

Application to DHCD Submitted through CAMS

City of Portsmouth/City Manager's Office

PHAC HSNH 2022-2024 Application

Application ID: 93303292022171022
Application Status: Pending
Program Name: HSNH 2022-24 Application
Organization Name: City of Portsmouth/City Manager's Office
Organization Address: 801 Crawford Street
Portsmouth, VA 23704-3822
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Project Name: PHAC HSNH 2022-2024 Application
Project Contact Name: Anita Golden
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Project Location: 1701 High Street
Portsmouth, VA 23704-3103
Project Service Area: Portsmouth City

Total Requested Amount: \$568,564.00

Required Annual Audit Status: No Current Audits Found

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$52,000.00	\$0.00	\$52,000.00
Outreach	\$52,000.00	\$0.00	\$52,000.00
Centralized or Coordinated Assessment/Entry	\$13,872.00	\$0.00	\$13,872.00
Centralized or Coordinated Assessment/Entry	\$13,872.00	\$0.00	\$13,872.00
Targeted Prevention	\$92,000.00	\$0.00	\$92,000.00
Targeted Prevention	\$92,000.00	\$0.00	\$92,000.00
Emergency Shelter Operations	\$156,750.00	\$0.00	\$156,750.00
Emergency Shelter Operations	\$156,750.00	\$0.00	\$156,750.00
Rapid Re-housing	\$160,969.00	\$0.00	\$160,969.00
Rapid Re-housing	\$160,969.00	\$0.00	\$160,969.00
CoC Planning	\$47,559.00	\$0.00	\$47,559.00
CoC Planning	\$47,559.00	\$0.00	\$47,559.00
HMIS	\$22,707.00	\$0.00	\$22,707.00
HMIS	\$22,707.00	\$0.00	\$22,707.00
Administration	\$22,707.00	\$0.00	\$22,707.00
Administration	\$22,707.00	\$0.00	\$22,707.00
Total VHSP Funding Request	\$568,564.00	\$0.00	\$568,564.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$568,564.00	\$0.00	\$568,564.00

Budget Narrative:

PHAC is requesting the below totals under VHSP by funding type: • Outreach - \$52,000 • Centralized/Coordinated Assessment - \$13,872 • Targeted Prevention - \$92,000 • Emergency Shelter Operations - \$156,750 • Rapid Re-housing - \$160,969 • CoC Planning - \$47,559 • HMIS - \$22,707 • Admin - \$22,707 a. ForKids: i. Targeted Prevention- 1. Funding requested \$72,000 2. Anticipated # of households served 12 ii. HMIS - \$3,600 iii. Administration - \$3,600 iv. Total DHCD Request - \$79,200 v. Total Match \$19,800 b. Help and Emergency Response (HER): i. Targeted Prevention- 1. Funding requested \$20,000 2. Anticipated # of households served 8 ii. Emergency Shelter Operations- 1. Funding requested \$42,635 2. Anticipated # of households served 120 (approx. 300 individuals) iii. Rapid Rehousing- 1. Funding requested \$160,969 2. Anticipated # of households served 20 iv. HMIS - \$10,108 v. Administration - \$10,108 vi. Total DHCD Request - \$243,820 vii. Total Match \$60,955 c. Portsmouth Volunteers for the Homeless: i. Coordinated Assessment- 1. Funding requested \$13,872 2. Anticipated # of households served 150 ii. Emergency Shelter Operations- 1. Funding requested \$114,115 2. Anticipated # of households served 50 iii. HMIS - \$6,399 iv. Administration - \$6,399 v. Total DHCD Request - \$140,785 vi. Total Match \$35,196.25 d. Virginia Supportive Housing: i. Outreach- 1. Funding requested \$52,000 2. Anticipated # of households served 50 ii. HMIS - \$2,600 iii. Administration - \$2,600 iv. Total DHCD Request - \$57,200 v. Total Match \$14,300 e. Portsmouth Department of Social Services: i. Planning - \$47,559 ii. Total DHCD Request - \$47,559 iii. Total Match \$11889.75

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:

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The January 2021 Point in Time Count identified a total of 92 persons experiencing homelessness in Portsmouth. This is a 38% decrease from the 2020 Count (149 persons). Of the 92 persons counted identified during the PIT Count, 73% were in Emergency Shelter and 9% were in Transitional Housing and 17% percent were Unsheltered, or in places not meant for human habitation. The transition of PARC's Step Up to Responsibility project from Transitional Housing to Permanent Supportive Housing in 2020 is one contributing factor to the overall decrease. Another factor for consideration is the reduction in capacity of congregate shelters due to COVID-19 transmission risks. Households may have been doubled up in shared spaces, returned to housing with family members, or made other housing arrangements during the pandemic which may have contributed to the decrease in the number of individuals experiencing homelessness in Portsmouth. Additionally, there may be several other potential factors contributing to the decrease in the overall count, such as the inclement weather the night of the Point In Time Count, the federal eviction moratorium, the Virginia Rent Mortgage Relief Program, and the inability to safely conduct an Unsheltered count.

Males made up the greatest portion of those experiencing homelessness, with 50 (54%) males counted compared to 42 (46%) females. This is a difference when compared to the general population of the region where females make up just over 52%.

A noticeable disparity is that 80% counted were Black/African American and 14% were White compared to the CoC's general population of 54% Black/African American and 40% white. Five percent identified as Native Hawaiian/Pacific Islander or Multiracial. Just 1% of those counted identified as Hispanic or Latino.

Fifty-one percent of persons counted were in households without children (Adult Only) while 49% were in households with children. Persons in families decreased by 5 (10%) from the prior year, while Adult Only households decreased by 52%. The total number of families counted was 14, a decrease of 3 households from the previous year.

In reviewing subpopulation data, the number of Veterans experiencing homelessness in the City of Portsmouth has steadily decreased since 2017, totaling 7 (11%) in the most recent count. The number of chronically homeless persons increased in 2021, with 40 persons identified (43%). This trend was also found across the U.S. Additionally, WellSky (the Hampton Roads Homeless Management Information System vendor) updated the logic in their reports to account for "aging in to chronically homeless" for single adult households. This resulted in an increase in the number of clients falling into the chronically homeless category.

Overall, the number of adults fleeing domestic violence has steadily decreased since 2015, with 14 (15%) counted. Likewise, persons reporting a serious mental illness decreased to 21, or 23%. The number of persons reporting a substance abuse problem has also decreased steadily and was counted at 9 (10%). The number of adults living with HIV/AIDS has remained constant, with 1 person identified in 2021. Fortunately, the pandemic has afforded the community the opportunity to take advantage of longer shelter stays, and provide longer-term case management, as well as increasing access to healthcare services for households in shelters.

In addition to Point in Time Count, call data from the Housing Crisis Hotline for calendar year January 1 to December 31, 2021, was collected. 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.

In Portsmouth, there were 504 callers who identified as literally homeless and 320 as at imminent risk of becoming homeless, for a combined total 824 callers during the year. The total of literally homeless persons (504) is almost six times the number of unduplicated persons counted (92) during the Point in Time Count, possibly reflecting a more accurate number of persons needing housing and services throughout the year. It is important to note that all data is self-reported by those who call the Hotline and are therefore not verified.

Thirty-two percent of callers were in households with children, 48% were in Adult Only households and 20% did not provide household information. This contrasts with Point in Time data indicating that 49% of persons were in households with children and the majority (51%) were in households without children, potentially demonstrating that families are experiencing an increase in housing crises.

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

Answer:

Access/Diversion – The ForKids Housing Crisis Hotline serves as a universal Access Point, connecting households seeking services to appropriate Crisis Response Systems, throughout Greater Hampton Roads. Other agencies may also act as Access Points, including outreach staff and shelters. PHAC members collaborate together to provide services for the area. Diversion is completed by all Access Points for households requesting prevention or shelter ensuring all alternatives have been exhausted prior to referral. Access Points coordinate referrals to ensure households are connected to the resources necessary to meet their basic health and safety needs. When ES is not readily available, callers are connected to outreach services and assisted with the development of a safety plan. ForKids maintains a database of housing-related resources in addition to CoC resources and callers can also access a 24-hour self-service directory of available shelter options.

Targeted Prevention – ForKids operates this program within PHAC. The two highest needs reported by the nearly 5,000 callers to the Hotline in 2021 were financial assistance with rent or utilities. When households present as eligible for Targeted Prevention, ForKids staff helps clients find affordable housing, physical and mental health providers, and meaningful employment, and provides financial assistance to ensure stability. Financial assistance is planned on an as-needed basis, and households are re-certified every three months.

Outreach and Engagement – Through canvassing, referrals and partnerships, outreach workers identify and assist literally homeless households who are in places not meant for human habitation and/or exiting institutions, as well as emergency shelters. VSH and PDBHS provide outreach across the CoC. The PDBHS PATH outreach worker provides services to adults with serious mental illness who are experiencing homelessness or who are at risk. PVH provides site-based outreach through day services and emergency shelter, which has remained operational throughout the COVID-19 crisis to meet the needs of the community, where households are assessed and then connected to services. The Portsmouth Centralized Intake Specialist receives referrals from the Hotline and provides case management services until households are connected with other resources. Additional homeless service providers may act as Assessment Points to assess and connect to services.

Coordinated Assessment – The Portsmouth Coordinated Assessment Network (PCAN) is a biweekly meeting to review assessments of individuals and families identified as homeless and match them to appropriate and available housing options and services. Data used to determine the order of priority includes a variety of assessment tools. PCAN functions and responsibilities are outlined in the CoC's Written CES Standards that meet the federal requirements for operation. Ongoing review to adjust how all services are provided and recorded is also part of the system that works to adhere to new data standards as they are released.

Emergency Shelters (ES) – Restore Emergency Shelter (operated by H.E.R.) has 25-beds that serves families experiencing homelessness. H.E.R. also operated a 32-bed ES that serves households fleeing DV, sexual assault, stalking, and sex-trafficking. PVH operates a seasonal shelter, however it has continued operating year-round under their COVID-19 contingency plan. The PVH shelter includes day services through their Services Center where clients receive basic services, coaching and referrals to a variety of services, such as Legal Aid. STOP, ForKids, and H.E.R. have offered ESO in hotels with COVID-19 response funding.

Transitional Housing (TH) – PCOM maintains 10 transitional housing units for homeless individuals. Supportive services are offered to assist each household to obtain benefits and/or employment, secure necessary mental and physical health care, find stable permanent housing, and more.

Rapid Rehousing (RRH) – H.E.R. aims to serve 28 households each year. Program participants receive case management and housing location services and establish and maintain a housing stabilization plan to reach self-sufficiency. Stabilization coordinators ensure they have applied or are receiving all benefits participants are eligible for and are working toward increasing their income. Additionally, H.E.R. provides aftercare services up to 24 months. Virginia Beach Community Development Corporation, ForKids, and STOP operate SSVF rapid rehousing programs for veterans.

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Permanent Supportive Housing (PSH) –PARC operates three PSH programs consisting of 3 units for chronically homeless families, 14 units for single adults and households with children dedicating 9 beds for chronic participants, and 5 units serving single adults and households with children dedicating two beds to chronic participants. PCOM manages 4 units for single, chronically homeless, and disabled individuals. PDBHS operates the Shelter Plus Care program, which can assist 100 participants within 48 units, to support those with mental illness, substance use, intellectual disabilities, and chronic homelessness. VSH maintains 12 units for chronically homeless individuals. Lastly, 24 HUD VASH vouchers are allocated to homeless veterans.

Other Permanent Housing (OPH) – VSH manages a 60-unit SRO that has 42 units dedicated to homeless individuals. Additionally, PRHA has incorporated a homeless preference to their selection methods for programs. PRHA was awarded 18 emergency housing vouchers in 2021 and also maintains 60 vouchers for non-elderly disabled citizens and 14 vouchers assisting youth aging out of foster care were recently awarded

CoC partnerships – Many faith-based organizations, foundations and city and state agencies support the at-risk and homeless populations in Portsmouth through provision of direct assistance, capacity building, coordination, and advocacy.

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3. Identify where gaps exist within the CoC/LPG Crisis Response System to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. Detail the methodology for determining gaps within the system.

Answer:

The largest housing service gaps identified within PHAC are for Rapid Rehousing followed by Permanent Supportive Housing. These gaps are supported by the review of the CoC-wide housing inventory and the data demonstrating the length of time households waited for appropriate housing options through PCAN. Additional data includes requests made through calls to the Housing Crisis Hotline. Prevention funds are also extremely limited and are not readily available for all at-risk households that qualify. In Portsmouth, 320 callers to the Hotline were at imminent risk of becoming homeless. Currently, ForKids receives Prevention funds to assist 6 households.

The greatest service delivery need in Portsmouth is currently for single households, followed by families, as demonstrated in the data collected and reported to HUD each year. The demand for emergency shelter beds for individuals experiencing homelessness on a year-round basis is also not met even though expansion has occurred during the pandemic with additional resources made available. Therefore, increased requests to expand Emergency Shelter, Rapid Rehousing and Prevention for all household types are found within this community-wide grant application.

PHAC agencies discuss gaps in the system through ongoing data collection during the monthly Executive Committee and Policy and Planning Committee meetings. Discussion amongst all partner agencies also takes place at the Coordinated Entry System (CES) meetings where providers meet to discuss system gaps and process improvements. At PCAN, households are assessed for appropriate housing options and are often placed on the 'waiting list' until housing programs have case management capacity to provide services. The data from the Housing Crisis Hotline is also available and demonstrates the number of unduplicated callers and the variety of stated needs. Agencies discuss any noted trends in unmet needs, by subpopulation, throughout the year and identify agencies that may have the capacity to address them. Enhancing capacity with more service providers remains a challenge, particularly due to staff shortages at all agencies and difficulties to hire and train staff to fill vacancies.

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

Youth-centered housing and programs remain a gap even as data reveals that there is an increase in youth ages 18-24 accessing homeless services in Portsmouth as well as across the region. Additionally, another gap that has been identified is the Centralized Intake Specialist position that is currently vacant. This position receives referrals from the Hotline and provides case management services until clients are connected with other resources.

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

Answer:

CoC members apply for every state and federal funding opportunity to increase affordable/supportive housing options in Portsmouth for those served by homeless provider agencies. This includes funding from the Virginia Homeless Solutions Program, the Virginia Housing Trust Fund, and the Continuum of Care Homeless Assistance grants through HUD.

In addition to increased assistance through this application, the Redevelopment and Housing Authority received both Mainstream and Emergency Housing vouchers to provide more subsidized, permanent housing units. PRHA has incorporated a homeless preference to their selection methods for programs.

In order to address these gaps, in this application, the CoC asked applicants to increase budgets to serve additional households and expand services in Rapid Rehousing, Prevention, and year-round Emergency Shelter programs. The CoC reallocated funds from an agency that did not reapply to current grantees that have demonstrated the capacity to operate their programs efficiently and effectively. Additional RRH funds will allow for the hiring of housing navigators to concentrate on building landlord partnerships with all PHAC housing programs.

The CoC consistently applies for new funding to expand PSH through the HUD CoC Notice of Funding Opportunity applications but has not been awarded in recent years. The CoC successfully reallocated funds to transition a Transition Housing program to Permanent Supportive Housing during the FY2019 CoC Competition.

As of March 2022, the CoC has initiated a Strategic Planning process after receiving a grant from Virginia Housing for capacity building. With the help of a vetted consultant agency, the CoC will strive to increase performance and efficiency through team building, infrastructure improvements, innovative housing solutions, and new collaborations.

Furthermore, the City of Portsmouth recognized the CoC's need to expand the number of year-round emergency shelter beds and access to services. The City is currently developing a plan to fund a one-stop center with wrap around services and access to emergency shelter.

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

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

The first level of the screening process at Access Points is identifying if the household self-reports as literally homeless or at imminent risk of becoming homeless. Data for households that meet either literal homeless or at imminent risk of becoming homeless is recorded in the PHAC CE Project in HMIS to populate the By Name List (BNL). All Access Points also secure client consent and provide information related to the Coordinated Entry System. Households are advised of their right to refuse consent to share information and that their refusal will not prevent them from receiving services.

Literally homeless households are referred to a designated Assessment Point within the CoC. Once the referral is

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received, the receiving agency's designated point-of-contact (navigator, case manager, client specialist or advocate) will conduct a complete assessment to determine the most appropriate housing resource. A standardized assessment tool (the VI-SPDAT) is used to identify the household's vulnerability and to help guide decisions around the appropriate level of services and housing. Literally homeless households are then prioritized based on their VI-SPDAT score as well as a prioritization tool that identified additional vulnerabilities or barriers not captured by the VI-SPDAT. Referrals for available housing resources and connections to additional resources are coordinated through the Portsmouth Coordinated Assessment Network (PCAN).

Households that are identified as imminent risk of becoming homeless are screened to determine eligibility for prevention programs and assessed for prioritization. Referrals for targeted homelessness prevention are made to agencies as resources are available. The CoC continues to discuss methods to refine the Prevention screening and referral process.

Accessing the CES after Hours - Households in need of emergency shelter after regular business hours may leave a message with the Housing Crisis Hotline and they will be contacted the next business day. During the months of November through April, callers will get an automated option after-hours that will direct them to winter shelter services. The staff at the shelter will offer accommodation if space is available, and the household is population appropriate. The DV Hotline operated by H.E.R. has 24/7 coverage. Households in the DV emergency shelter are connected to housing and support services through the CES.

Referrals - Referrals to Emergency Shelters are conducted by the Housing Crisis Hotline according to CoC prioritization and program eligibility. Referrals to housing resources are conducted through the PCAN committee for case conferencing and prioritization to identify the next eligible household when programs have openings. PCAN also operates an off-week referral process to ensure immediate access to resources if they arise between schedule meetings. Eligibility and screening criteria for each provider's program are used to ensure that clients are being appropriately referred. Providers are required to submit their respective program criteria to the PCAN committee. The Portsmouth CoC strives to use available resources effectively and efficiently to serve the most vulnerable in the homeless community.

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

Referrals may be denied if the agency is unable to contact the household or the household does not meet the program's eligibility criteria within the designated timeframe. The agency is asked to notify the household. The household is then returned to their previous prioritization order for consideration of another housing resource.

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.

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PHAC has developed guidelines to prioritize the most vulnerable households. To achieve this practice, PHAC also observes guiding principles that include a commitment to the following:

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

Prevention- Households that are eligible for prevention assistance must meet the following definition: Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances. No appropriate subsequent housing options have been identified and household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. This is inclusive of persons who are fleeing domestic violence who are at imminent risk of homelessness. All households eligible for prevention assistance are assessed using a local screening tool that evaluates the household’s vulnerability. The Prevention screening tool was established utilizing data describing households that fall into literal homelessness in order to target resources toward households with the highest barriers and highest likelihood of requiring emergency shelter services to stabilize. Some of the factors that are considered include: income, household composition/special populations, homeless/housing history, disabilities, and criminal history. Households are scored on the tool and those with the highest scores who meet funding criteria are prioritized.

Emergency Shelter Placement- Due to the effects of the COVID-19 pandemic, PVH emergency shelter implemented a new process to prioritize persons based on severity of need, focusing on factors such as literal homelessness, homeless chronicity, medical fragility, mental health conditions and/or disability. HER Restore emergency shelter continues to prioritize literally homeless households with children; in addition to the HER Domestic Violence shelter which targets singles and families experiencing literal or imminent risk of homelessness who are fleeing or attempting to flee domestic violence.

Transitional Housing (TH) – Portsmouth Christian Outreach Ministries (PCOM) receives referrals through CES, maintains a transitional housing project who prioritizes homeless singles, homeless youth (18-24), and homeless singles fleeing domestic violence with interim stability and support for up to 12 months to assist homeless persons to successfully move to and maintain permanent housing.

Permanent Housing- The CES makes referrals to permanent housing resources within the CoC through bi-weekly case conferencing meetings. The CoC has adopted to the use of assessment tools including the VI-SPDAT, along with case conferencing discussions to identify the most vulnerable households based on history of housing and homelessness and severity of need. First Priority being homeless households and families with a disability with long periods of episodic homelessness and severe service needs. Second Priority is identified as homeless households and families with a disability with severe service needs. Third priority is homeless households and families with a disability coming from places not meant for human habitation, Safe Haven, or Emergency Shelter without severe service needs. Fourth Priority is homeless households and families with a disability coming from transitional housing.

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

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

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

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

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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:

Portsmouth is not a large jurisdiction with a population of approximately 97,000 and has a high rate of individuals and families experiencing homelessness. Service providers for both individuals and families include outreach, diversion and prevention, emergency shelter, transitional housing, Domestic Violence programs, Rapid Rehousing, and Permanent Supportive Housing units, employment services, and intensive and mental health case management.

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

The needs of LGBTQ+ households are met either by PHAC agencies or by connecting them to the regional LGBT Life Center, which provides a variety of housing and support services for this population. The disconnected and homeless youth (age 18-24) population face the most challenges in Portsmouth as there are no specific youth-centered housing programs in place. However, all service providers are able to serve youth into their programs, including parenting youth. Public schools, juvenile justice programs and social services collaborate on a regular basis to avoid discharging youth into homelessness and connect them with appropriate accommodations. In February 2020, the Portsmouth Redevelopment and Housing Authority, in partnership with PDSS, announced 14 new housing vouchers for youth aging out of foster care and at risk of experiencing homelessness to help address this need.

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

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

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

Answer:

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

Additionally, no specific requirements for assistance are in place at agencies that would present barriers to households accessing services once referrals are received. Each agency is available in the community to meet clients wherever most convenient, and they can identify language assistance/interpretation through partner agencies quickly, when needed. PHAC partners work with community resources to assist households with getting vital documents such as birth certificate, social security card, and photo ID.

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

Answer:

Barriers to placing clients into rental housing units can depend on the property owners/landlords who sometimes require a good credit score, or do not allow for recent or serious convictions in their criminal background. Additionally, in 2018, Portsmouth ranked #5 in highest eviction rates around the country with an eviction rate of 15.07%. Landlords will often not rent to persons with recent evictions. PHAC members continuously work with landlords to reduce or eliminate these barriers by building strong relationships and ensuring ongoing case management that is visible and consistent, in addition to financial assistance when needed. Regardless of these efforts, these barriers exist and can often delay placement into a housing unit.

Virginia's lack of affordable housing inventory remains as the largest barrier and has been highlighted throughout the COVID-19 pandemic with eviction moratoriums which contributes to the lack of movement from homelessness to permanently housed for 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.

The availability of housing vouchers from the Portsmouth Redevelopment and Housing Authority (PRHA) has traditionally been a barrier for those households who need an ongoing subsidy due to their circumstances. While the successful awards of Mainstream and Emergency Housing Vouchers in the past two years have increased that availability, the lack of affordable housing units where these vouchers are accepted remains as another barrier. There are now households with vouchers secured who continue to search for an available permanent housing unit.

Establishing primary care 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 has also lengthened the time for appointments and much needed care. Service providers work with a variety of medical establishments, such as the Community Health Center or private practices that donate services or offer reduced payments 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 that can bill Medicaid for homeless clients. An increase in residential substance use treatment options is also needed in Portsmouth.

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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:

The Executive Committee members have discussed the need to recruit new partners and diversify membership of PHAC at the monthly meetings. New agencies and individuals have been invited to attend and present information regarding the services they offer when appropriate. Additional presentations are coordinated at PHAC Community meetings every other month to help inform the members of resources, and to identify missing information that would help the CoC prevent and end homelessness in a more efficient manner.

In the past year, CoC leadership has ensured that attendance calculations are more inclusive of agency participation on PHAC committees. The following represents agency participation in the Community meetings which are held on a bi-monthly basis.

1. Eggleston – 60%
2. Endependence Center – 100%
3. ForKids Inc. – 100%
4. H.E.R. Shelter – 100%
5. Portsmouth Area Resource Coalition – 100%
6. Portsmouth Behavioral Healthcare Services – 100%
7. Portsmouth Christian Outreach Ministries – 100%
8. Portsmouth Department of Social Services – 100%
9. Portsmouth Public Schools – 20%
10. Portsmouth Redevelopment and Housing Authority – 20%
11. Portsmouth Sheriff's Office – 100%
12. Portsmouth Volunteers for the Homeless – 80%
13. STOP Inc. – 80%
14. Veterans Affairs Medical Center – 100%
15. Virginia Beach Community Development Corporation – 60%
16. Virginia Supportive Housing – 100%

All CoC Committee meetings have been conducted virtually since April 2020 in response to COVID-19 safety practices. All of the agencies with low participation rates have been unable to attend or have not participated since meetings became virtual. The Policy and Planning Committee plans to reach out to these agencies to determine ways to engage and increase their participation.

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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:

Portsmouth Homeless Action Consortium 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, PHAC's Homeless Management Information System (HMIS), the 2021 Point in Time Count and PHAC partner agencies. The decision to use 2019 Census data instead of 2020 data is due 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 group in Portsmouth is Black or African American and then White. According to U.S. Census data (2015-2019), 54% of Portsmouth's general population identify as Black or African American, 40% identify as White, 4% identify as Multiracial, 2% identify as Asian or Pacific Islander and 0.4% identify as American Indian or Alaska Native.

While Black or African American individuals represent 54% of the general population, this population represents 71% of those in poverty and 84% of those in HMIS. Those identifying as Black or African American are disproportionately represented among the poor and homeless. White individuals represent 40% of the population, 23% of those in poverty, and 12% of those in HMIS. Those identifying as white are underrepresented among the poor and homeless. Those identifying as Hispanic or Latinx comprise 4% of the general population, 5% of those in poverty but just 1.8% of those in HMIS.

Despite these disparities that occur in the community, the assessment indicated that the homeless system is providing assistance to all persons in its system as needed, regardless of race or ethnicity. For example, those identifying as Black or African American represent 84% of the client profiles in the homeless system and represent a similar or higher percentage of households receiving assistance in all programs except for Street Outreach (63%). The CoC will further examine this finding to better understand if there are disparities present in Street Outreach. There were 14 persons identifying as Hispanic or Latinx (1.8% of HMIS population). The number of Hispanic or Latinx persons enrolled in programs ranged from 0 to 9, and the percentages were too small to draw conclusions.

PHAC asked all homeless services agencies to provide the racial composition of front-line staff as well as management and Boards. The goal was to see if the direct services staff as well as decision-makers were representative of the populations served. The results indicate that direct services housing staff more closely reflect the racial populations they serve (62% Black or African American and 34% White) while management and boards are less racially diverse overall. Direct services housing staff, management, and boards were comprised of 2% Hispanic or Latinx persons which mirrors Hispanic and Latinx persons in HMIS.

The CoC is committed to fair and equal housing opportunities and service provision, regardless of race or ethnicity, and will work to research and correct any racial disparities discovered. To better understand the intersection of race, racism, and racial equity, the CoC participated in 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

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services.

The Policy and Planning Committee will develop a racial disparity action statement and plan in 2022. The CoC will continue to assess and examine CoC programs to ensure equal and equitable service provision among populations.

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).*

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

Answer:

The Portsmouth Homeless Action Consortium (PHAC) presents this funding request for \$568,564 to administer services under the 2022-2024 Virginia Homeless Solutions Program (VHSP) across the City of Portsmouth. There are no proposed projects for HOPWA funding.

The Portsmouth CoC 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.

PHAC is requesting the below totals under VHSP by funding type:

- Outreach - \$52,000
- Centralized/Coordinated Assessment - \$13,872
- Targeted Prevention - \$92,000
- Emergency Shelter Operations - \$156,750
- Rapid Re-housing - \$160,969
- CoC Planning - \$47,559
- HMIS - \$22,707
- Admin - \$22,707

1. ForKids:

1. *Targeted Prevention-*
 1. Funding requested \$72,000
 2. Anticipated # of households served - 12
2. *HMIS - \$3,600*
3. *Administration - \$3,600*
4. *Total DHCD Request - \$79,200*
5. *Total Match \$19,800*

2. Help and Emergency Response (HER):

1. *Targeted Prevention-*
 1. Funding requested \$20,000
 2. Anticipated # of households served - 8
2. *Emergency Shelter Operations-*
 1. Funding requested \$42,635
 2. Anticipated # of households served 120 (approx. 300 individuals)
3. *Rapid Rehousing-*
 1. Funding requested \$160,969
 2. Anticipated # of households served - 20
4. *HMIS - \$10,108*
5. *Administration - \$10,108*
6. *Total DHCD Request - \$243,820*
7. *Total Match \$60,955*

3. Portsmouth Volunteers for the Homeless:

1. *Coordinated Assessment-*

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1. Funding requested \$13,872
2. Anticipated # of households served -150
2. *Emergency Shelter Operations-*
 1. Funding requested \$114,115
 2. Anticipated # of households served - 50
3. *HMIS* - \$6,399
4. *Administration* - \$6,399
5. Total DHCD Request - \$140,785
6. Total Match \$35,196.25
4. **Virginia Supportive Housing:**
 1. *Outreach-*
 1. Funding requested \$52,000
 2. Anticipated # of households served - 50
 2. *HMIS* - \$2,600
 3. *Administration* - \$2,600
 4. Total DHCD Request - \$57,200
 5. Total Match \$14,300
5. **Portsmouth Department of Social Services:**
 1. *Planning* - \$47,559
 2. Total DHCD Request - \$47,559
 3. Total Match \$11,889.75
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 and HTF Bonus funding was shared with the Executive Committee and PHAC membership, both in meetings as well as via email. The Planning Council (TPC), under contract to assist PHAC with funding applications for federal and state grants, proposed a timeline for all application activities, as well as a draft Supplemental Application that were then discussed and agreed upon by the Policy and Planning Committee. TPC then distributed the approved timeline and application to all members. Agencies seeking to apply for VHSP or HTF bonus funding submitted Letters of Intent to the Executive Committee for review.

All completed project applications were received by March 21. TPC distributed all applications to the Policy and Planning Committee for a Peer Review process which was conducted at the March 23 Policy & Planning Committee meeting. Through the Peer Review process, the Committee developed a recommendation for the slate of applicants and budget request. Once the peer review was completed, applications were revised to include any feedback or to clarify any outstanding questions. The updated applications, recommended slate of applicants, and Year One budget was emailed to the Executive Committee to vote to approve or oppose the recommendation from the Policy and Planning Committee. The non-conflicted members voted to allow all applications to be forwarded to DHCD as part of the collaborative application from Portsmouth. No applications were rejected. One application from the Portsmouth Sheriff's Office was not included as the proposed project was not eligible for funding under VHSP or the HTF (RRH & PSH) bonus. The Portsmouth Sheriff's Office will submit their request under the HTF Underserved Populations Innovation Program during the next application opportunity.

TPC then completed the narrative as a draft and sent it out to the Executive Committee members for review and input. Time was allotted for feedback from Executive Committee members to be received and TPC added all revisions to the application and sent it out for one final review by the full PHAC membership. Any final comments will be reviewed and incorporated into the final application, as appropriate, with a target date of submission before the deadline of April 4, 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 Policy and Planning Committee, which is made up of mostly funded agencies who then conduct a regular peer review. That committee reports to the Executive Committee who also discusses progress on project goals and expenditures, and recommends changes if needed.

All PHAC members that receive VHSP fund participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and 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 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 Executive Committee level. During the HUD application period, a scorecard is utilized that highlights the performance outcomes of each agency, including their participation in HMIS and the quality of their data. The scorecard provides a total score which helps prioritize and rank projects for the HUD collaborative application. Agencies must also discuss organizational issues, such as any findings during monitoring and 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 any section is 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. In conjunction with HMIS audits, site visits are conducted with each funded agency to verify the accuracy of information regarding their participation level within the Coordinated Entry System, HUD-required policies are in place, and discuss agency goals and any barriers that the CoC can address. The review processes continue to be improved upon and formalized in collaboration with CoC input as there are changes to reporting on outcomes and performance, or 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 finalized and adopted.

Furthermore, the CoC is in the process of developing 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 performing poorly, including mentoring to improve project performance or steps to possibly reallocate funding to other projects. All PHAC projects, regardless of funding source, will be able to participate in the PMP. Programs funded under VHSP, HTF, HUD CoC, ESG, CDBG, and HOME TBRA will be required to participate.

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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:

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

Help and Emergency Response (H.E.R.) works on a trauma informed housing first approach. There are no requirements to access housing resources. Programs work with an empowerment focused client support system with two main areas of focus on housing and stabilization. H.E.R. offers a multitude of services which include groups, activities, empowerment events, and community education which all clients are encouraged, but not required, to take part in. The goal is to stabilize clients quickly and efficiently in housing by arranging, coordinating, and delivering services. Clients are connected to other agencies, social services, mainstream benefits, community resources, and support networks to create supports for stable housing. The housing process begins as soon as a client enters shelter, or the client is referred through the CE process. There are no requirements that must be reached before clients begin the housing process (i.e., income threshold, sobriety, etc.). Staff work diligently with PHAC partners to identify housing options, assist with searches, and provide self-sufficiency case management.

Portsmouth Volunteers for the Homeless (PVH) adheres to and implements a "housing first" model approach. PVH makes sheltering an individual the priority. All of the paid and volunteer leadership staff who conduct In-Takes have been oriented to the housing first approach. PVH also has In-Take instructions that provide background on the purpose and significance of each item being asked. In-Take conversations and forms open with getting guests to consider their housing needs and any barriers or obstacles. This documents their needs/concerns and becomes the road map used for staff coaching support and to make appropriate CoC/community provider referrals. Volunteers are provided with a PVH overview that includes discussing housing first and low barriers operations.

VSH does not place additional barriers to households seeking entry into any programs, from outreach to Permanent Supportive Housing, other than those required by HUD. Persons who engage in the Outreach program are accepted regardless of income, disabilities, or mental health and/or substance abuse status. All services offered are voluntary and based on the individual's assessed needs and identified resources. VSH also coordinates with the CoC's Coordinated Entry System (PCAN) to obtain referrals based on those chronically homeless households identified as highest need and being eligible for PSH.

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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:

The philosophy of all ForKids' housing programs is that all households, even those with zero income or extensive housing barriers, will succeed with a balance of minimal subsidy and appropriate support. ForKids does not implement any rules or requirements that would hinder or delay a household's referral to or acceptance into a housing program. Upon entry into a housing program, the team assesses the needs of all household members and assists with obtaining vital documents and ID's necessary to apply for benefits, enrolling children in school, securing employment, or developing a housing plan appropriate to the family's needs. The Housing Crisis Hotline does not require verification or documentation to make referrals. Information is collected based on self-report, and callers are informed of what documentation may be requested when accessing housing programs.

H.E.R. serves the cities of Portsmouth and Chesapeake, Virginia. Outside of that there are no requirements for assistance. H.E.R. does not require any documentation of residency; it is self-reported.

The PVH Emergency Shelter is open to any single adult who is experiencing homelessness with priority given to individuals from Portsmouth. PVH exercises client choice and assists with processes to align HMIS data with their choice. The PVH preferred form of identification is photo for client and staff safety. When photo ID isn't available other options to verify identity are explored, including Oasis Social Ministry ID, and mail received from Social Services. The individual can be admitted to shelter while attempts to verify identity are underway. PVH maintains a low barrier approach throughout operations. PVH does not breathalyze; individuals are permitted shelter whether intoxicated or under the influence of alcohol or other drugs, seeking treatment or not seeking treatment. Individuals with mental health diagnoses can enter shelter with conditions medicated or not medicated. Volunteers are provided with a PVH overview that includes discussing housing first and low barriers operations.

All of Virginia Supportive Housing's programs operate on the low-barrier Housing First model and do not have requirements for the Portsmouth Outreach program that would function as a barrier to services. Part of the focus of the Outreach program is to assist participants with obtaining documentation necessary to obtain housing, including homelessness history, birth certificates, identification, and documentation of disability when applicable. These services allow the program to eliminate barriers that might be imposed by other non-CoC resources that could be leveraged to assist participant households.

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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 programs are ongoing. ForKids has successfully managed multiple federal, state, and local government grants for over 20 years, administering programs and services through a combination of over 125 government, foundation and corporate grants with unique eligibility, data collection and reporting requirements. Financial policies and procedures are updated annually to ensure compliance with grant requirements. A 25-year veteran of ForKids, CEO, Thaler McCormick, oversees the organization's activities and reports directly to the 27-member Board of Directors. Under the direction of Sarah Johnson, COO, the CFO, oversees the fiscal management of ForKids, using Sage to track compliance with the agency budget. Monthly financial statements are prepared by the CFO for review by the CEO, the Finance Committee of the Board, and the full Board for approval. ForKids has undergone an annual OMB-133 compliance audit for the past 29 years with no findings or concerns.

H.E.R. works on a 1.8-million-dollar budget and has the capacity to administer the requested funding as of July 1. There are weekly finance meetings with executive leadership, accounting, and compliance, and financials are reviewed each month with a financial committee and discussed at each board meeting for approval. H.E.R. has outsourced accounting to a firm that uses Intacct, a component of SAGE. It has the ability to create "real time" statement of activities on each grant to monitor grant revenue and expenditures. H.E.R. undergoes a yearly audit administered by Cherry Bekaert, there have been no recent findings.

PVH has the capacity to administer the requested funding and will be ready to begin project activities on July 1st. Funding is being requested to support positions already in place and expected to remain in place. PVH is guided by a volunteer Board of Directors (BoD), composed of 15 members from various industries and sectors. The BoD is led by the following Executive Committee positions: President, Vice President, Treasurer, and Secretary. The remaining individuals serve as general Board Members with some serving as liaisons to shelter and service center operations, fundraising, membership recruitment and development. PVH utilizes QuickBooks™ for daily accounting, recording, tracking, and reporting all financial actions relevant to maintaining agency funds, expenditures, and budgets. PVH uses ADP® for payroll services and Dixon Hughes Goodman LLP for annual tax preparations and Financial Statement reviews.

VSH has administered VHSP since 2018 and is currently on track to spend 100% of the funds. As this is a renewal application, no new staff will need to be hired and operations will continue uninterrupted as of July 1, 2022. A volunteer Board of Directors assist VSH staff in the development and operational oversight of the agency. The Board hires the Executive Director and is responsible for establishing policies regarding programs, fiscal matters, immediate and long-range planning, insurance, reporting, and fundraising. Board committees include Executive, Finance, Governance, Mission Advancement, Program and Evaluation, Asset Management and Site Development. Financial Management is headed by the Director of Finance and the Controller. The Director of Finance is responsible for all accounting and reporting and includes a team of two senior accounting specialists, a property manager accountant, and a controller. The VSH Board of Directors, and specifically the Finance Committee, has the responsibility to oversee the financial management of the organization and its affiliates. The respected Richmond firm of Dooley & Vicars performs annual independent financial audits for VSH. The accounting method for VSH and its affiliates is on the accrual basis; the fiscal year is the calendar year ending December 31st. Separate audits are completed for VSH affiliates. A consolidated audit is completed for VSH. Tax returns for VSH and its affiliates are prepared by the CPA firm. VSH uses computerized rental, accounting, and payroll programs for recording all financial activities. The current accounting programs are Quick Books, Onesite, and Dominion Payroll.

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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:

ForKids has been administering VHSP grants for over 10 years, currently working in three different CoCs. Staff have a variety of degrees and experience related to social work, human services, property management and other nonprofit work and participate in an ongoing, rigorous training plan that covers both grant compliance and best practices in service delivery. The staffing ratio is 15:1.

H.E.R. program staff are as follows:

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

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

-2 housing advocates (In-shelter and Aftercare)- works with landlords to assist clients with barriers to gain and maintain market rate rentals. Provides referrals to open housing program slots, assists with the wrap around services once housed, provides assessments and surveys to place people in open vacancies, attends coordinated entry meetings. Provides supportive services for up to a year after shelter. Increases landlord and housing options in the surrounding areas.

- Accounting Asst.- Oversees financial management and ensures H.E.R. is functioning with the highest integrity.

- All of the direct client staff have degrees in human services, a comparable degree, or meet the experience requirements. H.E.R. offers on-going training through a multitude of partnerships and require staff to participate in yearly trainings

-On average, the in-shelter housing advocate and stabilization coordinator have a case load of 15 families. The aftercare advocates have a case load of 25 to 40 (for 2 advocates).

PVH Staffing: Executive Director (FTE), Service Center Coordinator (PT), Client Specialist (PT), Shelter Attendant (PT) and Overnight Shelter Attendant (PT). Darlene Sparks Washington, Executive Director, has approximately 26 years of non-profit leadership and management experience from the American Red Cross, managing budgets of up to \$5M and decentralized teams of 60 members across the country. ED was selected to participate in Diversity, Inclusion and Equity Co-Hort training series. She is also a certified Career Coach. Staff members have combined experiences in office administration, emergency medical response, Corrections, residential mental health client support, homeless shelter and client support, and customer service. PVH holds a daily staff briefing for client updates and actions. Paid and volunteer staff have participated in professional development learning opportunities, including legal aid fair housing session, DHCD racial disparities series, trauma informed care workshop, mental health first aid, VI-SPDAT V3 training, and HMIS training.

Virginia Supportive Housing Portsmouth Outreach staff maintain a caseload of twenty individuals at any given time with an expected total of 50 persons served in the upcoming grant year. The current Outreach Staff has operated in this program for the past two years. The Senior Support Specialist provides oversight for the Outreach staff. This senior staff has experience with PSH, RRH, Prevention, and Outreach for over a decade. The team has produced significant positive outcomes for the program participants over the past four grant years.

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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:

Not applicable.

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 and Emergency Response Inc. is requesting \$65,360 in RRH to assist 3 additional families in securing and retaining housing, as well as supporting 50% of the underserved population outreach position and a new housing position to increase landlords, and resource recruitment.

Virginia Supportive Housing (VSH) is requesting \$60,000 for PSH to serve 60 individuals. The funds will support operations at South Bay Apartments, a permanent housing program that provides both on-site property management and comprehensive supportive services to ensure that the households with the highest barriers to housing can be accepted, served, and maintain housing. If awarded, DHCD funds would cover a portion of the costs for a full-time, on-site case manager and a regional Team Lead who will provide supportive services for a focused caseload. These clients will be identified as having the highest needs based on a history of chronic homelessness, disabling condition(s), length of time in the program, individual assessment, housing stability plan, and willingness to participate in services. The funds will also leverage other VSH staff including the Move On Team Lead, SOAR Benefits Specialist, and Associate Director of Client Programs – Properties who will provide specialized services and general case management to the other program participants, allowing the on-site staff to dedicate their time to households needing the most intensive support. VHSP funds will also support the staff time necessary to perform the administrative and data entry tasks required for all participants. The program will measure its success by serving at least 60 formerly homeless individuals during the operating year, 90% of whom will not return to homelessness and will enroll in/maintain health insurance, and 70% of whom will gain, increase, or maintain income.

Attachments:

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

PHACYearOneRequest442022113637.xlsx

Application to DHCD Submitted through CAMS

City of Portsmouth/City Manager's Office

PHAC HSNH 2022-2024 Application

VHSP Proposed Match Form

PHAC2022VHSPMatch442022113651.pdf

CoC/LPG Level Policies and Procedures/Services Standards

PHACCoCLevelPoliciesandProcedures442022113451.pdf

CoC/LPG Governance Charter/By-Laws

PHACCoCGovernanceBylaws442022113458.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures442022113731.pdf

Job Description (case managers and housing locator positions)

PHACJobDescriptions44202224433.pdf

Homeless Services Flow Chart

PHACHomelessServicesFlowChart442022113511.pdf

Board of Directors Listing

PHACBoardofDirectors2022442022113519.pdf

MOUs

PHACMOUs442022113602.pdf

Organizational Certification and Assurances (DHCD document)

PHACGranteeCertificationsandAssurances442022113615.pdf

CoC Certification and Assurances (DHCD document)

PHACCoCCertification442022113626.pdf