

Application to DHCD Submitted through CAMS

City of Hampton

Greater Virginia Peninsula Homelessness Consortium 2024-2026

Application ID: 109404032024101702
Application Status: Pending
Program Name: HSNH 2024-26 Application
Organization Name: City of Hampton
Organization Address: 1320 LASALLE AVE
HAMPTON, VA 23669
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Project Name: Greater Virginia Peninsula Homelessness Consortium 2024-2026
Project Contact Name: Angelique Hill
Project Contact Phone: (757) 727-1907
Project Contact Email: angelique.hill@dss.virginia.gov
Project Location: 1320 LaSalle Ave
Hampton, VA 23669-3801
Project Service Area: James City County, York County, Hampton City, Newport News City, Poquoson City, Williamsburg City

Total Requested Amount: \$1,796,700.00

Required Annual Audit Status: Pending Review

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$129,600.00	\$0.00	\$129,600.00
Outreach	\$129,600.00	\$0.00	\$129,600.00
Centralized or Coordinated Assessment/Entry	\$186,113.00	\$0.00	\$186,113.00
Centralized or Coordinated Assessment/Entry	\$186,113.00	\$0.00	\$186,113.00
Targeted Prevention	\$198,675.00	\$0.00	\$198,675.00
Targeted Prevention	\$198,675.00	\$0.00	\$198,675.00
Emergency Shelter Operations	\$414,471.00	\$0.00	\$414,471.00
Emergency Shelter Operations	\$414,471.00	\$0.00	\$414,471.00
Rapid Re-housing	\$568,392.00	\$0.00	\$568,392.00
Rapid Re-housing	\$568,392.00	\$0.00	\$568,392.00
CoC Planning	\$149,725.00	\$0.00	\$149,725.00
CoC Planning	\$149,725.00	\$0.00	\$149,725.00
HMIS	\$74,862.00	\$0.00	\$74,862.00
HMIS	\$74,862.00	\$0.00	\$74,862.00
Administration	\$74,862.00	\$0.00	\$74,862.00
Administration	\$74,862.00	\$0.00	\$74,862.00
Total VHSP Funding Request	\$1,796,700.00	\$0.00	\$1,796,700.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$1,796,700.00	\$0.00	\$1,796,700.00

Budget Narrative:

Questions and Responses:

1. Part I Community Analysis and Processes

1. Based on data from PIT Counts, HMIS/HGIS, and other data sources, who is experiencing or at risk of experiencing homelessness or at risk of homelessness in the CoC/LPG? Include details regarding target population demographics, increases/decreases, and/or those who are especially vulnerable in the service area.

Answer:

Point in Time Count. According to the Greater Virginia Peninsula Homelessness Consortium (GVPHC) 2023 Point in Time Count, there were 480 homeless persons counted across the CoC's service area, which includes Hampton, Newport News, Poquoson, Williamsburg, James City County, and York County. ***This is a 15% increase over the 2022 count of 419 persons.*** Of the 480 persons counted in 2023, 445 (93%) were in Emergency Shelter, and 35 (3%) were unsheltered. There were no people in Transitional Housing on the night of the count.

Based on the Point in Time Count, the rate of homelessness in GVPHC also decreased from 86 per 100,000 in 2022 to 99 per 100,000 in 2023. By comparison, the State of Virginia's rate of homelessness was 79 per

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100,000 based on the 2023 VA PIT Count total.

2023 Point in Time Count by locality. The number of persons counted by jurisdiction were as follows:

- Newport News: 306 (63%)
- Hampton: 130 (27%)
- James City County: 33 (7%)
- Williamsburg: 10 (2%)
- York County: 1 (0.2%)
- Poquoson: 0

Household Type. Fifty-eight percent (58%) of persons counted were in Adult Only households (aged 18 and older), and 42% were in Households with Children. In 2023, there were four Parenting Youth Households (a parent aged 18-24, which is a subset of Households with Children) compared to five in 2022. In 2023, there were 23 Unaccompanied Youth compared to 16 in 2022. In 2023, there were 35 Unsheltered Adults compared to 34 in 2022. There were no Unsheltered Children in 2023, where there were two Unsheltered Children identified during the 2022 count.

Other Demographics. The number of Veterans slightly decreased from 44 in 2022 to 39 in 2023. The number of Chronically Homeless Individuals slightly increased from 56 in 2022 to 69 in 2023. The number of adults Fleeing Domestic Violence decreased from 35 in 2022 to 21 in 2023. The number of adults reporting a Serious Mental Illness was 48 in 2022 and 50 in 2023. Those reporting a Substance Abuse Problem were 19 in 2022 and 20 in 2023. The number of adults with HIV/AIDS decreased by half, from eight in 2022 to four in 2023.

Race. The 2023 GVPHC Racial Disparity Report indicates that between October 1, 2022, to September 30, 2023, Black/African American persons comprised 65% of the GVPHC's homeless population, followed by 21% White, 9% Multiracial, 1% Other Race, and 4% Unknown. Black/African American persons are disproportionately represented among those in poverty and those experiencing homelessness in the region.

Program Enrollment. According to the System Performance Measures, there were 1,468 unduplicated persons across Emergency Shelter, Safe Havens, and Transitional Housing programs in HMIS in the GVPHC service area. This is a 12% increase from the number of unduplicated persons (1,305) in the prior year.

Housing Inventory Count. In 2023, the CoC hosted 1,705 beds for persons experiencing homelessness, a net increase of 90 beds (5%) from the previous year. Changes included:

- A reduction of 146 Permanent Supportive Housing beds, due in large part to a decrease in households in the HUD VASH program
- A reduction of 49 Transitional Housing beds (one program was closed and one program was removed as they did not meet the criteria to be a HUD TH program)
- An increase of 151 Other Permanent Housing beds, due to Emergency Housing Vouchers being utilized
- An increase of 53 Rapid Rehousing beds
- An increase of 36 Emergency Shelter Year-Round beds
- An increase of 45 Emergency Shelter Seasonal/Overflow beds

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Housing Crisis Hotline. Additionally, the CoC analyzed call data from the Housing Crisis Hotline for the calendar year of January 1 to December 31, 2023. The Hotline data includes HUD's Category 1 definition of Homeless and HUD's Category 2 definition of Imminent Risk of Losing Housing (will be homeless within 14 days or fewer and no supports or resources).

In 2023, there were 1,966 unduplicated Homeless callers, which is more than four times the number of persons counted in the 2023 Point in Time Count. This number also represents a 68% increase in the number of Homeless callers from 2021. There were an additional 1,817 unduplicated callers at Imminent Risk of becoming homeless, which is a 90% increase over 2021.

Together, the Hotline assisted a total of 3,783 callers. Of these, 29% were in Adult Only Households, 34% were in Households with Children, and 27% of callers did not provide household information or were calling on behalf of a friend/family member or client. By contrast, in the 2023 Point in Time Count, 58% of persons were in Adult Only Households and 42% of persons were in Households with Children.

2. Describe in detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement. Include how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

Answer:

The GVPHC participates in a regional Housing Crisis Hotline, implemented by ForKids. The Hotline serves as an access point for anyone looking for housing resources and is used by over 35,000 households a year to access hundreds of crisis response resources. Households that qualify for CoC resources are enrolled into a universal project in HMIS and referred to any resources that are appropriate, including prevention and outreach. Households are screened for emergency shelter programs, placed on a waitlist, and referred when there are shelter vacancies. The Hotline operates Monday – Friday, 8 am – 7 pm. The Hotline monitors call trends and may adjust schedules and staffing to accommodate peak hours and maintains operations during severe weather events. Outside of operating hours, the answering system provides a list of available walk-in services and open resources. To supplement the Hotline, ForKids maintains an online database, Resources757, that catalogs a variety of directly accessible resources.

For households that are experiencing housing instability, the United Way of the Virginia Peninsula facilitates a Community Assistance Network (CAN) which is a robust network of diverse community partners working together to keep families and individuals housed, healthy, and thriving by providing access to critical programs and services to at-risk households to overcome the cycle of poverty.

The GVPHC outreach programs include staff at the Hampton=Newport News Community Services Board (HNNCSHB) and Hampton Veterans Affairs Medical Center (HVAMC). HNNCSB employs outreach staff through a local outreach program and a PATH outreach program. The Hampton Veterans Affairs Medical Center (VAMC) also employs outreach case managers to connect veterans to the Coordinated Entry System (CES). Staff employed by the various outreach programs accept referrals but mainly canvass the entire geographic region of the CoC in search of households that are experiencing homelessness to connect them to benefits, collect vital documents, and continued case management. During winter months, the outreach workers visit the winter shelters weekly to connect households to the CES and assess them for housing services.

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Day Shelter programs include Four Oaks and LINK of Hampton Roads in Newport News, Williamsburg House of Mercy in Williamsburg, and HELP in Hampton. Households can attend the day service centers to access a variety of services, such as laundry, showers, hot meals, use computers, and meet one-on-one with case managers from various agencies and programs. The case managers conduct intake and assessment to then assist clients to navigate through the CES as well. The Four Oaks Day center is open daily (7 days a week) from 7 am – 5 pm. HELP's day center is open Monday – Friday from 9 am – 1 pm. The Williamsburg House of Mercy Harbor day shelter program is open Monday-Thursday 9:30 am – 4 pm and Friday 9:30 am – 2 pm. HNNCSB operates Walk-In Wednesday hours from 9 am – 4 pm. LINK of Hampton Roads and the LGBT Life Center also offer walk-in services during business hours to reduce barriers for households that do not have access to internet or telephones. The Hotline and providers maintain contracts with TTY or language lines to ensure translation services are available to those who need them.

Emergency shelter facilities are operated by Menchville House, HELP, the Peninsula Rescue Mission, Hampton-Newport News Community Services Board, Williamsburg House of Mercy, and 3e Restoration. There are also hotel voucher programs available, operated by The Salvation Army Virginia Peninsula Command and the James City County Department of Housing.

Once a household has been connected to the CES, their vulnerabilities are assessed with either the family or single adult ASSESSMENT tool. At bi-weekly Service Coordination and Assessment Network (SCAAN) committee meetings, households with the highest vulnerabilities and highest prioritization are referred to the appropriate housing intervention to end their homelessness and obtain permanent housing. The SCAAN committees also have an off-week case conferencing and referral process to allow for expedited referrals to housing programs in urgent circumstances.

The Hampton Department of Human Services (HDHS), the Newport News Department of Human Services (NNDHS), and James City County Department of Human Services (JCCDHS) operate Rapid Rehousing (RRH) and Prevention projects. LINK of Hampton Roads and Virginia Beach Community Development Corporation receive funding for SSVF and provides both prevention and RRH services. The LGBT Life Center, LINK of Hampton Roads, Williamsburg House of Mercy, and HNNCSB also operate PSH projects. The CoC also partners with the Hampton VAMC to connect clients to HUD VASH vouchers.

Once a household is referred to a housing program, there is a warm hand-off between the referring agency and the receiving agency. Households begin working with the receiving agency to find affordable housing. During housing search and after entering housing units, agencies continue to connect the household to additional wrap-around services that will ensure stabilization in housing. The GVPHC partners with STOP Inc.'s Homeless Veterans Reintegration Program and the Virginia Employment Commission to assist clients with locating and obtaining employment. GVPHC also partners with SOAR-certified agencies including Gordon Wellness, Williamsburg House of Mercy, Bacon Street Youth Services, and 3e Restoration to connect clients to disability income benefit programs. Substance use treatment and mental health services are provided through the HNNCSB, Colonial Behavioral Health, and Gordon Wellness.

Additional partners that provide an array of supportive services, capacity building, advocacy and professional development opportunities include faith -based organizations, non-profits, community foundations, and city and state agencies.

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3. Identify where gaps exist within the CoC/LPG Crisis Response System to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. What is the CoC/LPG doing to address these gaps?

Answer:

Across the state, families are struggling to keep up with their bills amidst rent hikes, inflation, and staggering interest rates. The average rent across the GVPHC service area is \$1,665 for a two-bedroom apartment. If working a minimum wage job 40 hours a week, a household would have \$255 left for food, utilities, insurance, transportation, and childcare. Notably, the average cost of childcare in Hampton Roads is \$15.57 per hour or \$622.80 a week. According to a 2023 study by the Federal Reserve, 37% of Americans do not have enough money to cover a \$400 emergency expense, a 5% increase from 2021. One medical bill, car issue, or missed paycheck can lead families to the brink of homelessness.

The largest gap determined by GVPHC members - and supported by the review of the CoC-wide System Performance Measures and Coordinated Entry data - demonstrates that clients accessing the crisis response system are not always assessed and presented for housing interventions. For example, in the 2023 System Performance Measures report, 1,468 unique persons were entered into emergency shelter, safe haven, or transitional housing projects. The Housing Crisis Hotline reports during FY2023 (July 1, 2022 – June 30, 2023) that 1,966 of their Peninsula callers were literally homeless. The difference between the number of persons experiencing homelessness and the number of clients being assessed for housing is increasing. This data documents the systems gap where clients are reaching out to the system, but are not making it to an assessment point, and therefore are never considered for a housing intervention.

The CoC has noted that there is a disproportionate ratio of case managers to households in need of services. As the population of those experiencing homelessness increases, so does the need for in-depth case management services. This adds to the gap between clients accessing crisis needs (diversion/shelter) and successfully moving through the CES to be referred for housing interventions. According to the CES Activity Report, from October 1, 2022 – September 30, 2023, 3,354 households that were literally homeless or at imminent risk of becoming homeless accessed the CES. Of those, 1,768 households were literally homeless (53%) and only 578, or 33% (of 1,768 households) were assessed and presented for housing services at SCAAN.

The GVPHC is actively addressing system gaps in several ways. To address the gap for those accessing the system and not being assessed and referred, the GVPHC is seeking to expand Outreach and Coordinated Entry staff (through VHSP and PATH funding) to accept referrals from the hotline and other access points, as well as provide intake at seasonal shelters. Agencies collaborate to share case management services to increase the capacity of the system to serve clients that are accessing crisis services but have been unable to access assessment and housing interventions.

The Coordinated Entry workgroup meets to monthly review any issues surrounding each CoC agency and its capacity to accept referrals (including changes to eligibility requirements or other). The issues surrounding outreach and emergency shelter placement have been affected during the pandemic and thus, gaps are being identified more regularly.

HUD requires CoC's to evaluate their CES at the minimum, annually. The GVPHC, after identifying the

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difference in the households that were engaging services through the hotline and other access points, such as shelter and outreach, but not getting assessed and presented at the bi-weekly SCAAN meetings, hired an outside consultant to conduct a comprehensive evaluation of the entire CES. Through focus groups, policy review, and interviews with consumers and stakeholders, recommendations are being presented around more efficient processes within access points, better Housing First implementation methods, and utilization of different assessment methods.

This grant proposal requests increases to expand Outreach and Coordinated Assessment services, along with additional RRH and ES beds. The Newport News Department of Human Services is working to expand case management and housing location services within the Four Oaks Day Service Center.

The expansion of housing for families and individuals experiencing homelessness is a continuous activity with each funding opportunity. Through two successful awards from the Housing Trust Fund, Williamsburg House of Mercy and LINK have been able to expand permanent supportive housing units in the past year. Although no new projects were funded by HUD in the most recent funding cycle, the previous expansion of permanent supportive housing at LINK has created more options to keep highly vulnerable households stabilized. Partner agencies continue to apply for funding to increase direct services for housing in the GVPHC.

All agencies with governmental funding utilize the Homeless Management Information System (or a comparable database). By ensuring agencies maintain high data quality standards, the data provides useful information to inform the CoC, city leadership, regional and statewide partners, and funder agencies about the homeless population and services in GVPHC to assist with policy and funding decisions. GVPHC agencies review gaps in the system through ongoing data review during the monthly Leadership Team meetings. Data from the Housing Crisis Hotline is also presented to the membership and Commission on Homelessness, and reviewed quarterly, demonstrating the number of unduplicated callers and the variety of stated needs. The Leadership committee reviews racial disparity reports, spending reports, CE system referrals, PIT and HIC data, as well as System Performance Measures.

4. Describe 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. If applicable, how is HOPWA included in the coordinated entry process?

Answer:

The GVPHC supports the Housing Crisis Hotline, which serves as an information and community referral system, to conduct preliminary eligibility screening. Households experiencing homelessness may contact the Housing Crisis Hotline for an initial screening and referral to eligible services and other mainstream resources including diversion, homeless prevention, shelter, or outreach. The Hotline operates Monday – Friday 8 am – 7pm. The Hotline monitors call trends and may adjust schedules and staffing to accommodate peak hours and maintains operations during severe weather events. Outside of operating hours, the answering system provides a list of available walk-in services and open resources. To supplement the Hotline, ForKids maintains an online database, Resources757, that catalogs a variety of referral-less resources.

The Planning Council maintains a website for the GVPHC that provides households with community resource information; including information to connect households to the CES. Four Oaks Day Service Center, Hampton-Newport CSB, LINK, Williamsburg House of Mercy, HELP and LGBT Life Center all provide walk up services to connect households with the CES.

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Domestic Violence shelters can accept households 24 hours a day. If shelter space is not available, the household will be referred to other community resources. When winter shelters are not in operation, households in need of emergency services after normal operating hours may leave a message with the access point and calls will be returned the next business day. Police departments, Child Protective Service and Adult Protective Service hotlines also operate 24 hours. If a call for emergency services is received from an unsheltered family with a child under the age of one year, the hotlines will contact on-call city personnel to provide emergency hotel/motel assistance. Calls to the Housing Crisis Hotline will be prompted to leave a message that will be returned the next business day.

All access points work to provide consistent information to households seeking access to the CES. Providers that do not serve as access points will direct households to the Housing Crisis Hotline for screening and referral to community resources. The referral process is informed by federal, state, and local Fair Housing laws and functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness, and prioritization of the most vulnerable. The system is also designed to meet the latest HUD HMIS data standards. Access and Assessment point staff are responsible for completing the centralized intake data entry. The required data entry includes collecting the household's universal data elements, uploading, and entering a completed assessment and signed HMIS and GVPHC SCAAN consent to exchange information forms.

Emergency Shelter and Prevention referrals are made on an ongoing basis as programs have vacancies and/or funding for program appropriate households.

Households with completed data entry are then placed on the By Name List (BNL). The By Name List is then sorted into two prioritization lists that are maintained separately for Lower SCAAN and Upper SCAAN. These are CoC committees that meet to provide case conferencing for households on the BNL and make direct referrals into the most appropriate RRH or PSH program, based on the availability of openings, program eligibility, and prioritization. The Lower SCAAN committee covers households in the geographic area of Hampton, Newport News, Poquoson, and lower York County. The Upper SCAAN committee covers households in the geographic area of Williamsburg, James City County, and upper York County. Referrals to housing interventions are made based on the following factors: results of the assessment tool (score); available vacancies; established priority populations; and program eligibility.

Once a household is matched to a housing intervention, the assessment point staff that is navigating the household through the process will inform the household of the match. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within a reasonable amount of time. The receiving agency has seven days to update the committee on the outcome of the referral (i.e., accepted into program, declined, unable to contact) in HMIS. A household can be denied a referral to a housing intervention if the household does not meet the program's eligibility criteria, or the household is unable to be contacted for intake after three different attempts are made. When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the By Name list. The household will maintain their order on the list and will be eligible to be referred to the next available housing intervention.

HOPWA referrals are not made through the GVPHC CES. However, during case conferencing, if a household is

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identified as eligible for HOPWA services, they are connected to the LGBT Life Center for screening and connection to any other services they may request.

Since the end of the Emergency Housing Voucher program, the CoC maintains MOUs with the PHA's to facilitate referrals to Non-Elderly Disabled vouchers and some RRH move-on vouchers to graduate households from CoC programs and create movement through the CoC programs.

5. 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? Were these criteria informed by the communities' needs? If applicable, include any DHCD-funded HOPWA services in this discussion.

Answer:

All households that meet the HUD definitions of homeless categories 1, 2, and 4 are entered into a GVPHC Coordinated Entry project in HMIS. Households in this project populate the CoC's By-Name List (BNL) and the Prioritization Lists. The BNL and PLs are used to identify households that meet homeless status, screen for project eligibility, and prioritize based on the CoC priorities for service referrals.

Prevention – If a household is at imminent risk (facing homelessness within 14 days) the Housing Crisis Hotline completes a screening to identify the household's eligibility for available programs within the GVPHC. To prioritize resource for those with the greatest need, households that most closely resemble those that are already in emergency shelter are prioritized for prevention assistance. These characteristics include households that have a possession order in place, are income-eligible, have previously entered the shelter system, or are living in a hotel/motel/doubled up situation. Referrals are immediately sent to the appropriate agency to initiate contact and begin the application process. The local prioritization tool was developed by reviewing vulnerabilities and demographics of households that became homeless without the assistance of Prevention programs.

Emergency Shelter – Households that are literally homeless are prioritized for emergency shelter. The shelter prioritization is based on household with high vulnerabilities. The GVPHC does not separate families, so referrals are made for highly vulnerable households that fit the vacancy, attempting to identify a household that will utilize the space most efficiently with the highest barriers. Households that are too large for a vacancy may be referred to a hotel voucher until shelter space is available. Households smaller than the max capacity of the vacant unit will be considered by both household size and vulnerabilities. Additionally, the CoC uses the following characteristics to identify the most vulnerable households for shelter referrals: no access to other options, age of children, medical conditions, safety of unsheltered options, and length of time homeless.

Permanent Housing Placement – In order for clients to be eligible for RRH, the household must meet the HUD definition of homelessness and not have access to other housing resources. For RRH, households with chronic or veteran status are prioritized, followed by households with the most severe service needs (according to the assessment score.) For a household to be eligible for PSH, the household must be literally homeless and have a documented, disabling condition. Chronically homeless households with the most severe service needs (according to the assessment score) are prioritized.

The prioritization criteria were developed based on the requirement of a universal tool. The assessment was adopted to serve as the universal assessment tool. The assessment tool is a

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series of standardized questions administered uniformly within the CES to determine a household's current housing needs. Households with higher assessment scores are more vulnerable and have higher service needs and therefore require a higher level of intervention to become stable in housing. Therefore, the CoC bases the prioritization on the households score, where households with higher scores are more vulnerable and referred to services first. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for housing interventions. As the number of chronic households decreases, the CoC utilizes the priority groups outlined in CPD 16-11. Additionally, the CoC is working to replace the VI-SPDAT as the standard assessment tool due to the disparities the tool has been identified to perpetuate. The CoC has reviewed tools from other communities, however, it has been identified that a local assessment would be most appropriate to meet the needs of the population and the housing programs. The new tool is currently in development.

6. 6. How is the length of financial and supportive services 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)?

Answer:

The length of financial and supportive service provision for RRH and Prevention programs is determined by each individual service provider, not to exceed 24 months. At the agency level, the length of financial assistance and supportive service provisions provided to each household is determined based upon the participant's needs to live stably in their housing. The GVPHC reviews these data points as part of the peer review process within the Leadership Committee when considering approval for funding applications and determining ways to improve system performance. Other data elements, such as the cost per household, are also demonstrated to make comparisons to determine if there are issues related to an agency's service provision. The average cost per household is determined by reviewing the average annual financial assistance and the supportive services provided to households experiencing or at imminent risk of experiencing literal homelessness. Stabilization services include budget counseling to evaluate the household's income and developing a spending plan based upon that budget and the participant's needs. Program participants enter into an agreement with the program and agree to a shallow subsidy that is based on the individual's budget.

Each month, case management staff meet with the participants to monitor progress and assist with housing stabilization. If assistance is needed beyond three months, the service provider agency completes re-certification of eligibility. During the re-certification period, the staff discuss all progress made toward housing stability with the participant. At this point in the process, it is determined if the household either continues to receive financial assistance or graduates from the financial portion of the program. The program continues to collaborate with participants to identify and provide any additional wrap-around services.

In 2022, the GVPHC removed the financial support thresholds as a guide for financial assistance from the Coordinated Entry Written Standards. Previously, the threshold for Adult Only households was \$4,000 and \$7,500 for households with children. This threshold did not prohibit households from receiving additional financial assistance but was used to facilitate further discussion to assist with identifying additional resources that may be necessary to ensure the success and housing stability of the program participants. The CoC no longer enforces any thresholds outside of the VHSP guidelines for financial assistance.

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7. 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:

The GVPHC developed the system of care to ensure all jurisdictions within the CoC have accessibility and coverage. HDHS has been designated to serve the citizens of Hampton and Poquoson. Newport News DHS has been designated to serve the citizens of Newport News and lower York County. James City County Housing Office has been designated to serve upper York County, James City County, and Williamsburg. The GVPHC funds ForKids for the operation of the Housing Crisis Hotline. The Hotline offers intake and assessment to all households regardless of sexual orientation, gender identity, marital status, or disability. By identifying callers who identify as LGBTQ or otherwise, they can connect them to the most appropriate resource. The Hotline's accessibility includes a toll-free number for callers with limited phone access, translation services for non-English speaking callers, and TTY access. The Greater Virginia Peninsula library system, non-profit service providers and departments of Human Services provide phone access to the Hotline. The Hotline staff also makes available information regarding client rights under the Fair Housing Act, if needed, to report housing discrimination, to understand Landlord-Tenant laws, and to request reasonable accommodations or modifications to meet their disability-related needs in the community. Hotline staff also make referrals for shelter placements and outreach to connect clients experiencing homelessness to GVPHC provider agencies in each of the jurisdictions.

The GVPHC shelter programs do not discriminate or deny individuals based on their self-identified gender or sexual orientation. HNNCSB allows individuals to self-identify and be placed in the shelter unit that corresponds with the gender with which they self-identify. Transitions Family Violence Services (TFVS) has one handicap-accessible room located at the main Emergency Shelter for individuals and families who may have limited mobility. TFVS has the capacity to shelter families experiencing DV/IPV or homelessness with five or more children. TFVS recently expanded its Emergency Shelter program adopting a scattered site model, leasing three units to shelter underserved and underrepresented groups to include males, human trafficking, LGBT survivors, and to keep large families intact. Scattered site residents receive the same level of services as residents at the main shelter. Menchville shelter has two rooms on the first floor that can accommodate guests with limited mobility. A computer lab with internet access and a landline phone is provided for guests' communications and online needs during their residency at the facility. Menchville House accepts all LGBTQ households with no restrictions, as long as the occupancy level permits. Menchville House is not structured to house unaccompanied youth as underage children require adult supervision 24 hours a day. Four Oaks provides phone and computer access to individuals and families. Households who visit the day center are encouraged to call the Hotline to get connected to the CES.

The CES Written Standards include CoC-wide anti-discrimination policies, that also address the Equal Access Final Rule and Gender Identify Final Rule. The CoC has made the CoC-wide anti-discrimination policies available to all CoC partners and projects and collaborated with the LGBT Life Center to ensure they were comprehensive and accurate and inclusive of the Equal Access Final Rule and the Gender Identify Final Rule. The CoC also provides trainings annually on providing culturally competent services to the LGBT+ community to prevent discrimination and promote equal access to housing and services.

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The Salvation Army typically serves those individuals that have difficulty gaining entrance to emergency shelter due to limited bed space, large families, or medically fragile households. The Salvation Army has been able to overcome sheltering barriers for large families by finding hotel placements with adjoining rooms or suites. All households or individuals that present to PORT winter shelter (operated by LINK) are provided with shelter regardless of household makeup. PORT coordinates volunteers to overcome participant language barriers. LINK then connects households to additional community resources to assist with their specific needs. The Peninsula Rescue Mission and the Union Mission (in Norfolk) have Adult Only shelter programs that can accommodate individuals on the sex offender registry.

Limited phone availability is an ongoing challenge for those served as phone numbers often change or get disconnected, but email addresses typically remain the same. The CoC encourages all persons seeking services, who do not have a personal phone or internet access, to open a Google email account and google phone number as both are free and can be used with a smartphone (without cellular service) at locations that have free Wi-Fi, such as public libraries.

8. Does the CoC/LPG have any requirements to access 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:

GVPHC 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 orientation, criminal records, credit issues, employment status, family size, language, disability, or substance use. Additionally, no specific requirements for assistance are in place at any agencies that function as 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. The GVPHC partners work with Project ID to assist households with getting vital documents such as birth certificates, social security cards, and any needed photo identification.

Eligibility requirements are discussed at SCAAN meetings every month to ensure the clients are not encountering barriers and are also included in program reviews by the CoC Lead Agency and Leadership Team.

The GVPHC worked with partners across the Hampton Roads region to reduce barriers stemming from residency requirements. In February 2021, the four CoC's in Hampton Roads adopted a CoC Determination policy that applied a standardized process to determine which CoC a household would be connected to for emergency and housing services. The CoC Determination policy screens a household by asking the individual to identify the city/county they consider themselves a resident and where they are physically located. If the household is temporarily displaced from their city/county of residency, the policy allows that household to be connected to either their residential community or the community where they are physically located, dignifying the household's choice in where they wish to live.

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9. 9. 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:

The GVPHC enforces a low-barrier approach to housing programs. The barriers encountered are community-based barriers. Access to permanent housing options can be difficult for many program participants if the property owner/landlord requires good credit, does not allow for any recent criminal background, or requires a higher income to be eligible. GVPHC members continuously recruit and collaborate with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management, in addition to financial assistance when needed. Regardless, these barriers exist and often delay placement into a housing unit.

Virginia's lack of affordable housing inventory remains the biggest barrier and has been highlighted since the COVID-19 pandemic as the lack of movement from homeless status to permanently housed has affected many households. Additionally, the consistent rises in rent prices continue throughout Virginia and places an unrealistic burden on households with little or no income. Service providers are sometimes successful in negotiating rent decreases, but it is a rare occurrence. GVPHC service providers have also overcome barriers from hotels where clients are required to have a picture ID and have established closer relationships with the hotels that now allow agency staff to present their ID on behalf of the client.

The number of housing vouchers available through the Redevelopment and Housing Authorities has traditionally been a barrier for those households who need an ongoing subsidy due to their circumstances. However, the successful awards of Mainstream and Emergency Housing Vouchers in the past two years have increased that availability. However, the lack of affordable housing units available where these vouchers are accepted remains the biggest barrier and there are now households with secured vouchers who continue to search for an available permanent housing unit.

GVPHC agencies work within subcommittees to identify the barriers that exist and prevent successful housing placements for program participants. The SCAAN committee and Resource Committee both devote time each meeting to talk through issues and challenges the service providers are facing. The Leadership Team also works to address them by reaching out to partner agencies to resolve issues or establish trust, providing trainings, and identify and share community resources.

10. 10. 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, 2023 – December 31, 2023). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

Answer:

The Planning Council, through subcontract with HDHS, coordinates CoC administrative activities and maintains the Hampton Roads Ends Homelessness website that was created for GVPHC agencies and the general public. The CoC solicits invitations to join the CoC and attend open CoC meetings on a weekly basis to a broad distribution list of members and prospective members. Regularly scheduled meetings are also posted on the website's calendar. Leadership Team members and the CoC Coordinator solicit new agency participation and presentations from agencies who are not yet a member of the CoC at the quarterly General

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Membership and monthly Leadership Team meetings with the goal of sharing resources and increasing membership. On an ongoing basis, interested parties are invited to participate in an HMIS Demo presentation to learn the benefits of joining the system. Specific action steps were included in the CoC Strategic Plan adopted in 2022 to increase participation to add resources for improving housing stability. The CoC Coordinator hosts a monthly Orientation for anyone interested in the CoC's work, policies, and procedures. A recording of the orientation as well as the CoC policies, procedures, and guidelines are available on the CoC website. The Lead Agency and members of the Leadership Team also attend other systems of care meetings such as with the Department of Justice, youth- and health-focused committees to encourage collaboration among service providers and the strategic use of resources.

In 2023, the CoC held quarterly General Membership meetings where agencies and community members were asked to present and inform the members of and increase access to resources and that help prevent and end homelessness in a more efficient manner.

The following represents agency participation in the General Membership meetings and the Leadership Team meetings throughout 2023.

3e Restoration 44%

Colonial Behavioral Health 17%

Ezer Initiative 50%

ForKids 94%

Four Oaks Day Center 39%

HELP Inc 56%

Hampton DHS 94%

Hampton-Newport News CSB 89%

Housing Development Corporation of Hampton Roads 33%

James City County Office of Housing 94%

James City County Human Services 17%

LBGT Life Center 100%

LINK of Hampton Roads 94%

Menchville House Ministries 61%

Newport News Department of Human Services 83%

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The Heart of Giving 50%

The Planning Council 100%

The Salvation Army Virginia Peninsula Command 50%

Transitions Family Violence Services 78%

United Way of the Virginia Peninsula 83%

Veterans Affairs Medical Center Homeless Outreach 61%

Virginia Supportive Housing 33%

Virginia Beach Community Development Corporation 11%

Williamsburg DHS 11%

Williamsburg House of Mercy 61%

York County Housing 39%

11. How does the CoC/LPG examine its programs and systems for racial disparities? Detail any disparities, how changes that have been put in place to ensure those disparities are not perpetuated, and who participated in the process.

Answer:

The GVPHC completed a Racial Disparity Assessment on June 27, 2022. The assessment examined data from HUD's Equity Analysis Tool 3.0, HMIS, the 2022 Point in Time Count, HUD's Stella P Data Analysis Tool and CoC partner agencies. HMIS data was analyzed from October 1, 2020, to September 30, 2021. To examine client outcomes, exits to a permanent destination were calculated from HMIS and compared by race and ethnicity. The Stella P tool was used to compare returns to homelessness (for households exiting within 12 months of the current report period) by race and ethnicity. This data was collected for exits from a permanent destination, exits from a temporary destination, and exits from an unknown destination. To assess the provision of services, annual enrollment across 10 program types was calculated by race and ethnicity and compared to the total percentage of clients by race/ethnicity in HMIS to determine if any race or ethnicity was disproportionately represented in any programs. Finally, the CoC sent a questionnaire to each partner agency that asked for the racial composition of staff and board members. The assessment also included a supplemental analysis by gender and race for outcomes (successful exits) and program enrollment. The assessment was provided for review to all CoC members.

The largest racial groups in the CoC's HMIS population were Black/African American (65%) and White (22%). Other races included: 9% Multiracial, 0.7% American Indian/Alaska Native, 0.3% Asian/Pacific Islander and 3% unknown.

Assessing the provision of services indicates that Permanent Supportive Housing and Other Permanent

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Housing comprised more than 65% Black/African American clients. Programs that were comprised of 62% - 64% Black/African Americans were Day Shelter, Coordinated Entry, Supportive Services Only, Emergency Shelter, Prevention, and Rapid Rehousing. Street Outreach and Transitional Housing were comprised of much smaller proportion of Black/African Americans (53% and 33%). This may reflect a possible disparity in the provision of services.

While direct services staff are comprised of 56% Black/African American and 40% White, the executive/management staff is comprised of just 41% Black/African American and 55% White, and board members were 32% Black/African American and 66% White. This reflects the potential for disparities in the representation of the Black/African American persons in upper management and decision-making bodies at homeless service agencies.

Overall, 2,702 clients in HMIS during the program year. Of these, 878 (32.5%) exited to a permanent destination which designates a successful outcome. Among 1,722 Black or African Americans who exited, 562 (33.6%) exited to a permanent destination. Among 641 Whites who exited, 202 (31.5%) exited to a permanent destination. Among 302 Multiracial clients who exited, 103 (34.1%) exited to a permanent destination. Among 25 American Indian/Alaska Native clients who exited, 8 (32.0%) exited to a permanent destination. Among 12 Asian/Pacific Islander clients who exited, 3 (25.0%) exited to a permanent destination. Among 132 Hispanic/Latinx households who exited, 45 (34.1%) exited to a permanent destination and among 2,570 non-Hispanic/Latinx households who exited, 833 (32.4%) exited to a permanent destination. This demonstrates that nearly all racial groups exit programs to a permanent destination, where only households in Asian/Pacific Islander group exit to permanent housing a lower than the CoC average rate.

The CoC remains committed to identifying and addressing any racial disparities found in its service provision. Data collected and reviewed in the racial disparities assessment demonstrated only the potential of disparities within assorted services/projects, such as ES, PSH, street outreach, support services, etc. The percentage of non-White persons assisted in these programs was 62% or higher, while the population of non-Whites is 78% across the jurisdictions. These outcomes are reviewed at the Leadership Team level and during peer review. To date, the only potential disparities identified are within Street Outreach (53%) and Transitional Housing (33%), which demonstrate a smaller percentage of non-White persons in service as compared to the percentage of non-Whites in the homeless population. Additionally, agencies noted the racial composition of their staff, leadership, and Boards in comparison with those being served and determined several agencies where one more race was more prolific than other races. To better understand the intersection of race, racism, and racial equity, the CoC attended trainings by Collective InCite. The CoC has also provided training on cultural competency focused on individuals fleeing DV situations and service provision for members of the LGBT community and homeless elders.

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12. 12. 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 GVPHC membership, both in meetings as well as via email and on the GVPHC website. The GVPHC by-laws do require programs to meet an attendance rate of 50% to be eligible to apply under the collaborative application. There is an exception made for applicants if they can either provide a letter of support from another CoC they participate in or request a vote of exception form the CoC if their agency's attendance rate does not meet the 50% minimum requirement.

At the Leadership Team meeting in February, the VHSP application process was discussed. The Planning Council (TPC), under contract to GVPHC to provide administrative support, proposed a timeline for all application activities, as well as a draft Supplemental Application that was then discussed and agreed upon by the Leadership Team. TPC then distributed the approved timeline and supplemental application to all members. Once all completed project applications were received by March 11, TPC then combined them and sent them out to CoC members for a Peer Review process to be conducted at the March Leadership Team meeting.

The Leadership Team reviewed all applications during the March 14 meeting and a few applications were revised to include any feedback or to clarify any outstanding questions. The Leadership Team members voted on the slate to move forward under a collaborative application from the GVPHC. No applications were rejected or not included.

TPC then completed the narrative as a Draft and sent it out to the CoC members for review and input. Time was allotted for feedback from GVPHC members to be received and TPC added all revisions to the application and sent it out for one final review. CoC members voted electronically on the final application to be submitted to DHCD with a target date of submission of April 5, 2024.

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13. 13. 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:

The GVPHC incorporates regular monitoring and review of grant-funded projects through the Leadership Team, which is comprised of agencies with governmental funding as well as those without it, who then conduct a regular peer review. Reports are made by agencies and include the progress of numbers of households served to date (compared to the projected goal amount), challenges or barriers encountered, any changes to the original proposed project, expenditure rate, and reimbursement statuses. All GVPHC members that receive funding from DHCD also participate in the quarterly calls 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.

HUD continues to provide quarterly expenditure reports to the CoCs to demonstrate progress with drawdowns by project, as well as any funds recaptured by HUD. This is now included in the review of projects at the Leadership Team. For monitoring of federal funds, a scorecard was developed and 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 monitoring or audits and their overall financial and programmatic standing with funders. HMIS audits are conducted annually by the HMIS Lead Agency to ensure the 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. The CoC is completing the development of a performance-based tool to utilize during VHSP budget negotiations. The tool will allow the CoC to review project performance over time as well as comparing it to a CoC threshold.

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. Furthermore, the CoC is close to finalizing a Performance Management Program (PMP) that expands on the current adopted monitoring processes. This program will allow the CoC to monitor, at a project level, the data, project outcomes, targets, and financial administration of the project. The PMP will include a Performance Improvement Plan that will be implemented when the CoC identifies projects that are poorly performing to implement mentoring to improve project performance or steps to reallocate funding to a higher performing project. All GVPHC projects, regardless of funding source, will be able to participate in the PMP. Programs funded under VHSP, HTF, HUD CoC, and CDBG will be required to participate.

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

1. List the proposed grantees and project types for VHSP and HOPWA funding.

Answer:

The members of the GVPHC present this funding request for \$1,796,700 to administer services under the 2024-2025 Virginia Housing Solutions Program across the six jurisdictions that make up the CoC: Hampton, Newport News, Williamsburg, James City County, York County, and Poquoson. There are no proposed projects for HOPWA funding. The LGBT Life Center is requesting a direct grant from DHCD while the Hampton Department of Human Services will be the fiscal agent for nine subgrantees. Hampton will distribute the funds to the sub-grantee agencies in accordance with funding processes through the GVPHC Leadership Team's funding priorities. Sub-grantees include ForKids, HELP, Hampton-Newport News Community Services Board, James City County Housing, LINK of Hampton Roads, Menchville House, Newport News Department of Human Services, Transitions Family Violence Services, and The Salvation Army – Peninsula Command.

The GVPHC request reflects budget adjustments to increase and add programs to meet community needs and address systemic gaps.

GVPHC is requesting the following amounts be granted to HDHS under VHSP by funding type.

- Outreach - \$76,600
- Centralized/Coordinated Assessment - \$174,113
- Targeted Prevention - \$198,675
- Emergency Shelter Operations - \$414,471
- Rapid Re-housing - \$568,392
- CoC Planning - \$149,725
- HMIS - \$71,612
- Admin - \$71,612

GVPHC is requesting the below totals be granted to the LGBT Life Center under VHSP by funding type.

- Outreach - \$53,000
- Centralized/Coordinated Assessment - \$12,000
- HMIS - \$3,250
- Admin - \$3,250

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15. 2. For each proposed project listed, including HOPWA, 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:

Hampton Department of Human Services applies the same standards of services that they are required to adhere to by DHCD for all its sub-contracted agencies, and that language is included in their agreements to access and utilize funding for all services included in this proposal. All HDHS program participants are assessed and evaluated to determine their ability to become self-sufficient in housing, regardless of current income. Households are assessed for diversion as re-establishing support from family and friends is essential. Individual service plans are completed and monitored. Each plan developed has the natural support system, family/child information, income, employment, and health/mental health information. Resource needs are determined from these assessments. The housing stabilization worker continues to follow the participant's progress toward housing stability and meets with the participant as needed to coordinate needed wrap around services. Participation in wrap around services is voluntary except for those that are specifically related to housing. Fair housing policies are printed and posted in shelters and made available at housing intake to ensure the guests are aware of the policy. Households are not refused services based on gender identity.

LGBT Life Center has been providing housing services for over 30 years and fully adheres to Housing First principles across all housing programs. LGBT Life Center fully believes that homelessness is a housing crisis that anyone can experience, and it can most efficiently be ended by providing access to safe, decent, and affordable housing, regardless of other factors. Housing First prioritizes placement and stabilization in alliance with client choice, meaning that participants are at the forefront of guiding their services and placement. While it is understood that supportive services, particularly for mental health or substance use counseling, can be beneficial, they are not a prerequisite to access housing or a condition of maintaining it because LGBT Life Center believes that everyone is ready for and deserving of housing. The overall philosophy of the agency is a focus on "screening in" versus "screening out." The agency is committed to providing low-barrier assistance and fully encourages participants' right to self-determination. Participants are not required to have income prior to enrollment, nor are they required to be "sober" or "treatment compliant" to be housed. LGBT Life Center is also committed to streamlining the application process and to removing any unnecessary documentation. Participants are not subject to conditions of tenancy that exceed the normal conditions of any leaseholder or the grant. This ensures that relationships with clients are not built on control and fear, but instead on mutual respect and equality. Program policies and procedures are shared with each program participant as they enter the agency's programs. These are reviewed annually to ensure that the Housing First, client-centered approach is adhered to.

Additionally, the GVPHC operates a coordinated system that requires recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements, including: the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights act, and Title II and Title III of the Americans with Disabilities Act. Through monitoring and evaluation, the CoC ensures programs are following these practices. Additionally, sub-contracted agencies must also submit supplemental applications during the application process to ensure proposed projects will implement a housing first approach and follow fair housing regulations.

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16. 3. 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:

Hampton Department of Human Services does not have any barrier to services. Case managers serve all referred clients to ensure they have all documents needed for housing and connect clients with any mainstream benefits for which they may be eligible. Through the sub-contract breakdown, Hampton DHS and HELP have been designated to provide housing services to persons located in Hampton and Poquoson. Newport News DHS and LINK are designated to provide housing services to persons located in Newport News the lower part of York County. James City County is designated to provide housing services to persons located in Williamsburg, James City County the upper part of York County. Several service providers, including ForKids, LINK of Hampton Roads, TSA, Menchville, and Transitions, provide services to households across many jurisdictional lines.

The LGBT Life Center is committed to streamlining services and to removing any unnecessary documentation. Participants are not subject to conditions of tenancy that exceed the normal conditions of any leaseholder or the grant. Additionally, the agency is committed to assisting clients with obtaining documentations to support their ongoing success while in and out of services at the LGBT Life Center. The LGBT Life Center seeks to serve all folx in the Hampton Roads community, regardless of identity and barriers. Housing services cover all of Hampton Roads through various programs. LGBT Life Center is uniquely positioned to serve the LGBTQIA+ community and folx that are HIV+ but does not limited services to those populations. To ensure that all folx can access services, LGBT Life Center has a policy of meeting folx where they are located. This means providing access to services via social media, online portals, phone calls, and community outreach, as well as a broad walk-in policy. Additionally, LGBT Life Center employs several bilingual staff and has access to a language line.

The GVPHC has also adopted a low barrier approach to ensure the Coordinated Entry System and housing programs do not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug, or alcohol use, or having a criminal record. All CoC member agencies also use the Hampton Roads CoC Determination process adopted in 2021. Through monitoring and evaluation, the CoC ensures programs are following these practices. Additionally, sub-contracted agencies must also submit supplemental applications during the application process to ensure proposed projects will implement a low barrier approach.

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17. 4. For each proposed grantee, does the agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If not, please detail an expected timeline for activities to begin. 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:

Hampton Department of Human Services serves in the capacity of Lead Agency for the GVPHC (VA-505). The City of Hampton can remit funding for services in a timely manner to allow for a stronger cash flow for partner agencies. Hampton DSS has a proven record of administering this funding for the past 30 years. The activities will be ready to begin on July 1 once the City Council approves the budget, which often delays the availability of funding by several weeks. The City Finance Office monitors the budget with a dedicated staff member to track day-to-day expenditures. The program spending is overseen by a Program Administrator that serves under the Director of Human Services.

LGBT Life Center has been administering VHSP funding in various CoC's for several funding cycles and continues to successfully do so with the support of program staff and administrative staff. Additionally, LGBT Life Center is opening an office in Hampton to better serve Peninsula clients, and that office will be operating prior to July 1st. While this funding request does encompass funding for a new staff position (Outreach), the Housing Department already has a staff member that would transition into that role who has previously conducted Outreach and lives on the Peninsula. That person would be able to start immediately if awarded the funding. LGBT Life Center Financial Management System includes a full-time Finance Director who oversees daily operations and grants management processes of the organization. Accounting, management of the General Ledger and preparation of the monthly financial statements are outsourced to an accounting firm, Jitasa. Additionally, Jitasa provides CFO Strategic Advisory Services for The Center. The Finance Director and her staff invoice all grants according to funding sources. The Center uses QuickBooks Online to maintain financial information and produce financial reports. The agency has an investment policy that is conservative and guides investment accounts. Due to the level of federal funding the agency receives, the agency undergoes an A-133 audit annually. Internal and external audits are performed yearly as mandated and reports from external auditors are supplied to the agency's funders and Board. Funders audit LGBT Life Center through site visits which usually occur on a yearly basis. The entire Board receives a financial report in their monthly meetings to review. The board of directors is a governing board and they set the strategic direction of the organization. They receive reports regarding quality management activities and updates regarding grant activities as needed. LGBT Life Center has a long history of providing housing assistance and provides rental subsidies for over 400 households each year: 80 units of HOPWA TBRA, 68 units of Permanent Supportive Housing, 90 households approved Permanent Housing Placements (PHP) HOPWA, 110 households for Short Term Rental, Mortgage and Utility Assistance (STRMU) HOPWA, as well as VHSP projects in various CoCs and discretionary housing assistance.

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

Answer:

Hampton Department of Human Services has been the recipient of DHCD funds for Homeless Intervention for the past 32 years. HDHS has operated Homeless Services Programs since 2008 and has been the HUD-designated Lead Agency for VA-505 since 2016. HDHS staff has significant housing experience, with the Lead Worker having 14 years of experience in housing programs. Current staffing includes three Family Services Specialists and one Senior Family Services Specialist. One of the housing stabilization positions is city funded, while two are funded by the current VHSP grant. The Senior Family Services Specialist is responsible for day-to-day supervision and oversight as well as CoC planning activities and managing, monitoring, and evaluating sub-grantees.

LGBT Life Center has over 34 years of experience providing supportive housing services throughout Hampton Roads. The agency operates in several CoC's and has VHSP funding in two CoC's. The organizational chart includes Housing Services as a separate department, led by a Housing Director (HQS and Inspire Certified), 4 FTE Housing Specialists (All HQS Certified, 2 Inspire Certified), 1 FTE Intake Specialist, and 9 FTE Housing Case Managers. There are 3 Program Managers (All HQS Certified and 1 Inspire Certified) who report directly to the Housing Director and senior staff. The Housing Director reports directly to the CEO, and they both have extensive experience in providing supportive housing services and grant management experience. Additionally, the organization has restructured some processes and tasks during the past year to ensure that clients are receiving the best services possible. This includes the addition of a Vocational Program Coordinator and the relaunching of the mental health program. Staff carry an average caseload of 20-25 clients at a time. To support client services, the agency also has an IPV counselor, MH counselors, Benefits coordinators, SOAR certified staff, the vocational program, the food pantry, and community spaces.

19. 6. 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 the agency monitor the funded activities provided by the sub-contracted agencies?

Answer:

As the fiscal agent, Hampton DHS executes partnership agreements with all VHSP participating partners. Annual monitoring is conducted to ensure each partner is adhering to the guidelines of the grant. Monitoring includes the review of client case files as well as a review of financial practices of supporting documentation for financial transactions. Case files and transactions are randomly selected from remittance requests that have been submitted by the partner and reviewed by Hampton DHS for accuracy and completion. Programmatic review and monitoring are conducted monthly through CoC meetings and subcommittees, as well as one-on-one via phone and in-person. Progress reports are made by Hampton DHS to CoC members and the Commission on Homelessness monthly. The agencies requesting funds under HDHS are required to apply under the current VHSP CoC application process and proposals are reviewed during Peer Review. The submitted slate of agencies are all current or previous sub-grantees with the organizational and staff capacity to administer the VHSP funds according to the HSNH guidelines. Additionally, each sub-grantee must participate in CoC monitoring and evaluation processes.

Please see the breakdown below for funding requests by project.

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1. ForKids

1. *Centralized/Coordinated Assessment* - \$45,000
2. *HMIS* - \$2,250
3. *Administration* - \$2,250

2. HELP

1. *Outreach* - \$65,000
2. *Shelter Operations* - \$130,400
3. *Rapid Rehousing* - \$188,475
4. *HMIS* - \$1,800
5. *Administration* - \$18,745

3. Hampton Department of Human Services

1. *Centralized/Coordinated Assessment* - \$ 54,000
2. *Targeted Prevention* - \$85,343
3. *Rapid Re-Housing* - \$230,450
4. *CoC Planning* - \$149,725
5. *HMIS* - \$42,923
6. *Administration* - \$25,838

4. Hampton-Newport News Community Services Board

1. *Centralized/Coordinated Assessment* - \$75,113
2. *Shelter Operations* - \$53,3863

5. James City County

1. *Outreach* - \$11,600
2. *Targeted Prevention* - \$59,005
3. *Shelter Operations* - \$30,000
4. *Rapid Re-Housing* - \$69,467
5. *HMIS* - \$8,503
6. *Administration* - \$8,503

6. LINK of Hampton Roads

1. *Shelter Operations* - \$58,715
2. *HMIS* - \$2,935
3. *Administration* - \$2,935

7. Menchville House

1. *Shelter Operations* - \$76,670
2. *HMIS* - \$3,485
3. *Administration* - \$3,485

8. Newport News Department of Human Services

1. *Targeted Prevention* - \$54,327
2. *Rapid Re-Housing* - \$80,000
3. *HMIS* - \$6,716
4. *Administration* - \$6,716

9. Transitions Family Violence Services

1. *Shelter Operations* - \$37,800
2. *HMIS* - \$1,750

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3. *Administration* - \$1,890

10. **The Salvation Army**

1. *Shelter Operations* - \$27,500

2. *HMIS* - \$1,250

3. *Administration* - \$1,250

20. 7. 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.

21. 8. 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.

Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

GVPHCPoliciesandProcedures432024103058.pdf

CoC/LPG Governance Charter/By-Laws

GVPHCBylaws432024103104.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures432024103112.pdf

Job Description (case managers and housing locator positions)

GVPHCPartnerJobDescriptions432024103120.pdf

Homeless Services Flow Chart

GVPHCHomelessServicesFlowChart432024103129.pdf

Board of Directors Listing

GVPHCPartnerBoardLists432024103139.pdf

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MOUs

GVPHCMOUs432024103155.pdf

Organizational Certification and Assurances (DHCD document)

GVPHCOrgCertifications432024103207.pdf

CoC Certification and Assurances (DHCD document)

GVPHCCoCCertifications432024103227.pdf

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

GVPHCHSNHYearOneRequest202425final432024103401.xlsx

VHSP Proposed Match Form

GVPHCProposedMatch432024103326.pdf