members of the CCR commit to one year of membership with attendance of at least 75% of meetings. Each member signs an agreement at the beginning of their term indicating their commitment to maintain attendance, participation, and confidentiality standards. In addition, CCR members commit to prepare in advance of each meeting and submit client cases for review as appropriate. All information gained at a CCR meeting must remain confidential and not be disseminated to others.

This team is composed of CVCoC homeless service providers, mental health providers, and other community agency representatives as appropriate.

## C. Visitors

Visitors are often essential to staffing, as they may have information helpful in developing a housing plan. Therefore, visitors are allowed at CCR during the case staffing of an individual or household with whom they have a pre-existing relationship and have received permission from the client to discuss their case. Some examples could be a social worker, probation officer, therapist, case manager, etc. Visitors must complete a CCR Visitor Form indicating their commitment to confidentiality.

## D. Convener

The CCR convener is selected by the membership of the CCR to facilitate the two processes of the team. The CCR convener is responsible for collecting membership agreements, visitor forms, keeping track of member attendance, collecting CCR forms, setting the agenda, facilitating the meeting and developing and dispersing meeting minutes. The CCR convener should be selected annually.

## E. Process

### 1. Review the BNL

Community Case Review meets twice per month. CCR members will review each household and case details to make determinations on how best to serve the needs of clients on the list. Decisions on placements will adhere to guidelines set forth in this CES policy and procedures outlined in section VIII. CVCoC housing program referrals will be made by consensus vote of present CCR members.

### 2. Client Staffing

Members of the CCR or community members interfacing with individuals at risk of homelessness or experiencing homelessness may wish to bring a case to the CCR for client staffing. The following outlines the process of client staffing:

- i. The service provider working with a household that is homeless or at-risk of homelessness recognizes that the household is experiencing significant and/or unusual barriers to housing and completes the CCR Release of Information and Staffing Form.
- ii. The service provider submits both forms to the CCR Convener by 5pm on the Friday preceding the next scheduled CCR meeting.
- iii. The service provider may invite individuals who are working with the client. In this instance, a CCR Visitor Form must be completed and submitted to the CCR Convener prior to the meeting.
- iv. The appropriate service provider will have up to 10 minutes to present the case prior to receiving feedback from CCR members.

**VIII. Prioritization Process**

- A. CES is a uniform process through which the most vulnerable homeless households within the CVCoC are prioritized to be matched with available and appropriate housing resources in a systematic and efficient manner. The following represents the uniform process used across the CVCoC for matching and prioritizing placement into housing through the client prioritization lists based on VI-SPDAT score and CCR discussion. It is important to note that the order of prioritization established below will be followed with consideration of programs target populations (e.g. mental illness, veterans).
- B. Prioritization for housing interventions is accomplished only through maintenance of the By-Name List, with the CVCoC Lead Agency representative making referrals for prioritized household(s) to the housing provider by consensus vote of CCR team.
- C. In addition to reviewing and updating the BNL in order to fill project vacancies, the CCR team also holds case conferencing meetings to review special cases of households that cannot complete the assessment due to their level of vulnerability, or whose responses do not reflect what an assessor observes.
- D. The following represents a uniform assessment and housing prioritization process to be used across the CVCoC for matching individuals and families with housing interventions, if the household also meets eligibility criteria for the project type:

<b>VI-SPDAT Score</b>	<b>Single Individuals</b>	<b>Families</b>
8 or higher	Permanent Supportive Housing	PSH or medium- to long-term RRH
4-7	Short or medium-term RRH	Short to medium-term RRH
3 or less	Self-resolution	Self- resolution

**1. Permanent Supportive Housing (PSH)**

Chronically homeless households are placed on the BNL and are eligible for PSH. However, those who score an 8 or above on the VI-SPDAT are prioritized for PSH based on the CVCoC’s order of priority based on HUD guidance.

All turnover beds for CVCoC-funded PSH are prioritized for persons experiencing chronic homelessness and should use the following order of priority for filling vacancies

- i. Chronically homeless individuals or households
  - 1. CH with longest history of homelessness and most severe services needs
  - 2. CH with longest history of homelessness
  - 3. CH with most severe service needs (VI-SPDAT and HBA scores)

- ii. If no chronically homeless and there is a PSH opening, then:
    - 1. Homeless individuals and families with a disability with long periods of episodic homelessness and severe services needs
    - 2. Homeless individuals and families with a disability with severe service needs
    - 3. Homeless individuals and families with a disability coming from places not meant for human habitation or emergency shelter without severe service needs.
  - iii. If two (or more) referrals are of equal priority, then households meeting more than one priority subpopulations will be prioritized above households only belonging to one.
2. Rapid Re-Housing (RRH)
- i. Individuals and families with a score between 4 and 7 on a VI-SPDAT shall be prioritized for rapid re-housing (RRH) based on the following criteria:
    - 1. Priority subpopulation score (1 point per subpopulation the household belongs to)
    - 2. VI-SPDAT score
    - 3. Number of months homeless
  - ii. To ensure transparent access to housing resources, rapid re-housing slots will be assigned based on the By-Name List as prioritized by most recent vote of the Community Case Review team.
3. Homeless Prevention

Households meeting the minimum eligibility for homeless prevention services will be prioritized based on the level of risk the household faces based upon the CVCoC Homeless Prevention Screening and Targeting Tool. The targeting portion focuses on risk factors that indicate probability of becoming homeless including previous homeless episodes, lack of supports and resources, being discharged from an institutional setting without a discharge plan, etc. The targeting tool also factors in the priority subpopulation score. A household scoring above a 10 on this targeting tool will be prioritized for prevention resources. Prevention referrals come directly from access points and are not referred from the BNL.

#### E. Nondiscrimination

- 1. All participating projects within the CES must take all necessary steps to ensure that housing and services are offered in a manner that does not discriminate based on race, national origin, sex, color, religion, disability status, and familial status. The CVCoC must also ensure that the CES is accessible to and usable by persons with disabilities.
- 2. CVCoC expects providers to take the following steps in order to comply with nondiscrimination requirements:
  - i. Making known that housing assistance and services are available to all on a nondiscriminatory basis and ensuring that all households have equal access to information about and equal access to the services for which they are eligible. All providers should have posted in a visible location the HUD Equal Housing Opportunity signage, including information on how to file a complaint.
  - ii. Ensuring that intake/access points are accessible to those with disabilities, including accessible physical locations for individuals who use wheelchairs and the use of adaptive technology for those who access CHIA by phone (TTY line).
  - iii. Providing meaningful access to persons with limited English proficiency, limited literacy, hearing or visual impairments or other disabilities through the use of auxiliary aids and services to ensure effective communication.

- iv. Informing households how to file a housing discrimination complaint through the Housing Discrimination Hotline: 1-800-669-9777 or the Virginia Fair Housing Office at 1-888- 551-3247.
- v. Removing barriers that would prohibit participation based on a person's disability or protected class and providing reasonable accommodations (i.e. changes, exceptions, or adjustments to a rule, policy, practice, or service) that may be necessary for a person with a disability to have an equal opportunity to use and enjoy the CVCoC's services and housing programs. *This may include allowing a service animal into shelter, arranging an inter-shelter move to accommodate an individual using a wheelchair, allowing nursing aid to come, or providing access to a bottom bunk bed.*

#### F. Equal Access

Shelter providers are expected to follow HUD's "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs" rule which requires equal access to individuals in accordance with their gender identity and access to any family unit with minor children as they present, no matter their gender, age, or family composition. It is prohibited for any homeless facility to segregate or isolate transgender individuals solely based on their gender identity. It is also prohibited under the Fair Housing Act for any landlord or housing provider to discriminate against LGBTQ persons because of their real or perceived gender identity or any other reason that constitutes sex-based discrimination.

#### G. Appeals Procedures

All CES access points and projects are required to have a grievance procedure consistent with Section VI under 'CVCoC Program Written Standards'.

#### H. Affirmative Marketing

1. All CoC projects participating in the CES must affirmatively market housing and supportive services to eligible persons – regardless of race, color, national origin, religion, sex, age, familial status, or disability – who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.
2. Providers are encouraged to implement affirmatively furthering fair housing through the following actions:
  - i. Target: Identify special populations and subpopulations in the CoC jurisdiction who are eligible for CES services but have historically not participated, enrolled, and entered in CoC programs in rates commensurate with overall subpopulation prevalence. Subpopulations may include, but are not limited to, those experiencing chronic homelessness, youth, victims of domestic violence, veterans and households with children.
  - ii. Outreach: Outline an outreach and communications plan that includes special measures designed to attract those groups identified as least likely to apply. Outreach efforts may include engaging community partners, institutions and agencies who are in contact with those who are currently not accessing services such as unsheltered individuals.
  - iii. Indicators: State the indicators to be used to measure the success of the marketing program. The effectiveness of the marketing program can be determined by noting if the program effectively attracted persons experiencing homelessness who are:
    1. From minority groups, as represented in the population of the CVCoC jurisdiction;
    2. Persons with disabilities and their families;
    3. Persons whose legal history, housing history, substance use history, behavior health status, physical health status, or any other attribute or characteristic has historically served as a barrier to gaining entry to CVCoC services and/or housing.

- iv. Good faith efforts at conducting an affirmative marketing strategy may include the following:
  - 1. Advertising in locations or media that are used and viewed or listened to by those identified as least likely to enter CoC services and housing;
  - 2. Marketing CoC services and housing to specific community, religious, support organizations or institutions frequented by those least likely to enter CoC services and housing;
  - 3. Developing a brochure or handout that describes CES processes to be used by persons experiencing a housing crisis to locate, identify, and access CES services;
  - 4. Ensuring that staff at all projects participating in CES have read and understood the Fair Housing Act, and the purpose and objectives of affirmative marketing efforts.

**IX. The CVCoC Expected Outcomes**

- A. Reduce the overall length of homelessness in the community to 30 days or less
- B. Reduce the number of households becoming homeless by 5% year over year
- C. Reduce the overall rate of formerly homeless households returning to homelessness within 24 months from program discharge to under 20%
- D. 60% or more of adults will exit with income
- E. 45% or more of adults will exit with mainstream (non-cash) benefits
- F. 70% or more will exit with health insurance
- G. 45% or more of exits will be to permanent housing

# **CoC Program Written Standards**

## I. Overview

The Central Virginia Continuum of Care (CVCoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Lynchburg City and the Counties of Amherst, Appomattox, Bedford and Campbell. Both the Emergency Solutions Grant (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area:

1. Establish and consistently follow written standards for providing Continuum of Care assistance
2. Establish performance targets appropriate for population and program type
3. Monitor recipient and sub-recipient performance

## II. Adherence

- A. All programs that receive Homeless and Special Needs Housing (HSNH) grants (partially funded through Emergency Solutions Grant, or ESG) or Continuum of Care funding through the Department of Housing and Urban Development (HUD) are required to abide by these written standards, and agreement to abide by the written standards shall be a condition of being moved forward for CVCoC funding.
- B. The CVCoC strongly encourages homeless response programs that do not receive either of these sources of funds to accept and utilize these written standards as well.

## III. Purpose

- A. The written standards have been established to ensure that persons served by the CVCoC will be given similar information and support to access and maintain permanent housing. To that end, these standards shall be reviewed at least every two years. The majority of these standards are based on the ESG and/or the HEARTH Interim Rules. There are, however, some additional standards that have been established by the CVCoC which will assist programs in meeting and exceeding performance outcomes and help the CVCoC reach the goal of ending homelessness.
- B. The CVCoC written standards shall:
  1. Ensure that persons served by programs within the CVCoC will be given similar information and support to access and maintain permanent housing.
  2. Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system.
  3. Assist in assessing individuals and families consistently to determine program eligibility.
  4. Assist in administering programs fairly and methodically.
  5. Establish common performance measurements for all CVCoC components.
  6. Provide the basis for the monitoring of all CVCoC funded projects.

## IV. Program Requirements for All Programs

### A. Program Policies and Procedures

1. Programs must have written program-specific policies and procedures and must consistently apply them to all participants.
2. Programs must have a grievance procedure for consumers denied services, terminated services or who disagree with a program's actions toward them.

3. Programs must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
4. Programs must comply with all federal statutes including, the Fair Housing Act and the Americans with Disabilities Act.
5. Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
6. Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
  - a. Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination.
  - b. Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
  - c. Termination shall not necessarily preclude assistance at a future date.

#### B. Assistance with Mainstream Resources and CVCoC Coordination

1. Programs must coordinate with mainstream resources in the CVCoC including housing, social services, employment, education and youth programs for which participants may be eligible.
2. Programs shall supply heads of household with transportation assistance when they have mainstream benefit appointments and employment opportunities.
3. Program staff should systematically follow-up to ensure mainstream benefits are received.
4. Programs are required to provide support and assist eligible households to take advantage of healthcare options through the Affordable Care Act.
5. Programs must coordinate with other targeted homeless services within the CVCoC.

#### C. Family Separation

1. To maintain family unity and compliance with HUD and DHCD requirements, no homeless response provider funded through the CVCoC may deny admission to any family based on age, gender, size, marital status, gender identification or sexual orientation.
2. Persons with children, who identify as a family unit, should be served as a household and allowed to remain together within the homeless response system.
3. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children.

#### D. Educational Services for Children

1. Programs serving children must have:
  - a. A staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney-Vento education services.
  - b. Policies and practices that are consistent with the education subtitle of the McKinney-Vento Act and other laws relating to education and related services to homeless people to include:
    - i. Informing homeless families and youth of their eligibility for McKinney-Vento education services,
    - ii. Not requiring that children enroll in new schools as a condition of entry, and

- iii. Allowing children to remain in their school of origin.

#### E. HMIS Participation

1. Programs receiving CVCoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS.
2. Programs must meet minimum HMIS data quality standards as outlined in this document.
3. Programs providing domestic violence services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.

#### F. Religious Activities

Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded through the CVCoC. These activities may be offered but must remain separate and voluntary for program participants.

#### G. Record Keeping Requirements

All records containing personally identifying information must be kept secure and confidential. At a minimum, these documents should be kept behind one lock. Programs must have written confidentiality/privacy notice which should be made available to participants if requested. Records must be retained for the appropriate amount of time as prescribed by HUD.

1. Participant Recordkeeping Requirements include:
  - b. Documentation of homelessness (following HUDs guidelines),
  - c. A record of services and assistance provided to each participant,
  - d. Documentation of any applicable requirements for providing services/assistance,
  - e. Applicable releases of information, and
  - e. Documentation of applicable CVCoC tools.
2. Financial Recordkeeping Requirements include:
  - a. Documentation for all costs charged to the grant,
  - b. Documentation that funds were spent on allowable costs,
  - c. Documentation of the receipt and use of program income,
  - d. Documentation of compliance with expenditure limits and deadlines,
  - e. Copies of all procurement contracts as applicable, and
  - f. Documentation of amount, source and use of resources for each match contribution.

#### H. Occupancy Standards for all Programs

All facilities and housing units utilizing CVCoC grant funding, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards)

- a. Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents,
- b. Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable,
- c. Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings,



- d. Each room must have a natural or mechanical means of ventilation,
- e. Must provide access to sanitary facilities that are in operating condition, private and clean,
- f. Water supply must be free of contamination,
- g. Heating/cooling equipment must be in working condition,
- h. Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances,
- i. Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner,
- j. Building must be maintained in a sanitary condition, and
- k. Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

## V. Program Requirements for Individual Projects

### A. Overview

- 1. Program failure to meet project standards for Access, Participant Eligibility Criteria, Eligible Activities, Minimum Standards, Financial Assistance Standards, Expected Performance Outcomes, and Program Denial Policies may result in loss of CVCoC funding. See Section III under 'Evaluation' regarding Evaluation of CVCoC programs.
- 2. Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders.

### B. Coordinated Homeless Intake and Access (CHIA)

- 1. Agencies providing CHIA staffing shall:
  - a. Provide designated staff for the coordinated assessment process, the number of which may change over time based on client's needs and agency capacity,
  - b. Allow assessment staff members to be evaluated on a regular basis by the CVCoC and any outside evaluators they might bring in,
  - c. Ensure assessment staff receive training on the assessment, referral, and data entry processes associated with coordinated assessment, as well as any other trainings the Homeless and Housing Services Committee deems necessary,
  - d. Make referrals based on the agreed-upon system-wide prioritization criteria, bed availability, admission criteria and the assessment tools,
  - e. Allow the assessment staff to take holidays and vacations, in accordance with the policies of the employer agency,
  - f. Allow the assessment staff to participate in meetings and trainings (at least quarterly) of the employer agency to enhance skills, maintain up to date knowledge of policies and procedures, and sustain interpersonal relationships with co-workers, and
  - g. Assist in the development of policies and procedures for coordinated assessment and distribute to participating programs.
- 2. CHIA Coordinators shall:
  - a. Administer assessments to consumers attempting to access the coordinated assessment process,

- b. Report any capacity issues to the coordinated assessment staff supervisor and CVCoC Collaborative Applicant,
  - c. Record assessment tool results in HMIS (with the exception of domestic violence related data which is manually tallied),
  - d. Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer,
  - e. Obtain a verbal agreement on data confidentiality from each consumer whose information is entered into HMIS,
  - f. Manage the bed availability lists for various interventions as requested,
  - g. Refer unsheltered households who are unwilling or unable to access shelter to the street outreach program for follow up services,
  - h. Refer at-risk or homeless consumers ineligible for homeless assistance services to the CCR team as well as other, more appropriate community resources such as 211, and
  - i. Document gaps in the homeless system and report out on these at the Homeless and Housing Services Committee.
3. CHIA Coordinator Supervisor shall:
- a. Ensure coordinated assessment staff are following all policies and procedures and help them address any obstacles to doing their jobs, and
  - b. Report to the board of the CVCoC the status of coordinated assessment and any concerns with the system or specific program non-compliance.
4. Programs Participating in CHIA shall:
- a. Treat all consumers with respect and kindness,
  - b. Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness,
  - c. Provide all program eligibility criteria to the Homeless and Housing Services Committee for use in making referrals,
  - d. Participate in the Homeless Management Information System (HMIS) and enter coordinated assessment information into the HMIS unless they are legally prohibited from doing so by legislation or agency policy,
  - e. Meet with the Homeless and Housing Services Committee when requested to discuss concerns and issues around the coordinated assessment process, and
  - f. Abide by the policies and procedures of the Coordinated Entry System in Section V.B.
- C. Street Outreach
1. Street outreach serves unsheltered individuals or families in the CVCoC geographic region with a primary nighttime residence that is a public or private place not meant for human habitation. This includes but is not limited to a car, park, abandoned building, bus or train station, airport, or camping ground.
  2. Access to Street Outreach
    - a. CES access points and community partners assist with identifying unsheltered persons to connect with street outreach.
    - b. The street outreach program conducts routine canvassing to identify unsheltered persons.
    - c. Engagement efforts are not limited to serving only persons seeking assistance.
  3. Eligibility Criteria

Street outreach clients must have their unsheltered homeless status verified.

4. Program activities include:
  - a. Engagement
  - b. Housing-focused case management
5. Minimum Standards
  - a. To the extent feasible, unsheltered status should be verified visually during an on-site outreach visit. Outreach worker must document location, date, and time the individual was observed sleeping in such accommodations. Observation of indicators that the individual sleeps in the location is also acceptable (such as a tent, sleeping bag, personal belongings, etc.).
  - b. Third party verification can be accepted from a reliable source such as a case worker or police officer who has observed the person sleeping in a place not meant for human habitation.
  - c. Self-certification can only be accepted as a last resort after attempts have been made to obtain visual evidence or documentation from a third party.
  - d. Written documentation of homelessness is required for every client case file.
  - e. To the extent feasible, outreach worker should re-verify homeless status every 30 days.
6. Expected Performance Outcomes
  - 50% or more of exits will be to positive housing (to shelter or housing)

#### D. Homeless Prevention Program

1. The Homeless Prevention Program provides short to medium-term financial assistance and stabilization services aimed to prevent shelter entrance and promote housing retention. The target population for prevention will be those at imminent risk of becoming homeless – those who “but for this assistance will become homeless”,
2. Access to Homeless Prevention Programs:

All referrals to homeless prevention programs shall come directly from coordinated entry when the household is not yet literally homeless, and diversion is unsuccessful as indicated by the CVCoC Safety and Diversion Screen.
3. Eligibility Criteria:
  - a. Participants are not homeless but must be at imminent risk of homelessness and unable to be diverted.
  - b. Households must meet the minimum threshold as identified by the CVCoC Homeless Prevention Screening tool.
4. Program Activities include:
  - a. Rental assistance
  - b. Rental arrears assistance
  - c. Housing stabilization financial assistance
  - d. Housing stabilization case management
  - e. Housing search and placement
  - f. Housing stabilization services
  - g. Service location costs

## 5. Minimum Standards

- a. All participants must have a completed CVCoC Intake Form with proof of diversion.
- b. All participants must have a completed CVCoC Housing Barrier Assessment and CVCoC Housing Plan.
- c. Maximum participation in a homeless prevention program cannot exceed 24 months.
- d. Services must include case management, but may also include mediation, landlord outreach, and financial assistance.
- e. Housing-focused case management contact must occur at least monthly.
- f. Participants must be re-evaluated at least every 90 days to prove that services are necessary for the recipient to avoid becoming literally homeless. This requirement applies to both supportive services and rental assistance.

## 6. Financial Assistance Standards

- a. CVCoC Prevention projects are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.
- b. All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income toward their monthly rent. The tenant rent contribution may be adjusted at any time based on changes to household income, including but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.
- c. Participants must be re-evaluated at least every 90 days for financial assistance or every 12 months for supportive services to prove that services are necessary for the recipient to avoid becoming literally homeless. This requirement applies to both supportive services and rental assistance.

## 7. Expected Performance Outcomes

- a. 5% or less of exits will be to homelessness
- b. 85% or more of all participants will remain in stable housing or exit to a different permanent housing situation
- c. 50% or more of adults will exit with employment income
- d. 70% or more of adults will exit with income
- e. 45% or more of adults will exit with mainstream (non-cash) benefits
- f. 85% or more of adults will exit with health insurance
- g. 85% or more of exits to permanent housing should not become homeless within a year

## E. Emergency and Domestic Violence Shelters

1. Provides temporary shelter to address a household's immediate housing crisis when diversion is not possible.
2. Access to Shelter
  - a. All emergency and domestic violence shelters funded through the CVCoC must report bed and unit availability daily to the CHIA Coordinator.
  - b. All participants shall be assessed by CHIA prior to admission to an emergency shelter. DV programs, however, may admit participants directly into their programs without a CHIA referral.

3. Eligibility Criteria
  - a. Participants are literally homeless as defined by HUD, or
  - b. Participants are fleeing domestic violence.
4. Program Activities include:
  - a. Conducting initial assessments,
  - b. Completing a strength-based housing barriers assessment and corresponding individualized housing and service plans,
  - c. Assisting a program participant in overcoming immediate barriers to obtaining housing,
  - d. Facilitating access to mainstream services,
  - e. Monitoring and evaluating program participant progress, and
  - f. Coordination with and referrals to other providers.
5. Minimum Standards:
  - a. Minimum hours of operation are 4PM – 7AM,
  - b. Staff supervision, whether paid or volunteer, must be provided during hours of operation of program,
  - c. A full intake using CVCoC tools shall be completed with each household,
  - d. At intake each participant shall be given a copy of the agency's grievance policy,
  - e. At intake each participant shall be informed of evacuation procedures,
  - f. Maps/diagrams of exits should be prominently placed throughout the facility,
  - g. The following must be completed with each household within 5 business days:
    - i. CVCoC Housing Barriers Assessment
    - ii. CVCoC Housing Plan,
  - h. All priority sub-populations shall also have a Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) completed within 7 business days.
6. Expected Performance Outcomes
  - a. Average length of stay is 25 days or less
  - b. 35% or more of exits will be to permanent housing
  - c. 45% or less of exits will be to an unknown location
  - d. 45% or more of adults will exit with income
  - e. 40% or more of adults will exit with mainstream (non-cash) benefits
  - f. 65% or more of adults will exit with health insurance
7. Provider Decline Policy:
  - a. Emergency shelters and domestic violence shelters, receiving CVCoC funding, may only decline individuals and families found eligible for services under limited circumstances, such as:
    - i. No vacancies;
    - ii. The households present with more people than referred by CHIA; or
    - iii. Based on shelter policies and procedures the shelter feels that the household cannot be safely accommodated.

- b. The shelter must report this rejection to CHIA immediately for CHIA to attempt to find alternative shelter beds.
- c. Shelter denials will be documented by CHIA for use in CVCoC Board funding and program decisions.

#### F. Rapid Re-Housing (RRH)

1. Rapid Re-Housing (RRH) programs provide housing relocation and stabilization services and short or medium-term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing.
2. Access to CVCoC funded RRH Programs:
  - a. The Community Case Review team will prioritize applicants as outlined in Section VIII under 'CVCoC Coordinated Entry Policy and Procedures.'
  - b. RRH providers will report project vacancies to the CVCoC Lead Agency as outlined in Section VI.A-4 under 'Coordinated Entry System Policy and Procedures'
3. Eligibility Criteria:
  - a. Participants must meet the HUD definition of literal homelessness (HUD Category 1). Thus, participants must be in an emergency shelter or residing in a place not meant for human habitation.
  - b. Participants must be referred through the Coordinated Entry Policies and Procedures Section VIII. D. 2.
4. Minimum Standards
  - a. Maximum participation in a rapid rehousing program cannot exceed 24 months.
  - b. All participants must have a completed CVCoC Housing Barrier Assessment and CVCoC Housing Plan.
  - c. Services may include landlord outreach, assessment of housing barriers, financial assistance, and case management.
  - d. Supportive services may be provided alone or with a combination of rental assistance and supportive services.
  - e. Support services must occur at least monthly while financial assistance is being provided in accordance with HUD regulations 24 CFR Part 578.
  - f. Supportive services may continue at the discretion of the program and client after financial assistance ceases in accordance to the program's funding guidelines.
5. Financial Assistance Standards
  - a. Determinations of the amount of rental assistance provided by CVCoC RRH providers, such as "shallow subsidies" (payment or a portion of the rent), payment of 100 percent of the rent charged, or graduated/declining subsidies are made and reassessed at least every three months. Assistance is "need-based", meaning that RRH providers determine the amount of assistance based on the minimum amount needed to help the program participant maintain housing stability.
  - b. All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income toward their monthly rent. The tenant rent contribution may be adjusted at any time based on changes to household income, including but not limited to at each 90-day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.

- c. Participants must be re-evaluated at least every 90 days for financial assistance or every 12 months for supportive services to prove that services are necessary for the recipient to avoid becoming literally homeless. This requirement applies to both supportive services and rental assistance.
- 6. Expected Performance Outcomes:
  - a. Average length of time from enrollment to housing is 25 days or less
  - b. 90% or more of exits will be to permanent housing
  - c. 85% or more of exits to permanent housing will not become homeless again within a year
  - d. 65% or more of adults will exit with mainstream (non-cash) benefits
  - e. 50% or more of adults will exit with employment income
  - f. 70% or more of adults will exit with income
  - g. 85% or more of adults will exit with insurance
- 7. Provider Decline Policy:
  - a. RRH programs may not deny a client referral for any reason other than that the household is ineligible for services based on the policies and procedures outlined for that service. For example, a referred person is no longer homeless at time of intake and is therefore not eligible for the program.
  - b. The program must report the rejection immediately in order for a referral to be made to other providers.
  - c. Program denials should be documented for use in CVCoC Board funding and program decisions.
- G. Housing Opportunities for Persons with AIDS (HOPWA) Tenant-based Rental Assistance (TBRA)
  - 1. Housing and supportive services dedicated to low-income persons living with HIV/AIDS and their families.
  - 2. Access to CVCoC funded HOPWA Programs:
    - If providers know of an impending vacancy, they are required to report to the Community Case Review Convener, the anticipated availability date within 72 hours of being made aware of the availability.
  - 3. Eligibility Criteria:
    - a. Participants must have at least one person in the household diagnosed with AIDS or HIV, and
    - b. Participants must be at or below 80% AMI.
  - 4. Minimum Standards
    - a. All participants must have a completed CVCoC Housing Barrier Assessment and CVCoC Housing Plan which needs to be updated as case management occurs and annually.
    - b. Services may include landlord outreach, assessment of housing barriers, financial assistance, and case management.
    - c. Supportive services may be provided alone or with a combination of rental assistance and supportive services.
    - d. HOPWA programs will utilize Housing First approaches.
  - 5. Expected Performance Outcomes:

- a. Increase the percentage of qualified clients/households able to establish or better maintain suitable stable housing.
  - b. Improve accessibility to health care and other support services for qualified client/households.
  - c. Reduce the risk of homelessness among individuals and families living with HIV/AIDS.
6. Provider Decline Policy:
- a. Next steps programs may not deny a client referral for any reason other than that the household is ineligible for services based on the policies and procedures outlined for that service.
  - b. The program must report the rejection immediately in order for a referral to be made to other providers.
  - c. Program denials should be documented for use in CVCoC Board funding and program decisions.
- H. Housing Opportunities for Persons with AIDS (HOPWA) Short-term Rent, Mortgage, and Utility (STRMU) Assistance:
- 1. Time-limited housing and assistance dedicated to low-income persons living with HIV/AIDS and their families.
  - 2. Access to CVCoC funded HOPWA Programs:
    - If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of the availability.
  - 3. Eligibility Criteria:
    - a. Participants must have at least one person who has AIDS or HIV.
    - b. Participants must be at or below 80% AML.
    - c. Participants are not homeless but must be at imminent risk of homelessness and unable to be diverted.
    - d. Participants must demonstrate that he/she does not have the resources to meet rent, mortgage, or utility payments.
  - 4. Minimum Standards
    - a. Assistance may be provided for a period of up to 21 weeks in any 52-week program year period.
    - b. Assistance amount varies based on the emergent needs of the client. Examples of "Emergency Need" includes sudden loss of income due to changes in health, loss of employment coupled with not yet being eligible for SSDI, loss of source of income when family composition changes, threat of eviction, foreclosure, or utilities shut-off, and extraordinary and unexpected health care costs.
    - c. Assistance is not intended to provide long-term financial assistance.
    - d. Services may include landlord outreach, assessment of housing barriers, financial assistance, and case management.
    - e. Supportive services may be provided alone or with a combination of financial assistance and supportive services.
    - f. HOPWA programs shall utilize Housing First approaches.
  - 5. Expected Performance Outcomes:
    - a. 80% or more of participants will remain stable or exit to a permanent housing situation



- b. 5% or less of exits will be to homelessness
  - c. 90% or more of adults will have health insurance at annual review or exit
6. Provider Decline Policy:
- a. HOPWA programs may not deny a client referral for any reason other than that the household is ineligible for services based on the policies and procedures outlined for that service.
  - b. The program must immediately report the rejection of any referral made through Community Case Review to the Convener in order for a referral to be made to other providers.
  - c. Program denials should be documented for use in CVCoC Board funding and program decisions.
- I. Permanent Supportive Housing (PSH)
1. Permanent Supportive Housing is an evidence-based housing intervention that combines non-time limited affordable housing assistance wrap-around supportive services for people experiencing homelessness and who have a disability of long duration.
  2. Access to CVCoC funded PSH Programs
    - a. PSH providers will report project vacancies to the Community Case Review Convener as outlined in Section VI.A-4 under 'Coordinated Entry Policy and Procedures' .
    - b. The Community Case Review team will prioritize applicants as outlined in Section VIII under 'Coordinated Entry Policy and Procedures'
  3. Eligibility Criteria
    - a. Participants must meet the HUD definition of chronic homelessness of experiencing literal homelessness for at least 12 continuous months **or** 4 episodes of literal homelessness that total 12 months in the last 3 years **with** a disability of long duration that impacts their housing stability.
    - b. All eligible participants shall have completed a Vulnerability Index - Service Prioritization Decision Tool (VI-SPDAT) by a trained assessor.
  4. Minimum Standards
    - a. There can be no predetermined length of stay for a PSH program.
    - b. All participants must have a completed CVCoC Housing Barrier Assessment and CVCoC Housing Plan.
    - c. Supportive services designed to meet the needs of the program participants must be made available to the program participants at least monthly.
    - d. Program participants in PSH must enter into a lease agreement for an initial term of at least one year. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months
    - e. Turnover beds in PSH projects will be prioritized according to Appendix E, which includes HUD Notice CPD 16-11 and the Prioritization Process in Section VIII under the CVCoC's Coordinated Entry Policy and Procedures for order of priority for dedicated or prioritized PSH beds for chronically homeless individuals.
    - f. PSH programs will utilize Housing First approaches.
  5. Expected Performance Outcomes:
    - a. 85% or more of participants will remain stable in PSH or exit to a permanent housing situation

- b. 65% or more of adults will have cash income at annual review or exit
- c. 55% or more of adults will increase cash income at annual review or exit
- d. 75% or more of adults will have mainstream (non-cash) benefits at annual review or exit
- e. 90% or more of adults will exit with health insurance

6. Provider Decline Policy:

- a. PSH programs may not deny a client referral for any reason other than that the household is ineligible for services based on the policies and procedures outlined for that service. For example, a referred person is no longer homeless at time of intake and is therefore not eligible for the program. Another example would be an individual who is referred to a PSH program but who is unable to obtain documentation of any disabling condition.
- b. The program must immediately report the rejection to the Community Case Review Convener in order for a referral to be made to other providers.
- c. Program denials should be documented for use in CVCoc Board funding and program decisions.

VI. Consumer Grievance Procedure

- A. All households shall have the right to appeal eligibility determinations and individual program acceptance decisions.

Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process. The entity receiving the appeal must respond in writing to all appeals within 7 business days.

- B. All grievances that could not be resolved to the satisfaction of the household through the agency's grievance process shall be managed in accordance with this procedure:

Upon the household's written request to the CVCoc Board Chair, the following steps shall be followed:

1. Review Panel Hearing

- a. A hearing with a three member CVCoc review panel comprised of non-conflicted members to be selected by the CVCoc Board shall be conducted after written notice from the household.
- b. The household must be given written notice of the result of the review panel hearing and be provided 10 days to request a Final Review.

2. If applicable, a Final Review with the CVCoc Board Officers and Lead Agency representative

- c. The CVCoc Board Officers and Lead Agency representative will review the decision of the Review Panel Hearing and provide a written response to the household within 10 days.
- d. The individual must be given written notice of the result of the final review decision.

# **Evaluation**

## I. Needs/Gaps Analysis

The CVCoC Board is responsible to conduct an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CVCoC geographic area, in order to create priorities for new project proposals based on the assessment. The analysis is based on HMIS data, performance data, point in time surveys, and agency surveys for data collection. The Collaborative Applicant shall conduct the analysis and present findings annually to the board.

## II. System Wide Performance Measures

### A. These measures will include at minimum:

1. Reduce the overall length of homelessness in the community to 25 days or less;
2. Reduce the number of households becoming homeless by 5% year over year;
3. Reduce the number of returns to homelessness from permanent housing placements;
4. Jobs and income growth for homeless persons in CoC Program- funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program- funded projects;
7. Successful housing placement.

### B. The CVCoC Board shall assign expected performance outcomes, as appropriate for each funded program, to monitor program contributions to system performance. Evaluation of these outcomes, and of the actions undertaken by programs in support of the outcomes, shall be included in funding ranking and review processes, including all funding sources under the purview of the CVCoC Board. (See Section V.A-I under 'CVCoC Program Written Standards', for expected performance outcomes by program type).

## III. Project Evaluation

### A. The Program Written Standards shall contain project level expected performance outcomes to be updated regularly.

### B. Projects shall be expected to self-monitor their performance throughout the year and submit their findings to the CVCoC Board.

### C. All CVCoC funded projects will receive an annual monitoring visit by the Monitoring and Evaluation Committee to determine eligibility for renewed, increased, or decreased funding following the Monitoring and Evaluation Policy and Procedure:

1. The Monitoring and Evaluation (M&E) Committee convenes to review the current monitoring and evaluation tools. This occurs in the last quarter of the calendar year for the HUD funded projects and the 3rd quarter of the calendar year for the DHCD funded projects.
2. The M&E Committee submits recommended tools to the CVCoC Board for approval.
3. Following approval, the Committee schedules M&E visits with each funded agency within the specified quarter. Prior to the visit, each agency is provided with the monitoring tools for review.
4. A team of no less than 3 M&E Committee members, along with a Collaborative Applicant representative, conducts the visit with each project using the approved tools.
5. Following all of the monitoring visits, the Collaborative Applicant compiles a comprehensive M&E report based on the tools completed by the M&E Committee, noting any findings or deficiencies and schedules a meeting with the M&E Committee.

6. The M&E Committee discusses each report, determines next steps in regards to findings and votes on eligibility for continued funding.
7. The Chair of the M&E Committee and the Collaborative Representative signs each project report indicating the committee's recommendation regarding funding and remedial steps.
8. The project monitoring reports are submitted to the Chair of the CVCoC Board for review and then submitted to the full Board.
9. At the first monthly CVCoC Board meeting following the submittal of all monitoring reports, the Board discusses the M&E Committee's recommendations and votes to approve the decisions.
10. The Chair of the M&E Committee submits each final report to the project's representative and agency executive director within ten days of the Board meeting.
11. If there were remedial steps required of projects based on the monitoring report, the M&E Committee will convene within 90 days following the report's dissemination to evaluate progress.

#### IV. VHSP Project Selection

- A. On February 1 of each application year, the Collaborative Applicant shall publicly announce that agencies not previously receiving DHCD funding must undergo an organizational audit conducted by the Monitoring and Evaluation Committee. This audit must be completed within the month of February and submitted to the Collaborative Applicant. The Collaborative Applicant will provide the ad hoc Ranking and Review Committee with the completed audits.
- B. Upon notice of funding availability, the Collaborative Applicant shall create an internal CVCoC project application to be approved by the board.
- C. Projects will have 30 days from time of notice to submit their project application to the Collaborative Applicant.
- D. The ad hoc Ranking and Review Committee shall review the project applications to determine which projects and at what amount will be submitted for funding through the CVCoC. This decision shall be based on the project application and either the organizational audit or project monitoring visit report.

#### V. HUD CoC Competition

- A. Local Notice of Funding Availability
  1. The CVCoC will publish, in local and CVCoC social media, a public notice requesting applications.
  2. The notice will include the CoC's priorities and details of eligible applications, according to the current year's requirements. Applications will be due to the CVCoC at least 30 days prior to the due date of the CoC Collaborative Application.
  3. If there is no availability of funds for new applications through bonuses, pro-rata, or reallocation, the CVCoC will publish a public notice on its website that it is not accepting new applications for the current CoC Application.
  4. New project applications will be accepted if additional funds are available through bonuses, pro-rata, reallocation of funding due to poor-performing projects or agencies, or of agencies that are withdrawing projects from funding consideration.

#### VI. Reallocation Policy

- A. The Monitoring and Evaluation Committee will meet annually or as needed to discuss potential reallocation of HUD CoC Competition Program project grants. Each project will be evaluated based on extent to which the project is necessary and addresses the CoC's priorities identified in the CVCoC Strategic Plan to End Homelessness. If a decision is reached to do so, then a recommendation for reallocation of a specific project grant or project type will be submitted to the CoC Board. Criteria to be considered in a decision to recommend reallocation of a project/project type include:

1. Alignment with the CVCoC Strategic Plan to End Homelessness,
  2. Alignment with federal and state goals to end homelessness,
  3. Monitoring and Evaluation Committee's audit report findings including fiscal responsibility, compliance with program guidelines and performance,
  4. HMIS Data Quality Report Card score in accuracy, completeness and timeliness,
  5. Meeting the CoC Project Performance Outcome Standards,
  6. Consideration of unspent CoC funds, and
  7. Consideration of impact on the Consolidated Application score.
- B. If the Board endorses the recommendation to reallocate funding, the grantee will be notified by the Board and a request for proposals (RFP) will be widely distributed in the community to be solicited for use of the reallocated funds. The details of the RFP will be based on the current HUD CoC Competition Notice of Funding Availability.

## VII. Review and Ranking Policy

### A. Overview

1. The ranking process is intended to accomplish the following objectives:
  - a. To prioritize those activities that are most successful in ending homelessness
  - b. To maximize funding available to end homelessness in Central Virginia
  - c. To direct new resources toward the most pressing needs for resources in the community
  - d. To address populations that have been underserved, and prioritize assistance toward those with the greatest need
  - e. To provide an incentive for all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.

### B. Evaluation/Prioritization Tools

1. The ad hoc Ranking and Review Committee will convene upon organizations' submission of their project application to review and prioritize projects based on the following factors:
  - a. Review of Project Application
    - i. The project's application will be reviewed to ensure compliance with the most recently published CoC Competition Notice of Funding Availability (NOFA), adherence to Housing First principles, alignment with HUD priorities, commitment to best practices, capacity to administer the project, compliance with CVCoC Policies and Procedures and demonstration of fiduciary responsibility.
    - ii. *Completed for all project applications.*
  - b. New Project Eligibility Checklist (See Appendix B)
    - i. To help ensure compliance with regulatory guidelines and local competition requirements, all organizations applying for new project funds under the HUD CoC Competition must demonstrate they meet the threshold requirements by submitting the CVCoC New Project Eligibility checklist.
    - ii. *Completed for new project applications only.*
  - c. Renewal Project Scorecard (See Appendix A )
    - i. Renewal projects will be evaluated based on the performance standards identified in the CVCoC Policies and Procedures relative to the project type. Applicants will complete and submit their project's scorecard based on data from their most recently

completed Annual Performance Report or a comparable report for a victim service provider

ii. *Completed for renewal applications only except for HMIS or SSO projects.*

d. Monitoring and Evaluation Report

i. Renewal projects will be evaluated based on the annual project monitoring and evaluation report submitted to the Board by the Monitoring and Evaluation Committee.

ii. *Completed for renewal project applications.*

e. Project Annual Performance Report (APR)

i. Performance will be evaluated using data from the project's most recent APR submitted for the last full operating year including match, utilization, priority subpopulations served, outcomes, and financial management. Victim service providers can use a comparable report.

i. *Completed for all renewal applications in operation for a full year.*

2. As new project applications will not have performance outcomes to complete the Project Scorecard, will not have had a monitoring visit and will not have an APR, all new project applications will be evaluated based on their project application and New Project Eligibility Checklist. (See Appendix B)

C. Review and Ranking Decision-Making Process

1. This review and ranking process is intended to accomplish the following objectives:

- a. To prioritize those activities that are most successful in preventing or ending homelessness;
- b. To maximize funding available to end homelessness in Central Virginia;
- c. To direct new resources toward the most pressing needs in the community;
- d. To address populations that have been underserved, and prioritize assistance toward those with the greatest need;
- e. To provide an incentive for all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.

2. This review and ranking process is intended to accomplish the following objectives:

- a. Priority Group 1: Permanent Housing
  - i. Renewal PSH or RRH projects
  - ii. New or expanded PSH projects with chronically homeless dedicated beds or DedicatedPlus or new or expanded RRH projects dedicated to priority sub-populations
- b. Priority Group 2: Core CoC Services
  - i. Renewal HMIS
  - ii. New or expanded HMIS
  - iii. SSO for centralized intake
- c. Priority Group 3: Joint TH and PH-RRH component project
  - i. Renewal joint TH and PH-RRH component projects
  - ii. New joint TH and PH-RRH component projects
- d. Priority Group 4: DV Bonus Projects
  - i. New or expanded PH projects for victims of domestic violence
  - ii. New or expanded TH-RRH projects for victims of domestic violence

- iii. New or expanded SSO projects for victims of domestic violence
3. The Collaborative Applicant will submit the project applications, APRs, Scorecards and New Project Eligibility Checklist to the ad hoc Review and Ranking Committee. The Chair of the Monitoring and Evaluation Committee will submit the monitoring and evaluation report to the CVCoC Board Chair. All documents will be received by 2 business days prior to the Review and Ranking meeting. The ad hoc Review and Ranking Committee will review all documentation to ensure that all projects meet the requirements set forth in the Notice of Funding Availability and are in alignment with the CVCoC's Strategic Plan to End Homelessness as well as the CVCoC Policies and Procedures.
4. At the Review and Ranking meeting, the committee will rank the projects according to the above Priority Groups. Where there are multiple projects within one group, the committee will use the CVCoC Project Scorecard (for renewal projects) or the New Project Eligibility Checklist and project application (for new projects) to determine which project is most effectively and efficiently meeting the CoC's mission to ensure homelessness is rare, brief and nonrecurring. A vote will occur on each Priority Group to determine rank within the Group starting with Priority Group 1. When all projects have been ranked, the ad hoc Review and Ranking Committee will vote on the final Priority Listing.
5. Following the committee meeting, the Collaborative Applicant will notify each project of its placement on the Priority Listing and the appeals process should they wish to appeal their ranking. This notification will be sent to each applicant within 2 business days of the committee's decision and two weeks prior to the collaborative application submission date. The Collaborative Applicant will notify the full CoC Membership via email and the listing will be publically posted on the CoC's website.

#### D. Reallocation and Ranking Appeals Process

1. An ad hoc Reallocation/Ranking Appeals Committee will be formed by 3-5 CoC non-conflicted members to review all appeals and will make recommendations to the CoC Board. The Appeals Committee will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving. Applicants may appeal any of the following decisions of the CoC Board:
  - a. The project's position on the Priority Listing
  - b. Reduction of a renewal grant amount
  - c. Reallocation of a renewal grant
  - d. Rejection of a project application
2. Applicants wishing to submit an appeal must notify the Collaborative Applicant's representative by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:
  - a. Agency name
  - b. Project name
  - c. Reason for appeal (no longer than 2 pages)
  - d. Documentation to support the appeal
3. Applicants will be notified of the outcome no later than 5 business days after the appeal has been received.

Appendix A:



# Central Virginia CONTINUUM OF CARE

## Renewal Scorecard for Permanent Housing (PH) Projects

Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) ([24 CFR Part 578](#)) along with the [CVCoC Policies and Procedures](#).

Name of Proposed Project: \_\_\_\_\_ PH Type: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

Part A: Type of PH Project	Max Points	Source	Project Score
Permanent Supportive Housing prioritizing CH or DedicatedPlus	10	Project Application	
Non-dedicated Permanent Supportive Housing	8	Project Application	
Rapid Re-Housing prioritizing a CVCoC prioritized sub-population	10	Project Application	
Rapid Re-Housing not prioritizing a CVCoC prioritized sub-population	4	Project Application	
<b>Part A Subtotal (Max possible points 10):</b>			

Part B: Priority Sub-Populations & Vulnerabilities	Max Points	Source	Project Score
Prioritizes one or more of the CVCoC's priority sub-populations	5	Project Application	
Uses the household's VI-SPDAT score to prioritize openings- with higher scores having preference	5	Project Application	
Housing First and/or Low Barrier implementation with rapid placement in housing	5	Project Application	
<b>Part B Subtotal (Max possible points 15):</b>			

Part C: HMIS Implementation	Max Points	Source	Project Score
Project HMIS user in compliance with Accuracy Standards	2	2018 HMIS Report Card	
Project HMIS user in compliance with Technical Standards	2	2018 HMIS Report Card	



<b>Error rate percentage below 5 in all categories</b>	2	<i>Most recent APR</i>	
<b>Entered data into HMIS or, if a victim service provider a comparable database</b>	2	<i>Project Application</i>	
<b>Project HMIS user in compliance with Training Standards</b>	2	<i>2018 HMIS Report Card</i>	
<b>Part C Subtotal (Max possible points 10):</b>			

<b>Part D: Central Virginia Continuum of Care (CVCoc) Participation</b>	<b>Max Points</b>	<b>Source</b>	<b>Project Score</b>
<b>Recommended for renewal in the last CVCoc Monitoring and Evaluation Audit</b>	5	<i>2019 M&amp;E Review</i>	
<b>Participation in the CVCoc Coordinated Entry wherein all vacancies are filled through this process</b>	5	<i>Project Application</i>	
<b>Active member of the CVCoc and on one or more CVCoc Committees</b>	5	<i>CVCoc Membership Records</i>	
<b>Part D Subtotal (Max possible points 15):</b>			

<b>Part E: Financial</b>	<b>Max Points</b>	<b>Source</b>	<b>Project Score</b>
<b>Project has reasonable costs per permanent housing exit, as defined locally</b>	5	<i>Project Application</i>	
<b>Project is financially feasible</b>	5	<i>Project Application</i>	
<b>Documented, secured minimum match</b>	5	<i>Project Application</i>	
<b>No returned CoC funds in the last 3 years</b>	5	<i>Last 3 APRS</i>	
<b>Part E Subtotal (Max possible points 20):</b>			

<b>PSH PROJECT ONLY Part F: Performance Measures</b>	<b>Max Points</b>	<b>Source</b>	<b>Project Score</b>
<b>80% of participants remain stable in PSH or exit to PH</b>	5	<i>Most Recent APR Q23a and Q23b</i>	
<b>100% literally homeless prior to entry</b>	5	<i>Most Recent APR Q15</i>	
<b>50% will have cash income at annual review or discharge</b>	5	<i>Most Recent APR Q17, 18</i>	
<b>25% will have cash income from employment at annual review or discharge</b>	5	<i>Most Recent APR Q17, 18</i>	
<b>50% will increase cash income at annual review or discharge</b>	5	<i>Most Recent APR Q19a3</i>	

<b>50% will have mainstream benefits at annual review or discharge</b>	5	<i>Most Recent APR Q20a, 20b, 21</i>	
<b>Part F Subtotal (Max possible points 30):</b>			

<b>RRH PROJECT ONLY Part G: Performance Measures</b>	<b>Max Points</b>	<b>Source</b>	<b>Project Score</b>
<b>80% of participants exit to PH</b>	5	<i>Most Recent APR Q23a and Q23b</i>	
<b>100% literally homeless prior to entry</b>	5	<i>Most Recent APR Q15</i>	
<b>85% of participants that exit to PH do not become homeless within 1 year</b>	5	<i>Custom ART Report</i>	
<b>80% will have non-cash mainstream resources</b>	5	<i>Most Recent APR Q20a, 20b, 21</i>	
<b>60% will exit with employment income</b>	5	<i>Most Recent APR Q17, 18</i>	
<b>50% will have income from sources other than employment</b>	5	<i>Most Recent APR Q17, 18</i>	
<b>Part G Subtotal (Max possible points 30):</b>			

<b>Part H: BONUS</b>	<b>Max Points</b>	<b>Source</b>	<b>Project Score</b>
<b>If a victim service provider, does the project demonstrate how it will increase safety for the population served?</b>	5	<i>Project Application</i>	

**Total of all parts including BONUS (Max possible points 105):**

*Signature of Organization CEO/Executive Director*

*Date*

Appendix B:



# Central Virginia CONTINUUM OF CARE

## New Project Eligibility Checklist

*Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) ([24 CFR Part 578](#)) along with the [CVCoC Policies and Procedures](#).*

Name of Proposed Project: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**1. New Project Type:**

- Permanent Supportive Housing
- Rapid Re-Housing
- SSO (centralized intake)
- Joint TH and PH-RRH component project
- HMIS

**2. Proposed Priority Subpopulation:**

- Chronically homeless
- Veterans
- Households with children
- Unaccompanied youth
- Domestic violence survivors

**3. Describe your agency's experience working with the priority subpopulation(s) checked off above:**

**4. If you are a victim service provider, describe how your project will improve the safety of the population you serve and meet an unmet need for this population:**

**5. Is your agency a 501(c)3 or an eligible government entity?**  Yes  No

**6. Is your agency eligible to apply for funding through HUD per the NOFA?**  Yes  No

**7. Does your agency have any recent audit findings (within the last 24 months)? Please attach your most recently completed agency audit.**  Yes  No

8. Does your agency have any outstanding findings from HUD or DHCD on any other projects your agency operates?  Yes  No

9. Describe your agency's experience managing federal or state grants:

10. Is your agency a member in good standing of the Central Virginia CoC?  Yes  No

11. Does your agency participate in the Central Virginia Continuum of Care through the following:

- Committee Membership
- Community Case Review Membership
- Board

12. Does your agency currently participate or agree to participate in the Central Virginia Continuum of Care coordinated entry?  Yes  No

13. Does your agency agree to use Housing First principles in the implementation of the project?

- Voluntary Service Model
- No drug testing or sobriety requirements
- No income requirements for entry or maintenance
- No restrictions based on criminal history
- Emphasis on project maintenance and housing stability

14. Does your agency currently participate or agree to participate in the Homeless Management Information System? If you currently participate, attach the 2018 Data Quality Report Card for any projects currently participating.  Yes  No

15. If you are a victim service provider, do you use a comparable database to HMIS?  Yes  No

*All of the information submitted to the CoC Board of the Central Virginia Continuum of Care is a true representation of the project.*

---

Signature of Organization CEO/Executive Director

Date



## Bylaws

### Article I – Name

**Section 1 (General):** The name of this association shall be the Central Virginia Continuum of Care (Central Virginia CoC) and recognized by the U.S. Department of Housing and Urban Development (HUD) as the Lynchburg Continuum of Care (VA-508).

### Article II – Membership

**Section 1 (General):** Membership in the Central Virginia CoC shall be available to all individuals, organizations, and institutions in accordance with these Bylaws, without regard to race, color, sex, religion, or national origin. Only Members in good standing shall have voting rights. Any organization, institution, or individual interested in developing and coordinating homeless assistance programs or otherwise supporting the mission and purposes of the CoC shall be eligible for membership as a Member

The Board will require Members to make and/or reconfirm a written three year commitment to the Central Virginia CoC to become or remain a Member in good standing at the annual meeting. The nature and content of such written commitment shall be defined by the Board from time to time.

A public invitation for new Members to join the CoC shall be circulated at least annually using such means as determined by the Board.

**Section 2 (Meetings):** The Central Virginia CoC shall meet quarterly unless otherwise specified in these Bylaws, at dates and times agreed upon by the Membership or at the request of the Board. The Annual Meeting of the Members of the CoC shall be held in April of each year at such place as may from time to time be fixed by the Board. All membership meetings shall be opened to the public. Special Meetings of the Members may be called by any officer of the Board of the Central Virginia CoC. A Member may request than an officer call a special meeting. Members shall be notified of all special meetings of the Members at least seven days in advance of the meeting. The notice shall state the location, date and time of the meeting, and the purpose for which it is called.

### Article III – Governance

**Section 1 (General):** The Central Virginia CoC is governed by the CoC Board, which acts as the primary decision-making body responsible for: (1) researching Federal and state homeless program requirements and funding sources and using this information to assist CoC members in the development of new or maintenance of existing programs, (2) managing community planning, coordination, and evaluation with the goal of developing a cohesive, comprehensive system of homeless services and housing that leads to ending people’s homelessness permanently and (3) reporting on grant outcomes.

**Section 2 (Board Composition):** The Central Virginia CoC Board shall consist of an uneven number of voting members equaling at least seven but no more than 17.

**Section 3 (Board Terms):** Central Virginia CoC Board members shall serve terms of two years, renewable for two additional terms, not to exceed three successive terms. After serving three consecutive terms, the Board

member may be eligible for re-election after a one-year hiatus. Term limits will not be in place for CoC funded agency representatives.

**Section 4 (Board Qualifications & Vacancies):** Board members shall be nominated at the annual meeting of the CoC Board and approved by a majority of the Membership present at the annual meeting of the Membership.

**Section 5 (Board Meetings):**

Regular meetings of the Board may be held at such time and place as may be fixed from time to time by the Board with at least four (4) regular meetings held annually. Annual meetings shall be held in the month of April of each year to nominate officers and board members and conduct such other business as may be necessary.

**Section 6 (Board Quorum):** A majority of the number of Board members shall constitute a quorum for the transaction of business.

**Section 7 (Officers):** The officers of the Central Virginia CoC shall be drawn from the members of the Board and elected annually.

**Section 8 (Committees):** The Central Virginia CoC Board is assisted in fulfilling its responsibilities as set forth in Article III, Section 1, above by a number of committees. The Board, at its discretion, shall have the power to create and dissolve committees as needed and on an ad hoc basis. All Committees report to the Board and may, from time to time at the Board's discretion, propose policies and other actions to the Central Virginia CoC for its consideration.

**Section 9 (Conflict of Interest and Code of Conduct):**

Central Virginia CoC Members must conduct themselves at all times with the highest ethical standards. Members are required to follow the CoC Code of Conduct Standards. Conflicts of interest, and even the appearance of a conflict of interest, must be avoided.

**Section 10 (Amendment).** These Bylaws may be amended by a majority vote of the Board at which a quorum is present.

These Bylaws were duly approved by the Board of the Central Virginia CoC on July 1, 2020, and supersede any and all prior amendments thereto.

Deborah Roberts, LLC

CoC Board Chair

07/01/2020

Date



# Central Virginia Continuum of Care Amended and Restated Charter

Pursuant to unanimous approval of the Board of the Central Virginia Continuum of Care (Central Virginia CoC), the following Amended and Restated Charter of the Central Virginia CoC is adopted.

## Article I – Name

**Section 1:** The name of this association shall be the Central Virginia Continuum of Care and recognized by the U.S. Department of Housing and Urban Development (HUD) as the Lynchburg Continuum of Care (VA-508).

## Article II – Purpose of Charter

**Section 1:** This Charter sets out the mission, purpose, and organizational structure of the Central Virginia CoC.

## Article III – Mission and Vision

**Section 1:** The mission of the Central Virginia CoC is to ensure that homelessness is rare, brief and non-recurring.

**Section 2:** The vision of the Central Virginia CoC is for all persons and families experiencing homelessness in the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell to have a permanent, safe, decent, and affordable place to call home by the year 2024.

The Central Virginia Continuum of Care has a strategic plan with specific action steps to accomplish this vision.

## Article IV – Purpose

**Section 1:** The purpose of the Central Virginia CoC is to operate the homeless response system in the city of Lynchburg and Counties of Amherst, Appomattox, Bedford, and Campbell.

**Section 2:** The Central Virginia CoC assists in the coordination and development of services and housing for homeless persons through planning, education, and advocacy. To achieve this purpose the Central Virginia CoC will:

- A. Enhance the knowledge of homeless response providers to ensure best practices and improve system performance.
- B. Address the housing and service needs of persons facing or experiencing homelessness.
- C. Identify gaps in the homeless response system and prioritize local, state, and federal funding to meet those needs.
- D. Engage in strategic planning and development to address prioritized needs.
- E. Operate a coordinated access system that provides a comprehensive assessment of the needs of persons facing or experiencing homelessness.
- F. Set system level and project level performance measures to gauge community progress in preventing and ending homelessness.
- G. Utilize performance measures for monitoring system, recipient and sub recipient performance; take action against poor performers when needed; and report performance measures to funders.
- H. Operate a single Homeless Management Information System (HMIS).
- I. Conduct an annual point-in-time count of homeless persons in the Central Virginia CoC region.

- J. The Central Virginia CoC will identify member agencies to serve as collaborative applicant and HMIS lead, and will monitor the performance of those roles.

**Article V – Organization**

**Section 1:** The Central Virginia CoC is a membership organization, whose members include individuals and entities interested in furthering the mission and purposes of the CoC. The rights, duties, and qualifications of Members shall be set forth in the Policy and Procedures.

**Section 2:** The management and direction of the Central Virginia CoC shall be vested in the Board. Composition of the Board, including number and terms of members, shall be fixed by the Bylaws. The Policies and Procedures outline the rights, duties and qualifications of Board Members.

**Article VI – Review and Amendment of Charter**

**Section 1:** The Board shall review this Charter at least biennially to ensure it remains consistent with the Central Virginia CoC’s mission and responsibilities. The Charter may be amended by a two-thirds vote at a meeting of the Board, with a quorum present, provided that the proposed amendment(s) shall have been submitted in writing to each member at least ten business days before action is taken by the Board. The amended charter shall be presented to the entire membership at the next regular meeting.

This Amended and Restated Charter was duly approved by the Board of the Central Virginia CoC on January 4, 2017.

This Amended and Restated Charter supersedes all prior versions.

\_\_\_\_\_  
CoC Board Chair

\_\_\_\_\_  
Date



## HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

### **A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area. 2
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

### **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

**(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs** An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

**(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

**(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

**(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see FAQ 1895). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

**Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

- a. **First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - (i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
  - (ii) The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).
- b. **Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
  - (i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
  - (ii) The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
- c. **Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - (i) The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
  - (ii) The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.
- d. **Fourth Priority—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
  - (i) The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
  - (ii) The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.



Central Virginia  
CONTINUUM OF CARE

## Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>

### To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Central Virginia Continuum of Care (CVCoc) complies with VAWA requirements. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

### Protections for Applicants

If you otherwise qualify for assistance through the CVCoc, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### Protections for Tenants

If you are receiving assistance through the CVCoc, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights through the CVCoc solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### Removing the Abuser or Perpetrator from the Household

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

The housing program may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the housing program chooses to remove the abuser or perpetrator, the housing program may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, PSH must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the housing program must follow Federal, State, and local eviction procedures. In order to divide a lease, the housing program may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

## Moving to another Unit

Upon your request, the housing program may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the housing program may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The housing program will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The CVCoC's Emergency Transfer Plan provides further information on emergency transfers, and the housing program must make a copy of its emergency transfer plan available to you if you ask to see it.

## Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The housing provider can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the housing program must be in writing, and the housing program must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The housing program may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the housing program as documentation. It is your choice which of the following to submit if the housing program asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation form given to you by the housing program with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the housing program has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days PSH does not have to provide you with the protections contained in this notice.

If the housing program receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), The housing program has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the housing program does not have to provide you with the protections contained in this notice.

## Confidentiality

The housing program must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The housing program must not allow any individual administering assistance or other services on behalf of the housing program (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The housing program must not enter your information into any shared database or disclose your information to any other entity or individual. The housing program, however, may disclose the information provided if:

- You give written permission to the housing program to release the information on a time limited basis.
- The housing program needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the housing program or your landlord to release the information.

VAWA does not limit the housing program's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

## Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the housing program cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the housing program can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If the housing program can demonstrate the above, the housing program should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

## Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

## Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the CVCoC by emailing [hhcofcv@gmail.com](mailto:hhcofcv@gmail.com) or HUD's Richmond Field Office at (800) 842-2610.

## For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>. Additionally, PSH must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the Central Virginia YWCA at 434-528-1041 or 888-528-1041.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact our local Domestic Violence Prevention Center at 434-528-1041 or 888-528-1041.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact our local Sexual Assault Response Program (SARP) 24 hour confidential hotline at 888-947-7273.





Central Virginia  
CONTINUUM OF CARE

## Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

### Emergency Transfers

The Central Virginia Continuum of Care (CVCoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>3</sup> CVCoC housing programs must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>4</sup> The ability of the CVCoC program to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the program has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the CVCoC complies with VAWA requirements.

### Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

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<sup>3</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>4</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

## Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the housing program's manager by submitting a written request for a transfer. The housing program will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

## Confidentiality

The housing program staff will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing program written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about the housing program's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

## Emergency Transfer Timing and Availability

The housing program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The housing program will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the housing program has no safe and available units for which a tenant who needs an emergency is eligible, the housing program will work with the CVCoC's Coordinated Entry process to assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. The tenant who requires an emergency transfer to a safe unit will be prioritized over all other applicants. At the tenant's request, the housing program will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

The tenant shall retain their original homeless or chronically homeless status for the purpose of the transfer.

## Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or the local Domestic Violence Prevention Center at 434-528-1041, for assistance in creating a safety plan.

For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

### Local Resources:

For questions regarding VAWA, please contact the Central Virginia YWCA at 434-528-1041 or 888-528-1041.

For help regarding sexual assault, you may contact our local Sexual Assault Response Program (SARP) 24 hour confidential hotline at 888-947-7273.

For help regarding an abusive relationship, you may call our local Domestic Violence Prevention Center at 434-528-1041 or 888-528-1041.

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency;  
or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. **Date the written request is received by victim:** \_\_\_\_\_
2. **Name of victim:** \_\_\_\_\_
3. **Your name (if different from victim's):** \_\_\_\_\_
4. **Name(s) of other family member(s) listed on the lease:** \_\_\_\_\_  
\_\_\_\_\_
5. **Residence of victim:** \_\_\_\_\_
6. **Name of the accused perpetrator (if known and can be safely disclosed):** \_\_\_\_\_  
\_\_\_\_\_
7. **Relationship of the accused perpetrator to the victim:** \_\_\_\_\_
8. **Date(s) and times(s) of incident(s) (if known):** \_\_\_\_\_  
\_\_\_\_\_
10. **Location of incident(s):** \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**EMERGENCY TRANSFER  
REQUEST FOR CERTAIN  
VICTIMS OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-  
0286 Exp. 06/30/2017

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

**The requirements you must meet are:**

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees

may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER**

1. Name of victim requesting an emergency transfer: \_\_\_\_\_
2. Your name (if different from victim's) \_\_\_\_\_
3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_  
\_\_\_\_\_
5. Address of location from which the victim seeks to transfer: \_\_\_\_\_
6. Address or phone number for contacting the victim: \_\_\_\_\_
7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_
8. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
9. Date(s), Time(s) and location(s) of incident(s): \_\_\_\_\_  
\_\_\_\_\_
10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_
11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.  
\_\_\_\_\_  
\_\_\_\_\_
12. If voluntarily provided, list any third-party documentation you are providing along with this notice:  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

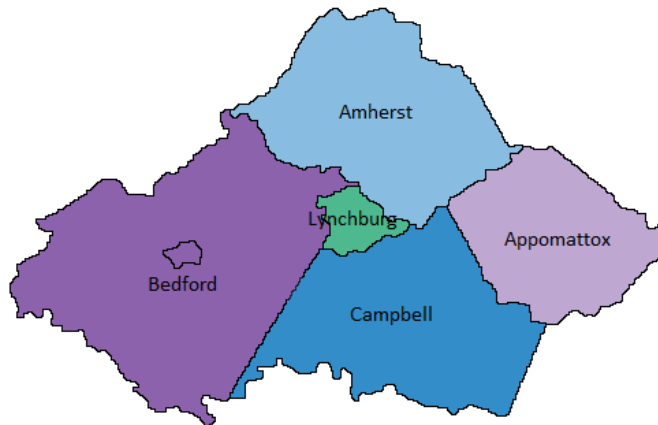
Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_



# Central Virginia CONTINUUM OF CARE

## HMIS Policies and Procedures

The Central Virginia Continuum of Care (CVCoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Lynchburg City and the Counties of Amherst, Appomattox, Bedford and Campbell.



*Approved by the CVCoC Board on 10/07/2020*



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## Definitions

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**By-Name List** – A list of all known households within our community experiencing homelessness. The list is reviewed twice a month in Community Case Review to connect households with the most appropriate intervention.

**Client** – Any person receiving services through the Continuum of Care who is, has been, or will be entered into HMIS.

**Continuum of Care (CoC)** - The Continuum of Care is a member organization designed to promote communitywide commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless households; promote access to and effect utilization of mainstream programs by homeless households; and optimize self-sufficiency amount households experiencing homelessness.

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

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

**HMIS Lead** – The organization that oversees and implements the HMIS.

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

**Participating Agency** – Any agency within the CoC that has an agency agreement and a license to use HMIS.

**ServicePoint** – A web-based HMIS that is licensed from Bowman Systems, a Mediuware Company, and that is currently used by the Central Virginia Continuum of Care.

## About HMIS

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The Central Virginia CoC has merged its HMIS database with the Southeastern Virginia Homeless Coalition (SVHC), the Greater Virginia Peninsula Homelessness Consortium (GVPHC), the city of Virginia Beach CoC, the city of Portsmouth CoC which has created the Hampton Roads HMIS. An HMIS is a repository for client level data. HMIS data can be reported for individual agencies; across an entire CoC; or for specific project types, such as emergency shelter, street outreach, rapid re-housing, or permanent supportive housing programs within a CoC. HMIS data helps identify gaps in services and offer a better understanding of the needs of the service population. Participation is required for federally and state funded homeless service providers; other providers voluntarily participate. Domestic violence providers do not enter client level data into the Hampton Roads HMIS due to confidentiality requirements but rather enter data into a comparable database with aggregate data provided to the CoC.

## Data Management for the Coordinated Entry System

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

## HMIS Structure

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The following components comprise the structure of the HMIS:

**Continuum of Care (CoC)** –The CoC's official name for federal and state purposes is the Lynchburg Continuum of Care (VA-508). Locally VA-508 is known as the Central Virginia Continuum of Care to better represent the geographic coverage area.

**HMIS Database** – The vendor supplying the HMIS database is Bowman Systems, a Mediarware Company, located in Shreveport, Louisiana. The organization that serves as the HMIS Lead for the CoC is Miriam's House who contracts with The Planning Council, located in Norfolk, Virginia, to provide technical support.

**Participating Agency** – Any agency within the CoC may participate in HMIS. Participating agencies are required to have an Agency Agreement signed by their Executive Director. In addition to the Agency Agreement, all participating agencies are required to have a representative at the HMIS committee meeting each quarter.

**Agency Users** – HMIS users are required to sign a User Agreement form at the time of their formal training and attend quarterly HMIS trainings.

**Data & Performance Committee Meeting** – The Data and Performance Committee will meet on a regular schedule decided by the committee members, normally quarterly. Committee members will be notified prior to the meeting of any schedule change.

## Data Collection

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### UNIVERSAL DATA ELEMENTS:

All projects entering data into the HMIS are required to collect all universal data elements, regardless of their funding source. The Universal Data Elements are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, and patterns of service use, including information on shelter stay and homelessness over time.

The Universal Data Elements are the foundation on which the Longitudinal System Analysis (LSA) is developed. The LSA informs the AHAR, which provides Congress the national estimates of the current state of homelessness across the United States and the use of the homeless assistance programs. Universal Data Elements also help local communities to better target resources and position programs to end homelessness.

Additional information about data collection and entry requirements can be found on the HUD Exchange in the HUD Data Standards manual and Data Dictionary: [www.hudexchange.info](http://www.hudexchange.info).

**Universal Identifier Elements - One and only one per client record**

- 3.01 Name
- 3.02 Social Security Number
- 3.03 Date of Birth
- 3.04 Race
- 3.05 Ethnicity
- 3.06 Gender
- 3.07 Veteran Status

**Universal Project Stay Elements – One or more value(s) per client or household project stay**

- 3.08 Disabling Condition
- 3.10 Project Start Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.15 Relationship to Head of Household
- 3.16 Client Location
- 3.20 Housing Move-In Date
- 3.917 Prior Living Situation

Universal data elements are required to be collected by all projects participating in an HMIS, regardless of funding source. Data elements 3.01 through 3.07 are required to be collected once per client, regardless of how many project stays that client has in the system. If, upon Project Start in a new project, the data in these elements are observed to be incorrect or outdated, the data must be corrected in the client record. The remaining universal data elements are to be collected at least once per project stay. The timing of when the data are to be collected and about whom is noted in each data element.

**PROGRAM SPECIFIC DATA ELEMENTS:**

All CVCoC projects participating in HMIS must collect a subset of the data elements contained in this section to obtain consistent information across a range of projects.

**Common Program Specific Data Elements**

To determine whether households are accessing all income sources for which they are eligible at the time of project start and to allow for analyzing changing in the composition of income between project start and exit. Increase in income is a key performance measure of most Federal Partner programs. Collecting income information through a project stay supports plans to link clients with all income sources and benefits for which they are eligible and helps CoCs improve system design and partnerships by analyzing cross-systems connections to ensure access to additional income sources.

- 4.02 Income and Sources
- 4.03 Non-Cash Benefits
- 4.04 Health Insurance
- 4.05 Physical Disability
- 4.06 Development Disability
- 4.07 Chronic Health Condition
- 4.08 HIV/AIDS
- 4.09 Mental Health Problem
- 4.10 Substance Abuse
- 4.11 Domestic Violence
- 4.12 Current Living Situation

- 4.13 Date of Engagement
- 4.14 Bed-Night Date
- 4.19 Coordinated Entry Assessment
- 4.20 Coordinated Entry Event

## Data Quality Plan

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The HMIS Lead is responsible for the development, implementation and oversight of the Central Virginia Continuum of Care Data Quality Plan. See Appendix I: CVCoC HMIS Data Quality Plan.

## Implementing HMIS

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In order for an agency to participate in the Hampton Roads HMIS, the following steps need to be followed:

**Step 1: Agency Agreement** - Every agency interested in participating must have their Executive Director read, agree, and sign an **HMIS Agency Agreement**. Before any training may take place, a signed HMIS Agency Agreement must be provided to the HMIS Administrator.

**Step 2: HMIS Training** - The HMIS Administrator must provide training to all agency users before they are allowed access to the Hampton Roads HMIS. HMIS users are required to sign a **HMIS User Agreement** form at the time of their formal training and commit to attend at least 75% of the quarterly trainings. All HMIS users are required to participate in ongoing training provided by the HMIS Lead and the HMIS Administrator.

**Step 3: User License** – Upon completion of training, each user will be provided a license with a unique ID and password, which must not be shared with anyone. Sharing is grounds for immediate termination from the Hampton Roads HMIS. As staff members no longer require access to the HMIS, the Agency must notify the HMIS Administrator immediately, so that the HMIS user accounts are immediately inactivated or changed to accommodate their change in status.

**Step 4: Technical Assistance and Reports--** Technical assistance and report requests should be requested through the HMIS Administrator. Training needs should be directed to the HMIS Lead.

## Hampton Roads HMIS Participating Agency Agreement

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

The Planning Council is the primary coordinating agency and the system administrator of the Hampton Roads HMIS database. Bowman Systems, a Mediware company is the vendor agency providing the ServicePoint software that has

been customized to be the Hampton Roads HMIS database. In this agreement, "Participating Agency" is an agency participating in the Hampton Roads HMIS and "Client" is a client of services.

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

#### **I. Confidentiality**

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

- A. The Participating Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse client records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse client records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse persons. A copy of 42 CFR Part 2 can be found at [http://www.access.gpo.gov/nara/cfr/waisidx\\_02/42cfr2\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html).
- B. The Participating Agency shall provide to the client a verbal explanation of the Hampton Roads HMIS database and the terms of consent and shall arrange for a qualified interpreter or translator in the event that a client is not literate in English or has difficulty understanding the consent form.
- C. The Participating Agency agrees not to release any confidential information received from the Hampton Roads HMIS database to any organization or client without proper client consent.
- D. The Participating Agency may not use or disclose protected health information, except either: (1) as the Health Information Privacy and Accountability Act permits or requires, or (2) as the client who is the subject of the information (or the client's personal representative) authorizes in writing.
- E. The Participating Agency shall maintain appropriate documentation of client consent to participate in the Hampton Roads HMIS database.
- F. The Participating Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for Hampton Roads HMIS receive basic confidentiality training and sign a user confidentiality agreement.
- G. The Participating Agency understands that the client data will be encrypted at the server level using encryption technology.
- H. The Participating Agency understands the file server, which will contain all client information, including encrypted identifying client information, will be located with the Hampton Roads HMIS server at Bowman Systems Inc., a Medware company in Shreveport, Louisiana.

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

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

- A. The Participating Agency shall follow, comply with and enforce the User Policy, Responsibility Statement and Code of Ethics. The User Policy, Responsibility Statement and Code of Ethics may be modified as needed for the purpose of the smooth and efficient operation of the Hampton Roads HMIS.
  - 1. The Participating Agency shall only enter clients in the Hampton Roads HMIS database that exist as clients under the agency's jurisdiction. The Participating Agency shall not misrepresent its client base in the Hampton Roads HMIS database by entering known, inaccurate information.
  - 2. The Participating Agency shall use client information in the Hampton Roads HMIS database, as provided to the agency, to assist the Participating Agency in providing adequate and appropriate services to the client.
- B. The Participating Agency shall consistently enter information into the Hampton Roads HMIS database and will strive for real-time, or close to real-time data entry. As a set standard, data should be entered into the system within 7 business days. The Virginia Beach CoC will record program exit data within 3 business days. If there are

additional timeliness standards set forth in other CoC-related policies or procedures that exceed this expectation, those requirements take precedence.

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

### **III. Reports**

- A. The Participating Agency shall retain access to identifying and statistical data on the clients it serves.
- B. The Participating Agency's access to data on clients it does not serve shall be limited to non-identifying and statistical data.
- C. The HMIS Administrator may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify clients.
- D. The HMIS Administrator will use only unidentified, aggregate Hampton Roads HMIS data for advising homeless policy and planning decisions, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.

### **IV. Proprietary Rights of Bowman Systems, a Mediware company**



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

## **V. Terms and Conditions**

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

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

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

## **User Policy, Responsibility Statement & Code of Ethics**

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### **User Policy**

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

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

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

Minimum data entry on each consenting Client will be:

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

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

## User Responsibility

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

- \_\_\_\_\_ My user ID and password are for my use only and must not be shared with anyone.
- \_\_\_\_\_ I must take all reasonable means to keep my password physically secure.
- \_\_\_\_\_ I understand that the only individuals who can view information in the Hampton Roads HMIS are authorized users and the clients to whom the information pertains.
- \_\_\_\_\_ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
- \_\_\_\_\_ If I am logged into the Hampton Roads HMIS and must leave the work area where the computer is located, I **must log off of the Hampton Roads HMIS** before leaving the work area.
- \_\_\_\_\_ A computer that has the Hampton Roads HMIS “open and running” shall never be left unattended.
- \_\_\_\_\_ Failure to log off the Hampton Roads HMIS appropriately may result in a breach in client confidentiality and system security.
- \_\_\_\_\_ Hard copies of Hampton Roads HMIS information must be kept in a locked file.
- \_\_\_\_\_ When hard copies of Hampton Roads HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.
- \_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify the Hampton Roads HMIS Administrator.

## User Code of Ethics

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

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

\_\_\_\_\_  
Printed Name of Hampton Roads HMIS User

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Signature of Hampton Roads HMIS User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hampton Roads HMIS Administrator

\_\_\_\_\_  
Date

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

## **Hampton Roads HMIS Security Policy**

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**Purpose:** This document is designed to establish security standards for participating agencies within the Hampton Roads HMIS system. The following requirements and recommendations are based on the Security Standards as defined in the HUD HMIS Data and Technical Standards Revised Draft Notice of July, 2009. A goal of Hampton Roads HMIS is to support and assist agencies in meeting these requirements.

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

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

### **Security Requirements**

<b><u>Action</u></b>	<b><u>Definition</u></b>
<b>1. Applicability</b>	HMIS Security Requirements apply to all networked computers at HMIS participating agencies as well as all non-networked computers that are used by HMIS participating agencies to access HMIS software. The Security Requirements specifically apply to: <ol style="list-style-type: none"><li>All computers connected to the agency's network</li><li>All computers that access the agency's network via Virtual Private Network (VPN)</li></ol>

- c. All other computers, such as employee or volunteer owned computers, used to access HMIS over the Internet

- 2. Passwords** Computers must be secured by a user password at computer login. Computer passwords and HMIS software passwords must meet the following minimum criteria:
  - a. Passwords must contain at least 1 number and 1 letter.
  - b. Written information pertaining to passwords must not be displayed in any publicly accessible location. Password recording must be disabled at each computer. (Do not use the "Remember Password" feature of applications.)
- 3. Anti-virus** All computers must have anti-virus software installed.
  - a. Anti-virus software must be updated regularly.
- 4. Firewall** All computers must be protected by a firewall.
- 5. System Updates** All computers must be regularly updated for protection against security threats and must have the latest service packs installed.
- 6. Computer Locking** Computers must be locked when unstaffed to prevent unauthorized access to the HMIS. Computers must be secured via locking screensavers or by logging off.
- 7. Anti-spyware** All computers must have anti-spyware/anti-malware software installed.
  - a. Anti-spyware/anti-malware software must be updated regularly.
- 8. Digital Certificates** All computers must be identified by HMIS through the use of a locally installed digital certificate employing standard Public Key Infrastructure technology.
- 9. Wireless Access Points (WAP)** All wireless LAN devices must utilize WPA or WPA2 security protocols and strong passwords of at least 14 random characters or must utilize a corporate-approved Virtual Private Network (VPN) configured to drop all unauthenticated and unencrypted traffic.
- 10 Electronic Data Storage** All HMIS data is classified as confidential and must be handled discreetly.
  - a. Electronic copies shall be stored only on an encrypted device where a password is required to access the data.
  - b. Electronic copies shall be stored only where the appropriate staff can access the data.

## Additional Security Recommendations

<u>Action</u>	<u>Definition</u>
<b>1. Computer and HMIS Passwords</b>	Computer passwords should routinely change at a rate of no less than three times a year.

- a. Computer and HMIS passwords within an agency department should be changed immediately upon personnel changes within that department.
- b. HMIS software user passwords should be different from users' passwords for other non-HMIS accounts.
- c. HMIS software passwords should not be disclosed to anyone else. All passwords should be treated as sensitive, confidential information. Follow these precautions:
  - Do not reveal a password over the phone to anyone
  - Do not reveal a password in an email message
  - Do not reveal a password to the boss
  - Do not talk about a password in front of others
  - Do not hint at the format of a password (e.g., "my family name")
  - Do not reveal a password on questionnaires or security forms
  - Do not share a password with family members
  - Do not reveal a password to co-workers while on vacation
  - If someone demands a password, refer them to this document or have them contact the Hampton Roads HMIS Administrator.

**2. Avoid Unsafe Behavior**

Computers used to access HMIS should never be used for downloading files offered through various file sharing services such as music sharing services, as such behavior increases the risk of contracting viruses or spyware/malware.

## Client Privacy Statement Policy

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

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

## Client Privacy Statement

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

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

## Notice of Privacy Practices

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### Purpose of This Notice

The Hampton Roads HMIS is a ServicePoint software product that is a centralized case management system that allows authorized participating agency personnel to collect Client data, produce statistical reports, and share information with select partner agencies if a signed “release of information” form is signed by the Client.

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

We are required by law to maintain the privacy of your private personal information. We must provide you with a copy of this notice and get your written acknowledgement of its receipt. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted at our location or on our website

### Our Legal Duty

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

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

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

## How We Use or Disclose Your Private Personal Information

### To Provide Services

We will use private personal information about you to provide you with services. We may share this information with members of our staff or with others involved in your support.

### For Administrative Operations

We may use or disclose your private personal information for operational purposes. For example, we may use your private personal information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.

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

**For Administrative Functions** - We may use or disclose your protected personal information to carry out the administrative functions of our office.

**Academic Research Purposes** - We may use or disclose protected personal information to individuals performing academic research who have a formal relationship with Hampton Roads HMIS.

**Required by Law** – We may use or disclose medical information about you when we are required to do so by law.

**Public Health Activities** – We may disclose private personal information about you if the HMIS user or developer, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Victims of Abuse, Neglect or Domestic Violence** – We may disclose private personal information about you to a government agency if we believe you are the victim of abuse, neglect, or domestic violence.

**Legal Activities** – We may disclose private personal information about you in response to a court proceeding. We may also disclose private personal information about you in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** – We may disclose private personal information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order, subpoena or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.



- To report a death as a result of possible criminal conduct.
- To investigate allegations of misconduct that may have occurred on our premises
- To report a crime in emergency circumstances.

**Funeral Directors, Coroners and Medical Examiners** – We may disclose protected personal information about you as necessary to allow these individuals to carry out their responsibilities.

**National Security and Intelligence** – We may disclose protected personal information about you to authorized federal officials for national security and intelligence activities.

**Protective Services for the President and Others** – We may disclose protected personal information about you to authorized federal officials for the provision of protective services to the President of the United States or other foreign heads of state.

## Uses or Disclosures That Require Your Authorization

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

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

## Your Rights

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

**Right to Request Restrictions** – You have the right to ask us not to use or disclose your private personal information for a particular reason related to our services or our operations. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or Hampton Roads HMIS can stop a restriction at any time.

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

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

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

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

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

We are not required to include disclosures for services, payment or operations or for National Security or Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an account may be temporarily suspended if it will impede the agency's activities. The notice of suspension should specify the time for which such a suspension is required. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings.

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

## Complaints

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

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

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

Complaint Officer: Julie Dixon, Senior Director of Planning and Program Development  
The Planning Council  
5365 Robin Hood Road, Suite 700  
Norfolk, VA 23513  
Phone (757) 622-9268

### Questions and Information

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

Sarah Fuentes	PO Box 3196
Program Associate	Lynchburg, VA 24503
Miriam's House	434.847.1101

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

## HMIS Standards of Care

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The following standards apply to all HMIS users of the Hampton Roads HMIS and will be subject to a compliance audit by the HMIS Administrator.

### Data Collection and HMIS

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

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

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

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

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

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

**Standard F4: The agency accurately enters all the required HMIS data within 7 business days of providing services to the client.**

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

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

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

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

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

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

Guideline F7: The HMIS Administrator(s) can describe training provided to staff and the process for ensuring that each user has a license with a unique name and password (unless an exception applies as authorized by the

HMIS Lead Agency/System Administrator). Relevant documentation or tracking system is available for review.

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

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

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

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

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

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

**Standard F11: Service Items and/or Worksheets added to the HMIS database have entry and exit dates that accurately reflect the paper files or intake packets.**

Guideline F11: The agency has a Quality Assurance Plan in place and a process for verifying that entry and exit dates in the files match the HMIS. The agency can produce actual files that contain information that matches the data entered into the HMIS.

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

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

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

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



## HMIS Data Quality Plan

### INTRODUCTION

This document describes the Homeless Management Information System (HMIS) data quality plan for the Central Virginia Continuum of Care (CVCoC). This document provides basic information regarding an HMIS, the data quality plan and the monitoring plan that will be used to ensure compliance to the data quality plan and the requirements set forth by the Department of Housing and Urban Development (HUD). It has been developed by the HMIS Lead Agency, Miriam's House, with input from the Data and Performance Committee of the CVCoC and the Board of the CVCoC. This plan is to be updated as necessary to comply with current HMIS data standards and local changes.

#### *HMIS Data and Technical Standards*

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS.

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). In May 2014, HUD, the Department of Health and Human Services (HHS) and the Department of Veteran Affairs (VA) announced the release of the 2014 HMIS Data Dictionary and 2014 HMIS Data Manual. This joint release was a product of collaboration between the three agencies to update the HMIS Data Standards to allow for standardized data collection on homeless individuals and families across the system. Since that time, more updates have been provided by HUD and this plan has been adjusted to remain in compliance.

In 2020, HUD updated the HMIS Standards Manual. The HMIS Data Manual supports data collection and reporting efforts of HMIS Lead Agencies, CoCs, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help them understand the data elements that are required in an HMIS to meet participation and reporting requirements established by HUD and the federal partners.

#### *Data Quality Defined*

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can ‘tell the story’ of the population experiencing homelessness. The quality of the data is determined by assessing certain characteristics such as timeliness, completeness and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

### *A Data Quality Plan Defined*

A data quality plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders and is formally adopted by the CoC. In short, a data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system. A plan that sets data quality expectations will help case managers better understand the importance of working with their clients to gather timely, complete and accurate data.

### *A Data Quality Monitoring Plan Defined*

A data quality monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

## DATA QUALITY PLAN

### *Data Technical Standards*

To ensure that all users protect the data in the system correctly, it is required that all HMIS users use a computer that is password protected with the password not visible anywhere around the computer. Anti-virus is required to be installed on the computer accessing the HMIS and it must be updated regularly. Firewall protection is required to be installed on the HMIS user’s computer. The computer system must be up to date. The internet used to access the HMIS must be password protected. HMIS passwords shall not be shared and shall not be written in a visible or common location.

### *Data Timeliness*

Entering data into an HMIS in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction or a program exit. Therefore, the sooner the data is entered, the better chance the data will be correct. Timely data ensures that the data is accessible when it is needed especially as the CoC participates in a coordinated assessment and intake system.

The following benchmarks for data entry are by program type:

- Street Outreach: *A Current Living Situation* (4.12) entered within five business days of outreach contact. Universal Data Elements entered as collected within five business days of outreach engagements.
- Homeless Prevention: All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.

- Emergency Shelters: All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- Rapid Re-Housing: All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- HOPWA: All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.
- Permanent Supportive Housing: All Universal Data Elements and Program Specific Data Elements entered within five business days of program entry/exit.

### *Data Completeness*

All data entered into the HMIS should be complete. Partially complete or missing data (e.g., missing digits in a SSN, missing the year of birth) can negatively affect the ability to provide comprehensive care to clients. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness. The CVCoC's goal is to collect 100% of all universal data elements. However, it is recognized that this is not always possible in all cases. Therefore, the CoC has established an acceptable range of unknown/don't know/refused responses to allow an acceptable error rate of 5%.

### *Data Accuracy and Consistency*

Data should be collected and entered accurately and consistently. Accuracy of data in an HMIS can be difficult to assess because it depends on the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately. Data entered into the HMIS should regularly be compared to paper records to ensure consistency. The purpose of accuracy is to ensure that the data in the HMIS is the best possible representation of reality as it relates to homeless persons. To that end, all data entered into the HMIS should be a reflection of information provided by the client, as documented by the intake worker. Recording inaccurate information is strictly prohibited.

In order to ensure consistency, all programs participating in HMIS should use the standardized intake tool developed by the CVCoC. This tool parallels with the HMIS data elements and allows all intake workers to collect and enter data in a consistent manner. Some programs will have additional intake materials but this basic tool should be used by all programs to capture HMIS data.

The data accuracy standard for all programs participating in HMIS is 95%. Thus, the percentage of client files with inaccurate HMIS data should not exceed 5%.

### *Data Training*

To ensure all of these standards are met, each HMIS user is required to attend 75% of the HMIS trainings offered each year. HMIS trainings are offered through the quarterly Data and Performance committee meetings.

## **I. DATA QUALITY MONITORING PLAN**

The CVCoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual programs, agencies and the CoC as a whole. As such, all agencies participating in HMIS are expected to meet the data quality benchmarks described in this document.

### *Roles and Responsibilities*

**The CVCoC Board** provides overall direction and oversight of the HMIS Lead, Data and Performance Committee and all agencies participating in HMIS.

**The HMIS Lead**, Miriam's House, is responsible for working with the HMIS Administrator, The Planning Council, to create new users and projects. An HMIS Lead representative provides new user training and ongoing refresher training to HMIS users to promote data quality. An HMIS Lead representative chairs the Data and Performance Committee of the CVCoC and holds quarterly meetings in January, April, July and October. The HMIS Lead will monitor HMIS participating agencies to ensure that the standards of technical, timeliness, completeness, and accuracy and consistency are met through the following means:

1. **Technical:** The HMIS Lead visits each HMIS user to complete the Technical Standards Checklist (*Appendix III*)
2. **Timeliness:** APRs are reviewed monthly by the HMIS Lead Agency to assess whether the majority of program records are entered prior to 6 days. If the program requires technical assistance to make improvements, the HMIS Lead will provide or arrange this assistance.
3. **Completeness:** Each HMIS user runs an APR on a monthly basis to demonstrate their data completeness error rate and sends it to the HMIS Lead. If an error rate is below the standard, the user will be provided with technical assistance and additional training opportunities.
4. **Accuracy and Consistency:** The HMIS Lead will conduct an annual audit of each program in order to compare client files with data entered into HMIS to ensure that the data accuracy standard is met.

**The Data and Performance Committee** will meet quarterly and review data quality reports. The committee will provide feedback and support to programs struggling with meeting the data quality benchmarks. The Data and Performance committee will note training needs amongst HMIS users and work alongside the HMIS Lead and HMIS Administrator to provide training for all HMIS users in the CVCoC.

**HMIS participating programs** are responsible for ensuring that they maintain a high level of data quality by entering and correcting data in accordance with the data quality plan. The program's Executive Director or equivalent should oversee HMIS user(s) to ensure quality data collection and entry practices. Each HMIS participating program should have an identified representative sit on the Data and Performance committee of the CVCoC and all users should participate in available trainings. Each HMIS participating program is required to have an annual site visit from the HMIS Lead to monitor data standards.

### *Compliance*

It is expected that all programs participating in HMIS will maintain a high level of data quality. Each program participating in HMIS will receive an annual report from the HMIS Lead summarizing their monthly data timeliness, monthly data completeness and annual data accuracy reports. This annual report will also summarize the program's response to make corrections in the specified time period and any other findings or concerns that either the HMIS Lead, Data and Performance Committee or Board of the CVCoC may have regarding data quality. The report will provide documentation of user attendance at quarterly trainings as well as adherence to the HMIS Technical Standards. Programs desiring funding through the Continuum of Care are expected to maintain compliance with the data quality plan and data quality monitoring plan.



HMIS Policies and Procedures Appendix II:



# Central Virginia CONTINUUM OF CARE

## HMIS Audit Accuracy Checklist

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

User: \_\_\_\_\_ Client ID: \_\_\_\_\_

The following list is to ensure that all client information is entered into the system correctly. The questions are formatted in a complete / incomplete manner with a check in the box indicating the client's information matched the intake form, based the demographics entered. Some agencies may not answer all the questions below; those questions will be marked N/A and will not affect the overall score.

### Client Profile

- 1. Name
- 2. Social Security Number
- 3. Social Security Number Data Quality
- 4. US Military Veteran
- 5. Household Information
- 6. Release of Information
- 7. Entry/Exit Information

### Entry Assessment

- 8. Date of Birth
- 9. Date of Birth Data Quality
- 10. Primary Race
- 11. Secondary Race
- 12. Ethnicity
- 13. Gender
- 14. Does the Client have a disabling condition?
- 15. Relationship to Head of Household
- 16. Client Location
- 17. Residence prior to Project Entry
- 18. Length of Stay in Previous Place

- 19. Approximate date homelessness started
- 20. Regardless of where they stayed last night – number of times the Client has been on the streets, in ES or SH in the past 3 years including today
- 21. Total number of months homeless on the street, in ES or SH in the past 3 Years

### Income / Benefits

- 22. Total monthly income
- 23. Income from any source
- 24. Non-Cash benefit from any source
- 25. Covered by Health Insurance
- 26. Monthly Income Details
- 27. Non-Cash Benefits Details

### Insurance / Disability / Outreach

- 28. Health Insurance Details
- 29. Disability Details
- 30. Domestic Violence Victim / Survivor
  - a. If Yes, Timeframe
  - b. Currently Fleeing
- 31. Residential Move-in Date (PH only)

Data Quality Score: \_\_\_\_\_ / \_\_\_\_\_

Percentage: \_\_\_\_\_ %

### **Audit Comments:**

*I acknowledge the HMIS Audit data accuracy score written above.*

HMIS User: \_\_\_\_\_ Date: \_\_\_\_\_

HMIS Lead: \_\_\_\_\_ Date: \_\_\_\_\_



HMIS Technical Standards Checklist

Agency: \_\_\_\_\_ Program: \_\_\_\_\_

User: \_\_\_\_\_

*The following list is to ensure that all users protect the data in the system correctly. The questions will be a yes/no format.*

Technical Standards

- 1. Computer is password protected
- 2. Computer's password is not visible
- 3. Anti-virus is installed
- 4. Anti-virus is auto-updated/regularly updated
- 5. Firewall is installed. Software/Hardware
- 6. System is up to date (Windows 10)
- 7. Wireless system is password protected
- 8. HMIS passwords are not visible
- 9. HMIS passwords are not written in "common" locations

Technical Standards Report: \_\_\_\_\_ / \_\_\_\_\_

Percentage: \_\_\_\_\_%

Technical Standards:  Pass  Fail

**Audit Comments:**

*I acknowledge the HMIS Audit data accuracy score written above.*

HMIS User: \_\_\_\_\_ Date: \_\_\_\_\_

HMIS Lead: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization of Release of Confidential Information

Organization: \_\_\_\_\_ Program: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Household Names:

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When you request or receive services through a homeless response program within the Central Virginia Continuum of Care, we collect information about you and members of your household to improve service coordination, help meet your needs, and fulfill program requirements.

### *What information is collected?*

Depending on your situation, you may be asked for some or all of the following for you and your household:

- Basic identifying information (name, SSN, date of birth, etc.)
- Demographic information (race, ethnicity, gender, etc.)
- Housing information (homeless status, length of time homeless)
- Income and benefit information (source and amounts, employment information)
- Health related information (disability information, substance abuse history, etc.)
- Housing barriers (criminal convictions, eviction history, etc.)

### *Why is information collected?*

- To better assess your needs and the needs of others experiencing or at risk of homelessness
- To make it easier for households to access housing resources and receive services across multiple agencies
- To analyze aggregate data on issues and programs related to homelessness

### *How is information stored?*

Collected information is stored both in your physical case file, a by-name-list of all homeless persons and in a Homeless Management Information System (HMIS). The HMIS is a system that uses computers to collect information about homelessness in order to help pay for and coordinate services to people who are homeless. Households residing in domestic violence shelters will not have their information stored in a HMIS.

*How is information protected?*

All CVCoC agencies must abide by state and federal laws to protect your data. CVCoC Policies and Procedures establish additional requirements to ensure that your information is kept confidential. All paper files are kept in locked cabinets and information entered into the CVCoC’s database (HMIS) is encrypted to ensure security. Information will only be shared outside of the CVCoC as required by law.

*How is information shared?*

- If you choose to sign the release of information, your household record will be made available to agencies within the Central Virginia Continuum of Care who also enter household data into the HMIS. Households residing in domestic violence shelters will not have their information entered into the HMIS.
- Representatives from agencies working with the CVCoC may also receive limited information through participation in the Coordinated Entry System in order to help resolve your housing crisis.
- This agreement may be revoked at any time.
- You may obtain a copy of your information at any time upon written request.
- Your decision to sign or not sign this consent document will not be used to deny outreach, shelter or housing services.
- If you have questions or complaints regarding the privacy or security of your information, you may contact:  
Miriam’s House, 409 Magnolia Street, Lynchburg, VA 24503 OR email francis@miriamshouse.org

**Consent**

***I have read the above information and authorize agencies within the Central Virginia Continuum of Care to share my information as outlined for the purposes outlined. I agree that this consent is in effect for three years.***

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Witness

\_\_\_\_\_  
Expiration Date (3 years from start)

**Consent Revocation**

I, \_\_\_\_\_ (client), wish to revoke the above release of information effective as of \_\_\_\_\_ (date). This revocation will not affect any disclosures already made prior to the cancellation notice.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Central Virginia  
CONTINUUM OF CARE

## Coordinated Entry Policies and Procedures for HUD Emergency Housing Vouchers

*Approved by the CVCoC Board on July 7, 2021*

**Background:** Emergency Housing Vouchers (EHV) are a new resource that is part of the American Rescue Plan Act and they are targeted to help households exit homelessness. The vouchers will become available in July.

These vouchers must come through the Coordinated Entry System. These vouchers are targeted to support households experiencing homelessness to connect to permanent housing. Our coordinated network of homeless service providers will have access to at least 15 vouchers, with direct referrals coming from our Coordinated Entry System.

Given the emergency nature of these vouchers and the intent to use these vouchers to address the increase in homelessness from the pandemic, the CVCoC wants to ensure that these vouchers are targeted to our most vulnerable neighbors.

Considerations for prioritization include:

- Maximizing housing interventions including
  - Mainstream vouchers for non-elderly households with disabilities who do not need ongoing supportive services or have access to the supportive services needed from another program
  - Dedicated partnership for low income housing for older adults
  - Permanent supportive housing for chronically homeless individuals who need additional supportive services
  - Rapid re-housing
  - Self-resolution supports
- Maximizing the use of HUD-funded permanent supportive housing beds through the use of EHV as part of our move on strategy.
- Implementing the EHV program in a timely manner.
- Recognition that the EHV program, while designed to serve the most vulnerable, does not provide funding for ongoing supportive services which a household might need to maintain housing stability.

**Households fleeing sexual and domestic violence:** The CVCoC has reviewed the number of households during the January 2021 Point-in-Time count that were literally homeless due to domestic violence. This proportion has been used

to determine a “set-aside” amount for vouchers to be coordinated through the YWCA of Central Virginia. The YWCA will determine prioritization within this set-aside amount.

**Proposed Prioritization and Allocation Strategy:** The following additions to the CVCoC Coordinated Entry System prioritization process are made in light of the 2021 additional Emergency Housing Vouchers provided by the department of Housing and Urban Development ([PIH2021-15 \(hud.gov\)](https://www.hud.gov/PIH2021-15)).

**Intervention:** Emergency Housing Vouchers

**Eligible Population:** Households who are currently being served by CVCoC homelessness services including, but not limited to: permanent supportive housing programs, rapid re-housing programs, emergency shelter programs, domestic violence shelter programs, and/or unsheltered outreach/supportive services efforts.

Households will be asked whether they are interested in and/or prepared to make efforts for household to meet EHV requirements (documentation, etc.).

Household can refer to individuals or families with minor children.

**Order of Priority:**

1. Household is prepared to move from HUD-funded permanent supportive housing AND does not need ongoing supportive services through the CVCoC AND does not qualify for a different source of rental assistance.
2. Household meets the definition of chronic homelessness AND does not need ongoing supportive services through the CVCoC AND does need rental assistance AND does not qualify for a different source of rental assistance.
3. Household is moving on from a rapid re-housing program AND does need ongoing rental assistance AND does not qualify for a different source of rental assistance.
4. Household is a current resident in an emergency shelter program or enrolled in street outreach, with a history of multiple (2 or more) or lengthy (longer than 45 days) emergency shelter stays within the last 3 years AND does not qualify for a different source of rental assistance.