

Application to DHCD Submitted through CAMS

City of Portsmouth/City Manager's Office

Portsmouth Homeless Action Consortium CoC

Application ID: 73603192020125940
Application Status: Approved
Program Name: HSNH 2020-22 Application
Organization Name: City of Portsmouth/City Manager's Office
Organization Address: 801 Crawford Street
Portsmouth, VA 23704-3822
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Project Name: Portsmouth Homeless Action Consortium CoC
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Project Location: 1701 High Street
Portsmouth, VA 23704-3103
Project Service Area: Portsmouth City

Total Requested Amount: \$559,086.00

Required Annual Audit Status: Accepted

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$52,000.00	\$0.00	\$52,000.00
Outreach	\$52,000.00	\$0.00	\$52,000.00
Centralized or Coordinated Assessment/Entry	\$13,872.00	\$0.00	\$13,872.00
Centralized or Coordinated Assessment/Entry	\$13,872.00	\$0.00	\$13,872.00
Targeted Prevention	\$42,094.00	\$0.00	\$42,094.00
Targeted Prevention	\$42,094.00	\$0.00	\$42,094.00
Emergency Shelter Operations	\$69,699.00	\$0.00	\$69,699.00
Emergency Shelter Operations	\$69,699.00	\$0.00	\$69,699.00
Rapid Re-housing	\$317,655.00	\$0.00	\$317,655.00
Rapid Re-housing	\$317,655.00	\$0.00	\$317,655.00
CoC Planning	\$36,575.00	\$0.00	\$36,575.00
CoC Planning	\$36,575.00	\$0.00	\$36,575.00
HMIS	\$16,751.00	\$0.00	\$16,751.00
HMIS	\$16,751.00	\$0.00	\$16,751.00
Administration	\$10,440.00	\$0.00	\$10,440.00
Administration	\$10,440.00	\$0.00	\$10,440.00
Total VHSP Funding Request	\$559,086.00	\$0.00	\$559,086.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$559,086.00	\$0.00	\$559,086.00

Budget Narrative:

Outreach: \$52,000 for Virginia Supportive Housing 50 households Coordinated Entry: \$13,872 for Portsmouth Volunteers for the Homeless 272 households Targeted Prevention: \$42,094 for ForKids 12 households Emergency Shelter Operations: \$42,635 for H.E.R. Shelter 85 household \$27,064 for Portsmouth Volunteers for the Homeless 272 households Rapid Rehousing: \$160,696 75 households \$156,959 for STOP Inc. 30 households CoC Planning: \$36,575 for Portsmouth Department of Social Services (Lead Agency) HMIS: \$2,104 for ForKids \$10,000 for HER Shelter \$2,047 for Portsmouth Volunteers for the Homeless \$2,600 for Virginia Supportive Housing Administrative: \$1,325 for ForKids \$6,327 for H.E.R. Shelter \$1,228 for Portsmouth Volunteers for the Homeless \$1,560 for Virginia Supportive Housing

Questions and Responses:

1. Part I Community Analysis and Processes

- Using PIT and other homeless data, detail who is experiencing or at risk of experiencing homelessness in your CoC/LPG.

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Answer:

The CoC analyzes various data sources, including the PIT Count and the Housing Crisis Hotline, to determine needs, gaps in services and housing, and any trends among the homeless population. Call data was reviewed from the Housing Crisis Hotline for calendar year January 1, 2019 to December 31, 2019. The Hotline data includes callers in HUD's Category 1 definition of homelessness (literally homeless) and HUD's Category 2 definition of Imminent Risk (will be homeless within 14 days or fewer and no supports or resources). Calls represent unduplicated persons.

There were 881 unduplicated calls made to the Hotline during the year, which is nearly 7.5 times greater than the number of persons counted during the 2019 Point in Time Count (119). Of the 881 callers, 245 identified as literally homeless and 636 reported they were at imminent risk of becoming homeless. Based on this analysis, the call data more accurately reflects the year-round need for homeless services in the CoC than does the Point in Time Count.

Nearly half (49%) of callers reported they were in households with children, 50% were in Adult Only households and 1% did not provide household information. This contrasts with Point in Time data indicating that just 14% of persons were in households with children and the majority (86%) were in households without children. Among Category 1 callers (literally homeless), 0.4% were in households with children and among Category 2 callers (imminent risk), 56% were in households with children.

Eighty-one percent (81%) of all callers were Black or African American, 13% were white, 3% did not identify a race, and 3% were Other Race. Sixty-eight percent (68%) were female, 30% were male and 2% were Other or did not provide the information. Only 1% of callers identified as Hispanic or Latino.

In addition, 4% of callers identified as being LGBT and 7% were veterans. Fourteen percent (14%) of callers stated that they receive SSI benefits, and 10% stated that they receive SSDI benefits. (NOTE: Each category (SSI and SSDI) is unduplicated within itself. For example, if a caller reported SSI on five calls, they are only counted in SSI once. If a caller reported both SSI and SSDI they were counted once in each benefit category.)

According to the 2019 Portsmouth Homeless Action Consortium's (PHAC) Point in Time Count, there were a total of 119 homeless persons counted. The rate of homeless persons counted in Portsmouth was 126 per 100,000 compared to the state rate of 68 per 100,000 and the US rate of 174 per 100,000.

Of the 119 persons experiencing homelessness, 108 (91%) were sheltered and 11 (9%) were unsheltered. Of the 108 sheltered persons, 38 were in an Emergency Shelter, 46 were in a Winter Shelter, and 24 were in Transitional Housing. The Winter Shelter count reflects the number of persons typically unsheltered from April thru October. During a full year, a more realistic count of unsheltered persons could be 57 instead of 11. There were no unsheltered children.

Of the 119 persons counted, 87% were Black or African American and 13% were white compared to the CoC's total population of 54% Black or African American, and 40% white.

Fourteen percent (14%) of all persons counted were in households with children and 86% of persons counted were in households without children. Seventy-nine percent (79%) were adults over the age of 18 and 21% were children under the age of 18. There were no households with only children. Three persons (0.3%) were parenting youth

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between ages 18-24

Of the 94 adults over the age of 18, 9% reported that they were chronically homeless, 16% were veterans, 3% experienced severe mental illness, 15% were fleeing domestic violence, 4% experienced chronic substance use disorder and 2% were living with HIV/AIDS.

2. Detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement including the service providers for each activity.

Answer:

PHAC receives over \$3.5 million in federal and state dollars to target homelessness in the city. Sources include HUD-CoC, CDBG, HOME, VHSP and Housing Trust Fund.

- **Housing Crisis Hotline** –The Hotline is the central point of contact throughout Greater Hampton Roads and is operated by ForKids. Portsmouth CoC members collaborate with ForKids to provide services for Portsmouth. A diversionary assessment is completed for callers requesting prevention or shelter assistance ensuring all alternative options have been exhausted prior to a referral to a CoC housing programs. ForKids works within CoC guidelines, coordinating referrals to ensure households are connected to available resources necessary to meet their basic health and safety needs. When ES is not readily available, callers are connected with outreach services and assisted with development of a safety plan. ForKids maintains a database of housing-related resources in addition to CoC resources and callers can also access a 24-hour self-service directory of available shelter options during the winter shelter season.
- **Outreach and Engagement** –Through canvassing, referrals and partnerships, outreach workers identify and assist over 100 literally homeless individuals and families each year who are in places not meant for human habitation and/or exiting institutions, living in doubled up situations as well as shelters. Everyone identified is assessed and then presented at the Coordinated Assessment meetings to determine appropriate housing options and other services. The PATH outreach worker at PBHS provides outreach and assistance to adults with serious mental illness who are experiencing homelessness or who are at risk. Services include community-based outreach, case management, other supportive services, and a limited set of housing services, including Shelter Plus Care. PVH provides site-based outreach through day services and a seasonal shelter where households are assessed and then connected to needed services. The Centralized Intake Specialist also receives referrals from the Hotline and provides case management services until clients are connected with other resources.
- **Coordinated Assessment** – The Portsmouth Coordinated Assessment Network, or PCAN, is a bi-weekly gathering of all housing providers to review assessments of individuals and families identified as homeless and match them to appropriate housing options. Data used to determine the order of priority is gathered through the centralized intake process which includes a variety of assessment tools, including the VI-SPDAT. PCAN functions and responsibilities are outlined in the CoC's Written Standards that meet the federal requirements for operation. Ongoing review to adjust how all services are provided and recorded is also part of the system that works to adhere to new data standards as they are released.

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- **Emergency Shelters (ES)** – Portsmouth has one year-round shelter called Restore (operated by H.E.R.), as well as a winter shelter operated by PVH. PVH’s winter shelter provides 160 nights of shelter each year for approximately 175 unduplicated individuals. The PVH shelter includes day services through their Services Center where individuals can walk-in receive basic services and referrals to a variety of services onsite providers, such as Legal Aid. Restore is a permanent site 25-bed emergency shelter that serves approximately 175 individuals experiencing homelessness each year. Clients are provided case management and housing location services within a housing stabilization plan. H.E.R. also manages an RRH program that can often accept these households from shelter based on their priority assessment at PCAN.
- **Transitional Housing (TH)** – PCOM maintains 10 units for homeless individuals and serve approximately 20 individuals each year. During their time of participation in TH, supportive services are offered to assist each client to obtain benefits and/or employment, secure necessary mental and physical health care, find stable permanent housing, and more. PARC also maintains six units with case management services for families and has received approval from HUD to reallocate these units to PSH.
- **Rapid Rehousing (RRH)** – H.E.R. serves approximately 50 households each year. Program participants receive case management and housing location services and establish and maintain a housing stabilization plan to reach self-sufficiency. Housing advocates find PH solutions via market rate rentals, public housing opportunities, PSH, or other programs. Stabilization coordinators ensure they have applied or are receiving all benefits participants are eligible for and are working toward increasing their income, where possible. Staff remain in contact with the client for 9-12 months after exiting the shelter to help ensure long term success.
- **Permanent Supportive Housing (PSH)** – VSH maintains 12 units for individuals while PARC manages three units for chronically homeless families and 14 units for single adults (13 chronic). PARC’s recent award from HUD allows for reallocation of TH units to provide an additional 4 PSH units for single adults and 2 for families. PCOM manages 4 units for single, chronically homeless and disabled individuals. PBHS manages the Shelter Plus Care program for 100 individuals in 48 units. These are in scattered site apartments and target those with mental illness, substance use, intellectual disabilities and chronic homelessness. VSH manages a 60-unit SRO that has 42 units dedicated to homeless individuals. PRHA also maintains 60 vouchers for non-elderly disabled citizens and has a homeless preference agreement with the CoC. An additional 14 vouchers for youth aging out of foster care were recently awarded.
- **CoC partnerships** – A large amount of faith-based organizations, foundations and city and state agencies also support the at-risk and homeless populations in Portsmouth through provision of direct assistance, capacity building, coordination, and advocacy.

3. 3. Identify where gaps exist within the CoC/LPG Crisis Response System. Detail the methodology for determining gaps within the system.

Answer:

In 2019-2020, the biggest gaps identified were Rapid Rehousing followed by Permanent Supportive Housing. These gaps were identified by PHAC members and supported by the review of the CoC-wide housing inventory and the data about the length of time households waited for appropriate housing options through PCAN. Additional data includes requests made through the Housing Crisis Hotline.

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The greatest service delivery need in Portsmouth is currently for individuals, followed by families, as demonstrated in the data collected and reported to HUD each year. Prevention funds are also extremely limited and are not readily available for all at-risk households that qualify. The demand for emergency shelter beds for individuals experiencing homelessness on a year-round basis is also not met, especially during the months of March to November when the seasonal shelter is not operating. Therefore, increased requests to expand Emergency Shelter, Rapid Rehousing and Prevention are found within this community-wide grant application.

PHAC agencies review gaps in the system through ongoing data review during the monthly Executive Committee and Policy and Planning Committee meetings, as well as through discussions amongst all partner agencies at the Coordinated Entry System (CES) meetings, when individuals and families are assessed for appropriate housing options but often placed on a 'waiting list' until one becomes available. The data from the Housing Crisis Hotline is also presented to membership and reviewed regularly, demonstrating the number of unduplicated callers and the variety of stated needs. Agencies discuss any noted trends in unmet needs, by subpopulation, throughout the year and identify agencies that may have the capacity to address them.

Executive Committee members review funding charts by program type along with the amount and type of units/beds made available across the CoC and discuss the unmet needs determined at the Coordinated Entry meetings. Materials for review include the Housing Inventory Count and the Point in Time Count as well as summary charts of funded projects. The results of these ongoing data reviews are summarized and highlighted when funding applications are made available to solicit qualified agencies to address the biggest needs when putting forth project applications. The final review and vote for putting applications forward for funding is made by non-conflicted CoC members that also participate on the Executive Committee and decide if gaps are being met or not by each project application.

PHAC also participates in meetings of the Regional Task Force on Ending Homelessness where regional providers and city representatives meet to collectively discuss the larger regional and statewide needs in homeless services and share in the burden of identifying additional resources and capacity. Often most gaps and needs identified within one jurisdiction are evident across the region. Working together, the Task Force has been successful in identifying a qualified housing provide – Virginia Supportive Housing – who then developed and manage six separate SRO properties that house individuals experiencing homelessness with a variety of disabilities and who were often chronically homeless.

Youth-centered housing and programs remain a gap even as data reveals that there is an increase in youth ages 18-24 accessing homeless services across the region.

4. 4. What is your CoC/LPG doing to address these gaps/needs?

Answer:

PHAC members have most recently focused on identifying additional capacity and creating new partnerships to add to the housing and community resource inventory. One example of such a partnership with the Redevelopment and Housing Authority resulted in two recent awards – 60 mainstream vouchers for those living with disabilities (for which a homeless preference is in place) and 14 Fostering Youth Independence vouchers for youth aging out of foster care and at risk of homelessness. Invitations to regional agencies not currently participating at PHAC meetings are also made in order to learn about their services and establish relationships for making referrals when needed.

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The need to fill gaps for housing and services is discussed at regular committee meetings and highlighted when applications for funding are announced in order to guide applications that are put forward. Most recently, PARC applied to change their HUD-funded Transitional Housing units into Permanent Supportive Housing in order to expand PSH capacity while Virginia Supportive Housing successfully applied for Housing Trust Funds in order to increase supportive services for homeless individuals in the Portsmouth SRO – South Bay - who are burdened with mental and physical health issues. ForKids, a large provider of homeless services for families, is also in the middle of constructing a new building to provide expanded emergency shelter beds for the region, along with additional services.

Implementing a regional Housing Crisis Hotline to streamline all first contact for households seeking assistance to prevent or end homelessness has been successful for several years within Portsmouth. By continuing to participate in the Housing Crisis Hotline covering the 14 jurisdictions of Greater Hampton Roads, Portsmouth is able to take advantage of the efficiencies involved in coordinating efforts on a regional level and ensures that Portsmouth callers experience a high level of customer service with up-to-date resource information. In FY19, nearly 3,000 Portsmouth callers were screened by the Hotline who then provided over 4,400 referrals to appropriate agencies to address their needs.

Likewise, the collaboration of service providers who meet as the Portsmouth Coordinated Assessment Network (PCAN) streamline the entire process of placements into various housing programs by jointly assessing and discussing the details of each household that has been screened using the VI-SPDAT. This discussion provides the opportunity for a group determination of appropriate levels of housing and services, and the length of time and effort needed to stabilize each household, while also reviewing the challenges and barriers encountered throughout the process in order to identify gaps and solutions.

The CoC has worked to diversify funding streams that support its work and successfully partners with the City to utilize all available funds, such as CDBG and HOME, to help fill gaps in services and housing. In July 2019, the CoC lead agency changed to the Portsmouth Department of Social Services, which also provides CoC leadership and is implementing changes based on best practices. PHAC leadership has also contracted with The Planning Council for additional support and recently had a consultation from Housing Innovations, Inc. to explore ways to best utilize the existing Transitional Housing units and improve the Coordinated Entry System.

PHAC has a long history of participating in statewide and federal initiatives that are offered to provide technical assistance and additional capacity as well as target efforts, such as Built for Zero to end chronic homelessness, the Homeless Veterans challenge in Virginia which resulted in functionally ending chronic homelessness, the 1,000 Homes Campaign to identify and prioritize the most vulnerable living outdoors, as well as utilize the VISTA volunteer program managed by the Virginia Housing Alliance.

As a member of the South Hampton Roads Regional Task Force on Ending Homelessness, best practices and resources are highlighted and shared that can potentially address and fill gaps and needs within the CoC. By collaborating with neighboring jurisdictions, the CoC is aware of trends and funding opportunities, as well as patterns identified by service providers and city representatives that are discussed. Through these discussions, resources are sought on a larger scale, partnerships are formed that bring additional capacity to the CoC, and professional development trainings are planned that improve the effectiveness of direct service providers.

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

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coordinated entry process?

Answer:

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

Households in the community can access the CES by calling the Housing Crisis Hotline, local emergency shelters, homeless service providers, and engaging outreach workers who canvass known places where individuals who are experiencing homelessness congregate. These access points, whether physical, via telephone or outreach services, are avenues through which households experiencing a housing crisis can easily initiate the coordinated entry process for screening, assessment and connection to the most appropriate resources. Providers that are not designated to serve as access points direct household to the Regional Crisis Housing Crisis Hotline for screening and referrals to community resources. The number has been shared with all the agencies within the CoC and is listed in the 2-1-1 Virginia database.

Once the individual/household has completed the first level screening process and has been deemed as eligible for homeless services, a standardized assessment tool (the VI-SPDAT) is used to identify the household's acuity level and to help guide decisions around the appropriate level of services and housing. Once a referral is received, the agency or another designated point-of-contact (navigator, case manager, client specialist or advocate) will conduct a complete assessment to determine the most appropriate housing resource. Homeless households are prioritized based on their VI-SPDAT score. Referrals for housing resources are made through the Portsmouth Coordinated Assessment Network (PCAN).

Referrals for targeted homelessness prevention are made to agencies that identify as having the resources to begin that application process.

Once the assessment is made, the assessment tool is explained, and consent is secured before the assessment can be conducted. Individuals are advised of their right to refuse consent to share information and that their refusal will not prevent them for receiving services.

Individuals are presented at Portsmouth Coordinated Assessment Network (PCAN), the provider forum where cases are discussed for prioritization and referral to available housing resources.

Accessing the CES after Hours -

Households in need of emergency shelter after regular business hours may leave a message with the Housing Crisis Hotline and they will be contacted the next business day. During the months of November through April, callers will get an automated option after-hours that will direct them to winter shelter services. The staff at the shelter will offer accommodation if space is available, and the household is population appropriate. The local police department transports individuals to emergency shelter services after-hours as well.

Referrals -

The CES makes referrals to all shelter and housing programs within the Portsmouth CoC. The referrals are created

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through the PCAN committee for case conferencing and prioritization to identify the next eligible household when programs have openings. Eligibility and screening criteria for each provider's program are used to ensure that clients are being appropriately referred. Providers are required to submit their respective program criteria to the PCAN committee. The Portsmouth CoC strives to use available resources effectively and efficiently to serve the most vulnerable in the homeless community.

When a potential housing resource has been identified, the case manager or another designated point-of-contact (navigator, client specialist or advocate) will notify the household. The receiving agency should contact the household within seven business days to schedule an appointment. After meeting with the household, the receiving agency has seven days to provide a disposition of the referral into HMIS.

Referrals may be denied if the household is unable to be reached or does not meet the program's eligibility criteria. The agency is asked to notify the household. The household is then returned to their previous prioritization order.

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

Answer:

PHAC follows defined guidelines in prioritizing housing for the most vulnerable. To achieve this practice, PHAC also observes guiding principles that include a commitment to the following:

- A "Housing First" Approach: this client-focused approach is centered on getting individuals into permanent housing first and then providing supportive services, as needed, to help obtain and maintain their housing status. Supportive services could include employment, mental health and/or substance abuse treatment, coaching and counseling.
- Fair Housing: as recipients of federal and state funding, PHAC providers comply with all applicable laws related to housing, including: the Fair Housing Act, prohibiting housing discrimination based on race, color, gender (sex), national origin, disability or familial status; Title VI of the Civil Rights Act, prohibiting discrimination based on race, color or national origin; Title II of the Americans with Disabilities Act, prohibiting discrimination based on disability; Title III of the Americans with Disabilities Act, prohibiting discrimination from private entities that own, lease and operate places of public accommodation from discriminating based on disability and covers shelters, social service providers; and Section 504 of the Rehabilitation Act prohibiting discrimination on the basis of disability under any program or activity receiving federal financial assistance.

Vulnerability Prioritization is implemented, ensuring that all decisions are made based on vulnerability in accordance with HUD Notice CPD-016-11. This also includes prioritizing Veterans and chronically homeless.

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

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Answer:

The length of financial assistance and support services are planned individually by each service provider for Rapid Rehousing and Targeted Prevention. Service providers estimate length and amount of assistance based on VI-SPDAT scores (and details included within the assessment tool, such as disabilities) and past experience with households who have varying acuity levels and adjust as needed when individual circumstances present themselves. Housing stabilization plans are created with each household when brought into a program and include the realistic expectations of the length of time it may take to obtain employment and/or various benefits, and pay debts associated with maintaining current housing (such as utilities). Within PCAN, these discussions occur when there are additional issues that extend the projected length of assistance for some households, or a household fails and returns to homelessness or disappears.

By reviewing data on a regular basis as a CoC, agencies can determine the real-time overall trends and needs of the homeless and at-risk populations, while also sharing successful methods to address them. The review of System Performance Measures helps focus the CoC-wide discussion on how to target efforts for successful placements into housing, options for increasing both benefits and earned income, and numbers of those returning to homelessness within two years. These discussions all filter down to each agency's planning efforts to provide financial assistance and services for Rapid Rehousing and Prevention programs.

Portsmouth has prioritized the use of prevention funds to assist recently homeless clients from returning to homelessness. Families who are facing eviction and have recently received RRH or prevention funds receive higher prioritization for available funds.

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

Answer:

Portsmouth is not a large jurisdiction with a population of approximately 95,000 but has a consistently high rate (12%) of individuals and families experiencing homelessness in nearly all sections of the city. Service providers for both individuals and families include outreach, diversion and prevention, emergency shelter, transitional housing, Domestic Violence programs, Rapid Rehousing and Permanent Supportive Housing units, employment services, Healthcare for the Homeless primary care clinic, and intensive and mental health case management.

For individuals there are also day shelter services, and for families – educational programs and after school care for children. Large families are almost always accommodated with both housing options and services with the help of PDSS and their assistance programs. Medically fragile individuals and households are prioritized at PCAN and assisted within case management programs and can also be linked to the Healthcare for the Homeless program within Portsmouth. Sex offenders are usually accommodated with Emergency Shelter, Transitional Housing and Permanent Supportive Housing options.

The needs of LGBTQ+ households are met either by PHAC agencies who do not discriminate, or by linking them to the regional LGBT Life Center, which provides a wide variety of housing and support services for this special population. The disconnected and homeless youth population faces the most challenges in Portsmouth as there are

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no specific youth-centered housing programs in place. However, all service providers accept youth into their programs, including parenting youth. Public schools, juvenile justice programs and social services collaborate on a regular basis to avoid discharging youth into homelessness and connect them with appropriate accommodations.

In February, the Portsmouth Redevelopment and Housing Authority, in partnership with PDSS, announced 14 new housing vouchers for youth aging out of foster care and at risk of experiencing homelessness to help address this need. Additionally, a regional youth initiative is underway with the support of the Hampton Roads Community Foundation to identify best practices and resources that will address this population.

All PHAC agencies work to offer additional assistance for households with challenges such as no access to internet or phones by providing access for them through their intensive outreach and case management programs. Households are connected with Federal Lifeline Assistance phone and Internet providers (through Assurance Wireless and Cox). Likewise, language barriers are addressed by reaching out to PDSS or other agencies that utilize Language Line or other interpretive services. Several city agencies, such as PBHS and PDSS, as well as non-profit agencies such as Eggleston, Endependence and F.R.E.E., offer a variety of supportive services and resources for those with mobility issues or intellectual disabilities.

Through the Housing Crisis Hotline, there is citywide access to community resources to help divert households from homelessness whenever possible. A Prevention & Diversion Specialist works closely with households to determine their best housing stabilization strategy. Every effort is made to keep people in their current housing including diversion to family or friends long-term, offering financial assistance to prevent eviction or locating new affordable housing in the community.

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

Answer:

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

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

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

Answer:

Barriers to placing clients into rental housing units can depend on the property owners/landlords who sometimes require good credit, or do not allow for recent and serious convictions in criminal background, etc. PHAC members continuously work with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management – in addition to financial assistance when needed – is visible and consistent. Regardless, these barriers exist and can often delay the placement into a housing unit.

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Consistent increases in rental prices and utilities continues in Portsmouth and places an unrealistic burden on households with little or no income. Service providers are sometimes successful in negotiating rent decreases but it's not a usual occurrence. Also, in 2018, Portsmouth ranked as #5 in evictions the country with an eviction rate of 15.07%. Landlords will often not rent to persons with recent evictions.

The limited number of housing vouchers available through the Portsmouth Redevelopment and Housing Authority (PRHA) is a barrier for those households who need an ongoing subsidy due to their circumstances. PRHA partners with PHAC to provide a homeless preference for available vouchers and was also successful in applying for and receiving new vouchers for non-elderly adults with disabilities and youth exiting foster care. Due to the high poverty rate and limitations for employment for many of the individuals and families experiencing homelessness in Portsmouth, there remains a high need for additional vouchers to stabilize many low-income households.

Establishing a medical home and being seen and treated in a timely manner continues to be a barrier for household stabilization. The expansion of Medicaid in Virginia allows for many homeless clients to be eligible for Medicaid; however, the additional patient load for clinics (including the Healthcare for Homeless program) has also lengthened the time for appointments and much needed care. Service providers work with a variety of medical establishments, such as Free Clinics or private practices that donate services, in order to get their clients treated. Likewise, there remains a significant shortage of free mental health services in the community although more private agencies are now available who can often bill Medicaid for homeless clients.

11. 11. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2019 – December 31, 2019). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

Answer:

1. Portsmouth Volunteers for the Homeless – 83%
2. Portsmouth Department of Social Services – 67%
3. Portsmouth Area Resource Coalition – 83%
4. Portsmouth Behavioral Healthcare Services – 50%
5. Portsmouth Redevelopment and Housing Authority – 50%
6. Portsmouth Christian Outreach Ministries – 83%
7. Portsmouth Police Department – 50%
8. Virginia Supportive Housing – 67%
9. ForKids – 83%
10. H.E.R. Shelter – 83%
11. Eggleston – 17%
12. Veterans Affairs Medical Center – 17%
13. STOP Inc. – 50%
14. LGBT Life Center – 17%
15. The Planning Council - 50%
16. ECI – 50%
17. Portsmouth Probation – 17%

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- 18. F.R.E.E. Foundation – 17%
- 19. Family and Youth Foundation – 17%
- 20. Ursula Murphy (citizen) – 67%

The Executive Committee members discuss the need for additional capacity and diverse membership of PHAC at the monthly meetings. Invitations are made on a regular basis to agencies and individuals by each service provider on an ongoing basis when appropriate. Presentations are made at PHAC Community meetings every other month to help inform the members of resources, and to identify missing information that would help the CoC prevent and end homelessness in a more efficient manner.

12. 12. Has your CoC/LPG examined its programs and systems for racial disparities? What was the result of this examination and what is the CoC/LPG doing with this information? Have any actions been taken to address the disparities (if applicable)?

Answer:

The Portsmouth Homeless Action Consortium conducted a Racial Disparity Assessment for the calendar year January 2018 to December 2018. This assessment examined data from the U.S. Census, the PHAC's Homeless Management Information System (HMIS), and PHAC partner agencies to: 1) compare the racial and ethnic composition of the general population to the racial and ethnic population within the homeless system; and 2) to identify any racial or ethnic disparities within the CoC's provision of homeless assistance.

According to US Census data (2013-2017 5-year estimates), 40% of PHAC's general population identifies as white, 59% identify as Black or African American, 1% is unknown.

Within PHAC's HMIS system, 47% identify as Black or African American, 47% identify as Multiracial, 4% identify as White and 2% as Other Race. It is unusual to see that Multiracial individuals represent nearly half (47%) of those receiving homeless assistance in Portsmouth. Because HUD's Homeless Management Information System (HMIS) does not track primary or secondary race, it is difficult to know whether this population might be included within another race category, such as Black or African American.

To better understand any racial disparities, in several instances this report uses the comparison of non-white races to *persons of color*. Using this definition, 94% of PHAC's homeless population identify as a person of color compared to 4% as non-white.

Those identifying as Hispanic or Latino comprise 6% of the general population. While a disproportionate share of this population experience poverty (21%), they represent just 1% (6 persons) of Portsmouth's homeless population.

The assessment found that while those identifying as White comprise 4% of the homeless population, they comprise 16% of those receiving Permanent Housing and 12% of those receiving Permanent Supportive Housing.

PHAC asked all homeless services agencies to provide the racial composition of front-line staff as well as management and Boards. The goal was to see if the direct services staff as well as decision-makers were representative of the population served. The results indicate that the housing staff more closely reflect the populations they serve while management and boards are less diverse. The CoC will use this information as a baseline measure for improving the diversity of management and boards in coming years.

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PHAC is committed to fair and equal housing opportunities and service provision, regardless of race or ethnicity, and will work to research and correct any racial disparities discovered.

The CoC members take part in professional development trainings in Cultural Competence and the Culture of Poverty to better understand the intersection of race, poverty and homelessness. The CoC will continue research within its homeless system as well as within the general community to provide services and supports to meet the needs of the community. The CoC has identified many strategies that other communities are using to address discrimination if/when it occurs. These strategies include: 1) The CoC will also gather the System Performance Measures by race and ethnicity to understand additional outcome indicators of the CoC's populations; 2) The CoC will gather more specific data from HMIS and the US Census to better understand the relationship between race, ethnicity, homelessness and other social indicators (education, healthcare inequities, geographic locations with higher concentrations of poverty, etc.); 3) The CoC will provide professional development trainings for homeless services providers to better understand and recognize institutional racism and how this can impact the population served.

13. List the proposed projects for VHSP and HOPWA funding.

Answer:

There are no proposed projects for HOPWA funding.

VHSP:

1. ForKids:

Targeted Prevention -

Funding requested - \$42,094

Anticipated # of households served 12

HMIS - \$2,104

Administration - \$1,325

Total DHCD Request - \$45,523

Total Match - \$11,380.75

2. **H.E.R. Shelter:**

Shelter Operations -

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Funding requested - \$42,635

Anticipated # of households served 85

Rapid Re-Housing -

Funding requested - \$160,696

Anticipated # of households served 75

HMIS - \$10,000

Administration - \$6,327

Total DHCD Request - \$219,658

Total Match - \$54,914.49

3. **Portsmouth Volunteers for the Homeless, Inc.:**

Shelter Operations -

Funding requested - \$27,064

Anticipated # of households served 174

Centralized/Coordinated Assessment -

Funding requested - \$13,872.00

Anticipated # of Households Served 272

HMIS - \$2,047.00

Administration - \$1,228.00

Total DHCD Request - \$44,211.00

Total Match - \$11,078.00

4. **STOP Inc.:**

Rapid Rehousing –

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Funding requested - \$156,958.85

Anticipated # of households served 30

HMIS - not applicable

Administration – not applicable

Total DHCD Request - \$156,958.85

Total Match - \$39,239.71

5. Virginia Supportive Housing:

Outreach -

Funding requested \$52,000

Anticipated # of Households Served 50

HMIS - \$2,600

Administration - \$1,560

Total DHCD Request - \$56,160

Total Match - \$14,040

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

Answer:

The announcement of the available VHSP-HOPWA funding was shared with the Executive Committee and PHAC membership, both in meetings as well as via email. Previous discussions around gaps in services had already begun and agencies were asked about their interest in applying for funding. All currently funded agencies agreed to reapply and discussed the current community needs and what amount of funding would best meet those needs. One agency not currently funded under VHSP – STOP Inc. – expressed interest in applying for Rapid Rehousing funds in order to address the big need for more permanent housing options.

The Policy and Planning Committee identified the need to include agencies outside of the current funding guidelines included in the PHAC Bylaws so that agencies that had not previously applied or not currently to apply for VHSP funding could do so. The CoC members voted to allow this and distributed a waiver that resulted in a new application from an agency not currently funded but with capacity and experience to increase housing options

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in Portsmouth.

The Planning Council (TPC), under contract to assist PHAC with funding applications for federal and state grants, proposed a timeline for all application activities, as well as a draft Supplemental Application that was then discussed and agreed upon by first the Policy and Planning Committee and then by the Executive Committee (EC) members. TPC then distributed the approved timeline and application to all members.

All completed project applications were received by February 21, TPC then combined them and sent them out to EC members for a Peer Review process to be conducted at a later date, giving members time to read what was being proposed and prepare questions to be asked for clarification. Once peer review was completed by the Policy and Planning Committee members, applications were revised to include any feedback or to clarify any outstanding questions. A group of non-conflicted EC members were identified who agreed to make the final determination and approval for all applications.

At the March Executive Committee meeting, recommendations were provided according to the determinations made at the Policy and Planning Committee meeting. The non-conflicted members voted to allow all applications to be forwarded to DHCD as part of the collaborative application from Portsmouth. No applications were rejected or not included.

TPC then completed the questions in Part 1 as a Draft and sent it out to the EC members for review and input. It was agreed that if a dispute occurred around any details in the application, the comments were to be sent to the Co-Chairs of PHAC to make the final determination. Time was allotted for feedback from PHAC members to be received and TPC added all revisions to the application and sent it out for one final review. Any final comments were also incorporated into the final application with a target date of submission before the deadline of March 20.

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

Answer:

Incorporating regular monitoring and review of grant-funded projects is the responsibility of the Policy and Planning Committee, which is made up of mostly funded agencies who then conduct a regular peer review. That committee reports to the Executive Committee who also discusses progress on project goals and expenditures. Reports are made by agencies and include numbers of households served to date (compared to the projected goal amount), challenges or barriers encountered, any changes to the original proposed project, and expenditure rate. All PHAC members who are VHSP funded participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and what is the proposed action by the agencies in question. Additionally, the grantees also discuss options for reallocation if funds are needed for a housing or service category and there are available funds from another agency or CoC within the state.

For monitoring of federal funds, a scorecard is utilized at the time of application that highlights the performance outcomes of each agency, including their participation in HMIS and the quality of their data. Agencies must also discuss organizational issues, such as any findings during monitorings and audits and their overall financial and programmatic standing with funders. HMIS audits are conducted annually by the HMIS Lead Agency to ensure the

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privacy and confidentiality of all data, as well as provide technical assistance to agencies utilizing the system. This audit is a pass/fail and, if failed, agencies are offered the opportunity to correct any issues and have a second audit. This final information is included in the scorecard for funded agencies.

The scorecard provides a total score which helps prioritize and rank projects for the HUD collaborative application. A scorecard for VHSP was recently created but has not yet been adopted by PHAC members.

HUD recently began providing quarterly expenditure reports to the CoCs to demonstrate progress with draw downs by project, as well as any funds recaptured by HUD. This is now included in the review of projects at the EC level.

The review process continues to be improved upon and formalized as reporting on outcomes and performance to agencies changes and new data standards are implemented. A formal plan for corrective action to be taken if an agency is failing to implement its program effectively has yet to be agreed upon and adopted.

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

1. For each direct service proposed grantee, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.

Answer:

ForKids – ForKids’ policy throughout program areas is to quickly house families regardless of their barriers and provide critical services necessary to reduce or eliminate those that impede long-term stability. Families are not required to have income to be admitted to housing programs; ability to be approved for a rental lease is factored in when families are identifying housing needs and selecting the most appropriate housing option. Family members are not required to be substance free, or treatment compliant prior to entering a ForKids program. Clients who enter with substance abuse concerns and/or mental health challenges are encouraged to participate in internal assessments and treatment suitable to their needs; however, services and/or treatment is not mandatory, and non-compliance does not lead to automatic exit. Family case managers focus on the impact of behavior on a family’s progress toward housing goals, rather than general treatment compliance. Participants are not terminated from the program for not following through on their services and/or treatment plan.

H.E.R. Shelter – H.E.R. works on a trauma-informed housing first approach and does not require any specific thing to access the housing program. H.E.R. recently changed from a case management program approach to an empowerment approach. Clients are no longer assigned a “Case manager”, but instead, an Empowerment team. Their team focuses on two main areas, stabilization and housing. It is made up of two people that work with clients in tandem to support and empower them to make the decisions they feel are right for themselves. H.E.R. offers a multitude of groups, activities, and community involvement and encourage clients to participate in them however it is their choice if they decide to or not. It is also not a requirement for clients to work with a team while they are in shelter if they choose not to as it is understood that they have the right to say they don’t want to do something and that will not limit them from receiving services. Most times people cannot focus on other goals if they don’t have a safe, stable place to live so H.E.R. works quickly to find housing options with clients and focuses on wrapping supportive services around them once housed to help them become successful long-term.

PVH – While PVH is an emergency night shelter, it adheres to the “housing first” model ensuring that sheltering an individual is the priority. PVH maintains a low barrier approach throughout all operations. The agency does not conduct a breathalyzer test and individuals are permitted to enter the shelter when they are intoxicated or under the influence of other drugs. The focus is on behavior. The Intake opens with helping guests to consider their housing needs and barriers. The Volunteer Shelter Leads and Shelter Hosts are trained to ensure guests are deferred only based on safety and security risks, not substance use, mental health or other related factors. PVH also implemented an initiative “Helping You Advance (HYA),” where they can reserve a sleeping space for an individual whose work, education, AA/NA meetings, etc., would create a barrier to them being able to make it into the shelter before it reaches maximum capacity. This provides the individual with the assurance of a place to sleep while they focus on work or other life-rebuilding

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opportunities.

STOP Inc. – The principles of Housing First must be implemented through the service delivery process to include immediate access to permanent housing, consumer choice, recovery orientation-harm reduction, individualized support, and social integration.

Since October 2013, through its Supportive Services for Veteran Families (SSVF) program funded by the VA, STOP Inc. has helped hundreds of Veteran households with many barriers (low- to-no income, ex-offenders, poor physical health) rapidly exit homelessness and secure permanent housing through individualized case management services to connect to mainstream benefits and VA resources. With housing as a priority, it is standard practice in the RRH programs to intentionally commence a housing search during the completion of enrollment where case managers compile an individualized plan that addresses household barriers. With a primary focus on locating, viewing, and securing the unit within the first 30 days, part of this plan are the efforts conducted by the Housing Navigator, who as a certified housing counselor collaborates with the case manager and participant to identify landlords in the database to fill vacancies and options that meet the participant's preference. After housing is located, viewed, and secured with need-based limited assistance, the case manager continues guiding the household to stability by making the necessary connections to income support and benefits acquisition as well as other mainstream and community resources to help the household achieve stability.

VSH – VSH does not place additional barriers to households seeking entry into its Permanent Supportive Housing programs. VSH coordinates with the PCAN committee members to obtain referrals based on those chronically homeless households identified as highest need and eligible for PSH. No household is required to have income, participate in mental health or substance use treatment services, or be sober. VSH also works with households that have a criminal history.

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

Answer:

ForKids – ForKids assists all clients with obtaining vital documents and any other items necessary to apply for housing. Services begin as soon as the referral is provided and the only thing that is required is monthly case management and communication during the housing search process.

H.E.R. Shelter – H.E.R. serves the residents of Portsmouth and Chesapeake. Outside of that there are no rules or requirements for assistance. H.E.R. does not require “proof” of residency to one of these cities to be eligible for services. Clients self-report to access shelter. H.E.R. strives to be a low barrier entry point for those in need. Due to the services offered, there are many times people come into the shelters without ID or other important documents.

PVH – PVH Emergency Shelter services are available to any individual who is experiencing homelessness with priority given to individuals from Portsmouth.

Individuals who are from surrounding cities and express intentions to establish residency in Portsmouth are then considered from Portsmouth. Individuals not from Portsmouth with intentions to return to another city are given a courtesy night's stay and provided with the telephone number to call the Housing Crisis Hotline for additional information and assistance the next day.

For reasons of client and staff safety, the preferred form of identification is a photo ID. When that isn't available, PVH provides a courtesy night's stay and works with the individual the next day to determine ways to document their identity. This can and has included securing an ID from Oasis Social Ministry, letters from Social Services, verification from Portsmouth Sheriff's Department, etc.

STOP Inc. – There will be no rules or requirements that present a barrier to the household accessing services once referrals are received from the coordinated assessment network.

VSH – All of Virginia Supportive Housing programs operate on the low-barrier Housing First model and do not have requirements for the Portsmouth Outreach program that would act as a barrier to services. Part of the focus of the Outreach program is to assist participants

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with obtaining documentation necessary to obtain housing, including homelessness history, birth certificates, identification, and documentation of disability when applicable. These services allow the program to eliminate barriers that might be imposed by other, non-CoC resources that could be leveraged to assist participant households.

18. 3. For each proposed grantee, does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

Answer:

ForKids – ForKids successfully manages multiple local, state and federal government grants for a total of over \$3 million annually, including five Supportive Housing Program grants covering Norfolk, Chesapeake and Western Tidewater. The agency has been administering HUD grants since 1994 and consistently receives high praise from monitoring officials for established policies and procedures. ForKids has a 31-year history of providing quality services to families and children experiencing homelessness and is now one of the largest year-round providers of homeless services for families in Virginia. The Homelessness Prevention, Emergency Shelter and Rapid Rehousing programs are ongoing. ForKids is managed by a 28-member Board of Directors. The Chief Executive Officer, Thaler McCormick, has been with ForKids for 24 years. She oversees the organization’s activities and reports directly to the Board. Boyd Orr, Chief Financial Officer oversees the fiscal management of ForKids, using QuickBooks for Non-Profits to produce accounts payable, accounts receivable, financial statements and tracks compliance with the agency budget. Monthly financial statements are prepared by the CFO for review by the CEO, the Finance Committee of the Board, and are then presented to the full Board for approval. Payroll is processed by PayCom. ForKids receives an annual OMB-133 compliance audit each year and has received an unqualified audit for the past 27 years with no findings or concerns.

H.E.R. Shelter – H.E.R. works on a 1.5-million-dollar budget and has the capacity to administer the requested funding as of July 1. There are weekly finance meetings with executive leadership, accounting, and compliance. Financials are looked over each month with a financial committee and discussed at each board meeting for approval. H.E.R. has outsourced the accounting and the firm uses Intacct, a component of SAGE. It has the ability to create “real time” statement activities on each grant so it is easy to keep track of spending. H.E.R. receives a yearly audit administered by Cherry Bekaert with no findings.

PVH – PVH has the capacity to administer the requested funding and will be ready to begin project activities on July 1. Funding has not been requested to support positions to be hired. PVH is guided by a volunteer Board of Directors (BoD), composed of 15 members from various industries and sectors, including a member representing the community. The BoD is led by an Executive Committee; positions include--President, Vice President, Treasurer and Secretary. The remaining individuals serve as general Board Members with some serving as liaisons to shelter and service center operations, fundraising, membership recruitment and development tasks as examples. PVH utilizes QuickBooks™ for daily accounting, recording, tracking and reporting all financial actions relevant to maintaining funds, expenditures and budgets. PVH utilizes PAYCHEX® as the payroll service provider and Dixon Hughes Goodman LLP for annual tax preparations.

STOP Inc. – STOP Inc. has effectively operated federal, state, and locally funded programs throughout Eastern Virginia since 1965. Since 2013, STOP has operated SSVF, a federal RRH program for homeless Vets, and was recently awarded a three-year cycle to implement operations due to the Agency’s accreditation through the Council on Accreditation. STOP has assisted more than 400 households on the journey towards permanent housing.

As a HUD Certified Local Housing Counseling Agency, STOP employs a team of dedicated housing counselors who served over 600 households during FY18-19 through individual and group education counseling services. STOP’s primary funding through the Community Services Block Grant allows optimal service delivery through direct financial assistance for families experiencing crisis and at risk of losing housing. Governed by a Board of Directors of 23 community members, business leaders, and public administrators, STOP is led by President and CEO, Mrs. Regina P. Lawrence who has a 40+ year history in community action. There are 6 Departments, led by Vice Presidents of Management Support and Special Projects; Organizational Development; Finance and Human Resources; Housing and Economic Development; Health and WellBeing; and Homeless Intervention and Support. The Finance and Human Resources Department collaborates closely with the President and CEO and Executive staff to ensure a measure of checks and balances for consistency, accountability, and transparency is maintained. STOP’s recent Agency audit is attached. STOP is positioned for program start-up on July 1, if awarded. A Housing Stabilization case manager will be hired to lead this effort.

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VSH – VSH has administered this program for the past two years and is on track to expend 100%, including a reallocation of additional VHSP funding in 2018. As this is a continuation of the existing program, no new staff will need to be hired and operations will continue uninterrupted as of July 1, 2020. A volunteer Board of Directors assist VSH staff in the development and operational oversight of the agency. The Board hires the Executive Director and is responsible for establishing policies regarding programs, fiscal matters, immediate and long-range planning, insurance, reporting, and fundraising. Board committees include Executive, Finance, Governance, Mission Advancement, Program and Evaluation, Asset Management and Site Development. Financial Management is headed by the Director of Finance and the Controller. The Director of Finance is responsible for all accounting and reporting and includes a team of two senior accounting specialists, a property manager accountant, and a controller. The VSH Board of Directors, and specifically the Finance Committee, has the responsibility to oversee the financial management of the organization and its affiliates. The respected Richmond firm of Dooley & Vicars performs annual independent financial audits for VSH. The accounting method for VSH and its affiliates is on the accrual basis; the fiscal year is the calendar year ending December 31. Separate audits are completed for VSH affiliates. A consolidated audit is completed for VSH. Tax returns for VSH and its affiliates are prepared by the CPA firm. VSH uses computerized rental, accounting, and payroll programs for recording all financial activities. The current accounting programs are Quick Books, Onesite, and Dominion Payroll.

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

Answer:

ForKids – All Critical Services staff in the housing programs have Bachelor's or Master's degrees in related human services fields and typically two years of experience or more in working with people in poverty prior to joining the team. Most of the Housing Crisis Hotline staff have Bachelor's or Master's degrees in related human services fields and typically one year of experience or more in crisis counseling or homeless shelter or other relevant work experience prior to joining the team. Staff are provided with new employee training on a vast array of topics including boundaries, ethics, confidentiality, motivational interviewing, culture of poverty, housing first, critical time intervention, along with training on agency policies and procedures, client documentation and grant guidelines. In addition, monthly training is also provided by internal and external experts on best practices to increase knowledge and competence in serving families experiencing homelessness.

H.E.R. Shelter – Program staff are as follows:

- Crisis Services Case Manager- Provides case management, referrals, and resources to individuals experiencing homelessness. Continues to work with clients once successfully housed to ensure long-term success. Provides supportive services. Oversees the hotline process and ensures easy access to shelter.

- Stabilization Coordinator- Focuses on connecting individuals with resources and benefits to increase income. This could include employment or additional hours, Social service connections, VIEW, TANF, unemployment benefits, etc. Stays connected with the family for up to a year after shelter to provide supportive services.

-Housing Locators- work with landlords to assist clients with barriers to gain and maintain market rate rentals. Provide referrals to open housing program slots, assist with the wrap-around services once housed, provide assessments and surveys to place people in open vacancies, attend coordinated entry meetings. Provide supportive services for up to a year after shelter.

- Accountant- Oversees financial management and ensures the agency is functioning with the highest integrity.

All direct client staff have degrees in human services or a comparable degree. H.E.R. offers on-going training through a multitude of partnerships and require staff to participate in yearly trainings. On average, a housing advocate or stabilization coordinator is usually working with 8-10 families in shelter and an additional 15-20 in the community.

PVH – The day-to-day operations of PVH are executed through two employees - the Executive Director and the Service Center Coordinator.

The Executive Director, Dr. Darlene Sparks Washington was hired in November of 2016 and comes to the role, with approximately 20

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years of non-profit leadership and management experience from the American Red Cross and is a certified Career Coach.

The Service Center Coordinator, Shannon Williams Riddick, was hired in August of 2017. With her background as an Office Manager, an Executive Secretary and a certified EMT and Correctional Officer, she brings a blend of administrative experience, shelter and service center knowledge and training in maintaining order and safety to her role.

PVH provides the following training and professional development opportunities to both paid and volunteer staff.

Shelter Host Orientation & Training – annually, before beginning of shelter season Shelter Lead Team Meetings – quarterly and as needed

Volunteer Orientations – monthly recruitment

Shelter Client Debriefings – to inform future planning

Shelter Team Debriefing – to identify gaps and inform future planning

Stakeholder Debriefing & Surveys - to identify gaps and inform future planning

In addition to the above, PVH paid and volunteer staff have completed these trainings over this program period:

-Department of Housing & Urban Development Agency Development and Grant-writing workshop

-Mental Health First Aid, USA

-Mental Health First Aid training and 3-year certification

-Motivational Interviewing, Virginia Housing Alliance

STOP Inc. – STOP's VP of Homeless Intervention and Support (HIS) has over ten years history in the provision of direct client services in the housing support arena. She is also a HUD-certified Housing Counselor and over the past 6 years has maintained her designation with the Virginia Association of Housing Counselors and Neighborworks. She continues to lead the program operations of SSVF along with oversight to all divisions in HIS. Direct management will be provided by STOP's current Administrator, Housing Counseling Support, a certified Housing Counselor who also functions as Housing Navigator in the HIS dept. The Housing Counseling team will offer direct support as deemed appropriate by management to ensure program success.

The Housing Stabilization Case Manager will be the primary person for the provision of client services to the participants. The annual goal is 30 households whereas support will be provided by social work intern(s) and STOP's Housing Counseling team.

VSH – The Portsmouth Outreach staff generally maintains a caseload of 20 individuals at any given time with an expected total of 50 households served in the upcoming grant years. The current Outreach Staff has operated in this program for the past two years, came with experience in street outreach and RRH/Prevention, is actively working on obtaining her SOAR certification, and has produced significant positive outcomes for the program over the past two grant years.

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

Answer:

Not applicable.

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

Answer:

Not applicable.

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

Answer:

Not applicable.

Attachments:

Homeless Services Flow Chart

PortsmouthHomelessSrvDeliverySystem2013319202032723.pdf

VHSP Proposed Match Form

VA507PortsmouthMatchLetters032020319202032204.pdf

Board of Directors Listing

AgencyBoardofDirectorslists319202032212.pdf

Additional Attachments

PHACFINALRacialDisparityAssessment319202032749.docx

Additional Attachments

HamptonRoadsHMISDataQualityPlan319202032813.pdf

CoC/LPG Spending Plan (DHCD document)

CoCLPGSpendingPlanPHAC319202031701.xlsx

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CoC Certification and Assurances (DHCD document)

CoCAssurancePDSS319202032501.pdf

Organizational Certification and Assurances (DHCD document)

AgencyMatchLetters319202032628.pdf

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

YearOnerequestPHACMarch2020319202031903.xlsx

CoC/LPG Level Policies and Procedures/Services Standards

CoordinatedEntryPHACExeComFINAL22018Approved319202032932.pdf

CoC/LPG Governance Charter/By-Laws

PHACByLaws08142017319202032024.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures2018319202032047.pdf

Job Description (case managers and housing locator positions)

AgencyJobDescriptions319202032119.pdf