

# Application to DHCD Submitted through CAMS

The Planning Council

SVHC 2024-2026 Application

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**Application ID:** 109402232024113520  
**Application Status:** Pending  
**Program Name:** HSNH 2024-26 Application  
**Organization Name:** The Planning Council  
**Organization Address:** 2551 Eltham Avenue  
Norfolk, VA 23513  
**Profile Manager Name:** Julie Dixon  
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**Project Name:** SVHC 2024-2026 Application  
**Project Contact Name:** Amanda Ofsonka  
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**Project Location:** 2551 Eltham Avenue, Suite I  
Norfolk, VA 23513-2505

**Project Service Area:** Isle of Wight County, Southampton County, Chesapeake City, Franklin City,  
Norfolk City, Suffolk City

**Total Requested Amount:** \$1,435,856.00

**Required Annual Audit Status:** Accepted

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## Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
<b>Outreach</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Outreach	\$0.00	\$0.00	\$0.00
<b>Centralized or Coordinated Assessment/Entry</b>	<b>\$136,874.00</b>	<b>\$0.00</b>	<b>\$136,874.00</b>
Centralized or Coordinated Assessment/Entry	\$136,874.00	\$0.00	\$136,874.00
<b>Targeted Prevention</b>	<b>\$235,124.00</b>	<b>\$0.00</b>	<b>\$235,124.00</b>
Targeted Prevention	\$235,124.00	\$0.00	\$235,124.00
<b>Emergency Shelter Operations</b>	<b>\$133,954.00</b>	<b>\$0.00</b>	<b>\$133,954.00</b>
Emergency Shelter Operations	\$133,954.00	\$0.00	\$133,954.00
<b>Rapid Re-housing</b>	<b>\$690,596.00</b>	<b>\$0.00</b>	<b>\$690,596.00</b>
Rapid Re-housing	\$690,596.00	\$0.00	\$690,596.00
<b>CoC Planning</b>	<b>\$119,654.00</b>	<b>\$0.00</b>	<b>\$119,654.00</b>
CoC Planning	\$119,654.00	\$0.00	\$119,654.00
<b>HMIS</b>	<b>\$59,827.00</b>	<b>\$0.00</b>	<b>\$59,827.00</b>
HMIS	\$59,827.00	\$0.00	\$59,827.00
<b>Administration</b>	<b>\$59,827.00</b>	<b>\$0.00</b>	<b>\$59,827.00</b>
Administration	\$59,827.00	\$0.00	\$59,827.00
<b>Total VHSP Funding Request</b>	<b>\$1,435,856.00</b>	<b>\$0.00</b>	<b>\$1,435,856.00</b>
<b>HOPWA</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$1,435,856.00</b>	<b>\$0.00</b>	<b>\$1,435,856.00</b>

Budget Narrative:

## Questions and Responses:

### 1. Part I Community Analysis and Processes

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

### Answer:

**Point In Time Count.** According to the Southeastern Virginia Homeless Coalition's (SVHC) 2023 Point in Time Count, there were 653 homeless persons counted across the CoC's service area, which includes Norfolk, Chesapeake, Suffolk, the City of Franklin, Isle of Wight County and Southampton County. ***This is a 12% decrease over the 2022 count of 738 persons.*** Of the 653 persons counted in 2023, 523 (80%) were in Emergency Shelter, 20 (3%) were in Transitional Housing and 110 (17%) were unsheltered.

Based on the Point In Time Count, the rate of homelessness in SVHC also decreased from 115 per 100,000 in 2022 to 102 per 100,000 in 2023. By comparison, the State of Virginia's rate of homelessness was 79 per 100,000 based on the 2023 VA PIT Count total.

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

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- Norfolk 412 (63%)
- Chesapeake 172 (26%)
- Western Tidewater 69 (11%)

**Household Type.** Seventy-five percent (75%) of persons counted were in Adult Only households (aged 18 and older), and 25% were in Households with Children. In 2023, there were 9 Parenting Youth Households (a parent aged 18-24, which is a subset of Households with Children) compared to just 3 in 2022. In 2023, there were 22 Unaccompanied Youth compared to 21 in 2022. In 2023, there were 110 Unsheltered Adults, which is a 37% increase over 80 Unsheltered Adults counted in 2022. There were no Unsheltered Children in either 2022 or 2023.

**Race.** The 2023 SVHC Racial Disparity Report indicates that between October 1, 2022, to September 30, 2023, Black/African American persons comprised 70% of the SVHC's homeless population, followed by 17% White, 8% Multiracial, 1% Other Race, and 4% Unknown. Black/African American persons are disproportionately represented among those in poverty and those experiencing homelessness in the region.

**Program Enrollment.** According to the System Performance Measures, there were 1,426 unduplicated persons across Emergency Shelter, Safe Havens, and Transitional Housing programs in HMIS in the SVHC service area. This is an 11% decrease from the number of unduplicated persons in the prior year (1,615 persons).

**Other Demographics.** The number of Veterans slightly decreased from 66 in 2022 to 54 in 2023. The number of Chronically Homeless Individuals also decreased from 157 in 2022 to 123 in 2023. However, the number of adults Fleeing Domestic Violence slightly increased from 45 in 2022 to 51 in 2023. The number of adults reporting a Serious Mental Illness decreased from 114 in 2022 to just 67 in 2023. Those reporting a Substance Abuse Problem decreased by half, from 40 in 2022 to just 20 in 2023. While the number of adults with HIV/AIDS has remained steady over the years, there was a decrease from 12 in 2022 to 9 in 2023.

**Housing Inventory Count.** In 2023, there were 2,123 beds for persons experiencing homelessness identified during the Housing Inventory Count, which includes year-round and seasonal/overflow beds for Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing. In 2023, there was a net increase of 168 beds (9%). The HIC changes include:

- A decrease of 88 Emergency Shelter Seasonal/Overflow beds
- A decrease of 5 Transitional Housing beds
- An increase of 102 Rapid Rehousing beds
- An increase of 72 Other Permanent Housing beds
- An increase of 51 Permanent Supportive Housing beds
- An increase of 36 Emergency Shelter Year-Round beds

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

In 2023, there were 2,248 unduplicated Homeless callers, which is more than three times the number of persons counted in the 2023 Point in Time Count. This number also represents a 31% increase in the number of Homeless callers from 2021. There were an additional 2,250 unduplicated callers at Imminent Risk of becoming homeless, which is a 79% increase over 2021.

Together, the Hotline assisted a total of 4,498 callers. Of these, 35% were in Adult Only Households, 37% were in Households with Children, and 28% of callers did not provide household information or were calling on behalf of a friend/family member or client. By contrast, in the 2023 Point in Time Count, 75% of persons were in Adult Only Households and 25% of persons were in Households with Children.

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

**Answer:**

The SVHC's Crisis Response System is comprised of four participation roles: Access Points, Assessment Points, Housing Providers, and Supportive Service Providers. Participating agencies may operate as one or multiple roles across the six jurisdictions.

The ForKids Housing Crisis Hotline is a universal Access Point and serves as a directory for hundreds of resources throughout Greater Hampton Roads. A diversionary assessment is completed for callers requesting prevention or shelter assistance ensuring all alternative options have been exhausted prior to a referral to a CoC housing programs. When emergency shelter is not readily available, callers are referred to outreach services and Assessment Points across the region. The Hotline monitors call trends and may adjust schedules and staffing to accommodate peak hours and maintains operations during severe weather events. Outside of operating hours, the answering system provides a list of available walk-in services and open resources. To supplement the Hotline, ForKids maintains an online database, Resources757, that catalogs a variety of directly accessible resources. Households At Imminent Risk of becoming homeless are screened for eligibility for CoC Prevention programs and given additional information and resources. ForKids, LGBT Life Center, STOP Inc., and VBCDC operate homeless prevention programs.

DHCD awarded ForKids a new grant for the Virginia Eviction Reduction Pilot (VERP) in January 2023 to support Chesapeake households, which has been renewed for FY24. VERP was implemented to address the exceptionally high eviction rates in the State. The City of Chesapeake is in the top ten for evictions nationwide. Prior to launching, the VERP team used publicly available eviction data to identify apartment complexes, property management companies and owners with the highest number of evictions. Data was further analyzed to determine those areas with high serial filing rates, where tenants get multiple filings per year to maximize the impact of a limited resource. The program uses an efficient progressive engagement model, moving households from initial contact at a scheduled clinic to resolution within 2 weeks. Households are referred to the program through the Hotline, landlords, court navigators, and targeted outreach. The first step is attendance at a Clinic or meeting the Court Navigator at an unlawful detainer hearing. If the self-help knowledge presented is not enough to resolve the housing crisis, participants schedule and individualized assessment that occurs within three business days. If the participant is eligible and going to need additional support to prevent the eviction an application is sent. A quick final determination and resolution are the last steps. VERP was able to operate for 9 months in its first year and was able to serve 107 Chesapeake households, resulting in an impact significantly greater than the program's financial input.

Outreach teams participate as Access and Assessment Points and include staff from the Norfolk Community Services Board (NCSB), Chesapeake DHS, ForKids, Hampton VAMC, and Western Tidewater CSB. Outreach programs accept referrals but mainly canvass the entire geographic region of the CoC in search of households that are experiencing homelessness to connect them to benefits, collect vital documents, and continued case management. During winter months, outreach workers visit winter shelter programs to connect households to the CES. Additionally, the Chesapeake day shelter program, St. Columba, the Union Mission, and The Salvation Army operate site-based day shelters. Households experiencing homelessness can visit day shelters to access a plethora of basic services, hot meals, computers, and meet with a case manager. ForKids, the Union Mission, and The Salvation Army operate general population shelters. The YWCA, Genieve, and H.E.R. Shelter are regional Victim Service Providers (VSP) that operate DV shelter programs and navigate clients through the CES.

Once a household has been connected to an Assessment Point, they are then case conferenced at Service Coordination Committee (SCC) meetings. The CoC organizes SCC meetings by household type: SCC Singles and SCC Families. SCC Singles meets bi-weekly while SCC Families meets weekly. At SCC, households with the highest vulnerabilities and highest prioritization are referred to appropriate housing interventions that will end their homelessness and lead to self-sustained permanent housing. ForKids, YWCA, and LGBT Life Center have Rapid Rehousing (RRH) funds. ForKids and NCSB operate HOME Tenant-Based Rental Assistance (TBRA) grants. VBCDC and STOP receive Supportive Services for Veteran Families (SSVF) grants. The Salvation Army runs a Transitional Housing (TH) project for single adults. ForKids, Chesapeake Integrated Behavioral Health, WTCSB, Virginia Supportive Housing (VSH), LGBT Life Center, St Columba, and NCSB operate Permanent Supportive Housing (PSH) projects.

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SVHC also coordinates with the Veteran's Affairs Medical Clinic (VAMC) to provide HUD VASH vouchers. VSH manages three Single Room Occupancy (SRO) programs that provide OPH.

During housing search and after entering housing units, agencies continue to connect the household to wrap-around services to ensure stabilization in housing. The SVHC partners with STOP, Virginia Career Works, and the Virginia Employment Commission to assist clients with locating and obtaining employment, as well as job readiness skills. SVHC has an agreement with the Norfolk Redevelopment Housing Authority (NRHA) and with Chesapeake Redevelopment and Housing Authority (CRHA) to support a Move-On program. NRHA sets aside up to 36 HCV and 80 LIPH units. CRHA sets aside up to 12 HCV. Households graduating from TH, RRH, TBRA, and PSH homeless programs, are system involved, and who have a housing stabilization plan with associated services provided to them are eligible for these Move On programs.

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

**Answer:**

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Affordable housing options remain a large gap across the entire state. Data from the 2021 American Community Survey by the U.S. Census Bureau shows that 54.1% of renters in the HUD designated Virginia Beach-Norfolk-Newport News metro area are cost burdened or paying more than 30% of their income on housing. Cost-burdened renting often puts households in untenable financial positions, forcing them to choose between the outsized expense of rent and other necessities. The statewide average poverty rate is 10%, yet the average rate for Norfolk, Chesapeake, and Suffolk is 12.86%. Each of these cities ranked highly on the Eviction Lab's list of "Top Evicting Cities in the United States." Out of 313 cities across the US, Norfolk ranked #6 on the list, Chesapeake #10, and Suffolk #28. High eviction rates perpetuate the cycle of poverty and endanger the health and wellbeing of families. Greater Hampton Roads Connects reports that 19,351 or 6.17% of families with children in South Hampton Roads are living below the poverty line.

From July 1, 2022, through June 30, 2023, the Housing Crisis Hotline answered 65,402 calls from 35,374 households across Hampton Roads. In the SVHC service area in FY23, the Hotline answered 27,683 calls from 14,007 callers in FY23. For FY24 through mid-February, the Hotline has answered 16,698 calls from 9,445 callers.

Prevention services intervene during housing crises before homelessness can occur and are a critical resource for those at imminent risk of becoming homeless. In FY23, 2,451 callers to the hotline reported being at imminent risk. Preventing homelessness can help these families maintain stability and protect them from the dangers of living in places not meant for human habitation. However, in FY23, only thirty-seven households in the SVHC service area received VHSP prevention services.

The largest gap identified in the CoC demonstrates that clients accessing the crisis response system are not always assessed or presented for community housing interventions. This is determined by SVHC members and supported with CoC-wide System Performance Measures and Coordinated Entry data. For example, from October 1, 2022 – September 30, 2023, the System Performance Measures (SPM), documented 1,426 unique persons accessed services at emergency shelter or transitional housing projects. It is important to note the SPMs do not include data from regional Victim Service Providers. Over the same period, 2,063 literally homeless persons were entered into the CoC Coordinated Entry System (CES) project. The 2,063 persons that accessed comprise a total of 1,593 households. A Housing Needs Assessment was recorded for 482 households. This demonstrates that households accessing crisis services were not connected to another service provider for assessment, and therefore are never considered for a housing intervention. This grant proposal requests increases to expand Coordinated Assessment services, along with additional RRH beds.

HUD requires CoC's to evaluate their Coordinated Entry systems annually, at minimum. The SVHC, after reviewing system data, noticed the difference between households that were accessing services through the Hotline and other up-front services, such as shelter and outreach, but did not get assessed and presented at the bi-weekly SCC meetings.

All agencies that receive governmental funds utilize the Homeless Management Information System (or a comparable database), as the repository of client-level data. By ensuring agencies maintain high data quality standards, the data provides useful information to inform the CoC, city leadership, regional and statewide partners, and funder agencies about the homeless population and services in SVHC to assist with policy and funding decisions. SVHC agencies review gaps in the system through ongoing data review during the monthly Program Monitoring Committee (PMC) meetings. Data from the Housing Crisis Hotline is also presented to the membership and reviewed bi-monthly, demonstrating the number of unduplicated callers and the variety of stated needs. The PMC and Governing Board review racial disparity reports, spending reports, CE system referrals, Point in Time, and Housing Inventory Count data, as well as System Performance Measures.

To address gaps identified with housing referrals, the SVHC established a Coordinated Entry System work group to review systemic gaps and processes to make improvements which meet monthly to bridge gaps and adjust current policies and processes. The CoC also continues to grow cross-sector connections to develop new relationships with agencies in the region for broader service provision. The CoC is working towards building confidence in these agencies to apply for state, local, and federal funding to continue the mission of making homelessness rare, brief, and non-recurring.

4. Describe the CoC/LPG's coordinated entry process to include: how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

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## Answer:

Households in the community can access the Coordinated Entry process through the Housing Crisis Hotline, local emergency shelters, designated homeless service providers, and outreach workers who canvas known places that people experiencing homelessness congregate. These Access Points, whether physical, via telephone or outreach services, are avenues through which households experiencing a housing crisis within the geographic area can easily initiate the coordinated entry process for screening, assessment, and connection to the most appropriate resources. Households that meet At Imminent Risk and Literal Homeless definitions are recorded in the SVHC Coordinated Entry project in HMIS, which populates the By-Name List (BNL).

Providers that are not designated to serve as Access Points direct households to the Housing Crisis Hotline for screening and referrals to community resources. Once the individual/household has completed the screening process and has been found eligible they are referred to appropriate Assessment Points across the region.

Households identified to be at imminent risk of becoming homeless are screened at any Access or Assessment Point. The SVHC uses a prevention screening assessment to identify if households are eligible for Prevention and prioritize based on barriers. Households that score above specific thresholds are then referred to prevention programs as vacancies arise.

Households that are present to winter shelter will be offered a bed in the Emergency Shelter where they arrived if space is available, and the household is population appropriate. If they are not appropriate for the population, they will be referred to a shelter that is more appropriate and has available space. Local police departments are trained in Crisis Intervention Techniques and transport persons encountered on the street to winter shelter. If shelter space is not available, the household will be referred to other community resources. When winter shelter is not in operation, households in need of emergency services after normal operation hours may leave a message with the Housing Crisis Hotline and calls will be returned on the next business day.

Assessment Points use a standardized Housing Needs assessment tool to identify the household's level of vulnerability and to help guide decisions around the appropriate level of services and housing. To ensure that the most vulnerable households are receiving assistance, housing programs that participate in CES no longer maintain their own waitlist and do not actively recruit households for their specific programs. Assessment Points record the Housing Needs assessment score in the SVHC CE project, which populates the Prioritization List (PL). Prioritization Lists are maintained separately for households with minor children and households without children.

The Service Coordination Committees meet to provide case conferencing for households on PLs and make direct referrals into the most appropriate program, based on the availability of openings, program eligibility, and prioritization. Federal, state, and local Fair Housing Laws inform the referral process. The process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness, and prioritization of the most vulnerable. The Service Coordination Committee for Singles meets bi-weekly, and the Service Coordination Committee for Families meets weekly. Both meetings are inclusive of designated access point staff members, assessment point staff members, housing providers, case managers, and participating members from social/human services departments as well as other local service providers. The Committees develop coordinated plans for homeless singles and families to expedite exits to permanent housing, including rapid rehousing assistance, and prioritize the most vulnerable for available housing placements within the CoC.

Referrals to housing interventions are made based on the following factors: results of the assessment tool, available openings, established priority populations, and program eligibility. Once a household is matched to a housing intervention, the Assessment Point staff connected to the household will inform the household of the match. Housing intervention referrals are generated in HMIS and recorded as CE Events. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within a reasonable amount of time. The receiving agency has seven days to update the committee on the outcome of the referral (i.e., accepted into program, declined, unable to contact) in HMIS. A household can be denied a referral to housing intervention if the household does not meet the program's eligibility criteria, or the household is unable to be contacted for intake. When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the PL. The household will maintain its order on the list and will be eligible to be referred to the next available housing intervention.

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HOPWA referrals are not made through the SVHC Coordinated Entry System. However, during case conferencing, if a household is identified as eligible for HOPWA services, they are connected to the LGBT Life Center for screening and any other services they may request.

5. Describe the CoC/LPG's coordinated entry system's prioritization process for prevention assistance, emergency shelter placement, and permanent housing placement. How were these prioritization criteria developed? Were these criteria informed by the communities' needs? If applicable, include any DHCD-funded HOPWA services in this discussion.

## Answer:

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

**Prevention** – If a household is at imminent risk (facing homelessness within 14 days) the Access Points complete a screening and prioritization assessment to identify the household's eligibility for available programs within the SVHC. To prioritize resources for those with the greatest need, households that most closely resemble those that are already in emergency shelter are prioritized for prevention assistance. These characteristics include households that: have a fixed income (SSDI/SSI or other), have previously entered the shelter system, or are living in a hotel/motel/doubled up situation. Referrals are immediately sent to the appropriate agency to initiate contact and begin the application process. The local prioritization tool was developed by reviewing vulnerabilities and demographics of households that became homeless without the assistance of Prevention programs.

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

Households fleeing domestic violence are eligible for DV shelters. DV shelter programs prioritize in the following manner: 1) household is in imminent danger of domestic and/or sexual violence, 2) household has recently experienced domestic and/or sexual violence but is not currently in imminent danger, 3) household is homeless and is past victims of domestic and/or sexual violence. 4) The household is homeless and has not experienced domestic or sexual violence, but there are beds available.

**Transitional Housing** - For TH, households with lengthy homeless histories, extensive housing barriers, and the most severe service needs are prioritized. Referrals for TH are also subject to the CoC priorities and assessment tool score.

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

The adopted prioritization criteria were developed by the CoC based on HUD's requirement to use a standard assessment tool in the Coordinated Entry System and the community's mission to help the most vulnerable households. The assessment tool was adopted to serve as the universal assessment tool. The assessment tool is a series of standardized questions administered uniformly within the CES to determine a household's current housing needs. Households with higher assessment scores are more vulnerable and have higher service needs and will require a higher level of intervention to become stable in housing. Therefore, the CoC bases the prioritization on the household's



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score, where households with higher scores are more vulnerable and referred to services first. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for housing interventions. As the number of chronic households decreases, the CoC utilizes the priority groups outlined in CPD 16-11. Additionally, the CoC is working to replace the assessment tool as the standard assessment tool due to the disparities the tool has been identified to perpetuate. The CoC has reviewed tools developed by other communities; however, it has been identified that a local assessment would be most appropriate to meet the needs of the population and the housing programs. The new tool is currently under development.

Due to high demand and low supply of program vacancies, the CoC has implemented additional prioritization/barrier tools in addition to the assessment tool. These tools focus on other housing barriers not captured in the assessment tool to identify which household has higher service needs and barriers. This score is used if there are more households identified for limited vacancies. CoC members monitor the trends of populations experiencing homelessness. There has been a demonstrated increase in elderly homeless households. The CoC recently approved a priority group of Elders that will increase the number of elders connected to housing programs.

6. 6. How is the length of financial and supportive services for households in Rapid Rehousing and Targeted Prevention determined? Is the process determined at the CoC/LPG level or by the individual service provider(s)?

**Answer:**

Individual service providers determine the length of financial and supportive services for Rapid Rehousing and Targeted Prevention at the agency level, depending on the needs of each household as determined by individualized housing plans. The SVHC reviews these data points as part of the peer review process within the Program Monitoring Committee when considering approval for funding applications and determining ways to improve system performance. Other data elements, such as the cost per household, are also demonstrated to make comparisons to determine if there are issues related to an agency's service provision. The average cost per household is determined by reviewing the average annual financial assistance and the supportive services provided to households experiencing or at imminent risk of experiencing literal homelessness.

Service providers estimate length and amount of assistance in a combination of ways that consider the current situation and status of each household. This includes things such as scores from the assessment tool, including details such as disabilities, vulnerability assessments, housing barrier assessments, household budgets and individualized goals in the stabilization plan. All providers adjust as needed when individual circumstances present themselves. Housing stabilization plans are created with each household when brought into a program and include the realistic expectations of how long it may take to obtain employment and/or numerous benefits, and pay debts associated with maintaining current housing (such as utilities). Each month, case management staff meet with the participants to monitor progress and assist with housing stabilization. If assistance is needed beyond three months, the service provider agency completes re-certification of eligibility. During the re-certification period, the staff discuss all progress made toward housing stability with the participant. At this point in the process, it is determined if the household either continues to receive financial assistance or graduates from the financial portion of the program. The program continues to collaborate with participants to identify and provide any additional wrap-around services.

Within the SCC, these discussions occur when there are additional issues that extend the projected length of assistance for some households, or if a household fails and returns to homelessness or disappears from services. Through group review and discussion, the service provider agencies remain aware of limitations and barriers that present themselves, as well as resources within the community that can be accessed for additional assistance.

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7. 7. Are homeless assistance services available to the entire community? Include how the CoC/LPG ensures services for: 1. Households located in all areas of the CoC/LPG service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3. Households with accessibility concerns including language and mobility; 4. Households with limited or no personal phone or internet access.

**Answer:**

The geographic area of the SVHC includes four cities and two counties and contains urban, suburban, and rural settings, which can be challenging to cover for regional agencies. The Housing Crisis Hotline is available as a universal point of contact with access to public and private community resources, intake and assessment, diversion and prevention assistance, and referrals to other agencies for assistance. Provider agencies and community resources are not evenly distributed throughout the entire CoC. Service providers for both individuals and families have expanded where possible to provide access to their services and continue to seek partnerships and funding with each jurisdiction to co-locate or set up offices. Assistance services include outreach, diversion and prevention, emergency shelter, transitional housing, Domestic Violence programs, Rapid Rehousing and Permanent Supportive Housing units, employment services, Healthcare for the Homeless primary care clinic, and intensive case management.

For individuals there are also day shelter services, and for families – educational programs and after school care for children. In most occurrences, large families are accommodated with both housing options and services with the help of departments of Human Services and their assistance programs. Medically fragile households are prioritized at SCC meetings, are assisted within agencies case management programs, and can also be linked to the Healthcare for the Homeless programs. Sex offenders can be accommodated with housing and other services at most agencies but often require housing location assistance to obtain a rental unit as there are limited options in the community. The needs of LGBTQ+ households are met by service provider agencies, or by linking them to the regional LGBT Life Center, which provides a wide variety of housing and support services for this special population. The LGBT Life Center is also awarded federal HOPWA funding to assist households living with HIV/AIDS across Hampton Roads, including all localities except for the City of Franklin. However, the LGBT Life Center anticipates expanding their agreement to include Franklin in the future program.

The disconnected and homeless youth population faces the most challenges as there are few specific youth-centered programs in place and none that provide housing. However, all service providers accept 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. Agencies are paying special attention to homeless disconnected youth by applying for Housing Trust Funds to support innovative project for housing and community planning to identify best practices and resources that will address this population.

All SVHC agencies work to offer additional assistance for households with challenges such as no access to internet or phones by providing access for them through their intensive outreach and case management programs. Likewise, language barriers are addressed by reaching out to human service or other agencies that utilize the Language Line or other interpretive services. Local city agencies as well as non-profit agencies such as Eggleston, Endependence, and F.R.E.E., offer a variety of supportive services and resources for those with mobility issues or intellectual disabilities.

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

**Answer:**

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

Additionally, no specific requirements for assistance are in place at 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.

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

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

**Answer:**

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

Virginia's lack of affordable housing inventory remains the biggest barrier and has been highlighted since COVID-19 pandemic and lack of movement from homeless status to permanently housed for so many. Additionally, the consistent rises in rent prices continues throughout Virginia place 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. In addition to newly built housing developments that are not within FMR, at least two cities have begun the process of transitioning households who live in public housing properties to private market housing. The demand for subsidized units far outweighs the available inventory, and many current households assisted through the CES are in possession of a housing voucher yet cannot secure a landlord/property manager to accept it.

Related to this, many property owner/landlords require good credit, or do not allow for any recent criminal background, or other issues that remain an even bigger barrier to housing those with little to no income. SVHC members continuously collaborate with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management is visible and consistent, along with financial assistance when needed. Legal Aid is a key partner in assisting households facing unlawful evictions or fair housing issues.

When the opportunity for additional housing vouchers presents itself, the Public Housing Authorities, at least in Norfolk and Chesapeake, always apply. In the past two years, the PHAs were successful in being awarded additional Mainstream and Emergency Housing Vouchers to help support placement of homeless households into permanent, subsidized housing. A homeless preference is also in place with these cities that provides options for "moving on" from permanent supportive housing units to create openings for new households in need.

Establishing a medical home and being seen and treated in a timely manner continues to be a barrier for household stabilization. The expansion of Medicaid in Virginia allows for many homeless clients to obtain Medicaid; however, the additional patient load for clinics (including the Healthcare for Homeless program) and staff shortages have also lengthened the time for appointments and much needed care. Service providers work with a variety of medical establishments, such as Free Clinics or private practices that donate services, to get their clients treated. Likewise, there remains a significant shortage of free mental health services in the community although more private agencies are now available who can often bill Medicaid for homeless clients. And the region has no residential, affordable substance use treatment.

Through the work of the subcommittees, the SVHC agencies continuously identify and research resources to enhance services and increase the successful placement of their clients who are experiencing homelessness. The Service Coordination Committees review each household in detail, then bringing issues to the Coordinated Entry Workgroup and Program Monitoring Committee to improve processes and look for innovative solutions and additional funds.

10. 10. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2023 – December 31, 2023). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

**Answer:**

The Governing Board (GB) and CoC Lead Agency are responsible for the recruitment of new members and ongoing

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engagement with local and regional service providers. It is a priority of the CoC Lead Agency and members of the Board to have a diverse membership. The GB meets bi-monthly to identify new strategies focused on expanding the CoC network and increasing involvement with CoC-led initiatives. To facilitate ongoing CoC membership, joining the CoC is free, open to the public, and solicited through the CoC website, via email distribution lists, and on all CoC social media. Community members are invited by The Planning Council and partner organizations to all CoC meetings via weekly email and website announcements.

The Lead Agency and members of the GB also attend other systems of care meetings such as the Department of Justice, foster care, senior service networks, and youth-focused committees to encourage collaboration among service providers and strategic use of resources. Press releases and publications around the Point In Time Count, NOFO competition, and other events sometimes result in interviews and articles in local publications. Representation by SVHC leadership at regional initiatives and events offer other opportunities for SVHC to inform the public around the work being accomplished by CoC members. The CoC continues outreach efforts by inviting new agencies to join the Continuum of Care and participate in CoC meetings.

The SVHC holds a General Membership (GM) meeting quarterly which is open to all members as well as the public. The CoC has also made the General Membership meetings more engaging by inviting various agencies to give presentations and/or trainings and made the meeting more accessible by holding it virtually during the pandemic. The Program Monitoring Committee (PMC) meets monthly. Including agency participation from the Program Monitoring Committee in the equation will provide a true reflection of participation across the general meetings in the SVHC.

The following represents agency participation in the General Membership meetings and the Program Monitoring Committee meetings throughout 2023. This does not include participation at the Service Coordination Committees where the majority of service providers attend to discuss households.

ForKids: 95%

LGBT Life Center: 79%

YWCA: 79%

Norfolk Community Services Board: 95%

St Columba: 89%

The Salvation Army: 68%

Senior Services: 79%

Virginia Supportive Housing: 100%

Western Tidewater CSB: 26%

The Planning Council: 100%

Star Haven: 26%

Stop: 21%

Chesapeake DHS: 11%

Virginia Veteran & Family Services: 26%

Virginia Beach Community Development Corporation: 21%

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Beacon of Hope in WTW: 16%

Hampton VAMC: 16%

Endeppence Center: 21%

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

**Answer:**

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The SVHC conducts the racial disparities assessment using HUD's Equity Analysis Tool 3.0, HMIS, PIT data, HUD's Stella P Data Analysis Tool, and partner agencies. HMIS data was analyzed from October 1, 2020, to September 30, 2021, and made available on July 21, 2022. Outcomes were assessed via exits to permanent housing and were compared by race and ethnicity. The Stella P tool was used to compare returns to homelessness (for households exiting within 12 months of the current report period) by race and ethnicity. To assess equity in the provision of services, annual enrollment across ten program types was calculated by race and ethnicity and compared to the total percentage of clients by race/ethnicity in HMIS to determine if any race or ethnicity was disproportionately represented in any programs. Finally, the CoC sent a questionnaire to each partner agency that asked for the racial composition of staff, management, and board members. The assessment also included a supplemental analysis by gender and race for outcomes (successful exits) and program enrollment. The assessment was provided for review to all CoC members and included graphs, tables, and narrative descriptions of the data. Data was discussed with PMC and Governing Board members to identify any barriers and challenges related to outcomes by race.

The largest racial groups in the CoC's HMIS population were Black/African American (70%) and White (17%). Other racial groups were: 8% Multiracial, 0.7% American Indian/Alaska Native, 0.3% Asian/Pacific and 3% unknown.

Assessing the provision of services by reviewing the annual program enrollments by race indicates that six program types had enrollment rates at or above 70% Black/African American clients. These programs were Prevention, Day Shelter, Rapid Rehousing, Permanent Housing, Permanent Supportive Housing, and Transitional Housing. Programs with slightly less than enrollment rates at 70% Black/African Americans were Coordinated Entry (69%), Emergency Shelter (69%), Supportive Services Only (68%), and Street Outreach (63%). The total percentage of Black/African American clients in HMIS (70%) was like or greater than their percentage in all programs except Street Outreach (63%), which had a higher percentage of White program participants. Also, the percentage of Multiracial participants in Transitional Housing (22.4%) was much higher than in the overall HMIS population (8%).

Overall, 3,622 clients in HMIS exited during the program year. Of these, 1,730 (48%) exited to a permanent destination which designates a successful outcome. Among 2,587 Black/African Americans who exited, 1,322 (51%) exited to a permanent destination. Among 649 Whites who exited, 230 (35%) exited to a permanent destination. Among 294 Multiracial clients who exited, 139 (47%) exited to a permanent destination. Among 35 American Indian/Alaska Native clients who exited, 20 (57%) exited to a permanent destination. Among 12 Asian/Pacific Islander clients who exited, 5 (42%) exited to a permanent destination. Among 119 Hispanic/Latinx households who exited, 64 (54%) exited to a permanent destination. These represent significantly higher percentages of permanent destinations than in 2022 when the client average was just 39%. It is still noted that white households and Asian/Pacific Islander households exit to a Permanent Destination at rates lower than the CoC average.

While direct services staff was 64% Black/African American and 31% White, the executive/management staff was just 34% Black/African American and 60% White, and board members were just 33% Black/African American and 65% White. This reflects the potential for disparities in the representation of the Black/African American persons in upper management and decision-making bodies at homeless service agencies.

The CoC continues to be committed to identifying and addressing any racial disparities found in its service provision. Data collected and reviewed in the racial disparities assessment demonstrated only the potential of disparities within various services/projects, such as TH, street outreach, and support services. The percentage of non-White persons assisted in these programs was 70% or higher, while the population of non-whites is 83% across the six jurisdictions. Projects that demonstrated lower than 70% for service provision to non-Whites were ES, Street Outreach, and Coordinated Entry. These outcomes are reviewed at the Governing Board level and during peer review at the Program Monitoring Committee and further attention to client-level outcomes is being prioritized to identify any programming or service issues within projects. Additionally, the racial composition of the homeless program staff, leadership, and boards were compared to the homeless population. It was determined that the Boards and leadership staff at several agencies where one more race was more prolific than other races. To better understand the intersection of race, racism, and racial equity, the CoC attended trainings by Collective InCite. For those who attended the training, the CoC made additional Holding Space training available from Collective InCite. The CoC has also provided training on cultural competency focused on individuals fleeing DV situations and service provision for members of the LGBT community.

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12. 12. Discuss the process to determine service providers included in this application. Provide details on any providers who were not selected to be included in this application, including the reason they were not included.

**Answer:**

The Planning Council shared the announcement of the available HSNH funding with the SVHC membership and community, both in meetings as well as an email and posting the materials on the CoC website. Previous discussions had already been held during Program Monitoring Committee meetings around gaps in services and agencies were asked to state their interest in applying for funding.

The Planning Council (TPC) proposed a timeline for all application activities, as well as a draft Supplemental Application that was then distributed to all members on February 14, 2024. The supplemental application was used two years ago and was revised to include current questions from DHCD while retaining other relevant questions the CoC reviews for organizational capacity and program implementation.

All completed VHSP and HTF project applications were received by March 13. TPC then combined them and sent them out to PMC members for a Peer Review process to be conducted at the Program Monitoring Committee meeting on March 20, giving members time to read what was being proposed and prepare questions to be asked for clarification. Once peer review was completed by the PMC members, applications were revised to include any feedback or to clarify any outstanding questions. The meeting date with SVHC Governing Board members was set for all non-conflicted members to make the final determination and approval for all applications to be forwarded to DHCD.

TPC staff completed the HSNH narrative as a draft which was then sent out to the SVHC members for review and return any edits or revisions. TPC incorporated edits and revisions to the application and sent it out for one final review. The SVHC Governing Board members voted electronically on the final application to be submitted to DHCD with a target date of submission before the deadline of April 5, 2024.



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13. 13. Describe the level of oversight the CoC/LPG has over the implementation of VHSP- and HOPWA-funded project activities by the service providers. Has the CoC/LPG adopted a formal monitoring process to ensure quality of program service provision and adherence to HSNH and program-specific guidelines? How does the CoC/LPG regularly review the expenditure rates of each service provider to ensure grant funds are used in a timely and efficient manner?

**Answer:**

The SVHC incorporates regular monitoring and review of grant-funded projects has been the responsibility conducted by the Program Monitoring Committee since 2007, which is comprised of funded and non-funded agencies who then conduct regular peer review to discuss progress on project goals and expenditures. Agencies with programs funded by VHSP, HTF, ESG, CDBG, and HOME TBRA are required to participate in the current reporting processes. Reports are made by agencies on their grants progress, including number of households served to date (compared to the projected goal amount), challenges or barriers encountered, any changes to the original proposed project, the number of drawdowns/reimbursements, and expenditure rates. Additionally, all agencies who are HSNH funded participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and what is the proposed action by the agencies in question. The grantees also discuss options for reallocation of funds as needed.

For monitoring of federal funds, a scorecard is utilized at the time of application that highlights the performance outcomes of each agency, including their participation in HMIS and the quality of their data. Agencies must also discuss organizational issues, such as any findings during monitoring 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 failed, agencies are offered the opportunity to correct any issues and have a second audit. This final information is included in the scorecard for funded agencies. The scorecard provides a total score which helps prioritize and rank projects for the HUD collaborative application. During the VHSP process, a review tool is used to ensure all applicants are eligible for funding through DHCD and that the proposed projects will satisfy a community need.

HUD continues to provide quarterly expenditure reports to the CoC's 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 PMC level.

The review process continues to be improved upon and formalized as reporting on outcomes and performance to agencies changes and new data standards are implemented. The CoC is in the process of completing the adoption of a Performance Management Program (PMP). This program will allow the CoC to monitor, at a project level, the data, project outcomes, targets, and financial administration of the project. The PMP will include a Performance Improvement Plan that will be implemented when the CoC identifies projects that are poorly performing to implement mentoring to improve project performance or steps to reallocate funding to a higher performing project. All SVHC 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.

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

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

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

**Answer:**

The Southeastern Virginia Homeless Coalition presents this funding request for \$1,435,856 to administer services under the 2024-2026 Virginia Homeless Solutions Program across the six jurisdictions that make up the SVHC: Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight, and Southampton County. There are no proposed projects for HOPWA funding.

The SVHC request reflects budget adjustments for right sizing programs to meet community needs and increasing the number of persons served.

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

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- Centralized/Coordinated Assessment - \$136,874
- Targeted Prevention -\$235,124
- Emergency Shelter Operations - \$133,954
- Rapid Re-housing - \$690,596
- CoC Planning - \$119,654
- HMIS -\$59,827
- Admin - \$59,827

## 1. ForKids:

1. *Coordinated Assessment-*
  1. Funding requested \$76,874
  2. Anticipated # of households served 6,500
2. *Targeted Prevention-*
  1. Funding requested \$195,124
  2. Anticipated # of households served 27
3. *Shelter Operations-*
  1. Funding requested \$133,954
  2. Anticipated # of households served 47
4. *Rapid Re-Housing-*
  1. Funding requested \$266,396
  2. Anticipated # of households served 40
5. *HMIS - \$33,617*
6. *Administration - \$33,617*
7. Total DHCD Request - \$739,582

## 2. LGBT Life Center:

1. *Coordinated Assessment-*
  1. Funding requested \$60,000
  2. Anticipated # of households served 900
2. *Targeted Prevention-*
  1. Funding requested \$40,000
  2. Anticipated # of households served 6
3. *Rapid Re-Housing-*
  1. Funding requested \$180,000
  2. Anticipated # of households served 15
4. *HMIS - \$14,000*
5. *Administration - \$14,000*
6. Total DHCD Request - \$308,000

## 3. The Planning Council

1. *CoC Planning - \$119,654*
2. Total DHCD Request - \$119,654

## 4. YWCA:

1. *Rapid Re-Housing-*
  1. Funding requested \$244,200
  2. Anticipated # of households served 20
2. *HMIS - \$12,210*
3. *Administration - \$12,210*
4. Total DHCD Request - \$268,620

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15. 2. For each proposed project listed, including HOPWA, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.

**Answer:**

ForKids programs closely adhere to the principles of Housing First. Policies and procedures require that programs do not have any “housing readiness” requirements. Participants do not undergo drug testing, nor do participants need to have income before enrollment. Participants cannot be expelled from programming for involvement in the criminal justice system or for failing to follow through on voluntary treatment plans. Participants are treated as partners in services and maintain self-sufficiency by setting their own goals and choosing which support services to partake in. Case managers are trained to support and guide participants in a variety of ways from medical case management to job hunting to financial wellness. Staff encourage participants to build a safety net of support that can remain long after leaving ForKids services.

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

The YWCA South Hampton Roads completes a holistic intake with clients fleeing domestic or sexual violence to identify safety needs as well as options for Emergency Shelter or Diversion opportunities. The YWCA offers all Emergency Shelter clients to complete a Needs Assessment to identify exit plans and safe housing. The YWCA collaborates with the CoC to identify housing options, complete housing searching and self-sufficiency case management to obtain safe housing. Once housed, clients continue receiving Case Management services to obtain income, increase income, and gain independence.

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16. 3. For each direct service proposed grantee, does the organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts does the organization make to assist households in need of services that do not or cannot meet the requirement(s)?

**Answer:**

ForKids seeks to eliminate any barriers to services and believes that all participants have a right to housing regardless of background. Emergency shelter, rapid rehousing, and prevention services have no requirements for documentation or other criteria that would limit eligible households' acceptance into programs. Participation in housing programs is voluntary.

LGBT Life Center is committed to streamlining services and to removing any unnecessary documentation. Participants are not subject to conditions of tenancy that exceed the normal conditions of any leaseholder or the grant. Additionally, the agency is committed to assisting clients with obtaining documentations to support their ongoing success while in and out of services at the LGBT Life Center.

YWCA has no rules or requirements for assistance other than VHSP requirements. Program participants that lack identification are provided assistance by the Housing Advocate to obtain such documents. The only requirement for this program is for households to be fleeing domestic violence and have no other residential options and lack of support resources.

The SVHC has also adopted a low barrier approach to ensure the Coordinated Entry System and housing programs do not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug, or alcohol use, or having a criminal record. All CoC member agencies also use the Hampton Roads CoC Determination process adopted in 2021. Through monitoring and evaluation, the CoC ensures programs are following these practices.

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17. 4. For each proposed grantee, does the agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If not, please detail an expected timeline for activities to begin. If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

**Answer:**

ForKids has been administering housing programs since 1988 and offers ongoing emergency shelter, prevention, and rapid rehousing (RRH) services as well as coordinated entry/assessment through the Housing Crisis Hotline. ForKids has successfully managed multiple federal, state, and local government grants for well over 20 years. Financial policies and procedures for the organization are updated annually to ensure compliance with grant requirements. ForKids undergoes monitoring by government funding partners and an independent contractor conducts an annual audit of financials, compliance, and internal controls in accordance with 2 CFR part 200, Uniform Administrative Requirements. ForKids has had clean OMB audits for the past 31 years. CEO Thaler McCormick oversees ForKids activities and reports directly to the Board of Directors. COO Sarah Johnson oversees fiscal management with accounting expertise from Danyale Campbell, Finance Director, tracking compliance with the agency budget. Monthly financial statements are reviewed by the CEO, the Finance Committee of the Board, and the full Board for final approval.

LGBT Life Center has been administering VHSP funding in the SVHC CoC since 2016 and continues to successfully do so with the support of program staff and administrative staff. Currently, the VHSP SVHC program is fully staffed and has not experienced turnover in over 6 months. Leadership includes a Housing Director, Senior Grants & Contracts Director, Finance Director, and CEO all with extensive grant management and program delivery experience. LGBT Life Center Financial Management System includes a full-time Finance Director who oversees daily operations and grants management processes of the organization. Accounting, management of the General Ledger and preparation of the monthly financial statements are outsourced to an accounting firm, Jitasa. Additionally, Jitasa provides CFO Strategic Advisory Services for The Center. The Finance Director and her staff invoice all grants according to funding sources. The Center uses QuickBooks Online to maintain financial information and produce financial reports. The agency has an investment policy that is conservative and guides investment accounts. Due to the level of federal funding the agency receives, the agency undergoes an A-133 audit annually. Internal and external audits are performed yearly as mandated and reports from external auditors are supplied to the agency's funders and Board. Funders audit LGBT Life Center through site visits which usually occur on a yearly basis. The entire Board receives a financial report in their monthly meetings to review. The board of directors is a governing board and they set the strategic direction of the organization. They receive reports regarding quality management activities and updates regarding grant activities as needed. LGBT Life Center has a long history of providing housing assistance and provides rental subsidies for over 400 households each year: 80 units of HOPWA TBRA, 68 units of Permanent Supportive Housing, 90 households approved Permanent Housing Placements (PHP) HOPWA, 110 households for Short Term Rental, Mortgage and Utility Assistance (STRMU) HOPWA, as well as VHSP projects in various CoCs and discretionary housing assistance.

The YWCA has the capacity to administer the requested funding on July 1. The YWCA currently employs staff for the VHSP rapid re-housing program. YWCA SHR has developed an outstanding pool of human, financial, and material resources that enables us to accomplish its goals and objectives. These resources include and involve nineteen members of the Board of Directors who are actively engaged in governing the organization. They are leaders in fundraising and advocacy and serve on one or more of the following Board committees: Human Resources, Advocacy, Finance and Audit, Marketing and Communications, and Nominating. The Board includes professionals representing many areas of expertise including financial management, marketing, and communications, legal, community relations, fundraising, education, non-profit management, and strategic planning. All members make personal financial contributions on an annual basis to support the work of the organization. The YWCA also has strong, innovative executive leadership. President and CEO, Michelle Ellis-Young, has over twenty-five years of experience advancing the organizational mission of non-profits and the Chief Operating Officer, Kristen Pine, has over 16 years of experience administering and managing grant funds.

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

**Answer:**

ForKids has experience administering VHSP grants and the programs they fund in three different CoCs. ForKids employees have a variety of degrees and experience, most often including social work and human services. Additionally, staff are required to complete at least 20 hours of training each year to remain up to date on best practices for service delivery. ForKids is committed to offering trainings on Healing Centered Engagement and Trauma Informed Care annually as they are pillars of ForKids service models. Other trainings this year has included suicide prevention, social determinants of health, ACEs, and Growth Mindset. ForKids invites CoC members to join trainings where feasible. Staff have degrees or experience in social work, human services, property management, or other nonprofit experience. Staff to participant ratios for each program are as follows: Emergency Shelter 10:1; Rapid Rehousing 15:1; Prevention 12:1.

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

The Program Director is responsible for overseeing the program. Michelle Walters has three years of experience managing VHSP- funded activities. The current direct program staff funded under VHSP activities have three years of experience with VHSP funded activities and have received training in lead-based paint assessment, motivational interviewing, trauma informed case management, and homeless bridges out of poverty. The Housing Advocate (locator) will be responsible for housing 20 VHSP funded households, working with about 4 clients at a time. The full-time housing manager will be responsible for providing case management services to 20 clients at a time.

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

**Answer:**

Not Applicable.

20. 7. Proposed HOPWA-providers only, what safeguards and provisions are in place to protect clients' HIV/AIDS statuses from landlords and other third parties?

**Answer:**

Not Applicable.

21. 8. Proposed 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.

# Application to DHCD Submitted through CAMS

The Planning Council

SVHC 2024-2026 Application

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## Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

SVHCPoliciesandProcedures42202455859.pdf

CoC/LPG Governance Charter/By-Laws

SVHCGovernanceCharterandBylaws42202455928.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures42202455910.pdf

Job Description (case managers and housing locator positions)

SVHCJobDescriptions42202455917.pdf

Homeless Services Flow Chart

SVHCHomelessServiceFlowChart42202455954.pdf

Board of Directors Listing

SVHCBoardofDirectorListing42202460002.pdf

Organizational Certification and Assurances (DHCD document)

SVHCOrganizationalCerts42202460016.pdf

CoC Certification and Assurances (DHCD document)

SVHCCoCCertsioned42202460032.pdf

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

SVHCHSNHYearOneRequest20242542202460053.xlsx

VHSP Proposed Match Form

SVHCProposedMatch43202435912.pdf