Southeastern Virginia Homeless Coalition

Homelessness will be Rare, Brief, and Non-Recurring

The Planning Council

About the SVHC

The Southeastern Virginia Homeless Coalition (SVHC), comprised of over 40 partner agencies, is tasked with developing, sustaining and coordinating a comprehensive Continuum of Care (CoC) of homeless services for the citizens of Southeastern Virginia, including Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight County and Southampton County. The SVHC strives to remove barriers to receiving services while developing housing and implementing effective strategies to ensure *homelessness will be rare, brief, and non-recurring*.

The SVHC works to engage individuals, groups, and organizations throughout the community, including faith partners and members of the private sector that provide services to persons experiencing homelessness or have an interest in the process. Persons who have experienced homelessness are also encouraged to participate in the continuum's work. The Planning Council serves as the lead agency for the CoC, providing coordination and facilitation, and ensuring over $6 million from Federal, State, and local sources is secured for housing and support services.

The CoC structure includes the following standing committees:

- Executive Committee
- Program Monitoring Committee
- Service Coordination Committees for Singles and Families
- Homeless Management Information System (HMIS) and Data Collection Committee

Ad hoc committees are established as needed. For more information, please visit www.svhcva.org.

About the Annual Report

This report focuses on activities of the SVHC between July 1, 2017 and June 30, 2018. Much of the data provided is sourced from the Hampton Roads HMIS and is comprised of system level performance measures. This report is intended to be a high-level overview of the CoC, and is provided for CoC members as a resource for community outreach and engagement and grant applications. The report aims to highlight the population served by Continuum partners as reported to the US Department of Housing and Urban Development (HUD) via the FY 2017 System Performance Measures (SPMs). Additional information is available via the CoC website, and by request at The Planning Council's website: www.theplanningcouncil.org.

About the Hampton Roads HMIS

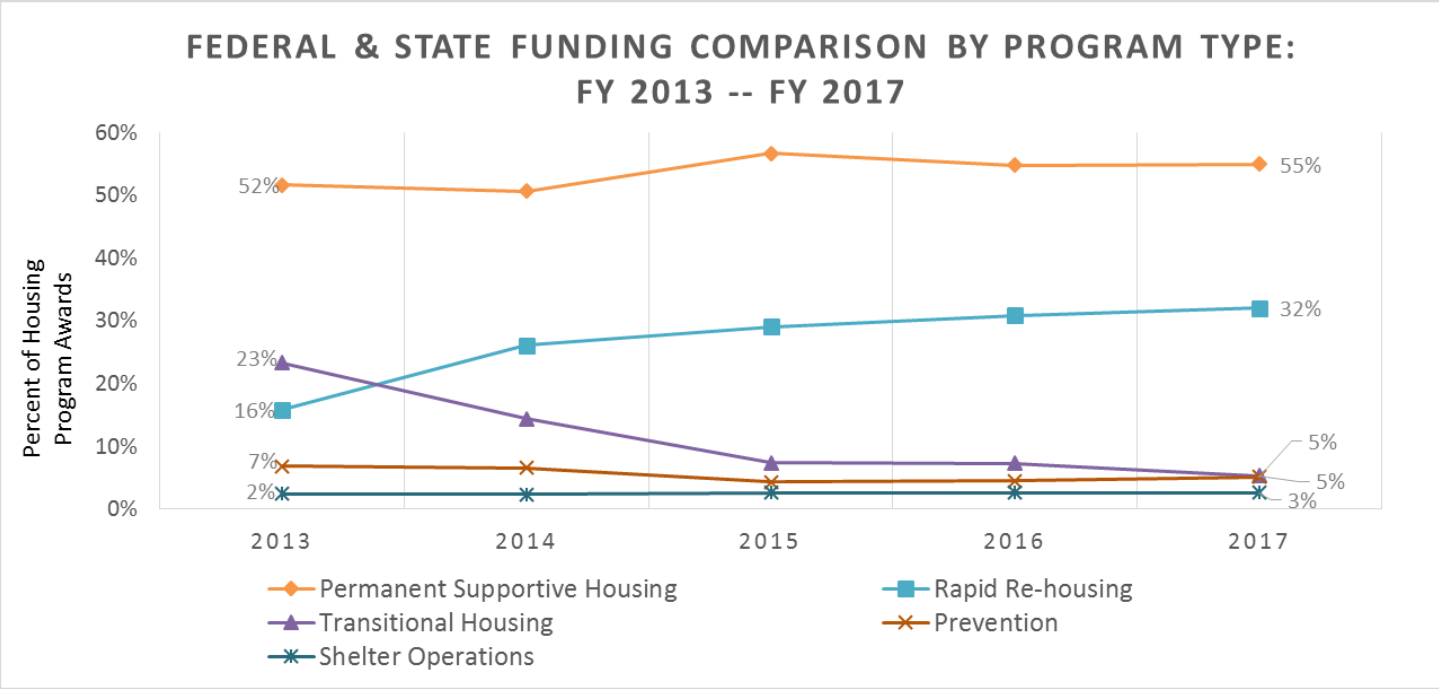
HMIS is the repository for client-level data utilized by partner agencies across Hampton Roads. The data collected helps identify gaps in services and offers a better understanding of the needs of the local population.

Participation in HMIS is required for service providers who receive federal, state, or some local funding sources; other providers participate voluntarily. There are a few non-HMIS participating providers in the region; their data will not be reflected in the majority of this report. For a list of agencies who participate in the HMIS, please visit http://www.svhcva.org/hmis.html.

Federal & State Funding Update

The SVHC receives funding for homeless and support services primarily through the US Department of Housing & Urban Development's (HUD) Continuum of Care (CoC) program and the Virginia Homeless Solutions Program (VHSP) administered by the Virginia Department of Housing & Community Development (DHCD). Additional funding sources include the HUD Emergency Solutions Grant (ESG) program, and other public and private funding sources.

The SVHC was awarded **$3,883,792** through the HUD CoC program competition in federal Fiscal Year 2017. The SVHC's VHSP award was **$1,242,324** for the state Fiscal Year 2018. The SVHC disburses funding among the following program types: Permanent Supportive Housing (PSH), Rapid Re-



housing (RRH), Transitional Housing (TH), Prevention, and Shelter Operations. Additional funding is provided for Administration, HMIS, Coordinated Assessment, and Planning. Over 90% of funds awarded support the housing programs. **Since FY 2013, the SVHC has increased Rapid Re-housing funding by 90%, for a total investment of $1.5 million in FY 2017.** While the majority of funding is allocated toward Permanent Supportive Housing, those units experience a very low turnover rate. The CoC is exploring move-on strategies and methods of increasing Permanent Housing Capacity.

The *Road2Home* program funded through the Cooperative Agreement to Benefit Homeless Individuals (CABHI), administered by the Substance Abuse Mental Health Services Administration (SAMHSA), provides staffing and services, including:

- Outreach
- Case management and housing stabilization
- Connection to benefits and employment
- Peer support

Overall, that program received a 3-year grant totaling $2.6 million.

Road2Home Permanent Supportive Housing is funded through the Department of Behavioral Health and Developmental Services (DBHDS); the program provides 66 housing vouchers and 2.5 staff persons. The annual allotment is $750,578. Both *Road2Home* programs are operated by the City of Norfolk Community Services Board (CSB).

Continuum of Care Update

The SVHC had a full year, with the following activities highlighted:

- Adopting and implementing new Coordinated Entry System Policies and Guidelines, including integrating the referral process with the Hampton Roads HMIS
- Adopting new Bylaws, with a new structure and meeting schedule (effective October 2018)
- Electing a new Governing Board
- Hosting the first Landlord Partnership appreciation breakfast
- Employment Roundtable successes in connecting clients with employment opportunities

The HMIS and Data Collection Committee has worked hard in partnership with the Data Team at The Planning Council to update the *Hampton Roads*

Policies and Procedures, and draft and adopt a new *Data Quality Plan*. Additionally, updates to the Regional Housing Crisis Hotline assessment and process are underway, with the aim to improve reporting. All required federal, state, and local reports were completed and submitted on time.

The SVHC is looking forward to new opportunities in the coming year. The City of Chesapeake is planning to open a new day center to serve those experiencing homelessness and increase connections to services. ForKids, inc. is building a new operations facility with several services provided onsite. The City of Norfolk Office to End Homelessness has convened a Healthcare Workgroup, resulting in a new Street Medicine Partnership with EVMS. New HUD CoC project applications are also being submitted for an HMIS expansion, the Domestic Violence providers bonus for Rapid Re-housing, and the Permanent Housing bonus for Permanent Supportive Housing.

Measuring the Impact

Measuring the performance of the system as a whole is a helpful way to gauge the progress the CoC is making toward meeting its goals. The HEARTH Act required HUD to grant funding based on competitive, measurable outcomes, or performance based selection criteria. To that end, HUD has defined the following seven System Performance Measures (SPMs):

- Number of homeless persons
- Number of persons who become homeless for the first time
- Length of time persons remain homeless
- Jobs and income growth for homeless persons in CoC Program-funded projects
- Successful housing placement and retention
- The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
- Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects (not required)

These measures evaluate system-wide performance of both federally funded and non-federally funded agencies. The data is sourced from HMIS, with the exception of one measure that reports the Point in Time Count data.

These measures were submitted to HUD for the report range of October 1, 2016 -- September 30, 2017. Comparisons to the previous year are provided as appropriate. The next section of the report considers first the size of the local population experiencing homelessness, followed by an explanation of the System's response and available resources. Finally, the impact of that response is examined, with a discussion of further needs and next steps.

How many people are experiencing homelessness?

Change in Annual Counts:			% Change
Persons identified during the annual Point in Time Count	**2017** 703	**2018** 773	10% Increase ↑
Persons in HMIS Emergency Shelter & Transitional Housing Programs	**FY 2016** 1633	**FY 2017** 2028	24% Increase ↑

Note: The FY 2017 SPM submission reported the 2016 and 2017 PIT Count totals; the most recent years are provided here. Union Mission joined the Hampton Roads HMIS in April 2017, likely having an impact on this measure. The annual Point in Time Count (PIT) has historically included Union Mission, which partially explains why the increase is larger for the HMIS count than the PIT count, year over year.

How many people are experiencing homelessness for the first time?

First time homeless (of total served in the following program types)	2016	2017	% Change
Persons in HMIS Emergency Shelter & Transitional Housing Programs	1019 *69% of total served*	1409 *74% of total served*	38% Increase ↑
Persons in HMIS Emergency Shelter, Transitional Housing, & Permanent Housing Programs	1442 *71% of total served*	1644 *72% of total served*	14% Increase ↑

Note: Union Mission joined the Hampton Roads HMIS in April 2017, likely having an impact on this measure. The *proportion* of the total service population experiencing homelessness for the first time (no prior entries in HMIS in the past two years) are on an upward trend.

How do people access services?

Coordinated Assessment

One of the primary duties of the CoC is to facilitate a functioning system of coordinated entry and assessment. The CoC follows a *No Wrong Door* approach: wherever persons experiencing homelessness present, they are assessed using the Coordinated Assessment tool. The SVHC offers the following central access points to the service delivery system:

- The Regional Housing Crisis Hotline, operated by ForKids, inc.
- The Norfolk Homeless Action and Response Team (HART)
- Coordinated Crisis Response (DV)
- LGBT Life Center of Hampton Roads
- Outreach
- Emergency Shelters/Day Centers

All persons presenting for services are assessed for diversion and prevention; if those efforts are unsuccessful, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is completed and presented at the Service Coordination Committee (SCC) meetings. Both the results of this assessment and the case history provide the basis for decisions made by the service providers which comprise the SCCs; the committees then make appropriate referrals to available housing programs. For a list of SVHC SCC Member Agencies, please visit http://www.svhcva.org/providers.html.

In FY 2017, the SCC-Singles processed an average of 60 cases per month, with a permanent housing rate of about 40%. At the end of the fiscal year, there were 213 cases pending, which includes persons still searching for housing and those on waitlists for Permanent Supportive Housing. The SCC-Families processed an average of 25 cases per month, with a permanent housing rate of about 80%. At the end of the fiscal year, there were 12 cases pending.

Service Coordination Committees # Cases Housed FY 2017	
Families	238
Singles	292

In the 2017 Fiscal Year, 871 persons were served by HMIS participating Outreach providers. Of those, 42% of adults reported no income at project start. Further, at project start, 374 reported a mental health problem; 176 reported a substance abuse problem; 139 reported a physical disability; 129 reported a chronic health condition; 20 reported living with HIV or AIDS; and 16 persons reported a developmental disability. At times, these conditions are co-occurring; so, the same person could be included in more than one of those counts. 23% reported 1 condition at project start; 20% had 2 conditions at project start; and 13% had 3 or more conditions at project start.

In January 2018, the SVHC adopted and implemented Coordinated Entry System policies (https://www.svhcva.org/governance.html). The purpose of this document is to establish policies and procedures that ensure the provision of services in a consistent and streamlined manner. Additionally, this policy will provide the community and participants information on the services that are available through the CoC.

To achieve these objectives, the SVHC implements

the CES based on the following guiding principles:

1. Housing First: The coordinated entry system implements a client-focused approach to ending homelessness that centers on providing permanent housing first and then implementing wrap-around support services as needed and requested. Service providers are trained annually in best practices for client engagement in areas including: mental health first aid; trauma-informed care; motivational interviewing and cultural competency.

2. Fair Housing: The SVHC 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 following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services, such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

3. Prioritizing the most vulnerable – The SVHC coordinated entry system fully implements the prioritization process included in HUD Notice CPD-016-11. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for referrals.

4. Low Barrier: SVHC members do not screen people out for assistance because of 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 in partnership with the CES process.

5. Non-discrimination: The CES is accessible by all households across the geographic area regardless of race, color, national origin, religion or any protected group; affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.

6. Data Driven Decisions: The CES process design and management utilizes data collected around persons being served by the CoC, as well as nationally recognized evidence related to homeless housing and services.

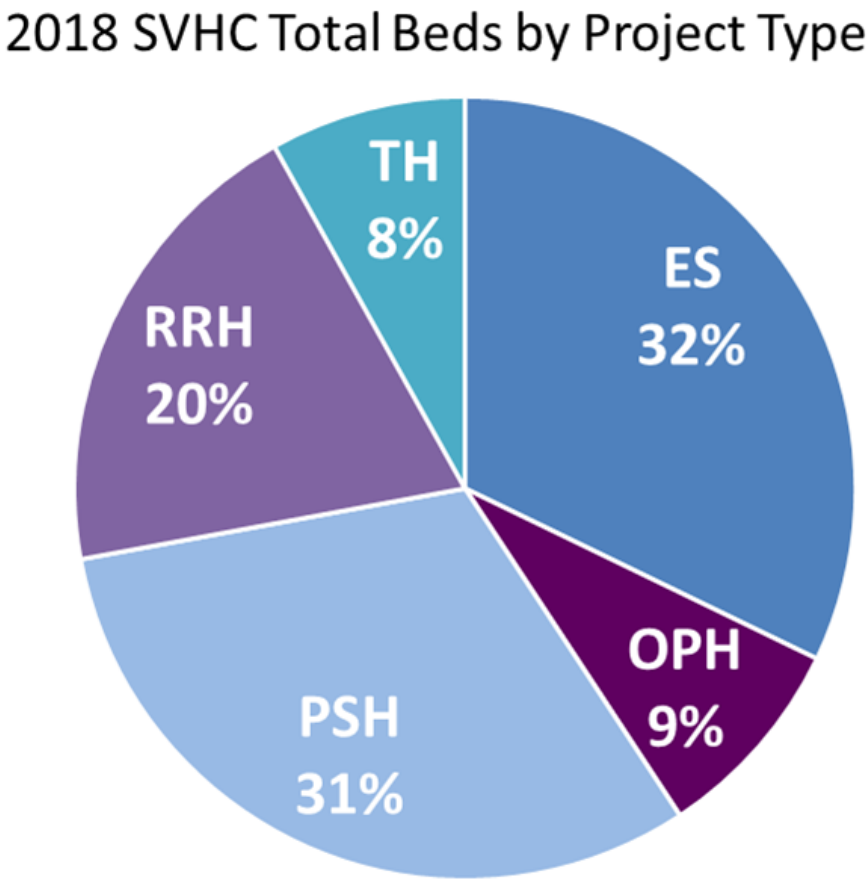
Special recognition is due the SVHC Program Monitoring Committee for working diligently over several months to craft and usher the CES policy to adoption and implementation.

Available Resources

The SVHC has worked to secure and maintain funding from a variety of sources, including Federal, State, Local, and Private funding. This funding is directed towards providing case management, support services, housing, database and other administration, and planning.

These resources provide the foundation for the housing services available within the CoC. The pie graph below illustrates the proportion of beds available by project type as reported for the 2018 Housing Inventory Count (HIC). The HIC is compiled each year in conjunction with the Point in Time (PIT) Count and is reported to HUD. The PIT Count seeks to identify the need in the local CoC on a given night; the HIC considers the housing services available to meet that need. It is important to remember that a variety of factors come into play when looking at Housing Inventory, such as utilization (the number of persons receiving services that night), turnover rates (the number of persons per bed , fluctuating household sizes, new report requirements, to name a few. For the full SVHC 2018 PIT Count Report, please visit www.svhcva.org/homeless-data.html.

The next few measures consider how well these resources are being applied and if they are meeting the goals of making homelessness rare, brief, and non -recurring.



Project Type	Acronym
Transitional Housing	TH
Emergency Shelter	ES
Other Permanent Housing	OPH
Permanent Supportive Housing	PSH
Rapid Re-housing	RRH

Source: SVHC 2018 Housing Inventory Count

Note: Emergency Shelter count includes seasonal and year-round beds.

How long are people experiencing homelessness?

We consider the length of time individuals and households are experiencing homelessness in two ways:

1. How many nights were they served in shelter and/or Transitional Housing as tracked in HMIS (bed nights)?

2. When did they begin the most recent episode of homelessness, combined with related shelter and transitional housing stays as recorded in HMIS?

The charts below show an overall increase in the average length of time people are experiencing homelessness, with the exception of bed nights for persons who were served in participating Emergency Shelter and Transitional Housing programs. This means people are staying in shelter longer; one reason could be the challenges associated with a lack of safe, affordable housing in the region.

Average Length of time Homeless (based on services tracked in HMIS):	2016	2017	% Change
Persons in Emergency Shelter	39 bed nights	52 bed nights	33% Increase ↑
Persons in Emergency Shelter & Transitional Housing	65 bed nights	63 bed nights	3% Decrease ↓

Average Length of time Homeless (based on reported homeless history + services tracked in HMIS):	2016	2017	% Change
Persons in Emergency Shelter & Permanent Housing (prior to housing move-in date)	176 bed nights	194 bed nights	10% Increase ↑
Persons in Emergency Shelter, Transitional Housing, & Permanent Housing (prior to housing move-in date)	205 bed nights	214 bed nights	4% Increase ↑

Is the system helping people become stable and self-sufficient?

HUD CoC funded programs only:	2016	2017	Difference
% of Adult **Stayers** who increased total income (either earned or non-employment cash income)	31%	52%	21% Increase ↑
% of Adult **Leavers** who increased total income (either earned or non-employment cash income)	55%	50%	5% Decrease ↓

Note: A stayer is a person who is still actively enrolled in the program as of the end of the report range. A leaver is someone who has left the program as of the end of the report range. Income is compared annually, as entered into HMIS. In FY 2017, about half of persons in both categories being served by programs that receive HUD CoC program funding had increased their income, either by employment or non-cash benefits. As many of the SVHC's CoC funded programs are Permanent Supportive Housing programs, participants are often on a fixed income and have accessed all support services available.

Successful Placements and/or Exits by Program Type:	2016	2017	Difference
Street Outreach	57%	50%	7% Decrease ↓
Emergency Shelter, Transitional Housing, Rapid Re-housing, and Other Permanent Housing (no disability required for entry)	43%	42%	1% Decrease ↓
All Permanent Housing (except Rapid Re-housing) either exiting to housing or maintaining housing in the program	98%	98%	No change =

Note: Street Outreach successful exits include some temporary and institutional destinations in addition to permanent housing destinations. Successful exits from Emergency Shelter, Transitional Housing, and Rapid Re-housing include permanent housing destinations, such as rental by client or living permanently with family or friends. Permanent housing programs are successful when clients maintain housing or move on to housing outside of the program.

Do people who have been housed become homeless again?

The following chart compares the rate of returns to homelessness based on the project type from which the clients exited to permanent housing. The window for returns is two years. So, if a person exited from Emergency Shelter directly to a permanent housing situation in 2015, and then returned to the system for homeless services between 2015 and 2017, they would be counted as returning to homelessness.

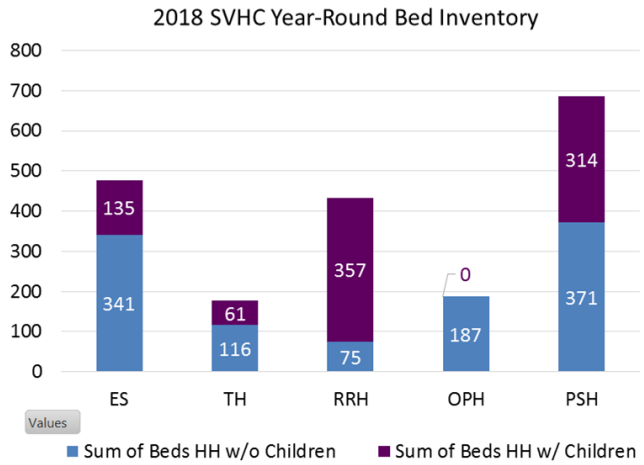
Returns within 2 years of Exiting to Permanent Housing from each of the following program types:	2016	2017	Difference
Street Outreach	NA	38%	NA
Emergency Shelter	9%	9%	No change
Transitional Housing	2%	17%	15% Increase
All Permanent Housing	7%	7%	No change
Total Returns to Homelessness	**7%**	**9%**	**2% Increase**

Note: There was a slight increase (2%) in the number of people returning to the system after being permanently housed. Of the included project types, the largest increase was for those housed through Transitional Housing programs returning to homelessness. It's important to remember that these individuals and households exited two years before the report date. As a response, the CoC has since reallocated funding to Rapid Rehousing programs, which—combined with other permanent housing programs—have a much lower rate of return. That strategic adjustment in funding should continue to have a positive impact on the performance of the CoC overall. The remaining Transitional Housing programs are high performing, and some are geared towards populations that have been identified as benefiting from that housing intervention (i.e., persons fleeing domestic violence and youth).

What are some gaps, and how can the community help?

Discussion

The annual report presents a unique opportunity to assess both the strengths of the CoC and to identify gaps that may exist. The SVHC is comprised of high performing service providers, as evidenced by consistently high levels of funding awarded during the annual CoC funding competition from the US Department of Housing & Urban Development (HUD); however, local needs cannot be met by HUD CoC funding alone.



*Seasonal Beds not included

The greatest needs are increased permanent housing opportunities for single adults (both Rapid Re-housing and Permanent Supportive Housing), and increased case management to ensure stability and continued success in maintaining housing. Although Rapid Re-housing for families has grown over the years, it remains an opportunity for development. The number of people experiencing homelessness in the SVHC is increasing at a faster rate than the resources to serve them; persons experiencing homelessness are spending longer amounts of time in shelter. *Once they access housing services, they are generally being housed within 60 days or less, increasing income, and experiencing relative stability. Overall rates of returns to homelessness within two years of permanent housing remains under 10%.* Increased community support is needed in terms of increasing affordable housing and greater participation in employment and other stabilizing connections, in order to build upon the successes of the CoC.

The SVHC is concerned for special populations, including *veterans, persons experiencing chronic homelessness, and youth*. The CoC has worked diligently to sustain the functional end to Veteran homelessness by prioritizing veterans in the SCCs and holding intensive veteran case conferencing update meetings—making sure no veteran falls through the cracks. The number of veterans presented and housed are reported to the State of Virginia Department of Housing and Community Development. Chronically homeless adults and families are also prioritized at SCC; additional housing resources are needed for this population. Ending youth homelessness is another focus area that is seeing more and more attention; engaging with youth experiencing homelessness and local McKinney-Vento school liaisons to ensure families know their rights are important to the SVHC.

Affordable housing continues to be a challenge, both nationally and regionally. As is often said, the solution to homelessness is housing. By working together, *homelessness can indeed be rare, brief, and non-recurring*.

Partners

Access Partnership

Barrett Haven

Chesapeake Area Shelter Team (Cast)

Chesapeake Integrated Behavioral Healthcare (CIBH)

Chesapeake Redevelopment and Housing Authority

Chesapeake Regional Medical Center

City of Chesapeake

City of Franklin

City of Norfolk Office to End Homelessness

City of Suffolk

Coalition Against Poverty in Suffolk (CAPS)

Commonwealth Catholic Charities

Eastside Community Development Corporation

Endependence Center

ForKids, Inc.

Gethsemane Community Fellowship Baptist Church

Ghent Area Ministry

H.E.R. Shelter

Isle of Wight County

Isle of Wight Mission of Hope

LGBT Life Center

New Life Providence Church Ghent Campus

Norfolk Catholic Worker

Norfolk Community Services Board (CSB)

Norfolk Department of Human Services - HART

Norfolk Redevelopment and Housing Authority

Oak Grove United Methodist Church

Obici Healthcare Foundation

Opportunities for Change

Regional Task Force to End Homelessness

Shining Light Homes

Southampton County

STOP, Inc.

St. Columba

Suffolk Redevelopment and Housing Authority

The Genieve Shelter

The Healing Place

The Planning Council

The Salvation Army

The Up Center

Union Mission Ministries

Virginia Supportive Housing

Virginia Veteran and Family Support

Western Tidewater Community Services Board (CSB)

YWCA South Hampton Roads