

Application to DHCD Submitted through CAMS

City of Hampton

GVPHC HSNH 2022-24 Application

Application ID: 93304012022144336
Application Status: Pending
Program Name: HSNH 2022-24 Application
Organization Name: City of Hampton
Organization Address: 1320 LASALLE AVE
HAMPTON, VA 23669-3810
Profile Manager Name: Angelique Hill
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Project Name: GVPHC HSNH 2022-24 Application
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: \$1,533,617.00

Required Annual Audit Status: Pending Review

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$58,320.00	\$0.00	\$58,320.00
Outreach	\$58,320.00	\$0.00	\$58,320.00
Centralized or Coordinated Assessment/Entry	\$59,569.00	\$0.00	\$59,569.00
Centralized or Coordinated Assessment/Entry	\$59,569.00	\$0.00	\$59,569.00
Targeted Prevention	\$253,782.00	\$0.00	\$253,782.00
Targeted Prevention	\$253,782.00	\$0.00	\$253,782.00
Emergency Shelter Operations	\$446,500.00	\$0.00	\$446,500.00
Emergency Shelter Operations	\$446,500.00	\$0.00	\$446,500.00
Rapid Re-housing	\$459,845.00	\$0.00	\$459,845.00
Rapid Re-housing	\$459,845.00	\$0.00	\$459,845.00
CoC Planning	\$127,801.00	\$0.00	\$127,801.00
CoC Planning	\$127,801.00	\$0.00	\$127,801.00
HMIS	\$63,900.00	\$0.00	\$63,900.00
HMIS	\$63,900.00	\$0.00	\$63,900.00
Administration	\$63,900.00	\$0.00	\$63,900.00
Administration	\$63,900.00	\$0.00	\$63,900.00
Total VHSP Funding Request	\$1,533,617.00	\$0.00	\$1,533,617.00
HOPWA	\$0.00	\$0.00	\$0.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$1,533,617.00	\$0.00	\$1,533,617.00

Budget Narrative:

GVPHC is requesting the below totals under VHSP by funding type. • Outreach - \$58,320 • Centralized/Coordinated Assessment - \$59,569 • Targeted Prevention - \$253,782 • Emergency Shelter Operations - \$446,500 • Rapid Re-housing - \$459,845 • CoC Planning - \$127,801 • HMIS - \$63,900 • Admin - \$63,900 • Match - \$383,404.25

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:

The January 2021 Point in Time Count identified a total of 322 persons experiencing homelessness across the CoC's service area, which includes Hampton, Newport News, Poquoson, Williamsburg, York County, and James City County. This is a 24% decrease from the 2020 Count of 425 persons as well as the lowest number counted in nine years. The reduction may be attributed to the limited capacity at congregate shelters due to the COVID-19 pandemic and changes to shelter protocols, including distancing protocols, which affected how many people were captured within shelters.

This indicates a rate of homeless persons as 50 per 100,000 of the population compared to 88 per 100,000 counted in the previous year. Of the 322 persons experiencing homelessness, 91% were Sheltered and 9% were Unsheltered. Of the 292 counted as Sheltered, 83% were in Emergency Shelter and 8% were in Transitional Housing. In addition, the total counts of persons in each jurisdiction were tabulated:

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- Newport News: 156 (48%)
- Hampton: 106 (33%)
- James City County: 35 (11%)
- York County: 13 (4%)
- Williamsburg: 12 (4)
- Poquoson: 0

Males made up the greatest portion of those experiencing homelessness, with 203 (63%) males counted compared to 118 (37%) females and 1 transgender. This is a notable difference when compared to the general population of the region where females make up just over 51%. Sixty-five percent (65%) were Black/African American and 28% were White compared to the CoC's general population of 34% Black/African American and 57% White. Just one percent (1%) were Multiracial or Other Race/Asian or American Indian or Alaskan Native. Whereas 6% of households identified as Hispanic or Latino.

Thirty-nine percent (39%) of persons counted were in households with children and 61% of persons counted were in households without children (Adult Only). Persons in families increased by 69% from the prior year, while Adult Only households decreased by 30%, indicating less housing stabilization for families. Additionally, 15% of Adult Only households were Unsheltered.

The number of Veterans experiencing homelessness in the GVPHC service area has steadily decreased since 2015, with only 22 (7%) counted. The number of chronically homeless individuals (45, or 14%) decreased in 2021, while one chronic homeless family of four persons was identified during the PIT Count. However, parenting youth increased to three persons, or to approximately 1% of the total.

The number of adults fleeing domestic violence identified during the PIT Count has steadily decreased since 2015 with fifteen, or 6%, counted. The number of homeless persons reporting a serious mental illness has steadily decreased since 2012 with forty-four, or 14%, counted. Those reporting a substance abuse problem sharply declined to seventeen, or just 5%. The number of adults living with HIV/AIDS has remained relatively constant, with just 1 person counted in 2021. The good news is that the pandemic has afforded the community to take advantage of longer shelter stays, and provide longer-term case management, as well as increasing healthcare services to clients in shelters.

There were seven unaccompanied youth between ages 18 and 24 counted in the GVPHC's 2021 Point in Time Count and all were Black/African American. There were three parenting youth counted during the 2021 Point in Time Count and all identified as Black/African American.

In addition to Point in Time Count data, the CoC analyzed call data from the Housing Crisis Hotline for calendar year January 1 to December 31, 2021. 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 1,170 callers who were literally homeless – a 29% increase from 2019. Additionally, 955 were at imminent risk of becoming homeless – a decrease of 59% from 2019 - for a combined total of 2,125 callers during the year. The total of literally homeless – 1,170 - is almost four times the number of unduplicated persons counted (322) during the Point in Time Count, reflecting a potentially more accurate number of persons needing housing and services throughout the year.

Twenty-nine percent (29%) of callers were in households with children, 49% were in Adult Only households and 22% did not provide household information. This contrasts with Point in Time data indicating that 39% of persons were in households with children and the majority (61%) were in households without children.

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 implement programs efficiently. The Virginia Peninsula Collaborative (VPC) is a united effort between nine service provider agencies, including Hampton Department of Human

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Services (HDHS) - as the Lead and Fiscal Agent - to provide outreach, shelter, rapid rehousing (RRH), prevention, central intake, and CoC planning across the region. The VPC is committed to ensuring the ease and accessibility of services for those experiencing 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 Virginia 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 and three Housing Stabilization Case Managers. The outreach worker canvasses the entire geographic region that the CoC covers in search of households that are experiencing homelessness. HNNCSB also has a PATH outreach program. The Hampton Veterans Affairs Medical Center (VAMC) also employs outreach case managers to connect veterans to the Coordinated Entry System. ForKids, Inc. also coordinates outreach services through the Housing Crisis Hotline. When a household experiencing homelessness is identified by the Hotline, a referral is sent via HMIS to the appropriate outreach program, connecting the client to services. During winter months, the outreach workers visit the winter shelters in Hampton and Newport News weekly to connect households to the Coordinated Entry System (CES) and assess them for housing services. Williamsburg House of Mercy also employs an outreach worker to connect households experiencing homelessness in the winter shelter that serves James City County and the city of Williamsburg.

There are also Day Shelter programs such as Four Oaks and LINK of Hampton Roads in Newport News, Williamsburg House of Mercy, and HELP in Hampton. Households experiencing homelessness are able to attend the day service centers to access a variety of services. These day service centers allow clients to access laundry, showers, hot meals, use computers, and meet one-on-one with case managers from various agencies and programs. These case managers conduct intake and assessment to then assist clients to navigate through the Coordinated Entry System as well. Clients that are literally homeless are placed on a waitlist for shelter or referred when there are shelter vacancies. The GVPHC shelter facilities operated 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 Virginia Peninsula Command and the James City County Department of Social Services utilize emergency shelter operation funds to provide temporary shelter to households experiencing homelessness.

Once a household has been connected to the CES, their vulnerabilities are assessed with either the family or single adult VI-SPDAT tool. Households are then discussed 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 (RRH) and Prevention projects. The Hampton Roads Community Action Program (HRCAP) receives funding for SSVF and provides both prevention and RRH services. The LGBT Life Center receives funding for RRH services, transitional housing (TH) through HOPWA, and permanent supportive housing (PSH). LINK of Hampton Roads and the Hampton-Newport News Community Services Board also operate PSH projects. The CoC also partners with the Hampton Veterans Affairs Medical Center 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 including Gordon Wellness, Williamsburg House of Mercy, Bacon Street Youth Services and, 3e Restorations to connect clients to disability income benefit programs. Substance use treatment and mental health services and provided through the Hampton-Newport News CSB, Colonial Behavioral Health and Gordon Wellness.

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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 to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. Detail the methodology for determining gaps within the system.

Answer:

In 2020-2021, the largest gaps determined by GVPHC members and supported by the review of the CoC-wide System Performance Measures and Coordinated Entry data, demonstrate that clients accessing the crisis response system are not always assessed and presented for housing interventions. For example, in the 2020 (January 1, 2020 – December 31, 2020) System Performance Measures, 1,303 unique persons were entered into emergency shelter, safe haven or transitional housing projects. Over the same period, 1,242 households were entered into the CoC CES project. The Housing Crisis Hotline reports during FY2021 (July 1, 2020 – June 30, 2021) 1,170 of their Peninsula callers were literally homeless. In the last year (January 1, 2021- December 31, 2021), the number of unique sheltered homeless persons decreased to 1,086. However, the number of persons in the CES project increased to 3,068 households. 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 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 coordinated entry system to be referred to housing interventions. According to the CoC Coordinated Entry System Activity Report, from January 1, 2021 – December 31, 2021, 3,068 households that were literally homeless or at imminent risk of becoming homeless accessed the Coordinated Entry System. Of those, 1,576 households were literally homeless (51%) and only 605, or 38% (of 1,576) were assessed and presented for housing services at SCAAN.

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 have increased somewhat in the Hampton Roads area over the past two years. When comparing the 2020 and 2021 Point in Time count data, there is a decrease in youth ages 18-24 accessing homeless services in the CoC geographic region. However, culturally-competent outreach, housing and support services remain a gap for this population 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 and Program Monitoring Committee (PMC) 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 PMC and Leadership committees review racial disparity reports, spending reports, CE system referrals, PIT and HIC data, as well as System Performance Measures.

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

Answer:

The GVPHC is actively addressing the larger system gaps in various ways. To address the gap for those reaching out for assistance and not being assessed and referred, the GVPHC has established a regional outreach position to accept referrals from the hotline and other partners, 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 Hotline Committee meets to regularly 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 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, recruited a Consultant (Housing Innovations) 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 evaluation will be completed in April 2022 and presented to Leadership for follow up and implementation.

Additionally, system changes that are planned will allow the CoC to better track the length of time clients are in the CE system from first touch to permanent housing. This will also allow the CoC to document all the households in the CoC that are experiencing homelessness or are at imminent risk. 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.

The expansion of housing for families and individuals experiencing homelessness is a continuous activity with each funding opportunity. Through a successful award from the Housing Trust Fund, Williamsburg House of Mercy will expand permanent supportive housing units for the Colonial region. 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. The cities of Newport News and Hampton are currently collaborating on a plan to create additional shelter or housing, utilizing the American Rescue Plan Act funds now available. The final determination of the project has not yet been made but will hopefully increase capacity within the GVPHC's Crisis Response System.

The CoC is currently undergoing a Strategic Planning process after receiving a grant from Virginia Housing for capacity building. With the help of a vetted consultant, the CoC will strive to increase performance and efficiency through infrastructure improvements, innovative housing solutions and new collaborations.

5. 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. The GVPHC administrative agency maintains a website that provides households with community resource information; including information to connect households to the coordinated entry system. Four Oaks, Hampton-Newport CSB and Hampton Roads Action Program provide walk up

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services to connect households with the coordinated entry system.

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 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 is 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 VI-SPDAT and signed HMIS and GVPHC SCAAN consent to exchange information.

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. 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 vacancies; 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 a 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.

In 2021, the Public Housing Authorities of Hampton, Newport News and York were awarded Emergency Housing Vouchers to maintain HUD guidelines for the voucher program. All voucher referrals are processed through the SCAAN committees. The referral process ensures all eligible households are presented and referred as a voucher becomes available.

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6. 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? Were these criteria informed by the communities' needs detailed in question #1? 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 within 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, 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.

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, 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, disabling condition. For PSH, chronically homeless households with the most severe service needs (according to the VI-SPDAT score) are prioritized.

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 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.

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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 for RRH and Prevention 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 stabilize in housing. 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.

As part of the GVPHC Written Standards for Coordinated Entry, the CoC determined financial support thresholds as a guide for financial assistance. The threshold for Adult Only households is \$4,000 and \$7,500 for households with children. In cases where a household must exceed that threshold to achieve housing stability, the case is discussed again at SCAAN committees for further discussion and approval by the group. These discussions assist with identifying additional resources that may be necessary to ensure the success and housing stability of the program participants.

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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 the system of care to ensure all jurisdictions within the CoC have accessibility and coverage. 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 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 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 Social 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 makes 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 coordinated entry system.

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. 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 makeup or barrier. 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. 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 typically 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 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.

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.

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

Answer:

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 certificate, social security card, and photo ID.

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 Program Monitoring Committee.

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:

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 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 throughout 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 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 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 has 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 vouchers secured who continue to search for an available permanent housing unit.

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 additional 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.

GVPHC agencies work within subcommittees to identify the barriers that exist and prevent successful housing placements for program participants. The SCAAN committees and Resource Committee 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 identifying or sharing community resources.

- 11.

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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:

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. Any new agency or individual that wants to participate in the GVPHC can fill out a membership form located on the website under the GVPHC tab. The CoC Coordinator is responsible for connecting new agencies to the CoC and providing new member orientation. Presentations are made at General Membership meetings every month to help inform the members of resources and to identify missing information that would help the CoC prevent and end homelessness in a more efficient manner.

The following represents agency participation in the General Membership meetings and the Program Monitoring Committee meetings.

3e Restoration 100%

Avalon 45%

Bacon Street Youth Services 50%

Benevolent Family Services 10%

COFM 5%

Ezer Initiative 50%

ForKids 95%

Four Oaks Day Center 55%

HELP Inc 85%

Hampton DHS 105%

Hampton Redevelopment & Housing Authority 5%

Hampton Roads Community Action Program 45%

Hampton- Newport News CSB 105%

James City County Office of Housing 100%

LBGT Life Center 85%

LINK of Hampton Roads 110%

Menchville House Ministries 90%

Newport News Department of Human Services 110%

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Newport News Department of Planning and Development 10%

Newport News Police Department 5%

Newport News Redevelopment & Housing Authority 5%

Peninsula Agency on Aging 50%

The Heart of Giving 110%

The Salvation Army Virginia Peninsula Command 115%

The Salvation Army Williamsburg 50%

Thrive Peninsula Inc 25%

Transitions Family Violence Services 100%

VA Veteran and Family Support 30%

Veterans Affairs Medical Center Homeless Outreach 45%

Virginia Supportive Housing 80%

Williamsburg DHS 15%

Williamsburg House of Mercy 115%

York County Housing 40%

York Poquoson Social Services 55%

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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? Detail the actions taken or underway to address the disparities (if applicable)?

Answer:

The GVPHC conducted a Racial Disparity Assessment for the period of October 2019 to September 2020, which is the same timeframe used for the CoC's System Performance Measures. This assessment examined data from the 2019 U.S. Census, HUD's CoC Racial Equity Analysis Tool, HUD's Stella P Visualization Tool, the GVPHC's Homeless Management Information System (HMIS), the 2021 Point in Time Count and GVPHC partner agencies. The decision to use 2019 Census data instead of 2020 data is due to "to disruptions to census operations as a result of the pandemic and, in part, to a series of decisions made by the Census Bureau to distort most 2020 data prior to releasing it" [1]. The assessment compared the racial and ethnic composition of the general population to the racial and ethnic populations within the homeless system to identify any potential 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 the 2019 U.S. Census data, 34% of the GVPHC's general population identify as Black or African American, 57% identify as White, 6% identify as Multiracial, 3% identify as Asian or Pacific Islander and 0.3% identify as American Indian or Alaska Native. While Black or African American individuals represent 34% of the general population, they represent 53% of those in poverty and 68% of those in HMIS. Those identifying as Black or African American are disproportionately represented among the poor and homeless. White individuals represent 57% of the population but just 38% of those in poverty and 22% 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 68% of the homeless system and represent similar percentages in all programs except for Transitional Housing (36%). Those identifying as Hispanic or Latinx represent 7% of the general population, 10% of those in poverty and 5% of those in HMIS. However, Hispanic or Latinx persons represented 13% of those in Transitional Housing and 9% of those in Rapid Rehousing while just 0.4% in Permanent Supportive Housing. The CoC will examine this to identify any potential disparities within these programs. Overall, 43% of all clients exited to a permanent destination, compared to 45% of Black or African American persons, 39% of Whites and 45% Hispanic or Latinx persons.

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 Black or African Americans represented 52% of direct services housing staff, 43% of management, and 32% of board members. 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. The GVPHC is committed to identifying and addressing any racial disparities found in its service provision. To better understand the intersection of race, racism, and racial equity, the CoC has a series of trainings by Collective InCite throughout 2021. These trainings were accessible both in-person and virtually. For those who attended trainings, the CoC made additional Holding Space trainings available from Collective InCite. Holding Space is a process that provides an opportunity for attendees to share thoughts and experiences from the prior trainings and to begin to practice the dialogue that is necessary to move toward action as a CoC. In addition, the CoC members attended a three-part webinar training by the Virginia Department of Housing and Community Development. The trainings were made available to all staff, including administrative staff. The trainings were as follows: 1) Understanding racial disparities and the stories that our community data can tell us; 2) We know what the data says, but how did we get here? Unpacking the roots of racial disparities in housing and homeless services; and 3) Taking action & iterating toward change - addressing racial disparities in housing and homeless services. The GVPHC is committed to ensuring that all persons needing housing, shelter and supportive services can access and receive those services regardless of race or ethnicity. 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.

¹ *University of Virginia, Welden Cooper Center for Public Policy, Hamilton Lombard, August 27, 2021, retrieved from Why 2020 Census data needs to be treated with caution | StatChat (statchatva.org).*

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13. 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 \$1,533,617 to administer services under the 2022-2024 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. Hampton Department of Social Services will be the sole grantee as the fiscal agent. Hampton will then distribute the funds to the sub-grantee agencies in accordance with funding processes through the GVPHC Program Monitoring Committee, guided by the Leadership Team's funding priorities.

The GVPHC request reflects budget adjustments to right size programs to meet community needs, continue funding for programs established under CHERP funds, increased Administrative allowances, and provision of services now included in budget activities for the 2022-2023 program year.

GVPHC is requesting the below totals under VHSP by funding type.

- Outreach - \$58,320
- Centralized/Coordinated Assessment - \$59,569
- Targeted Prevention - \$253,782
- Emergency Shelter Operations - \$446,500
- Rapid Re-housing - \$459,845
- CoC Planning - \$127,801
- HMIS - \$63,900
- Admin - \$63,900
- Match - \$383,404.25

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 and on the GVPHC website. At the Program Monitoring Committee meeting in February, the VHSP and HTF Bonus application was discussed, including changes to the eligible activities in the grant. 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. The Program Monitoring Committee recommended to invite the Ranking Committee members from the previous HUD grant process to serve as the HSNH Ranking Committee. TPC then distributed the approved timeline and supplemental application to all members. Once all completed project applications were received by March 21, TPC then combined them and sent them out to CoC members for a Peer Review process to be conducted at the March Program Monitoring Committee meeting.

Ranking Committee members were invited to attend the Program Monitoring Committee to hear the discussion around project proposals. Once peer review was completed by the Program Monitoring Committee members, applications were revised to include any feedback or to clarify any outstanding questions. The applicants were dismissed from the meeting and the Ranking Committee members remained to discuss the project proposals and vote on the slate to move forward under the VHSP and HTF Bonus application. 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. Through this process, it was also identified that the CoC process can be confusing. The Leadership Team will revisit the process outlined in the Bylaws to ensure it is still accurate and work to alleviate confusion and standardize the process for future funding opportunities.

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 will vote electronically on the final application to be submitted to DHCD with a target date of submission before the deadline of April 1, 2022.

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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 monitors 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 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 Program Monitoring Committee and Leadership Team levels. 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 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). 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.

HOPWA funds are not currently reviewed as part of the GVPHC.

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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:

Hampton Department of Social Services applies the same standards of services that they are required to adhere to by DHCD for all of 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 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. 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 with the exception of 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.

The Greater Virginia Peninsula Homelessness Consortium 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.

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:

Hampton Department of Social Services does not have any barrier to services. Case managers serves all referred clients to ensure they have all documents needed for housing and connects clients with any mainstream benefits for which they may be eligible.

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. Housing and homeless programs agree to the low barrier screening criteria. 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.

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:

Hampton Department of Social Services serves in the capacity of Lead Agency for the Greater Virginia Peninsula Homelessness Consortium (VA 505). The City of Hampton is able to 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.

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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:

Hampton Department of Social Services has been the recipient of DHCD funds for Homeless Intervention for the past 32 years. HDSS has operated Homeless Services Programs since 2008 and has been the HUD-designated Lead Agency for the VA 505 since 2016. HDHS staff has significant housing experience, with the Lead Worker having 14 years of experience in housing programs.

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

Answer:

Not applicable.

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

Answer:

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 as 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 conducted 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. 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 sub-grantees with the organizational and staff capacity to administer the VHSP funds according to the HSNH guidelines.

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

1. ForKids

1. *Centralized/Coordinated Assessment* - \$29,819

2. *HMIS* - \$1,490

3. *Administration* - \$1,490

2. HELP

1. *Shelter Operations* - \$31,050

2. *HMIS* - \$1,552

3. *Administration* - \$1,552

3. Hampton Department of Social Services

1. *Outreach* - \$58,320

2. *Targeted Prevention* - \$129,973

3. *Rapid Re-Housing* - \$297,396

4. *CoC Planning* - \$127,801

5. *HMIS* - \$31,306

6. *Administration* - \$26,172

4. Hampton-Newport News Community Services Board

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1. *Shelter Operations* - \$107,422
2. *HMIS* - \$1,400
3. *Administration* - \$5,371
5. **James City County**
 1. *Targeted Prevention* - \$55,551
 2. *Shelter Operations* - \$30,000
 3. *Rapid Re-Housing* - \$25,358
 4. *HMIS* - \$5,545
 5. *Administration* - \$5,545
6. **LGBT Life Center**
 1. *Centralized/Coordinated Assessment* - \$29,750
 2. *Rapid Re-Housing* - \$68,533
 3. *HMIS* - \$4,914
 4. *Administration* - \$4,914
7. **LINK of Hampton Roads**
 1. *Shelter Operations* - \$95,828
 2. *HMIS* - \$1,743
 3. *Administration* - \$2,906
8. **Menchville House**
 1. *Shelter Operations* - \$69,700
 2. *HMIS* - \$3,485
 3. *Administration* - \$3,485
9. **Newport News Department of Human Services**
 1. *Targeted Prevention* - \$68,258
 2. *Shelter Operations* - \$25,000
 3. *Rapid Re-Housing* - \$68,558
 4. *HMIS* - \$8,090
 5. *Administration* - \$8,090
10. **Transitions Family Violence Services**
 1. *Shelter Operations* - \$60,000
 2. *HMIS* - \$3,000
 3. *Administration* - \$3,000
11. **The Salvation Army**
 1. *Shelter Operations* - \$27,500
 2. *HMIS* - \$1,375
 3. *Administration* - \$1,375

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23. Proposed Grantees (HTF - HRG BONUS)

HTF-HRG will be awarded to eligible RRH and PSH projects as a bonus based on this application for funding. Projects will be selected based on the CoC/LPG's need for funding and performance. In the narrative section below, detail each eligible proposed projects using the following format: Organization Name, Project Type (RRH or PSH), Funding Request (total amount), Total number of households to be served, Brief description of proposed project including proposed activities.

Answer:

-HELP. RRH project type. Total request is \$125,000. The program will provide RRH services to assist 15 single adult households and 5 family households. HELP proposes to embed a case manager during the hours of 4pm to 9pm. This will enable the case manager to provide housing case management/RRH services during the times individuals are seeking nightly shelter. During the last funding cycle, outreach services were identified as a gap in services provided by the Continuum. This method alleviates the impossible task of locating the individuals that require services during the day. Referrals from the Housing Crisis hotline will also be accepted and assessed for services during evening hours by the case manager. The case manager will double as the housing location worker. This will streamline services, eliminating unnecessary handoffs between case managers. HELP has other case managers who can assist with this function.

-Hampton Department of Human Services. PSH project. Total request \$188,795 to provide Permanent Supportive Housing for two single adult households, and five households with minor children. These funds will be sub-granted to LINK of Hampton Roads as an expansion to the HUD funded CANLINK I PSH program.

-Hampton Department of Human Services. RRH project. Total request \$139,132 to provide RRH housing assistance and stabilization services to twenty-two households. These funds will be sub-granted to James City County. This will be an expansion to the RRH program currently sub-granted to James City County.

-Williamsburg House of Mercy (WHOM) proposes a Permanent Supportive Housing re-funding request for Colonial Area Supportive Housing in the amount of \$280,000 that would provide Permanent Supportive Housing (PSH) to at least ten chronically homeless individuals/households in the form of Rental Assistance (\$126,000), Housing Stabilization Services (\$131,600), HMIS (14,000), and Admin (\$8,400). This project will provide continued support for the five units funded by the 2022 HTF-HSNH award (22-HTF-018) and expand program capacity by five additional units. Supportive services are individually tailored, flexible, and voluntary, can be accessed 24 hours a day, 7 days a week, and are not a condition of ongoing tenancy. Leases are held by the tenants without limits on length of stay; and ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations. The project will follow the standard VHSP housing first approach, moving literally homeless individuals and households from places not meant for human habitation to emergency shelter, through SCAAN, and into permanent housing as quickly as possible.

Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

GVPHCCoCLevelPoliciesandProcedures44202240456.pdf

CoC/LPG Governance Charter/By-Laws

GVPHCCoCBylaws44202240512.pdf

CoC/LPG HMIS Policies and Procedures

HMIS Policies and Procedures 44202240527.pdf

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Job Description (case managers and housing locator positions)

GVPHCPartnerJobDescriptions44202241821.pdf

Homeless Services Flow Chart

GVPCHHomelessServicesFlowChart44202240535.pdf

MOUs

GVPHCMOUs44202241902.pdf

Organizational Certification and Assurances (DHCD document)

HDHSCert44202240602.pdf

CoC Certification and Assurances (DHCD document)

GVPHCCertsigned44202240616.pdf

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

GVPHCHSNHYearOneRequest44202240632.xlsx

VHSP Proposed Match Form

GVPHCProposedMatch44202240643.pdf