

Application to DHCD Submitted through CAMS

The Planning Council

SVHC VHSP Competitive application 2020-2022

Application ID: 73601282020100544

Application Status: Pending

Program Name: HSNH 2020-22 Application

Organization Name: The Planning Council

Organization Address: 2551 Eltham Avenue
Norfolk, VA 23513

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Project Name: SVHC VHSP Competitive application 2020-2022

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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: \$1,713,348.00

Required Annual Audit Status: Accepted

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$101,200.00	\$0.00	\$101,200.00
Outreach	\$101,200.00	\$0.00	\$101,200.00
Centralized or Coordinated Assessment/Entry	\$23,213.00	\$0.00	\$23,213.00
Centralized or Coordinated Assessment/Entry	\$23,213.00	\$0.00	\$23,213.00
Targeted Prevention	\$362,904.00	\$0.00	\$362,904.00
Targeted Prevention	\$362,904.00	\$0.00	\$362,904.00
Emergency Shelter Operations	\$122,039.00	\$0.00	\$122,039.00
Emergency Shelter Operations	\$122,039.00	\$0.00	\$122,039.00
Rapid Re-housing	\$911,541.00	\$0.00	\$911,541.00
Rapid Re-housing	\$911,541.00	\$0.00	\$911,541.00
CoC Planning	\$106,463.00	\$0.00	\$106,463.00
CoC Planning	\$106,463.00	\$0.00	\$106,463.00
HMIS	\$40,481.00	\$0.00	\$40,481.00
HMIS	\$40,481.00	\$0.00	\$40,481.00
Administration	\$45,507.00	\$0.00	\$45,507.00
Administration	\$45,507.00	\$0.00	\$45,507.00
Total VHSP Funding Request	\$1,713,348.00	\$0.00	\$1,713,348.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$1,713,348.00	\$0.00	\$1,713,348.00

Budget Narrative:

• Outreach - \$101,200 • Centralized/Coordinated Assessment - \$23,213 • Targeted Prevention - \$362,904 • Emergency Shelter Operations - \$122,039 • Rapid Re-housing - \$911,542 • CoC Planning - \$106,463 • HMIS - \$40,481 • Admin - \$45,508

a. ForKids: i. Shelter Operations- 1 Funding requested \$122,039 2. Anticipated # of households served 118 ii. Rapid Re-Housing- 1. Funding requested \$393,400 2. Anticipated # of households served 198 iii. Targeted Prevention- 1. Funding requested \$160,970 2. Anticipated # of households served 80 iv. Coordinated Assessment- 1. Funding requested \$23,213 2. Anticipated # of households served 7,000 v. HMIS - \$34,981 vi. Administration - \$22,038 vii. Total DHCD Request - \$756,641 viii. Total Match \$189,160.25

b. LGBT Life Center: i. Rapid Re-Housing- 1. Funding requested \$85,977 2. Anticipated # of households served 15 ii. Targeted Prevention- 1. Funding requested \$201,934 2. Anticipated # of households served 50 iii. Outreach- 1. Funding requested \$49,200 2. Anticipated # of households served 20 iv. HMIS - \$1,625 v. Administration - \$8,887 vi. Total DHCD Request - \$347,623 vii. Total Match \$86,906

c. STOP Inc.: i. Rapid Re-Housing- 1. Funding requested \$219,833.12 2. Anticipated # of households served 30 ii. HMIS - \$1,275 iii. Administration - \$6,838.40 iv. Total DHCD Request - \$247,946.52 v. Total Match \$60,264.30

d. The Planning Council i. CoC Planning - \$106,463 ii. Total DHCD Request - \$106,463 iii. Total Match - \$26615.75

e. Virginia Supportive Housing: i. Outreach- 1. Funding requested \$52,000 2. Anticipated # of households served 50 ii. HMIS - \$2,600 iii. Administration - \$1,560 iv. Total DHCD Request - \$56,160 v. Total Match \$14,040

f. YWCA: i. Rapid Re-Housing- 1. Funding requested \$212,331.41 2. Anticipated # of households served 40 ii. HMIS - \$0 iii. Administration - \$6,184.41 iv. Total DHCD Request - \$218,515.82 v. Total Match \$54,628.95

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Questions and Responses:

1. Part I Community Analysis and Processes

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

Answer:

According to the 2019 Southeastern Virginia Homeless Coalition's (SVHC) Point in Time Count, there were a total of 700 homeless persons counted across the CoC's service area, which includes Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight County and Southampton County. This indicates a rate of homeless persons as 109 per 100,000 of the population compared to 68 per 100,000 in Virginia and 174 per 100,000 in the US.

Of the 700 persons experiencing homelessness, 614 (88%) were sheltered and 86 (12%) were unsheltered. Of the 614 sheltered persons, 347 were in an Emergency Shelter, 196 were in a Winter Shelter, and 71 were in Transitional Housing. The Winter Shelter count reflects the number of persons typically unsheltered between April and October. Therefore, during a full year the count of unsheltered persons could be closer to 282 or 40%.

Seventy-three percent (73%) were Black or African American and 22% were white compared to the CoC's general population of 36% Black or African American and 55% white. Twelve percent (12%) of persons counted were in households with children and 88% of persons counted were in households without children. Eighty-one percent (81%) were adults over the age of 18 and 19% were children under the age of 18. There were no households with only children. Four percent (4%) of persons counted were unaccompanied youth between the ages of 18-24, and 2% of this age group were parenting youth.

Of the 569 adults over the age of 18, 14% were chronically homeless, 12% were veterans, 12% experienced severe mental illness, 11% were fleeing domestic violence, 5% experienced chronic substance use disorder and 2% were living with HIV/AIDS.

In addition to Point in Time Count data, the CoC analyzed call data from the Housing Crisis Hotline for calendar year January 1, 2019 to December 31, 2019. The Hotline data includes HUD's Category 1 definition of homelessness (literally homeless) and HUD's Category 2 definition of Imminent Risk (will be homeless within 14 days or fewer and no supports or resources). Calls represent unduplicated persons.

There were 1,011 callers who were literally homeless and 2,727 who were at imminent risk of becoming homeless, for a combined total 3,738 callers during the year. The total of 1,011 literally homeless callers is nearly 5.5 times the number of unduplicated persons (700) counted during the Point in Time Count, reflecting a more accurate number of persons needing shelter and housing throughout the year.

More than half (52%) of callers were in households with children, 46% were in Adult Only households and 2% did not provide household information. This contrasts with Point in Time data indicating that just 12% of persons were in households with children and the majority (81%) were in households without children. Among Category 1 callers (literally homeless), 32% were in households with children and among Category 2 callers (imminent risk),

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59% were in households with children.

Similar to the Point in Time data, 74% of all callers were Black or African American, 11% were white, 4% did not identify a race, and 5% were Other Race. Seventy-four percent (74%) were female, 24% were male and 2% were Other or did not provide the information. Only 3% of callers identified as Hispanic or Latino.

Six percent (6%) of callers identified as being LGBT and 7% were veterans. Thirteen percent (13%) of callers stated that they receive SSI benefits, and 9% stated that they receive SSDI benefits. (NOTE: Each category (SSI and SSDI) is unduplicated within itself. For example, if a caller reported SSI on five calls, they are only counted in SSI once. If a caller reported both SSI and SSDI they were counted once in each benefit category.)

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

Answer:

SVHC includes the cities of Norfolk, Chesapeake, Suffolk and Franklin, as well as Isle of Wight and Southampton counties. The Housing Crisis Hotline is the central point of contact to hundreds of public and privately funded resources throughout Greater Hampton Roads and is operated by ForKids. 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. ForKids works within CoC guidelines, coordinating referrals to ensure households are connected to available resources necessary to meet their basic health and safety needs. When emergency shelter is not readily available, callers are connected with outreach services and assisted with development of a safety plan. ForKids maintains a database of housing-related resources available in the community in addition to CoC resources and callers can also access a 24-hour self-service directory of available shelter options during the winter shelter season.

Norfolk and Chesapeake have dedicated, city outreach programs/teams to provide street canvassing The Norfolk Community Services Board operates a Homeless Initiative outreach program and a PATH outreach team. The Norfolk Department of Human Services has a designated team of case managers for families, the Homeless Action Response Team (HART). Chesapeake DHS employs an outreach worker and operates a day services center. The Veterans Affairs Medical Center (VAMC) has outreach case managers to connect veterans to the Coordinated Entry System (CES). ForKids, Inc. has an outreach team that covers Chesapeake and Western Tidewater (WTW). When a household experiencing homelessness is identified through the Hotline, a referral is sent via HMIS to an outreach program, connecting the client to services. Commonwealth Catholic Charities recently secured a three-year grant from the Hampton Roads Community Foundation to provide outreach services in WTW.

This year, the YWCA in conjunction with the City of Norfolk, opened the Norfolk Family Justice Center that is a multi-agency center that co-locates law enforcement officers, prosecutors, victim-witness advocates, social service specialists, a Sexual Assault Nurse Examiner(SANE) clinic where Physical Evidence Recovery Kits (PERKs) can be completed, and victim services including a crisis hotline and intervention, victim advocacy, counseling, support groups, wellness classes, and childcare. The Justice Center helps households fleeing domestic and/or sexual violence enter the CES.

During winter months, outreach workers visit winter shelter programs (NEST in Norfolk, CAST in Chesapeake, CAPS in Suffolk, and Mission of Hope in Isle of Wight) weekly to connect households to the CES and screen for

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housing services. Lighthouse Community Church operates a summer shelter project three nights a week during warm months in Norfolk. In addition to the Chesapeake day shelter program, St. Columba, the Union Mission, and The Salvation Army operate site-based day shelters. Households experiencing homelessness are able to visit day shelters to access a plethora of basic services, hot meals, computers, and to meet with a case manager. These case managers navigate clients through the CES, as well. Clients that are literally homeless are placed on a waitlist for shelter and referred when there are shelter vacancies. 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 Domestic Violence (DV) shelter programs.

Once a household has been connected to the CES, their vulnerabilities are assessed utilizing either the Family, Transition Aged Youth, or Single Adult VI-SPDAT. Households are then case conferenced at Service Coordination Committee (SCC) meetings. SCC meetings are split by household type, SCC Singles and SCC Families. SCC Singles meets bi-weekly and SCC Families meets weekly. At SCC, households with the highest vulnerabilities and highest prioritization are referred to the appropriate housing intervention that will end their homelessness and lead to self-sustained permanent housing. ForKids, Commonwealth Catholic Charities, YWCA, and LGBT Life Center have Rapid Rehousing (RRH) funds. ForKids, NCSB, and HART operate HOME Tenant-Based Rental Assistance (TBRA) grants. VBCDC and STOP receive Supportive Services for Veteran Families (SSVF) grants for prevention and RRH projects. St Columba and The Salvation Army operate Transitional Housing (TH) projects. ForKids, Virginia Supportive Housing, and NCSB operate Permanent Supportive Housing (PSH) projects. SVHC also coordinates with VAMC to provide HUD VASH vouchers. Virginia Supportive Housing manages three Single Room Occupancy (SRO) programs that provide PSH. Households work with the housing programs to find affordable housing. During housing search and after entering housing units, agencies continue to connect the household to any additional wrap-around services that will ensure stabilization in housing. The SVHC partners with STOP Inc's Homeless Veterans reintegration Program, 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) to support a Move-On program as well. NRHA sets aside up to 36 HCV and 80 LIPH units for households graduating from homeless programs, are system involved, and who have a housing stabilization plan with associated services provided to them. Households exiting TH, RRH, TBRA, and PSH are eligible for this Move On program

Faith-based organizations, community foundations, businesses and city and state agencies support the SVHC's homeless work in many ways – through professional development, capacity building, advocacy, grants, scholarships and more.

3. Identify where gaps exist within the CoC/LPG Crisis Response System. Detail the methodology for determining gaps within the system.

Answer:

In 2019-2020, the largest gap determined by SVHC members and supported with CoC-wide System Performance Measures and Coordinated Entry data, demonstrates that clients accessing the crisis response system are not always assessed or presented for community housing interventions. For example, from October 1, 2017 – September 30, 2018 the System Performance Measures (SPM), documented that 2,171 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 while the CES data will capture a portion of the population experiencing homelessness in DV programs. Over the same period, 2,789 persons were entered into the CoC CES projects.

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However, from October 1, 2018 – September 30, 2019 the number of unique persons accessing services at ES and TH rose to 2,451. Whereas the number of persons in the CoC CES projects decreased to 1,998. This demonstrates that 453 persons accessing crisis services were not connected to another service provider for assessment, and therefore are never considered for a housing intervention.

The CoC has noted that there is also a lack in outreach case management, especially in the rural communities of Western Tidewater and Chesapeake. Lack of outreach case management is adding to the disparities between the number of clients accessing the system for crisis needs and assessment for housing interventions.

Further, the Housing Crisis Hotline documented that at least 573 households with children during FY19 (July 1, 2018 – June 30, 2019) were turned away from overnight shelter due to the lack of shelter capacity. According to their data for the first half of FY20 (July 1, 2019 – December 31, 2019) 378 households with children have been turned away. Shelter providers are increasingly utilizing shelter funds to place clients in hotels or motels when highly vulnerable households present. Utilizing funds for hotel/motel costs more per household than the costs at the brick and mortar shelters. The lack of overnight shelter capacity increases the likelihood of highly vulnerable households sleeping in unsafe locations or turning to riskier situations to avoid sleeping outside.

All funded agencies utilize the Homeless Management Information System (or a comparable database), a repository of client-level data that allows for reporting and analyzing the trends of services utilized, length and types of assistance, exit destination and project-wide outcomes for households, system-wide gaps, demographic information of all served, and more. By ensuring agencies maintain high data quality standards, the data provides useful information to inform the CoC, city leadership, regional and statewide partners, and funder agencies about the homeless population and services in SVHC to assist with policy and funding decisions.

SVHC agencies review gaps in the system through ongoing data review during the 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, PIT and HIC data, as well as System Performance Measures.

HUD requires CoC's to evaluate their Coordinated Entry systems at the minimum, annually. 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.

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

Answer:

At the beginning of the year, the Program Monitoring Committee reviewed data and current funding levels to identify where applicants should apply for funds in addition to the renewal amounts. Due to conversations throughout the year, SVHC has included in this funding request additional outreach case management funds to increase the capacity of the system. An increase in outreach case management will allow agencies to work with clients that are accessing crisis services but have been unable to access assessment and housing interventions as well as ensuring full geographic coverage.

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To address lack in overnight shelter capacity, ForKids, LGBT Life Center, and YWCA have found innovative ways to increase regional capacity. ForKids is currently constructing their new regional Center for Children and Families in Chesapeake. Upon completion, the new facility will include an education center with five classrooms and four tutoring rooms and the ability to serve up to 120 children, a family shelter with 96 beds that is designed to accommodate up to 20 families of any size, a kitchen and dining hall able to serve 150 meals each night, and the Housing Crisis Hotline. The LGBT Life Center has also secured HOPWA funds to start a short-term housing services/facility for Persons Living with HIV. This program will serve up to 12 PLWHA who are not eligible, able, or willing to utilize shelter services provided within the region. The YWCA is also planning to relocate their shelter to increase capacity from 25 beds to 43 beds in April of 2020. The YWCA worked closely with the city of Norfolk and local civic leagues to rezone their new shelter location.

The CoC has launched a Coordinated Entry System work group to address systemic gaps. The CE workgroup has been developing system responses to bridge identified gaps and adjust current policies and processes to meet the new HUD requirements for CES data elements. Currently the workgroup is reconfiguring the system to ensure that households that are accessing the CoC's crisis services are then being assessed for housing services. To accomplish this task, the CoC is re-assigning the roles and responsibilities of Access Points to ensure that any client entering the system is connected to an Assessment Point. This system change will allow the CoC to accurately track the length of time clients are in the CE system from first touch to permanent housing. These changes will also allow the CoC to document all the households in the CoC that are experiencing homelessness or are at imminent risk of becoming homeless. Collecting this data will allow the CoC to track the needs and utilization of current housing interventions in order to plan for expansion of services or recruitment of new agencies to make homelessness rare, brief, and non-recurring.

SVHC also participates in meetings of the Regional Task Force on Ending Homelessness where regional providers and city representatives meet to collectively discuss the larger regional and statewide needs in homeless services and share in the burden of identifying additional resources and capacity. Often most gaps and needs identified within one jurisdiction are evident across the region. Working together, the Task Force has been successful in identifying a qualified housing provider – Virginia Supportive Housing – who then developed and manage six separate SRO properties that house individuals experiencing homelessness with a variety of disabilities and who were often chronically homeless.

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

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

Answer:

Households in the community are able to 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

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resources. Providers that are not designated to serve as access points direct households to the Housing Crisis Hotline for screening and referrals to community resources. Once the individual/household has completed the screening process and has been found eligible, a standardized assessment tool is used to identify the household's level of vulnerability and to help guide decisions around the appropriate level of services and housing. In order 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.

Households at imminent risk for becoming homeless are screened by the Housing Crisis Hotline. The Housing Crisis Hotline uses a prevention screening assessment and households that score above specific thresholds are then referred to prevention programs.

Households that are presenting 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.

The referral process is informed by federal, state and local Fair Housing Laws. The referral process functions according to low-barrier accessibility, housing first orientation, standardized assessment, inclusiveness and prioritization of the most vulnerable. The Service Coordination Committee for Singles meets biweekly and the Service Coordination Committee for Families meets weekly. Both of these meetings are inclusive of designated access point staff members, housing advocates, case managers and participating members from social/human services departments as well as other local services providers to develop coordinated plans for homeless singles and families to expedite exits to permanent housing, including rapid rehousing assistance, and prioritizing the most vulnerable for available housing placements within the CoC.

Access point staff generate referrals to the By-Name List (BNL) utilizing the electronic process in HMIS. Referrals include uploading the completed VI-SPDAT and signed consent to exchange information. Referred households are then placed on the BNL via HMIS project entry. BNL's are maintained separately for single adult and family households. The Service Coordination Committees meet to provide case conferencing for households on BNL and make direct referrals into the most appropriate program, based on the availability of openings, program eligibility and prioritization.

Referrals to housing interventions are made based on the following factors: results of the assessment tool (VI-SPDAT score), available openings, established priority populations and program eligibility. Once a household is matched to a housing intervention, the access point staff that is navigating the household through the process will inform the household of the match. Housing intervention referrals are generated in HMIS. The receiving agency will attempt to make initial contact with the household and schedule an intake appointment within a reasonable amount of time. The receiving agency has seven days to update the committee on the outcome of the referral (i.e. accepted into program, declined, unable to contact) in HMIS. A household can be denied a referral to housing intervention if the household does not meet the program's eligibility criteria or the household is unable to be contacted for intake. When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the By Name list. The household will maintain

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its order on the list and will be eligible to be referred to the next available housing intervention.

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.

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

Answer:

Prevention – If a household is at imminent risk (facing homelessness within 14 days) the Housing Crisis Hotline completes a screening to identify the household's eligibility for available programs withing the SVHC. In order 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.

Emergency Shelter – Households that are literally homeless are prioritized for emergency shelter. Referrals to shelter are dependent on the size of the vacancy. The SVHC does not split families, so referrals are made for highly vulnerable households that fit the unit. 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 have recently experience domestic and/or sexual violence but not currently in imminent danger, 3) household is homeless and are past victims of domestic and/or sexual violence.. 4) household is homeless and have 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.

Permanent Housing Placement – In order for clients to be eligible for RRH, the household must meet the HUD definition of homelessness and not have access to other housing resources. For RRH, households with chronic or veteran status are prioritized for RRH followed by households with the most severe service needs (according to the VI-SPDAT score). In order for a household to be eligible for PSH, the household must be literally homeless and have a documented disabling condition. For PSH, chronically homeless households with the most severe service needs (according to the VI-SPDAT score) are prioritized.

The prioritization criteria were developed based on the requirement of a universal tool. The VI-SPDAT was adopted to serve as the universal assessment tool. The VI-SPDAT is a series of standardized questions administered uniformly within the CES to determine a household's current housing needs. Households with higher assessment scores are likely more vulnerable and have higher service needs and therefore require a higher level of intervention to become stable in housing. Therefore, the CoC bases the prioritization on the households score, where households with higher scores are more vulnerable and referred to services first. Additionally, the community is committed to ending chronic and veteran homelessness. As such, chronic and veteran households are prioritized for housing interventions.

Due to high demand and low supply of RRH program vacancies, the CoC has implemented additional prioritization/barrier tools in addition to the VI-SPDAT. These tools focus on other housing barriers not captured in the VI-SPDAT to identify which household has higher service needs and barriers. This score is used if there are more households identified for limited vacancies.

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

Answer:

Individual service providers determine the length of financial and supportive services for Rapid Rehousing and

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Targeted Prevention within SVHC. However, these are data points are included as part of the peer review process within the Program Monitoring Committee, as is the cost per household, so that comparisons can be made to determine if there are issues related to an agency's service provision.

Service providers estimate length and amount of assistance in a combination of ways that take into count the current situation and status of each household. This can include: VI-SPDAT scores (and details included within the assessment tool, 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 various benefits, and pay debts associated with maintaining current housing (such as utilities). Within SCC, these discussions occur when there are additional issues that extend the projected length of assistance for some households, or a household fails and returns to homelessness or disappears.

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

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

Answer:

The geographical 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 central 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. An identified gap of street outreach in Western Tidewater has been recently addressed with additional funding from a community foundation. 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. Large families are almost always 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

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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 either 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 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. A regional youth initiative is underway with the support of the Hampton Roads Community Foundation 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 Language Line or other interpretive services. Several city agencies as well as non-profit agencies such as Eggleston, Independence and F.R.E.E., offer a variety of supportive services and resources for those with mobility issues or intellectual disabilities.

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

Answer:

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 identity, 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.

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

Answer:

The CoC continues to struggle with rising rent prices and the lack of affordable housing being developed. In addition to new developments being built that are not within FMR, at least two cities have begun the process of transitioning households who live in the public housing properties to private market. There is currently a very high demand for subsidized units and very low rents. 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 work with landlords to reduce or eliminate these barriers by building good relationships and ensuring ongoing case management – in addition to financial assistance when needed – is visible and consistent. Legal Aid plays a big role as a key partner in assisting

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households with unlawful evictions or fair housing issues. The City of Chesapeake was recently successful in increasing housing vouchers for non-elderly disabled persons, and there is a homeless preference with the Norfolk Redevelopment and Housing Authority when housing units are available. Regardless, these barriers exist and often delay placement into a housing unit.

Establishing a medical home and being seen and treated in a timely manner continues to be a barrier for household stabilization. The expansion of Medicaid in Virginia allows for many homeless clients to obtain Medicaid; however, the additional patient load for clinics (including the Healthcare for Homeless program) has also lengthened the time for appointments and much needed care. Service providers work with a variety of medical establishments, such as Healthcare for the Homeless, Free Clinics or private practices that donate services, in order to get their clients treated. Likewise, there remains a significant shortage of free mental health services in the community although more private agencies are now available who can bill Medicaid for homeless clients.

11. 11. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2019 – December 31, 2019). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

Answer:

1. Chesapeake Regional Healthcare – 100%
2. Chesapeake Public Libraries – 20%
3. Chesapeake DHS – 100%
4. Commonwealth Catholic Charities – 100%
5. Endependence Center – 80%
6. Firm Foundation – 20%
7. ForKids – 100%
8. Ghent Area Ministry – 20%
9. H.E.R. Shelter – 80%
10. LGBT Life Center – 60%
11. Norfolk Community Services Board – 40%
12. Norfolk DHS – 100%
13. REACH – 20%
14. The Salvation Army – 20%
15. St. Columba Ecumenical Ministries – 60%
16. The Planning Council – 100%
17. STOP Inc. – 60%
18. Veterans Affairs Medical Center – 80%
19. Virginia Veteran Family Services – 20%
20. Virginia Supportive Housing – 100%
21. YWCA of South Hampton Roads – 80%
22. Optima – 20%
23. Virginia Legal Aid Society – 100%

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- 24. New Life Church – 20%
- 25. Hampton Roads Workforce Council – 20%
- 26. Norfolk Office to End Homelessness – 40%

The CoC is focused on being more inclusive of other providers and sections of each community that may bring additional resources and capacity to the mission of SVHC to make homelessness rare, brief, and non-recurring.

12. 12. Has your CoC/LPG examined its programs and systems for racial disparities? What was the result of this examination and what is the CoC/LPG doing with this information? Have any actions been taken to address the disparities (if applicable)?

Answer:

The SVHC conducted a Racial Disparity Assessment for the calendar year January 2018 to December 2018. This assessment examined data from the U.S. Census, the SVHC's Homeless Management Information System (HMIS), and SVHC partner agencies to: 1) compare the racial and ethnic composition of the general population to the racial and ethnic population within the homeless system; and 2) to identify any racial or ethnic disparities within the CoC's provision of homeless assistance.

The largest racial categories in the SVHC's region are White and Black or African American. According to US Census data (2013-2017 5-year estimates), 55% of the SVHC's general population identify as white, 36% identify as Black or African American, 4% identify as Multiracial, 3% identify as Asian, 0.3% identify as American Indian or Alaska Native and 0.1% identify as Native Hawaiian or Pacific Islander.

However, while Black or African American individuals represent 36% of the general population, they represent 57% of those in poverty and 69% of those in HMIS. Those identifying as Black or African American are disproportionately represented among the poor and homeless.

White individuals represent 55% of the population but just 34% of those in poverty and 12% of those in HMIS. Those identifying as white are underrepresented among the poor and homeless.

Despite these disparities that occur in the community, the assessment indicated that the *homeless system* is providing equitable assistance to all persons in its system as needed regardless of race. For example, those identifying as Black or African American represent 69% of the homeless system and represent a similar or higher percentage of clients receiving assistance in all programs except for Street Outreach (52%) and Transitional Housing (58%). The CoC will further examine this finding to better understand if there are disparities present.

Those identifying as Hispanic or Latino represent 6% of the general population and 7% of those in HMIS. Hispanic or Latino persons represented a smaller percentage of persons in all programs (2%-6%) except for Transitional Housing (8%). Because Hispanic or Latino/Latinos tend to be enrolled in fewer programs than other populations, the SVHC continues to monitor and evaluate its Coordinated Entry system to ensure that all clients of all races and ethnicities receive the services they need.

The SVHC asked all homeless services agencies to provide the racial composition of front-line staff as well as management and Boards. The goal was to see if the direct services staff as well as decision-makers were representative of the population served. The results indicate that the housing staff more closely reflect the

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populations they serve while management and boards are less diverse. The CoC will use this information as a baseline measure for improving the diversity of management and boards in coming years.

The SVHC is committed to fair and equal housing opportunities and service provision, regardless of race or ethnicity, and will work to research and correct any racial disparities discovered.

To date, the CoC has provided multiple professional development trainings in Cultural Competence and the Culture of Poverty to better understand the intersection of race, poverty and homelessness. The CoC will continue research within its homeless system as well as within the general community to provide services and supports to meet the needs of the community. The CoC has identified many strategies that other communities are using to address discrimination if/when it occurs. These strategies include: 1) Because the CoC covers 6 jurisdictions ranging from urban (Norfolk) to suburban (Chesapeake) to extremely rural (Suffolk), the CoC will collect additional race data by each jurisdiction and by provider to get a more detailed picture of services and outcomes; 2) The CoC will also gather the System Performance Measures by race and ethnicity to understand additional outcome indicators of the CoC's populations; 3) The CoC will gather more specific data from HMIS and the US Census to better understand the relationship between race, ethnicity, homelessness and other social indicators (education, healthcare inequities, geographic locations with higher concentrations of poverty, etc.); 4) The CoC will provide professional development trainings for homeless services providers to better understand and recognize institutional racism and how this can impact the population served; 5) The CoC will collect HMIS data by age and race to determine if senior citizens or youth of color are being served fairly and equitably; 6) The CoC will collect more detailed HMIS data on the Relationship to Head of Household by race to better understand the needs of households.

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

Answer:

The Southeastern Virginia Homeless Coalition (SVHC) presents this funding request for \$1,713,348 to administer services under the 2020-2022 Virginia Housing Solutions Program (VHSP) across the six jurisdictions that make up the SVHC: Norfolk, Chesapeake, Suffolk, Franklin, and the counties of Isle of Wight, and Southampton. There are no proposed projects for HOPWA funding. SVHC is requesting the below totals under VHSP by funding type.

- Outreach - \$101,200
- Centralized/Coordinated Assessment - \$23,213
- Targeted Prevention - \$362,904
- Emergency Shelter Operations - \$122,039
- Rapid Re-housing - \$911,541
- CoC Planning - \$106,463
- HMIS - \$40,481
- Admin - \$45,507

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1. **ForKids:**

1. *Shelter Operations-*
 1. Funding requested \$122,039
 2. Anticipated # of households served 118
2. *Rapid Re-Housing-*
 1. Funding requested \$393,400
 2. Anticipated # of households served 198
3. *Targeted Prevention-*
 1. Funding requested \$160,970
 2. Anticipated # of households served 80
4. *Coordinated Assessment-*
 1. Funding requested \$23,213
 2. Anticipated # of households served 7,000
5. *HMIS - \$34,981*
6. *Administration - \$22,038*
7. *Total DHCD Request - \$756,641*
8. *Total Match \$189,160.25*

2. **LGBT Life Center:**

1. *Rapid Re-Housing-*
 1. Funding requested \$85,977
 2. Anticipated # of households served 15
2. *Targeted Prevention-*
 1. Funding requested \$201,934
 2. Anticipated # of households served 50
3. *Outreach-*
 1. Funding requested \$49,200
 2. Anticipated # of households served 20
4. *HMIS - \$1,625*
5. *Administration - \$8,887*
6. *Total DHCD Request - \$347,623*
7. *Total Match \$86,906*

3. **STOP Inc.:**

1. *Rapid Re-Housing-*
 1. Funding requested \$219,833.12
 2. Anticipated # of households served 30
2. *HMIS - \$1,275*
3. *Administration - \$6,838.40*
4. *Total DHCD Request - \$247,946.52*
5. *Total Match \$60,264.30*

4. **The Planning Council**

1. *CoC Planning - \$106,463*
2. *Total DHCD Request - \$106,463*
3. *Total Match - \$26,615.75*

5. **Virginia Supportive Housing:**

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1. *Outreach-*
 1. Funding requested \$52,000
 2. Anticipated # of households served 50
2. *HMIS* - \$2,600
3. *Administration* - \$1,560
4. Total DHCD Request - \$56,160
5. Total Match \$14,040

6. **YWCA:**

1. *Rapid Re-Housing-*
 1. Funding requested \$212,331.41
 2. Anticipated # of households served 40
2. *HMIS* - \$0
3. *Administration* - \$6,184.41
4. Total DHCD Request - \$218,515.82
5. Total Match \$54,628.95

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

Answer:

The announcement of the available VHSP-HOPWA funding was shared with the SVHC membership, both in meetings as well as via email. Previous discussions had already been held during Program Monitoring and Service Coordination Committee meetings around gaps in services and agencies were asked to state their interest in applying for funding. All currently funded agencies intended to reapply and discussed the current community needs and what amount of funding would best meet those needs. One agency that had only been previously funded as a subgrantee under VHSP – STOP Inc. – expressed interest in applying for Rapid Rehousing funds in order to address the big need for more permanent housing options.

The Planning Council (TPC) proposed a timeline for all application activities, as well as a draft Supplemental Application that was then discussed and agreed upon by the Program Monitoring Committee (PMC) members. The supplemental application was used two years ago and was revised to include current questions from DHCD while retaining other relevant questions the CoC wanted. TPC then distributed the approved timeline and supplemental application to all members.

All completed project applications were received by February 21. TPC then combined them and sent them out to PMC members for a Peer Review process to be conducted at a later date, giving members time to read what was being proposed and prepared questions to be asked for clarification. Once peer review was completed by the PMC members on February 26, applications were revised to include any feedback or to clarify any outstanding questions. The PMC voted not to support an application from Commonwealth Catholic Charities for RRH. The project application period was reopened for SVHC agencies to apply for single adult RRH, with a deadline of March 6th. One additional application was submitted by STOP, Inc to provide RRH to single adults. 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.

At the March 11 Governing Board (GB) meeting, all applicants presented their projects and responded to questions. The non-conflicted members voted to allow the applications from ForKids, LGBT Life Center, STOP,

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Virginia Supportive Housing, and the YWCA to be forwarded to DHCD as part of the collaborative application from SVHC.

Commonwealth Catholic Charities (CCC) applied to be refunded under VHSP for their RRH project. However, it was reported to the Program Monitoring Committee (PMC) in December that there was significant overspending in the current year's project. After further inquiries and meetings throughout January and February, as well as during the Peer Review process, to determine CCC's plans to rectify the situation going forward, members of the PMC recommended to the Governing Board that the application not move forward to DHCD. Commonwealth Catholic Charities presented their application to the Governing Board at the March 11, 2020 meeting where the GB also voted that the CCC application not to be included in the final application to DHCD.

TPC staff completed the questions in Part 1 as a Draft and sent it out to the SVHC members for review and input once the Board approval was made. Time was allotted for feedback from members to be received and TPC incorporated edits and revisions to the application and sent it out for one final review. Any final comments were also incorporated into the final application. CoC members will vote electronically on the final application to be submitted to DHCD with a target date of submission before the deadline of March 27.

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

Answer:

All agencies utilize the Homeless Management Information System, a repository of client-level data that allows for reporting and analyzing the trends of services utilized, length and types of assistance, exit destination and project-wide outcomes for households, system-wide gaps, demographic information of all served, and more. By ensuring agencies maintain high data quality standards, the data provides useful information to inform the CoC, city leadership, regional and statewide partners, and funder agencies about the homeless population and services across the geographic area to assist with policy and funding decisions.

Incorporating regular monitoring and review of grant-funded projects has been the responsibility carried out by the Program Monitoring Committee since 2007, which is made up of mostly funded agencies who then conduct regular peer review to discuss progress on project goals and expenditures. 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, and expenditure rates. All agencies who are VHSP funded participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and what is the proposed action by the agencies in question. Additionally, the grantees also discuss options for reallocation if funds are needed for a housing or service category and there are available funds from another agency or CoC within the state.

For monitoring of federal funds, a scorecard 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

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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 recently began providing 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.

After peer review, the PMC reports to the Governing Board with recommendations for funding project applications. The Governing Board members are also invited to participate in the peer review process to familiarize themselves with the project details. The review process continues to be improved upon and formalized as reporting on outcomes and performance to agencies changes and new data standards are implemented. A formal plan for corrective action to be taken if an agency is failing to implement its program effectively is the next focus for the PMC but has yet to be agreed upon and adopted. The goal of this action is to provide mentorship and training if needed to support agencies who may be unable to fulfill their responsibilities under a grant-funded program within the CoC and to identify additional support before services for the homeless population are affected.

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

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

1. For each direct service proposed grantee, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.

Answer:

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

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

STOP Inc. – The principles of Housing First must be implemented through the service delivery process to include immediate access to permanent housing, consumer choice, recovery orientation- harm reduction, individualized support, and social integration. Since October 2013, through its Supportive Services for Veteran Families (SSVF) program funded by the VA, STOP Inc. has helped hundreds of Veteran households with many barriers (low- to-no income, ex-offenders, poor physical health) rapidly exit homelessness and secure permanent

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housing through individualized case management services to connect to mainstream benefits and VA resources. With housing as a priority, it is standard practice in the RRH programs (even formerly as a VHSP provider for the SVHC region for homeless Vets) to intentionally commence a housing search during the completion of enrollment where case managers compile an individualized plan that addresses household barriers. With a primary focus on locating, viewing, and securing the unit within the first 30 days, part of this plan are the efforts conducted by the Housing Navigator, who as a certified housing counselor, collaborates with the case manager and participant to identify landlords in the agency's database to fill vacancies and options that meet the participant's preference. After housing is located, viewed, and secured with need-based limited assistance, the case manager continues guiding the household to stability by making the necessary connections to income support and benefits as well as other mainstream and community resources to help the household achieve stability.

VSH – VSH does not place additional barriers to households seeking entry into its PSH programs. VSH coordinates with the CoC's Service Coordination Committee to obtain referrals based on those chronic households identified as highest need and eligible for PSH. No household is required to have income, participate in MH/SA treatment services, or be sober, and VSH works with households that have a criminal history.

YWCA - The program follows the Housing First Model and presents extremely low barriers to housing in order to serve the most vulnerable. There is no income requirement prior to admission into the program. Applicants are not required to be "clean and sober" or "treatment compliant" prior to admission. Once a participant is referred to the program, a Housing Specialist meets with the participant within one week of referral and immediately begins housing search once eligibility is determined.

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

Answer:

ForKids – ForKids assists all clients with obtaining vital documents and any other items necessary to apply for housing. Services begin as soon as the referral is provided and the only thing that is required is monthly case management and communication during the housing search process.

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

STOP Inc. – There will be no rules or requirements that present a barrier to the household accessing services once referrals are received from the coordinated assessment network.

VSH – All of Virginia Supportive Housing's programs operate on the low-barrier Housing First model. As this program is focused on reaching those households that are more rural and have fewer means to connect with the Coordinated Entry System, the SVHC Outreach program is designed to reduce barriers even further. There are no additional requirements for the SVHC Outreach program that would act as a barrier to services. The program will assist participants with obtaining documentation necessary to obtain housing, including homelessness history, birth certificates, identification, and documentation of disability when applicable. These services allow the program to eliminate barriers that might be imposed by other, non-CoC resources that could be leveraged to assist participant households.

YWCA - The YWCA has no rules or requirements for assistance other than VHSP eligibility requirements. Program participants that lack identification are aided by the Housing Specialist. The only requirements for this program are for households to be fleeing DV, have no other residential options, and lack of supportive resources.

18. 3. For each proposed grantee, does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

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ForKids – ForKids successfully manages multiple local, state and federal government grants for a total of over \$3 million annually. The agency has been administering HUD grants since 1994 and consistently receives high praise from monitoring officials for established policies and procedures. ForKids has a 31-year history of providing quality services to families and children experiencing homelessness and is now one of the largest year-round providers of homeless services for families in Virginia. ForKids is managed by a 28-member Board of Directors. The Chief Executive Officer has been with ForKids for 24 years. She oversees the organization's activities and reports directly to the Board. Boyd Orr, Chief Financial Officer oversees the fiscal management of ForKids, using QuickBooks for Non-Profits to produce accounts payable, accounts receivable, financial statements and tracks compliance with the agency budget. Payroll is processed by PayCom. ForKids receives an annual OMB-133 compliance audit each year and has received an unqualified audit for the past 27 years with no findings or concerns.

LGBT Life Center – LGBT Life Center has over 25 year of experience providing housing services in Hampton Roads. The Housing Services Director reports directly to the Programs Director and Executive Director and the Finance Department is led by the Chief Financial Officer. The Financial Management System includes a full-time CFO who oversees financial operations of the agency. Financial Edge is used to maintain financial information and produce financial reports. The Board of Directors includes a finance subcommittee that meets monthly to monitor financial statements and advise the agency. 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 BoD, which is a governing board, sets the strategic direction of the organization. LGBT Life Center provides rental subsidies for over 343 households each year. Funding is being requested for an additional 2 FTE positions. These positions will be filled contingent to funding award. Services will begin July 1st and will be covered by existing staff until positions are filled.

STOP Inc. – STOP Inc. has effectively operated federal, state, and locally funded programs throughout Eastern Virginia since 1965. Since 2013, STOP has operated SSVF for homeless Vets and was recently awarded a three-year cycle to implement operations due to the Agency's accreditation through the Council on Accreditation. Since SSVF inception, STOP has assisted more than 400 households on the journey towards permanent housing. STOP Inc. employs a team of dedicated housing counselors who served over 600 households during FY18-19 through individual and group education counseling services. STOP's primary funding through the Community Services Block Grant allows optimal service delivery through direct financial assistance for families experiencing crisis and at risk of losing housing. Governed by a Board of Directors of 23 community members, business leaders, and public administrators, STOP is led by a President and CEO who has a 40+ year history in community action. STOP's Finance and Human Resources Department collaborates closely with the President and CEO and Executive staff to ensure a measure of checks and balances for consistency, accountability, and transparency is maintained. STOP's recent Agency audit is attached. STOP is positioned for program start-up on July 1, if awarded. A Housing Stabilization case manager will be hired to lead this effort.

VSH – VSH has administered this proposed project in another CoC for the past two years and is on track to spend 100% including a reallocation of additional VHSP funding in 2018. As this is an expansion of the existing program, no new staff will need to be hired and operations will continue uninterrupted as of July 1, 2020. A volunteer Board of Directors assist VSH staff in the development and operational oversight of the agency. The Board hires the Executive Director and is responsible for establishing policies regarding programs, fiscal matters, immediate and long-range planning, insurance, reporting, and fundraising. Financial Management is headed by the Director of Finance and the Controller. The Director of Finance is responsible for all accounting and reporting. The VSH Board of Directors, and specifically the Finance Committee, has the responsibility to oversee the financial management of the organization and its affiliates. Dooley & Vicars performs annual independent financial audits. Separate audits are completed for VSH affiliates. A consolidated audit is completed for VSH. uses computerized rental, accounting, and payroll programs for recording all financial activities. The current accounting programs are Quick Books, Onsite, and Dominion Payroll.

YWCA - The YWCA has the capacity to administer the requested funding on July 1 with hired staff already dedicated to the rapid rehousing program. YWCA SHR has developed an outstanding pool of human, financial, and material resources that enables the agency to accomplish its goals and objectives. These resources include an involved, twenty-two-member 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 Board committees. 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. The President and CEO has over twenty years of experience in fundraising and grant writing. The Chief Program Officer has over 14 years of experience administering and managing grant funds.

19. 4. For each proposed grantee, discuss the capacity of your organization to implement VHSP or HOPWA-funded

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activities. Include a list of the applicable certificates of training for direct program staff.

Answer:

ForKids – All Critical Services staff in the Emergency Shelter and Rapid Re-Housing programs have a bachelor’s or master’s degrees in related human services fields and typically two years of experience or more in working with people in poverty prior to joining the team. Staff are provided with new employee training on a vast array of topics including boundaries, ethics, confidentiality, motivational interviewing, culture of poverty, housing first, critical time intervention, along with training on agency policies and procedures, client documentation and grant guidelines. In addition, monthly training is also provided by internal and external experts on best practices to increase knowledge and competence in serving families experiencing homelessness. Staff to participant ratio is currently 5:1 in shelter but will increase to 10:1 once the Center for Children & Families opens in 2021. It is anticipated that there will be significant efficiencies inherent in the new environment that will aid in serving more households with the same case management staff. Staff to participant ratio is approximately 18:1 for Rapid Rehousing. Staff to participant ratio is approximately 15:1 for Prevention.

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

STOP Inc. – STOP’s VP of Homeless Intervention and Support (HIS) has over ten years’ history in the provision of direct client services in the housing support arena. She is also a HUD certified Housing Counselor via HUD and over the past 6 years has maintained her designation with the Virginia Association of Housing Counselors and Neighborworks. She continues to lead the program operations of SSVF along with oversight to all divisions in HIS. Direct management will be provided by STOP’s current Administrator, Housing Counseling Support, a certified Housing Counselor who also functions as Housing Navigator in the HIS dept. The Housing Counseling team will offer direct support as deemed appropriate by management to ensure program success. The Housing Counselor will be the primary person for the provision of client services to the participants. The annual goal is 30 households whereas support will be provided by social work intern(s) and STOP’s Housing Counseling team.

VSH – The SVHC Outreach staff is expected to maintain a caseload of roughly 20 individuals of varying compositions at any given time, with a total of 50 households served in a grant year. The staff will have at least three years of street outreach experience, a preferred bachelor’s degree, and have an active (or be eligible for) SOAR certification.

YWCA - The Program Director responsible for overseeing the program, Sequoia Owen, has over five 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 full-time Housing Specialist will be responsible for housing 28 VHSP-funded Rapid Rehousing households. The Housing Specialist (locator) will be responsible for housing 40 VHSP-funded households, working with about 4 clients at a time. The full-time housing case manager will be responsible for providing case management services to 20 clients at a time.

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

Answer:

Not applicable.

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

Answer:

Not applicable.

22. 7. For fiscal agents and service coordinators only: Detail the sub-contracted agencies that will be administering the VHSP- or HOPWA-funded activity(s). Include a discussion of their capacity to carry out the project in adherence

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with HSNH and program-specific guidelines. How will your agency monitor the funded activities provided by the sub-contracted agencies?

Answer:

Not applicable.

Attachments:

CoC/LPG Spending Plan (DHCD document)

CoCLPGSpendingPlanVA501SVHC3202020124319.xlsx

CoC Certification and Assurances (DHCD document)

SignedCoCCertificationSVHC3202020124328.pdf

Organizational Certification and Assurances (DHCD document)

SVHCVHSP2020OrganizationalCerts3202020124339.pdf

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

SVHCHSNHYearOneRequest20203202020125106.xlsx

CoC/LPG Level Policies and Procedures/Services Standards

SVHCCoCPoliciesandProcedures3202020124400.pdf

CoC/LPG Governance Charter/By-Laws

SVHCByLawsandGovernanceCharter3202020124414.pdf

CoC/LPG HMIS Policies and Procedures

SVHCHMIS Policies3202020124456.pdf

Job Description (case managers and housing locator positions)

SVHC2020JobDescriptions3202020124522.pdf

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Homeless Services Flow Chart

SVHCHomelessServicesFlowChart3202020124529.pdf

VHSP Proposed Match Form

SVHC2020Match3202020124538.pdf

Board of Directors Listing

SVHC2020BoardofDirectors3202020124546.pdf

MOUs

SVHCNRHAMOU320202010729.pdf

Additional Attachments

SVHCRacialDisparityAssessmentDraft0920193202020125904.pdf

Additional Attachments

HamptonRoadsHMISDataQualityPlan320202010337.pdf