

Application to DHCD Submitted through CAMS

City of Hampton

Peninsula Collaborative

Application ID: 73602202020153553
Application Status: Pending
Program Name: HSNH 2020-22 Application
Organization Name: City of Hampton
Organization Address: 1320 LASALLE AVE
HAMPTON, VA 23669-3810
Profile Manager Name: Angel Hill
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Project Name: Peninsula Collaborative
Project Contact Name: Angel Hill
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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: \$1,811,694.00

Required Annual Audit Status: Pending Review

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$86,500.00	\$0.00	\$86,500.00
Outreach	\$86,500.00	\$0.00	\$86,500.00
Centralized or Coordinated Assessment/Entry	\$34,819.00	\$0.00	\$34,819.00
Centralized or Coordinated Assessment/Entry	\$34,819.00	\$0.00	\$34,819.00
Targeted Prevention	\$455,257.00	\$0.00	\$455,257.00
Targeted Prevention	\$455,257.00	\$0.00	\$455,257.00
Emergency Shelter Operations	\$367,175.00	\$0.00	\$367,175.00
Emergency Shelter Operations	\$367,175.00	\$0.00	\$367,175.00
Rapid Re-housing	\$657,470.00	\$0.00	\$657,470.00
Rapid Re-housing	\$657,470.00	\$0.00	\$657,470.00
CoC Planning	\$112,085.00	\$0.00	\$112,085.00
CoC Planning	\$112,085.00	\$0.00	\$112,085.00
HMIS	\$58,985.00	\$0.00	\$58,985.00
HMIS	\$58,985.00	\$0.00	\$58,985.00
Administration	\$39,403.00	\$0.00	\$39,403.00
Administration	\$39,403.00	\$0.00	\$39,403.00
Total VHSP Funding Request	\$1,811,694.00	\$0.00	\$1,811,694.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$1,811,694.00	\$0.00	\$1,811,694.00

Budget Narrative:

I. ForKids a. Centralized/Coordinated Assessment- \$34,819 i. Anticipated # of Households Served - 6,500 b. HMIS - \$1,740 c. Administration - \$1,096 d. Total DHCD Request - \$37,655 II. Hampton DHS a. Shelter Operations - \$53,400 i. Anticipated # of households served - 40 in family shelter and 352 in thermal shelter. b. Rapid Re-Housing - \$577,500 i. Anticipated # of households served - 200 c. Targeted Prevention - \$350,000 i. Anticipated # of households served - 154 d. Outreach - \$86,500 i. Anticipated # of Households Served - 510 e. CoC Planning - \$112,085 f. HMIS - \$50,120 g. Administration - \$30,057 h. Total DHCD Request - \$1,259,662 III. Hampton-Newport News CSB a. Shelter Operations - \$45,000 i. Anticipated # of households served- 48 b. HMIS - \$2,025 c. Administration - \$1,350 d. Total DHCD Request - \$48,375 IV. James City County a. Shelter Operations - \$15,000 i. Anticipated # of households served - 30 b. HMIS - N/A c. Administration - N/A d. Total DHCD Request \$15,000 V. LGBT Life Center a. Rapid Re-Housing - \$79,970 i. Anticipated # of households served - 12 b. Targeted Prevention - \$105,257 i. Anticipated # of households served - 30 c. HMIS - \$2,350 d. Administration - \$5,400 e. Total DHCD Request - \$192,977 VI. LINK of Hampton Roads a. Shelter Operations - \$102,125 i. Anticipated # of households served - 500 + unduplicated/9000 duplicated b. HMIS - N/A c. Administration - N/A d. Total DHCD Request \$102,125 VII. Menchville House a. Shelter Operations - \$66,650 i. Anticipated # of households served - 150 b. HMIS - \$2,000 c. Administration - \$1,500 d. Total DHCD Request - \$70,150 VIII. Transitions FVS a. Shelter Operations - \$50,000 i. Anticipated # of households served - 87 b. HMIS - \$750 c. Administration - 0 d. Total DHCD Request - \$50,750 IX. The Salvation Army a. Shelter Operations - \$35,000.00 i. Anticipated # of households served - 35 b. HMIS - N/A c. Administration - N/A d. Total DHCD Request - \$35,000.00

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Questions and Responses:

1. Part I Community Analysis and Processes

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

Answer:

According to the 2019 Greater Virginia Peninsula Homeless Consortium's (GVPHC) Point in Time Count, there were a total of 427 homeless persons counted across the CoC's service area, which includes Hampton, Newport News, Poquoson, Williamsburg, York County and James City County. This indicates a rate of homeless persons as 88 per 100,000 of the population compared to 68 per 100,000 in Virginia and 174 per 100,000 in the US.

Of the 427 persons experiencing homelessness, 375 (88%) were sheltered and 52 (12%) were unsheltered. Of the 375 sheltered persons, 139 were in a year-round Emergency Shelter, 173 were in a Winter Shelter, and 63 were in Transitional Housing. The Winter Shelter count reflects the number of persons typically unsheltered between April and October. Therefore, during a full year the count of unsheltered persons could be closer to 225 or 53%. There were no unsheltered children.

Sixty-eight percent (68%) were Black or African American and 25% were white compared to the CoC's general population of 35% Black or African American and 59% white. Seven percent (7%) were Multiracial or Other Race.

Twelve percent (12%) of persons counted were in households with children and 88% of persons counted were in households without children. Eighty-one percent (81%) were adults over the age of 18 and 19% were children under the age of 18. There were no households with only children. Three percent (3%) of persons counted were unaccompanied youth between the ages of 18-24, and 0.4% of this age group were parenting youth.

Of the 348 adults over the age of 18, 15% were chronically homeless, 17% were veterans, 14% experienced severe mental illness, 8% were fleeing domestic violence, 6% experienced chronic substance use disorder and 1% were living with HIV/AIDS.

In addition to Point in Time Count data, the CoC analyzed call data from the Housing Crisis Hotline for calendar year January 1, 2019 to December 31, 2019. The Hotline data includes 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 832 callers who were literally homeless and 2,313 who were at imminent risk of becoming homeless, for a combined total 3,145 callers during the year. The total of literally homeless – 832- is almost double the number of unduplicated persons counted (427) during the Point in Time Count, reflecting a more accurate number of persons needing housing and services throughout the year.

Nearly half (46%) of callers were in households with children, 52% were in Adult Only households and 2% did not provide household information. This contrasts with Point in Time data indicating that just 12% of persons were in households with children and the majority (81%) were in households without children. Among Category 1 callers

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(literally homeless), 25% were in households with children and among Category 2 callers (imminent risk), 54% were in households with children.

Similar to the Point in Time data, 72% of all callers were Black or African American, 18% were white, 5% did not identify a race, and 5% were Other Race. Sixty-eight percent (68%) were female, 30% were male and 2% were Other or did not provide the information. Only 6% of callers identified as Hispanic or Latino.

In addition, 4% of callers identified as being LGBT and 11% were veterans. Twelve percent (12%) of callers stated that they receive SSI benefits, and 9% 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.)

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

Answer:

GVPHC providers collaborate closely to share resources and effect the maximum of change. The Virginia Peninsula Collaborative (VPC) is a united effort between nine service provider agencies, including Hampton Department of Human Services (HDHS) - as the lead and fiscal agency - to provide outreach, shelter, rapid rehousing (RRH), prevention, central intake, and CoC planning across the region. The VPC remains committed to ensuring the ease and accessibility of services for those experiencing homeless or at imminent risk of homelessness across the jurisdictions. The partnerships that make up the VPC exist between HDHS, James City County Department of Social Services, Newport News Department of Human Services, Hampton-Newport News Community Services Board (HNNCSB), The Salvation Army of the Peninsula, Menchville House, LINK of Hampton Roads, Transitions, and ForKids, along with other GVPHC member agencies throughout the community.

The GVPHC utilizes VHSP grant funding to employ, through HDHS, a regional outreach worker. This outreach worker surveys the geographic region that the CoC covers in search of households that are experiencing homelessness. HNNCSB also has a PATH program. The Hampton Veterans Affairs Medical Center (VAMC) also employs outreach case managers to connect veterans to the CE system. ForKids, Inc. also coordinates services through the Housing Crisis Hotline. When a household experiencing homelessness is identified through the Hotline, a referral is sent via HMIS to the outreach program, connecting the client to services. During winter months, the outreach worker visits the winter shelters in Hampton and Newport News weekly to connect households to the Coordinated Entry System and assessment for housing services.

There are also day shelter programs such as Four Oaks in Newport News, Williamsburg House of Mercy, HELP in Hampton, and LINK of Hampton Roads. Households experiencing homelessness are able to attend the day service centers to access a plethora of services. These day service centers allow clients to do laundry, take showers, eat a hot meal, use computers, and meet one-on-one with a case manager. These case managers conduct assessments and navigate clients through the Coordinated Entry System as well. Clients that are literally homeless are placed on a waitlist for shelter and referred when there are shelter vacancies. The GVPHC has a few funded and unfunded brick and mortar shelter programs provided by Menchville House, HELP, the Peninsula Rescue Mission, Hampton-Newport News Community Services Board, Williamsburg House of Mercy, 3e Restoration, as well as funds for hotel vouchers. The Salvation Army – Hampton Command and the James City County Department of Social Services utilize emergency shelter operation funds to provide temporary shelter to households experiencing homelessness.

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There are three winter shelter programs in GVPHC: PORT, A Night's Welcome and the Community of Faith Mission. These three programs work closely with the area's faith-based organizations to coordinate winter shelter services. GVPHC also has two Victim Service Providers - Avalon and Transitions - that each run their own shelter programs. In addition to the Outreach worker, day service centers, and emergency shelter programs, GVPHC has many homeless service provider agencies that also serve clients and connect them to the CoC's CES. The LGBT Life Center, Gordon Wellness, the United Way, Bacon Street Youth Services, Hampton Roads Community Action Program, Hampton Veteran Affairs Medical Center, and other homeless service agencies all continue to connect clients for services.

Once a household has been connected to the CES, their vulnerabilities are assessed with either the family or single adult VI-SPDAT. Households are then case conferenced at bi-weekly Service Coordination and Assessment Network (SCAAN) committee meetings. At SCAAN, households with the highest vulnerabilities and highest prioritization are referred to the appropriate housing intervention that will end their homelessness and lead to self-sustained 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. Hampton DHS, the Newport News DHS/Housing Broker Team and James City County DHS operate Rapid Rehousing projects and Prevention projects. The Hampton Roads Community Action Program (HRCAP) receives funding for SSVF and provides both prevention and RRH services. Transitions operates a Joint TH-RRH project. LINK of Hampton Roads and the Hampton-Newport News Community Services Board operate PSH projects. The CoC also partners with the HVAMC to connect clients to HUD VASH vouchers. Avalon and The Salvation Army – Williamsburg, also operate TH projects.

After the household is referred to a housing program, there is a warm hand-off between the referring agency and the receiving agency. Households then begin working with the receiving agency to find affordable housing. During housing search and after entering housing units, housing programs continue to connect the household to any 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 Gordon Wellness, Williamsburg House of Mercy, and Bacon Street Youth Services to connect clients to disability income benefit programs. Hampton-Newport News CSB, Colonial Behavioral Health and Gordon Wellness also provide substance abuse treatment and mental health services.

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.

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 largest gaps determined by GVPHC members and supported by the review of the CoC-wide System Performance Measures coupled with Coordinated Entry data, demonstrates that clients accessing the crisis response system are not always assessed and presented for housing interventions. For example, in the 2018 (October 1, 2017 – October 1, 2018) System Performance Measures, 1,098 unique persons were entered into emergency shelter, safe haven or transitional housing projects. Over the same period, only 964 of those persons

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were entered into the CoC CES projects. The Housing Crisis Hotline reports that during FY 2019 (July 1, 2018 – June 30, 2019), 867 of their Peninsula callers were literally homeless. For the current SPMs (October 1, 2018 – October 1, 2019) the number of unique persons entering Emergency Shelter (ES) and Transitional Housing (TH) decreased to 952; however, the number of persons in the CES project decreased to 763. While the number of persons in ES and TH are decreasing, 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 also a lack in outreach case management, and this might be adding to the gaps between clients accessing crisis needs (shelter) and access to housing interventions. The City of Hampton has no emergency shelter at the current time. Hampton residents experiencing homelessness must travel to Newport News for shelter options. Additionally, the GVPHC only has one Permanent Supportive Housing program for households with minor children. The current project has limited beds and a low turnover rate, leaving households with children and high needs without the more intensive housing program and supportive services.

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

All funded agencies utilize the Homeless Management Information System (or a comparable database), a repository of client-level data that allows for reporting and analyzing the trends of services utilized, length and types of assistance, exit destination and project-wide outcomes for households, system-wide gaps, demographic information of all served, and more. 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 meeting and Program Monitoring Committee meetings. Data from the Housing Crisis Hotline is also presented to the membership and reviewed quarterly, demonstrating the number of unduplicated callers and the variety of stated needs. The PMC and Leadership review racial disparity reports, spending reports, CE system referrals, PIT and HIC data, as well as System Performance Measures.

HUD requires CoC's to evaluate their CES at the minimum, annually. The GVPHC, after reviewing system data noticed the difference in the households that were accessing services through the hotline and other up-front services, such as shelter and outreach, but did not get assessed and presented at the bi-weekly SCAAN meetings.

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

Answer:

Over the last funding cycle, the GVPHC requested a budget reallocation to move funds from rapid rehousing to outreach to provide for one regional outreach worker. However, due to limited thermal shelter case management, the outreach worker has been unable to work specifically with clients that are not connected to any other agency. Therefore, GVPHC has included in the request for funding, additional outreach case management funds and shelter case management funds to increase the capacity of the system to work with clients that are accessing crisis services but have been unable to access assessment and housing interventions.

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The CoC has also requested funds to support the winter thermal shelter program known as 'A Night's Welcome' (ANW) and the family/individual shelter known as 'The HELP House'.

LINK of Hampton Roads was recently awarded a grant expansion through the HUD CoC Application for their Permanent Supportive Housing project to increase the number of clients they are able to serve. The CoC is also working with the local Redevelopment and Housing Authorities to implement Move-On programs for clients graduating from PSH or RRH project to create movement in the system in order to serve more vulnerable households.

In order to address the households that are accessing the CoC's crisis services but not being assessed for housing services, the CoC has launched a Coordinated Entry System work group. This workgroup has been developing system responses to bridge identified gaps and adjust current policies and processes to meet the HUD requirements for the new CE data elements. The CoC is re-assigning the roles and responsibilities of the Access Points to ensure that any client entering the system is connected to an Assessment Point. This system change will allow the CoC to accurately track the length of time clients are in the CE system from first touch to permanent housing. These changes will also allow the CoC to document all the households in the CoC that are experiencing homelessness or are at imminent risk of becoming homeless. Collecting this data will allow the CoC to track the needs and utilization of current housing interventions in order to plan for expansion of services or recruitment of new agencies to make homelessness rare, brief, and non-recurring.

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 coordinated entry process?

Answer:

The Greater Virginia Peninsula Homeless Consortium has a Memorandum of Understanding (MOU) with the Housing Crisis Hotline, operated by ForKids. The hotline serves as an information and community referral system, to conduct preliminary eligibility screening. Households experiencing homelessness may contact the Housing Crisis Hotline by calling (757) 587-4202 or Toll Free at 866-750-4431 for an initial screening and referral to eligible services and other mainstream resources including diversion, homeless prevention, shelter or outreach. The Domestic Violence programs offer 24-hour hotlines. Households that need to access emergency services after hours come into thermal/winter shelter. The household will be offered a bed in the emergency shelter where they arrived, to the extent that space is available, and the household is population appropriate. If they are not population appropriate, they will be referred to a shelter that is appropriate and has available space.

Domestic Violence shelters are able to enter 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 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 should 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. The referral process functions according to low-barrier accessibility, housing first orientation, standardized assessment,

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inclusiveness and prioritization of the most vulnerable. Access point staff generate referrals to the By-Name list. Referrals include uploading the completed VI-SPDAT and signed HMIS and GVPHC SCAAN consent to exchange information.

Referred households are then placed on the By-Name List. The By-Name List is maintained separately for Lower SCAAN and Upper SCAAN. The Service Coordination And Assessment Network (SCAAN) are CoC committees that meet to provide case conferencing for households on the BNL and make direct referrals into the most appropriate 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 (VI-SPDAT score), available openings, established priority populations and program eligibility.

Once a household is matched to a housing intervention, the access 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 housing intervention if the household does not meet the program's eligibility criteria or the household is unable to be contacted for intake. 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 Coordinated Entry System. However, during case conferencing, if a household is 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.

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:

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 withing the GVPHC. In order 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, 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.

Emergency Shelter – Households that are literally homeless are prioritized for emergency shelter. Referrals to shelter are dependent on the size of the vacancy. The GVPHC does not separate families, so referrals are made for highly vulnerable households that fit the unit.

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 for RRH followed by households with the most severe service needs (according to the VI-SPDAT score.) In order for a household to be eligible for PSH, the household must be literally homeless and have a documented disability condition. For PSH, chronically homeless households with the most severe service needs (according to the VI-SPDAT score) are prioritized.

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The prioritization criteria were developed based on the requirement of a universal tool. The VI-SPDAT was adopted to serve as the universal assessment tool. The VI-SPDAT is a series of standardized questions administered uniformly within the CES to determine a household's current housing needs. Households with higher assessment scores are likely 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.

7. 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)?

Answer:

The length of financial and supportive service provision is determined by each individual service provider. However, the CoC has adopted financial support thresholds. The threshold for adult only households is \$4,500, but higher at \$7,500 for households with children. In cases where a household must exceed that threshold to become stable, that case is brought back to the SCAAN committees for discussion. The SCAAN committee then decides if that threshold may be exceeded.

At the individual agency level, the length of financial assistance and supportive service provisions provided to each household is determined based upon the participant's needs to stabilize in housing. Each program participant is provided budget counseling to evaluate their income. A spending plan is then created based upon that budget and the participant's needs. Participants enter into an agreement with the program and agree to a shallow subsidy process. The program continues to provide supportive services to the household. Each month, the program staff meet with the participants to monitor progress. After three months, the program completes re-certification of eligibility. During the re-certification period, the program staff discuss the progress toward housing stability with the participant. At this point in the process, the household either continues to receive financial assistance or graduates from the financial portion of the program. The program continues to work with participants to identify and provide any additional wrap-around services.

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:

The GVPHC developed a system to ensure all jurisdictions within the CoC are covered. Hampton DHS 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 contracts with ForKids for the Housing Crisis Hotline. The Housing Crisis Hotline is open to all eligible individuals and families regardless of sexual orientation, gender identity, marital status or disability. The Hotline 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 and Department of Social Services buildings provide phone access to the Hotline. The Hotline staff directs clients to appropriate resources to provide information regarding their rights under the Fair Housing Act as needed to report housing discrimination, to understand Landlord-Tenant Law and to

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request reasonable accommodations or modifications to meet their disability-related needs in the community. ForKids' Hotline staff also makes referrals for shelter placements and outreach to connect clients experiencing homelessness to GVPHC provider agencies.

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. 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. Last year, TFVS 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.

Unaccompanied homeless youth fall under the purview of the cities of Newport News and Hampton Departments of Social Services. 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, etc. 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 are provided with shelter regardless of makeup or barrier. PORT works with 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 have adult only shelter programs that can accommodate individuals on the sex offender registry. The LGBT Life Center accepts referrals into all of its housing programs without exclusions, regardless of household size, mobility, criminal record, health, or mobility challenges. Limited phone availability is an ongoing challenge for those served as phone numbers often change or get disconnected, but email addresses remain the same. The LGBT Life Center's practice is to encourage all persons seeking services, who do not have a personal phone or internet access, to open a Google email account and google phone number, both are free and can be used with a smartphone (without cellular service) at locations that have free Wi-Fi, such as public libraries.

The CoC follows a housing first approach focused on moving project participants into permanent housing as quickly as possible. Eligibility requirements are determined only by funder agencies.

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:

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 identity, criminal records, credit issues, employment status, family size, language, disability, or substance use. Additionally, no

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specific requirements for assistance are in place at any agencies that act 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.

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 housing can depend on the property owner/landlord who sometimes require good credit, do not allow for any recent criminal background, etc. GVPHC 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. Consistent rises in rent prices continues 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's not a usual occurrence. GVPHC service providers have also overcome barriers from hotels where clients are required to have a picture ID. GVPHC service providers have relationships with the hotels, where the hotels allow agency staff to present their ID on behalf of the client.

The limited number of housing vouchers available through the Redevelopment and Housing Authorities is a barrier for those households who need an ongoing subsidy due to their circumstances. Some RHAs partners with GVPHC to provide a homeless preference for available vouchers and was also successful in applying for and receiving new vouchers. Due to the high poverty rate and limitations for employment for many of the individuals and families experiencing homelessness on the peninsula, accessing additional vouchers remains a barrier.

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:

Bacon Street Youth Services – 27%

Five Loaves Food Pantry – 9%

ForKids – 100%

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Four Oaks Day Center – 55%

H.E.L.P., Inc. – 64%

Hampton Department of Human Services – 91%

Hampton Redevelopment & Housing Authority – 9%

Hampton Roads Community Action Program – 55%

Hampton-Newport News Community Services Board – 82%

James City County Housing – 91%

LGBT Life Center – 100%

LINK of Hampton Roads – 100%

Malachi House – 64%

Menchville House Ministries – 100%

Newport News Department of Human Services – 91%

Newport News Police Department – 36%

Newport News Redevelopment & Housing Authority – 18%

Shelters to Shutters – 82%

The Heart of Giving – 91%

The Planning Council – 100%

The Salvation Army, Peninsula Command – 100%

The Salvation Army, Williamsburg Command – 64%

Thrive Peninsula, Inc. – 27%

Transitions Family Violence Services – 82%

United Way of the Virginia Peninsula – 91%

VA Veteran and Family Support – 36%

Veterans Affairs Medical Center Homeless Outreach – 55%

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Virginia Supportive Housing – 9%

Williamsburg Department of Human Services – 18%

Williamsburg House of Mercy – 100%

York County Housing – 27%

York Poquoson Social Services – 91%

The CoC is focused on being more inclusive of other providers and sections of each community that may bring additional resources and capacity to the mission of GVPHC. An Ad-hoc Bylaws Committee has been established in 2020 to address any language and approach in the governance documents and related websites and materials that will encourage and allow for more diverse membership from the six jurisdictions.

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 GVPHC conducted a racial disparities assessment for the calendar year January 2018 to December 2018. This assessment examined data from the U.S. Census, the GVPHC's Homeless Management Information System (HMIS), and GVPHC 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.

The largest racial categories in the GVPHC's region are White and Black or African American. According to US Census data (2013-2017 5-year estimates), 59% of the GVPHC's general population identify as white, 35% identify as Black or African American, 3% identify as Multiracial, 3% identify as Asian, 0.3% identify as American Indian or Alaska Native and 0.1% identify as Native Hawaiian or Pacific Islander.

While Black or African American individuals represent 35% of the general population, they represent 57% of those in poverty and 46% of those in HMIS. Those identifying as Black or African American are disproportionately represented among the poor and homeless.

White individuals represent 59% of the population but just 36% of those in poverty and 25% of those in HMIS. Those identifying as white are underrepresented among the poor and homeless.

The assessment indicated that the *homeless system* is providing equitable assistance to all persons in its system as needed regardless of race. For example, those identifying as Black or African American represent 46% of the homeless system and represent over half of clients in all programs except for Support Services Only (42%).

Those identifying as Hispanic or Latino represent 6% of the general population and 7% of those in HMIS. While fewer Hispanic or Latino persons tend to be enrolled in Homeless Prevention (3%), Permanent Supportive Housing

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(1%), Rapid Rehousing (4%) and Street Outreach (1%), the variation is within a few percentage points.

Among parenting youth, the percent of Hispanic or Latino parenting youth (17%) is more than double the percent of Hispanic or Latino persons in the general population (6%) and within the homeless system (7%). The GVPHC will continue researching why the number of Hispanic or Latino parenting youth in this assessment is higher than expected. This finding may indicate a need to provide additional or different methods of outreach and supports for Hispanic parenting youth, specifically female heads of household.

The GVPHC also 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 management, boards and housing staff are approximately half Black or African American and half White. Because this does not accurately reflect the populations served, and this data will provide a benchmark for developing more diverse staff and boards in the near future.

GVPHC is committed to ensuring that all persons needing housing, shelter and supportive services are able to access and receive those services regardless of race or ethnicity. To date, the CoC has provided multiple 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: 1) Because the CoC covers 6 jurisdictions ranging from urban to rural the CoC will collect additional race data by each jurisdiction and by provider to get a more detailed picture of services and outcomes; 2) The CoC will also collect the System Performance Measures by race and ethnicity as additional ways to examine the outcomes of its populations; 3) 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.); 4) 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; 5) The CoC will collect data on those who present for homeless assistance but are turned away for any reason (lack of capacity, non-eligible, etc.).

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

Answer:

The Greater Virginia Peninsula homelessness Consortium (GVPHC) and associates of the Virginia Peninsula Collaborative (VPC) present this funding request for \$1,811,694 to administer services under the 2020-2022 Virginia Housing Solutions Program (VHSP) across the six jurisdictions that make up the GVPHC: Hampton, Newport News, Williamsburg, James City County, York County, and Poquoson. There are no proposed projects for HOPWA funding.

GVPHC is requesting the funding below under VHSP:

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- Outreach - \$86,500
- Centralized/Coordinated Assessment - \$34,819
- Targeted Prevention -\$455,257
- Emergency Shelter Operations - \$367,175
- Rapid Re-housing -\$657,470
- CoC Planning - \$112,085
- HMIS -\$58,985
- Admin - \$39,403

Please see the break down below for funding requests by project.

ForKids

1. *Centralized/Coordinated Assessment-*
 1. Funding requested - \$34,819
 2. Anticipated # of Households Served - 6,500
2. *HMIS* - \$1,740
3. *Administration* - \$1,096
4. *Total DHCD Request* - \$37,655
5. *Total Match* - \$9,413.75

Hampton DHS

1. *Shelter Operations*
 1. Funding requested - \$53,400
 2. Anticipated # of households served - 40 in family shelter and 352 in thermal shelter.
2. *Rapid Re-Housing*
 1. Funding requested - \$577,500
 2. Anticipated # of households served - 200
3. *Targeted Prevention*
 1. Funding requested - \$350,000
 2. Anticipated # of households served - 154
4. *Outreach*
 1. Funding requested - \$86,500
 2. Anticipated # of Households Served - 510
5. *CoC Planning* - \$112,085
6. *HMIS* - \$50,120
7. *Administration* - \$30,057
8. *Total DHCD Request* - \$1,259,662

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9. *Total Match* - \$283,368.31

Hampton-Newport News CSB

1. *Shelter Operations*
 1. Funding requested - \$45,000
 2. Anticipated # of households served- 48
2. *HMIS* - \$2,025
3. *Administration*- \$1,350
4. *Total DHCD Request* - \$48,375
5. *Total Match* - \$12,094

James City County

1. *Shelter Operations*
 1. Funding requested - \$15,000
 2. Anticipated # of households served - 30
2. *HMIS* – N/A
3. *Administration* – N/A
4. *Total DHCD Request* \$15,000
5. *Total Match* \$3,750

LGBT Life Center

1. *Rapid Re-Housing*
 1. Funding requested - \$79,970
 2. Anticipated # of households served - 12
2. *Targeted Prevention*
 1. Funding requested - \$105,257
 2. Anticipated # of households served - 30
3. *HMIS* - \$2,350
4. *Administration* - \$5,400
5. *Total DHCD Request* - \$192,977
6. *Total Match* - \$48,244.25

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LINK of Hampton Roads

1. *Shelter Operations*
 1. Funding requested - \$102,125
 2. Anticipated # of households served - 500 + unduplicated/9000 duplicated
2. *HMIS* – N/A
3. *Administration* – N/A
4. *Total DHCD Request* \$102,125
5. *Total Match* \$25,531.25

Menchville House

1. *Shelter Operations-*
 1. Funding requested - \$66,650
 2. Anticipated # of households served - 150
2. *HMIS* - \$2,000
3. *Administration* - \$1,500
4. *Total DHCD Request* - \$70,150
5. *Total Match* - \$16,662.50

Transitions FVS

1. *Shelter Operations*
 1. Funding requested - \$50,000
 2. Anticipated # of households served - 87
2. *HMIS* - \$750
3. *Administration* – 0
4. *Total DHCD Request* - \$50,750
5. *Total Match* \$12,687.50

The Salvation Army

1. *Shelter Operations*
 1. Funding requested - \$35,000.00
 2. Anticipated # of households served - 35

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2. *HMIS* – N/A
3. *Administration* – N/A
4. *Total DHCD Request* - \$35,000.00
5. *Total Match* - \$8,750

14. 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 GVPHC 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 – LGBT Life Center – expressed interest in applying for Prevention, Rapid Rehousing, and Outreach funds to provide culturally competent services to households that identify as LGBT+ on the Peninsula.

The Planning Council (TPC), under contract to GVPHC as the administrative backbone, proposed a timeline for all application activities, as well as a draft Supplemental Application that was then discussed and agreed upon by the Program Monitoring Committee. TPC then distributed the approved timeline and supplemental application to all members. Once all completed project applications were received by February 21, TPC then combined them and sent them out to CoC 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 Program Monitoring Committee members, applications were revised to include any feedback or to clarify any outstanding questions. A group of non-conflicted CoC members were identified who agreed to make the final determination and approval for all applications. The vote made by the non-conflicted members was to allow all applications to be forwarded to DHCD as part of the collaborative application from the Greater Virginia Peninsula Homelessness Consortium. No applications were rejected or not included. TPC then completed the questions in Part 1 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 will vote electronically on the final application to be submitted to DHCD with a target date of submission before the deadline of March 27.

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 Program Monitoring Committee, which is made up of mostly funded agencies who then conduct a regular peer review. That committee reports to the Leadership Team who also discusses progress on project goals and expenditures. 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, and expenditure rate. All GVPHC 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,

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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 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.

This year, a scorecard for VHSP was created and used during the application process. HUD recently began providing 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 Program Monitoring Committee and Leadership Team levels. 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 – The Housing Crisis Hotline is the first step in implementing a housing first model across the system, helping to identify the most vulnerable households and set them on a path to securing shelter and permanent housing as quickly as possible. 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. 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.

Hampton DHS – All program participants will begin housing stabilization immediately. This includes completing the diversion assessment. Re-establishing natural supports such as family and friends is essential. Providing support during this time is needed. Even when the participants are placed with family or friends support resources are still available to stabilize the situation. When diversion is not an option, housing search begins. The participant completes housing goals and is assisted with housing search. 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 participant completes all needed assessments and is referred to SCAAN for either PSH or RRH financial support and needed resources that the shelter is unable to provide. Once housing has been identified, the GVPHC Housing Stabilization worker assesses the need for financial support and advocates with potential landlords. 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. All wrap around services are voluntary except for those that are specifically related to housing.

Hampton- Newport News CSB - HNNCSB implements a Housing First approach in all housing programs and the Emergency Shelter is no different. Applicants are not required to have income, benefits, or to be clean and sober prior to admission. Participants are connected to all services they are eligible for but are not required to participate in any services to remain in housing. Staff is trained to develop and

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work with each person to develop their own individualized person-centered wellness plan.

James City County – James City County is committed to using the Housing First model for those who score highest on the assessment tool adopted by the Continuum of Care, the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). Using the VI-SPDAT score as the criteria to identify the most vulnerable citizens shifts the focus from the applicant's circumstances and only considers the score as a qualifying factor. Once housed the focus can then shift toward addressing those circumstances/barriers through development of a housing stabilization plan and ongoing case management.

LGBT Life Center – The Housing First model is adhered to for all housing programs. Housing Services Department has policies related to the Housing First practice. Enrollment in housing programs is not contingent on sobriety, employment, mental health participation, supportive services or income.

LINK of Hampton Roads – PORT policies are consistent with NAEH/VHSP Housing First guidelines. Guests are not denied shelter services based on income, drug/alcohol abstinence, criminal history, treatment requirements, prior evictions, credit ratings, etc.

Menchville House – Menchville House policies are consistent with HUD Housing First guidelines. Applicants are not required to have income. They are not denied program entry or terminated from services based on drug/alcohol abstinence, credit rating, prior evictions, criminal history or treatment requirements. Additionally, grievance procedures and confidentiality policies are reviewed with each program participant as a part of the intake process.

Transitions FVS – Program participants complete an assessment for safety, trauma, housing barriers, and housing goals/plan. The Emergency shelter uses the following assessment tools: lethality assessment, TFVS intake form (Some sections adopted by HDHS), Self-Sufficiency Tool and a VI-SPDAT assessment. Case management is ongoing during their stay at the Emergency Shelters. Weekly client/staff interaction has shown to be highly effective in assisting survivors in overcoming trauma, addressing housing barriers and quickly acquiring permanent housing. Program participants provide a weekly update on goals achieved, progress made on overcoming housing barriers to implement the rapid re-housing plan, initially established upon entry in the program. The Housing Coordinator and Next Step Coordinator offer follow-up support for 3-6 months as needed to consist of home/office visits ensuring self-sufficiency and that residents remain in permanent housing.

The Salvation Army – The Salvation Army's approach to Housing First has no barriers to entry. Families or individuals experiencing homelessness are assisted with temporary placement until long-term or another placement is secured. While the family or individual is placed, an effort to work on their other needs, such as food, clothing, mainstream benefits, health, mental health, employment and permanent housing is being sought with the help of the VI-SPDAT and SCAAN. The family or individual as well will be required to be compliant with working towards sustainability and follow up services will be in place.

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 – The Housing Crisis Hotline does not require verification or documentation in order to make referrals. Information is collected based on self-report and callers are informed of what documentation may be requested when trying to access housing programs

Hampton DHS – A collaborative approach is taken to ensure all barriers to housing are reduced. Participants are prioritized based on vulnerability, regardless of household size, composition, gender, age, sexual orientation or mobility limitations. Documentation is not required for services. If it is determined that a client needs a picture ID or birth certificate, etc., outreach staff works with the client to obtain necessary documentation that may be needed for permanent housing placement.

Hampton-Newport News CSB – This program does not have any requirements that could be a barrier to services.

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James City County – James City County does not have any rules or requirements for assistance that could act as a barrier to services.

LGBT Life Center – All eligibility requirements are based solely on funding agency requirements.

LINK of Hampton Roads – N/A

Menchville House – Menchville House offers all guests assistance in securing funding and obtaining or replacing birth certificates, social security cards, photo identification, immunization records, physicals, etc. and all activities offered within the program are voluntary.

Transitions FVS – TFVS funding is designated to serve individuals and families who identify as victims of DV/IPV. Programs and services are survivor-focused, voluntary and trauma-informed. Survivors of DV/IPV often have barriers due to violence, therefore additional barriers would not promote the healing and self-sufficiency for survivors need to break the cycle of violence.

The Salvation Army – TSA does not have any barriers that will not allow households to receive emergency shelter. It typically serves those individuals that have difficulty gaining entrance to emergency shelter due to limited bed space. TSA sometimes faces barriers of large households with five or more with only 1 adult because of the safety violation rule but works to resolve this barrier by planning to secure placement with adjoining rooms or suite placement. There are barriers when the adult in the household does not have a picture ID to present to the hotel/motel but TSA has a working relationship with the hotel/motel to allow a staff or case manager to present their ID which the family will be placed under for safety reasons but the invoice billing will have the customer's name.

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. The agency has been administering HUD grants since 1994. ForKids provides quality services to families and children experiencing homelessness and is now one of the largest year-round providers of homeless services in Virginia. ForKids is managed by a 28-member Board of Directors. The CEO oversees the organization's activities and reports directly to the Board. The CFO 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. ForKids receives an annual OMB-133 compliance audit and has received an unqualified audit for the past 27 years with no findings or concerns.

Hampton DHS – Hampton DHS has a proven record of administering this funding for the past 30 years. The activities will be ready to begin on July 1 although the funding must be approved City Council and is often not available immediately. The City Finance Office monitors the budget as well as a dedicated staff member that tracks day to day expenditures. The program spending is overseen by a Program Administrator that serves under the Director of Human Services.

Hampton- Newport News CSB –The HNNCSB is one of the largest of the 40 CSBs in Virginia in terms of clients served, area population, staff employed, and revenue generated. The Board is governed by fifteen citizen Board Members. In 1994, 7 programs at HNNCSB were successfully nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Annually, HNNCSB provides services to approximately 15,000 unduplicated individuals in the region. Currently the HNNCSB has an annual budget of \$68 million. HNNCSB Emergency Shelter has been in operation for over 20 years, the PATH program for over 30 years and has been operating PSH programs for over 20 years.

James City County – James City County has the capacity to administer the requested funding and will be ready to begin project activities on July 1. Currently the Housing Office is at full capacity and does not anticipate using funding to pay for any new staff position(s). Current staff consists of 4 certified Housing Counselors including 1 HUD Certified Housing Counselor. All are trained Housing Counselors responsible for rental assistance, self-sufficiency and credit and budget counseling. All are available to fill in as necessary.

LGBT Life Center – LGBT Life Center has over 25 year of experience providing housing services in Hampton Roads. The Housing Services Director reports directly to the Programs Director and Executive Director and the Finance Department is led by the Chief Financial Officer. Financial Edge is used to maintain financial information and produce financial reports. The Board of Directors includes

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a finance subcommittee that meets monthly to monitor financial statements and advise the agency. The BoD sets the strategic direction of the organization. Funding is being requested for an additional 2 FTE positions. Services will begin July 1st and will be covered by existing staff until positions are filled.

LINK of Hampton Roads – LINK manages a budget of appx. \$2.8 million per year, to include VAMC, federal and state funding. Project activities are ready for implementation by October 31st annually as shelter runs 20 weeks from early November through March. No new staff positions are anticipated. LINK’s executive director has overseen LINK and PORT for 29 years. Financial management is provided by the executive director and the accounts manager/grant overseer. Annual audits are performed to A133 level of auditing standards. LINK as a 501(c)3 agency has successfully operated HUD funded permanent supportive housing programs for fifteen years. The agency has clearly demonstrated the skills and abilities to meet federal, state and local requirements.

Menchville House – Governance and leadership are provided by the Board of Directors, which includes 15-19 members and provides oversight of the Executive Director, policy, finance and major operational decisions. The Executive Director is a full-time paid position requiring experience in leadership and management positions. There is also a Night Watch Coordinator to ensure the safety and security of guests. A professional bookkeeper manages the financial accounting for the organization. It has been the recipient of local, state and federal grant funds in the past and has never failed to expend all funds awarded and always present well under the scrutiny of annual independent audits

Transitions FVS – TFVS has extensive experience in developing and operating housing and services for those experiencing homelessness due to domestic violence. A 9-member volunteer Board of Directors sets policy for the agency. The agency has 15 full-time and 15 part-time staff members and 21 volunteers who donate some 2,100 hours of volunteer time annually. The Board Finance Committee is led by the Treasurer, assisted by the Director of Finance. Finance reports are monitored monthly for compliance with budgetary and funding requirements. TFVS is a quality organization, as acknowledged by certification from the United Way of the Virginia Peninsula and technical assistance and support from the Virginia Sexual and Domestic Violence Action Alliance.

The Salvation Army – TSA has the capacity to administer the requested funding amount. Project activities will be ready to begin on July 1. No monies from the funding request will be used to pay for a new staff position. Governance, leadership, experience and financial management are as follows: Divisional Headquarters, Board of Trustees, Advisory Board, Corp Officers/Executive Director, Corps Accountant, Case Manager. Books are audited internally annually and externally bi-annually.

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 – 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 homeless families.

Hampton DHS – The staff responsible for performing the implementation of VHSP funds includes 2 Senior Family Services Specialists with a combined 54 years of experience, 2 Regional Housing Stabilization Case Managers with combined 15 years of experience, 1 Family Services Specialist position is currently vacant, an Outreach Specialist with 4 years relevant experience and two Staff Support positions that carry out the daily budget and HMIS activities with combined experience of 53 years.

Hampton- Newport News CSB - HNNCSB has provided services to the target population for over 30 years through the PATH program which staffs the emergency shelter. HNNCSB has developed and managed an extensive array of housing programs and homeless service. Success is evidenced by the many positive outcomes, such as the high percentage of clients moving onto PSH. Agency staff consistently demonstrate a high degree of knowledge of the needs of the target population and the resources available throughout the region. The staff/client ratio is 2:8

James City County – Lyn Carr, Housing Specialist I (HUD Certified Housing Counselor - Homeless) is the Program Coordinator for

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James City County's Homeless Prevention program has operational responsibility for the Shelter Program. Amy Driscoll, Senior Housing/Financial Specialist (Comprehensive Housing Counselor certification), Terra Shaw, Housing Specialist II (Rental Housing Counselor), Jason Wiedel, Housing Specialist I (Self-Sufficiency Housing Counselor). All are trained Housing Counselors responsible for rental assistance, self-sufficiency and credit and budget counseling. All are available to fill in as necessary. Current staff/client ratio is 1:30.

LGBT Life Center – The Housing Services Director has been with the agency for 3.5 years and has 20 years of experience in community development and grants administration. Educational requirements are in place for all housing employees. Housing Specialist- preferred bachelor's degree or two years of related experience. Housing Case Manager required to have a bachelor's degree in a related field and at least 2 years' experience. The client/staff ratio is 15:1.

LINK of Hampton Roads –staff/guest ratio is 1:24 guests based on a guest capacity of 82. When volunteers are included in the equation the ratio is 1:3. The shelter staffing configuration consists of a Shelter Manager (20 years), two intake workers and one registration worker per night (a team of 8 rotate shifts). The intake and registration staff all have experience with working with the homeless population and have held diverse community human services positions for a minimum of 10 plus years. In addition, PORT contracts with the Newport News Sheriff's Department to provide nightly on-site security. Finally, PORT mobilizes a massive team of more than 8,500 plus interfaith/community volunteers to assist with the nightly operations of the shelter.

Menchville House – Menchville House has a paid staff position for one full-time professional Case Manager/Housing Locator. Job description and prerequisites for this position are attached. Menchville House retains the services of three Student Social Work Interns through partnership with local universities. This provides a program participant ratio, generally, 1:4 per case manager. These 4 guests include current and previous residents of the shelter, whom they continue to support to ensure they maintain housing. The Night Watch Coordinator, tasked with the safety and security of the facility and up to 16 households after business hours, is required to have basic leadership, communication and interpersonal skills.

Transitions FVS – The program employs executive, grants, finance, and directors; shelter, outreach, legal, children's, and volunteer managers, coordinators, and advocates; a trauma therapist; and administrative support staff. Staff members offer technical assistance to other programs and reflect diversity of ethnicity, age, educational background, disability, and experience with abuse and homelessness. Darryle Brown, Community Advocate, has been with the agency for 32 years. Sylvia Freeman, Housing Coordinator, has been with the agency for 16 years, and the Executive Director has been with the agency for 10 years. The Community Advocate has extensive experience working with the homeless population and collaborating with community partners to end homelessness on the peninsula. The Survivor Advocate is familiar with working with families displaced due to trauma. The Survivor Advocates manage day-to activities of this project and implement trauma-informed care, shelter best practices and other issues that may impact the population served. All staff are engaged in collaborative community partnerships/councils/committees that work to end abuse throughout the region.

The Salvation Army – Program staff includes the Corps Officers who is the Executive Director with a background in shelter management - 9 years of experience. The shelter case manager provides oversight and case management services to program participants - 9 years' experience. The Accountant maintains all financial documentation and process payments for services - 34 years' experience. The staff/client ratio is 1:10.

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

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

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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:

Hampton Department of Human Services will administer Prevention funding for the City of Hampton and Rapid Rehousing funding for Lower SCAAN jurisdictions (Hampton, Newport News, lower York County, and Poquoson). Newport News Department of Human Services will administer Prevention funding for the City of Newport News and lower York County. James City County DSS will administer Emergency Shelter, Prevention, and Rapid Re-housing funding for upper York County, James City County and the City of Williamsburg. HELP will administer Emergency Shelter operations for the City of Hampton. LINK and Menchville House will administer Emergency Shelter in Newport News. The Salvation Army provides Emergency Shelter for all of the Lower SCAAN jurisdictions (Hampton, Newport News, lower York County, and Poquoson). ForKids will administer Coordinated Entry funds through the Housing Crisis Hotline, which offers full geographic coverage. The LGBT Life Center will serve individuals that identify as LGBT+ from the full geographic area with Prevention and RRH funds. Transitions Family Violence Services will serve survivors of domestic violence from the geographic area with Emergency Shelter. HNNCSB will serve individuals with SMI from the HNNCSB catchment area with Emergency Shelter.

As the fiscal agent, Hampton DHS signs 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 client case files as well and financial practices and review 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 carried out on a monthly basis 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 on a monthly and quarterly basis.

Attachments:

CoC/LPG Spending Plan (DHCD document)

CoCLPGSpendingPlanVA505GVPHC318202031847.xlsx

CoC Certification and Assurances (DHCD document)

SignedCoCCertificationGVPHC320202011229.pdf

Organizational Certification and Assurances (DHCD document)

GVPHCCerts320202011249.pdf

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

YearOnerequestGVPHC20202022318202032053.xlsx

CoC/LPG Level Policies and Procedures/Services Standards

GVPHCCoCPolicies320202011326.pdf

CoC/LPG Governance Charter/By-Laws

GVPHCBylaws101717318202032119.pdf

CoC/LPG HMIS Policies and Procedures

HMIS Policies320202011341.pdf

Job Description (case managers and housing locator positions)

GVPHCJobDescriptions320202011349.pdf

Homeless Services Flow Chart

GVPHCSystemFlowChart2017318202032215.pdf

VHSP Proposed Match Form

20vhspmatch320202011430.pdf

Board of Directors Listing

CompiledBoDLists2020320202011437.pdf

MOUs

GVPHCMOUs320202011515.pdf

Additional Attachments

GVPHCRacialDisparityAssessment09252019318202032359.pdf

Additional Attachments

HamptonRoadsHMISDataQualityPlan318202032431.pdf