Application to DHCD Submitted through CAMS

The Planning Council

SVHC HSNH 2022-2024 Application

Application ID:	93302032022104247
Application Status:	Pending
Program Name:	HSNH 2022-24 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 HSNH 2022-2024 Application
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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:	$2,329,095.00
Required Annual Audit Status:	Accepted

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	**$0.00**	**$0.00**	**$0.00**
Outreach	$0.00	$0.00	$0.00
Centralized or Coordinated Assessment/Entry	**$109,963.00**	**$0.00**	**$109,963.00**
Centralized or Coordinated Assessment/Entry	$109,963.00	$0.00	$109,963.00
Targeted Prevention	**$303,924.00**	**$0.00**	**$303,924.00**
Targeted Prevention	$303,924.00	$0.00	$303,924.00
Emergency Shelter Operations	**$895,137.00**	**$0.00**	**$895,137.00**
Emergency Shelter Operations	$895,137.00	$0.00	$895,137.00
Rapid Re-housing	**$633,201.00**	**$0.00**	**$633,201.00**
Rapid Re-housing	$633,201.00	$0.00	$633,201.00
CoC Planning	**$192,648.00**	**$0.00**	**$192,648.00**
CoC Planning	$192,648.00	$0.00	$192,648.00
HMIS	**$97,111.00**	**$0.00**	**$97,111.00**
HMIS	$97,111.00	$0.00	$97,111.00
Administration	**$97,111.00**	**$0.00**	**$97,111.00**
Administration	$97,111.00	$0.00	$97,111.00
Total VHSP Funding Request	**$2,329,095.00**	**$0.00**	**$2,329,095.00**
HOPWA	**$0.00**	**$0.00**	**$0.00**
HOPWA	$0.00	$0.00	$0.00
Total:	**$2,329,095.00**	**$0.00**	**$2,329,095.00**

Budget Narrative:

SVHC is requesting the below totals under VHSP by funding type. • Centralized/Coordinated Assessment - $109,963 • Targeted Prevention -$303,924 • Emergency Shelter Operations - $895,137 • Rapid Re-housing - $633,201 • CoC Planning - $192,648 • HMIS -$97,111 • Admin - $97,111 a. ForKids: i. Coordinated Assessment- 1. Funding requested $23,213 2. Anticipated # of households served 6,300 ii. Targeted Prevention- 1. Funding requested $245,124 2. Anticipated # of households served 36 iii. Shelter Operations- 1. Funding requested $152,575 2. Anticipated # of households served 118 iv. Rapid Re-Housing- 1. Funding requested $243,710 2. Anticipated # of households served 200 v. HMIS - $33,231 vi. Administration - $33,231 vii. Total DHCD Request - $731,084 viii. Total Match $182,771 b. LGBT Life Center: i. Coordinated Assessment- 1. Funding requested $86,750 2. Anticipated # of households served 175 ii. Targeted Prevention- 1. Funding requested $58,800 2. Anticipated # of households served 5 iii. Rapid Re-Housing- 1. Funding requested $140,291 2. Anticipated # of households served 10 iv. HMIS - $14,292 v. Administration - $14,292 vi. Total DHCD Request - $314,425 vii. Total Match $78,606.25 c. Norfolk Community Services Board: i. Shelter Operations- 1. Funding requested $742,562 2. Anticipated # of households served 400 ii. HMIS - $37,128 iii. Administration - $37,128 iv. Total DHCD Request - $816,818 v. Total Match $204,204.50 d. The Planning Council i. CoC Planning - $192,648 ii. Total DHCD Request - $192,648 iii. Total Match - $48,162 e. YWCA: i. Rapid Re-Housing- 1. Funding requested $249,200 2. Anticipated # of households served 30 ii. HMIS - $12,460 iii. Administration - $12,460 iv. Total DHCD Request - $274,120 v. Total Match $68,530

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 2021 Southeastern Virginia Homeless Coalition's (SVHC) Point in Time Count, there were a total of 564 homeless persons counted across all shelters in the CoC's service area, which includes Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight County, and Southampton County. The SVHC did not conduct an Unsheltered Count due health and safety concerns related to the COVID-19 pandemic.

The total indicates a rate of homeless persons as 87 per 100,000 of the population compared to 109 per 100,000 counted in the previous year. Of the 564 persons counted as Sheltered, 95% were in Emergency Shelter and 5% were in Transitional Housing. In addition, the total counts of persons in each jurisdiction were tabulated:

- Norfolk: 381 (67%)
- Chesapeake: 123 (22%)
- Western Tidewater: 60 (11%)

Males made up the greatest portion of those experiencing homelessness, with 342 (61%) males counted compared to 221 (39%) females and 1 transgender person. This is a notable difference when compared to the general population of the region where females make up just over 51%.

More notably, seventy-one percent (71%) of persons counted were Black/African American and 23% were white compared to the CoC's general population of 36% Black/African American and 55% white. Six percent (6%) were Multiracial/Asian or American Indian or Alaskan Native. 4% of those counted identified as Hispanic or Latino.

Seventy-nine 79% of persons counted were in households without children (Adult Only) while 118 (21%) were in households with children. Persons in families decreased by 31% from the prior year, while Adult Only households decreased by 19%. The total number of families counted was 38, also a decrease from the previous year. Parenting youth were counted as 5 persons, a decrease of 50% from the prior year.

The number of Veterans experiencing homelessness in the SVHC service area has steadily decreased since 2017, totaling 56 (10%). The number of chronically homeless persons increased dramatically in 2021, identifying 118 (21%). This trend was also found across the U.S. Additionally, WellSky (The Hampton Roads Homeless Management Information System vendor) updated the logic in their reports to account for "aging in to chronically homeless" for single clients. This resulted in an increase in the number of clients falling into the chronically homeless category.

The number of adults fleeing domestic violence has steadily decreased since 2015, with 46 (8%) counted. However, in 2021, there were 90 persons reporting a serious mental illness, which is the largest number since 2013 and an increase of 17%. The number of persons reporting a substance abuse problem decreased steadily and was counted at 37 (6%). The number of adults living with HIV/AIDS has remained relatively constant, with 11 persons (2%) identified in 2021 and an increase by 2. The good news is that the pandemic has afforded the community to take advantage of longer shelter stays, and provide longer-term case management, as well as increasing healthcare services to clients in shelters.

In 2021, the SVHC saw the lowest Point In Time Count in 8 years. This is probably due to the circumstances created by the COVID-19 pandemic, resulting in reduced capacity at several shelters, the addition of hotels acting as emergency shelters for those who may otherwise have been identified as homeless, the loss of the winter shelter programs through volunteers and churches, and the inability for the SVHC to safely conduct an Unsheltered Count. Additionally, the number of chronically homeless persons increased dramatically in 2021, which mirrors a trend across the US.

In addition to Point in Time Count data, the CoC analyzed call data from the Housing Crisis Hotline for calendar year January 1 to December 31, 2021. The Hotline data includes HUD's Category 1 definition of homelessness (literally homeless) and HUD's Category 2 definition of Imminent Risk (will be homeless within 14 days or fewer and no supports or resources). Calls represent unduplicated persons.

There were 1,719 callers who were literally homeless – an increase by 41% from 2019. Additionally, 1,260 callers were at imminent risk of becoming homeless – a decrease by 54% from 2019 - for a combined total 2,979 callers during the year. The total of 1,719 literally homeless callers is more than 3 times the number of unduplicated persons (564)

counted during the Point in Time Count, reflecting a more accurate number of persons needing shelter and housing throughout the year within the SVHC service area.

36% of callers were in households with children, 45% were in Adult Only households, and 19% did not provide household information. This contrasts with Point in Time data indicating that just 21% of persons were in households with children and the majority (79%) were in Adult Only households.

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

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 Housing Crisis Hotline is a universal Access Point for the Crisis Response System and serves as a central point of contact to hundreds of 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 program. 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 and to Assessment Points across the region. Callers can also access a 24-hour self-service directory of available shelter options during the winter shelter season. Households At Imminent Risk of becoming homeless are screened for eligibility for CoC Prevention programs and given additional information for the state-wide Rent Relief Program and other resources. ForKids, LGBT Life Center, STOP, and VBCDC operate prevention programs.

Outreach teams participate as Access and Assessment Points for the Crisis Response System. Norfolk and Chesapeake have dedicated, outreach personnel that conduct street canvassing. The Norfolk Community Services Board (NCSB) hosts a team dedicated to homeless outreach and case management. Chesapeake Department of Human Services employs an outreach worker and operates a day services center available for basic needs, as well as intake and assessment. Commonwealth Catholic Charites and ForKids also operate outreach programs in Chesapeake and Western Tidewater. The Veterans Affairs Medical Center (VAMC) has outreach case managers to connect veterans to the Coordinated Entry System (CES).

During winter months, outreach workers visit winter shelter programs to connect households to the CES and screen for 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 variety of basic services, hot meals, computers, and to 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 Domestic Violence (DV) shelter programs. These programs operate as Assessment Points and navigate clients though the CES, as well.

Once a household has been connected to an Assessment Point, their vulnerabilities are assessed utilizing either the Family, Transition Aged Youth, or Single Adult VI-SPDAT and a Prioritization Tool. 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 while 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, YWCA, and LGBT Life Center have Rapid Rehousing (RRH) funds. ForKids and NCSB also operate HOME Tenant-Based Rental Assistance (TBRA) programs. VBCDC and STOP receive Supportive Services for Veteran Families (SSVF) grants. St Columba and The Salvation Army operate Transitional Housing (TH) projects. ForKids, Virginia Supportive Housing, LGBT Life Center, 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 to a large number of homeless individuals, often chronic and disabled.

Service providers work to find affordable housing that is appropriate for each household they serve. During housing search and after entering housing units, agencies continue to connect the household to any additional wrap-around services that will ensure further stabilization. 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. NRHA also received 63 Emergency Housing Vouchers in 2021. The SVHC also entered into an agreement with Chesapeake Redevelopment and Housing Authority to refer 12 households to the Housing Choice Voucher program.

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. Detail the methodology for determining gaps within the system.

Answer:

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 by System Performance Measures and Coordinated Entry data. For example, from October 1, 2020 – September 30, 2021, the System Performance Measures (SPM), documented that 1,751 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, 5,148 persons were entered into the CoC CES project, which captures households that meet HUD Homeless categories 1,2, & 4. The 5,148 persons that accessed comprise a total of 3,252 households. A Crisis Needs Assessment was recorded for 2,196 of the total households. A Housing Needs Assessment was recorded for 888 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. 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.

The pandemic highlighted the true number of households living without shelter as the CoC served many households that agreed to live in the hotel shelter projects for safety. Norfolk quickly opened two sites, housing 120-150 per night in collaboration with the winter shelter (NEST) program; Chesapeake provided hoteling for 60 individuals, and Suffolk sheltered up to 30 individuals in two separate hotels. These programs continue today through CHERP-CDBG and Chesapeake will end by June 2022. The City of Norfolk is committed to continue the shelter program year-round, and the City of Suffolk is discussing options to expand shelter options after July 1.

Additionally, the need for Rapid Rehousing assistance for Adult Only households continues to be the greatest need. As of December 31, 2021, 524 Adult Only households were assessed as potentially eligible for Rapid Rehousing and need a referral. An additional 401 Adult Only households were assessed as potentially eligible for Permanent Supportive Housing and need a referral, which follows RRH as a major gap.

All funded agencies 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.

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

Answer:

To address gaps identified with housing referrals, the SVHC established a Coordinated Entry System work group to review systemic gaps and processes in order to make improvements. To meet the changes made by HUD around CES data standards, the CE workgroup has been working to bridge gaps and adjust current policies and processes. Recently, the workgroup established new processes 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 reassigned roles and responsibilities of Access Points to ensure that any client entering the system is connected to an Assessment Point. This system change now allows the CoC to accurately track the length of time clients are in the CE system from first touch to permanent housing, and this is reviewed and reported out to committees. This is also reflected in the dashboard that is made available on the SVHC website. Accurately recording all households in the CoC that are experiencing homelessness or are at imminent risk of becoming homeless allows for better tracking of needs and utilization of current housing interventions in order to plan for expansion of services and recruitment of new resources.

Current grantees have diligently assessed their capacity to provide additional services and/or serve more households across the region. Agencies continue to seek funding from the state, federal, and local entities to support their goals and programs. Recently, the LGBT Life Center was awarded two new grants through the Housing Trust Fund to provide rapid re-housing and wrap around services for 15 Older Adult households and 10 Youth households. These underserved populations continue to present for services with very little customized resources to address their complex needs. Additionally, few service providers are equipped to tailor their programs for housing, services and medical needs that are required to ensure success for both youth and Older Adults. In 2021, the SVHC applied for the Youth Homeless Demonstration Project through HUD to build a larger response system, but it was not awarded. The CoC's geographical area continues to struggle with not being urban enough, nor rural enough, to meet the eligibility for high priority.

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

The CoC also continues to grow cross-sector connections to develop new relationships with agencies in the region for broader service provision. Established service providers are working to mentor these agencies to apply for state, local, and federal funding to continue the mission of making homelessness rare, brief, and non-recurring.

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

Answer:

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 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 any Access or Assessment Point. The SVHC uses a prevention screening assessment to identify if households are eligible for Prevention and prioritize them based on barriers. Households that score above specific thresholds are then referred to prevention programs as vacancies arise.

Households that 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 shelters. 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 to connect them to intake and any available resources.

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. 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. 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 and make direct referrals to 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 of these 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 prioritizing 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 (VI-SPDAT score), 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 a housing intervention if the household does not meet the program's eligibility criteria, or the household is unable to be contacted for intake. When a referral is denied, it is the responsibility of the receiving agency to promptly update the committee on the outcome and the household will be returned to the Priority List. The household will maintain 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? Were these criteria informed by the communities' needs detailed in question #1? 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 rank based on the CoC priorities for service referrals.

Prevention/Diversion – 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. A diversion tool is also utilized to identify any other options to identify family, friends or other resources in order to avoid shelter. 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. Disabling and medical conditions can also influence prioritization. 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, followed by households that are at imminent risk. Referrals to shelter are dependent on the size of the vacancy. The SVHC does not separate families, so referrals are made for highly vulnerable households that fit the unit. 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, or 4) 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.

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 VI-SPDAT score). In order for a household to be eligible for Permanent Supportive Housing (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 by the CoC 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 will require a higher level of intervention to become stable in housing. Therefore, the CoC determines the prioritization on the household's 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 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. Other assessment tools are being researched now that may provide a better understanding of each household's true needs that will help with prioritization.

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 Targeted Prevention at the agency level, depending on the needs of each household as determine 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 in order to make comparisons 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 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 various benefits, and pay debts associated with maintaining current housing (such as utilities). 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.

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. Additionally, these data elements are now made available through dashboards available on the SVHC website and are presented to leadership and discussed.

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. Street outreach in Western Tidewater has long been a notable service gap and has been somewhat addressed with grant 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, 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 Homeless programs. Sex offenders can be accommodated with housing and other services at most agencies but often require housing location assistance and private landlords 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 population. The LGBT Life Center also operates 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, including 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. The gaps in specific housing and programs for homeless elders is a recent program within the SVHC, with the establishment of a Coalition to link services and potentially create new housing opportunities. Agencies are paying special attention to homeless disconnected youth and homeless elders by applying for Housing Trust Funds to support and expand innovative project for housing and community planning to identify best practices and resources that will address their needs in the most culturally competent manner.

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, Endependence, 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 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. Assistance in obtaining IDs and other documents is a routine task carried out by Housing Stabilization Case Managers at each agency, as well.

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:

Virginia's lack of affordable housing inventory remains the biggest barrier and has been highlighted throughout the COVID-19 pandemic with the lack of movement from homeless status to 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 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 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 work 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 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, in order to get their clients treated. Likewise, there remains a significant shortage of free mental health services in the community although more private agencies are now available who can often bill Medicaid for homeless clients. 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 bring issues to the Coordinated Entry Workgroup and Program Monitoring Committee to improve processes and look for new solutions and additional funds.

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

Answer:

The Governing Board (GB) and CoC Lead Agency are responsible for the recruitment of new members and ongoing 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 membership, the CoC requires no fees, is open to the public, and solicited through the CoC website, via email distribution lists, and on all CoC social media. Community members are also invited to all CoC meetings via weekly email and website announcements.

The SVHC holds a General Membership (GM) meeting bi-monthly 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 CoC hopes to continue with hybrid virtual meetings once we are all safe to meet in person. The Program Monitoring Committee (PMC) meets on a monthly basis. 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 Lead Agency and members of the GB also attend other systems of care meetings such as the public schools, Department of Justice, foster care, health coalitions, 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, HUD 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 at CoC meetings.

Chesapeake Regional Medical Center: GM-100%

Chesapeake Libraries: GM-67%

Chesapeake Integrated Behavioral Health: GM-50%

City of Norfolk: GM-67%; PMC-25%

Chesapeake DHS: GM-67%; PMC-92%

Commonwealth Catholic Charities: GM-50%; PMC-25%

Endependence Center: GM-83%

ForKids: GM-100%; PMC-100%

Genieve: GM-50%; PMC-75%

HER Shelter: GM-83%

LGBT Life Center: GM-100%; PMC-100%

Norfolk Community Services Board: GM-100%; PMC-100%

Norfolk DHS: GM-100%

Norfolk Redevelopment and Housing Authority: GM-50%

The Salvation Army – Norfolk: GM-100%; PMC-58%

St Columba: GM-83%; PMC-100%

Survivor Ventures: GM-50%

The Planning Council: GM-100%; PMC-100%

STOP: GM-83%; PMC-67%

Senior Services of Southeastern Virginia: GM-50%; PMC-42%

Union Mission Ministries: GM-50%

Virginia Beach Community Development Corporation: GM-83%

Hampton Veterans Affairs Medical Center: GM-100%

Virginia Veteran Family Services: 67%

Virginia Supportive Housing: GM-100%; PMC-100%

YWCA of South Hampton Roads: GM-100%; PMC-100%

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

Answer:

The SVHC conducted a Racial Disparity Assessment for the period of October 2019 to September 2020, which is the same timeframe used for the CoC's System Performance Measures. This assessment examined data from the 2019 U.S. Census, HUD's CoC Racial Equity Analysis Tool, HUD's Stella P Visualization Tool, the SVHC's Homeless Management Information System (HMIS), the 2021 Point in Time Count and SVHC partner agencies. The decision to use 2019 Census data instead of 2020 data is due "to disruptions to census operations as a result of the pandemic and, in part, to a series of decisions made by the Census Bureau to distort most 2020 data prior to releasing it."[1]

The assessment compared the racial and ethnic composition of the general population to the racial and ethnic populations within the homeless system to identify any potential racial or ethnic disparities within the CoC's provision of homeless assistance.

The largest racial categories in the SVHC's region are Black or African American and White. According to U.S. Census data (2015-2019), 36% of the SVHC's general population identify as Black or African American, 55% identify as White, 6% identify as Multiracial, 3% identify as Asian or Pacific Islander and 0.3% identify as American Indian or Alaska Native. While Black or African American individuals represent 36% of the general population, they represent 57% of those in poverty and 71% 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 19% 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 or ethnicity. For example, those identifying as Black or African American represent 71% of the homeless system and represent a similar or higher percentage of clients receiving assistance in all programs except for Emergency Shelter (68%). The CoC will further examine this finding to better understand if there are disparities present.

Those identifying as Hispanic or Latinx represent 6% of the general population, 9% of those in poverty and 4% of those in HMIS. Hispanic or Latinx persons represented a smaller percentage than non-Hispanic and non-Latinx persons in Supportive Services (3%), Street Outreach (3%), Day Shelter (2%) and Other Permanent Housing (2%). This population represented a larger percentage in Rapid Rehousing (5%) and Permanent Supportive Housing (5%). Because Hispanic

or Latinx persons 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. Overall, 48% of persons exited to a permanent destination, compared to 51% of Black or African American persons, 35% of Whites and 64% of Hispanic or Latinx persons.

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 populations served. The results indicate that direct services housing staff more closely reflect the racial populations they serve (64% Black or African American and 33% White) while management and boards are less racially diverse. However, management and boards were comprised of 3% Hispanic or Latinx persons compared to 2% for direct services housing staff. 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 better understand the intersection of race, racism, and racial equity, the CoC has a series of trainings by Collective InCite throughout 2021. These trainings were accessible both in-person and virtually. For those who attended trainings, the CoC made additional Holding Space trainings available from Collective InCite. Holding Space is a process that provides an opportunity for attendees to share thoughts and experiences from the prior trainings and to begin to practice the dialogue that is necessary to move toward action as a CoC. In addition, the CoC members attended a three-part webinar training by the Virginia Department of Housing and Community Development. The trainings were made available to all staff, including administrative staff. The trainings were as follows: 1) Understanding racial disparities and the stories that our community data can tell us; 2) We know what the data says, but how did we get here? Unpacking the roots of racial disparities in housing and homeless services; and 3) Taking action & iterating toward change -addressing racial disparities in housing and homeless services. The CoC is committed to ensuring that all persons needing housing, shelter and supportive services can access and receive those services regardless of race or ethnicity. The CoC will continue research within its homeless system as well as within the general community to provide services and supports to meet the needs of the community.

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

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

Answer:

The Southeastern Virginia Homeless Coalition (SVHC) presents this funding request for $2,329,095 to administer services under the 2022-2024 Virginia Homeless Solutions Program (VHSP) 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, continuing funding for programs established under CHERP funds, reallocating funds from poor performing programs, increasing Administration allowances, and provision of services now included in budget activities for the 2022-2023 program year.

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

- Centralized/Coordinated Assessment - $109,963
- Targeted Prevention -$303,924
- Emergency Shelter Operations - $895,137
- Rapid Re-housing - $633,201
- CoC Planning - $192,648
- HMIS -$97,111
- Admin - $97,111

1. **ForKids:**
    1. *Coordinated Assessment-*

1. Funding requested $23,213
2. Anticipated # of households served 6,300

2. *Targeted Prevention-*
    1. Funding requested $245,124
    2. Anticipated # of households served 36
3. *Shelter Operations-*
    1. Funding requested $152,575
    2. Anticipated # of households served 118
4. *Rapid Re-Housing-*
    1. Funding requested $243,710
    2. Anticipated # of households served 200
5. *HMIS* - $33,231
6. *Administration* - $33,231
7. Total DHCD Request - $731,084
8. Total Match $182,771

2. **LGBT Life Center:**
    1. *Coordinated Assessment-*
        1. Funding requested $86,750
        2. Anticipated # of households served 175
    2. *Targeted Prevention-*
        1. Funding requested $58,800
        2. Anticipated # of households served 5
    3. *Rapid Re-Housing-*
        1. Funding requested $140,291
        2. Anticipated # of households served 10
    4. *HMIS* - $14,292
    5. *Administration* - $14,292
    6. Total DHCD Request - $314,425
    7. Total Match $78,606.25
3. **Norfolk Community Services Board:**
    1. *Shelter Operations-*
        1. Funding requested $742,562
        2. Anticipated # of households served 400
    2. *HMIS* - $37,128
    3. *Administration* - $37,128
    4. Total DHCD Request - $816,818
    5. Total Match $204,204.50
4. **The Planning Council**
    1. *CoC Planning* - $192,648
    2. Total DHCD Request - $192,648
    3. Total Match - $48,162
5. **YWCA:**
    1. *Rapid Re-Housing-*
        1. Funding requested $249,200
        2. Anticipated # of households served 30
    2. *HMIS* - $12,460
    3. *Administration* - $12,460
    4. Total DHCD Request - $274,120
    5. Total Match $68,530

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 HSNH funding was shared with the SVHC membership, both in meetings as well as via email and on the CoC website. 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 to fill those gaps. The CoC learned that a Rapid Rehousing provider - STOP Inc. - would not be re-applying for this grant round, which increased the need for more RRH project funding for homeless individuals. Because of this, other service providers that were applying increased their requests, and a new CoC agency - S.T.A.R. Haven - also discussed their potential to fill that gap for Western Tidewater. The group reviewed all proposals to ensure they were in line with the appropriate guidelines, for both VSHP and HTF.

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 utilized in previous applications was updated 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 VHSP and HTF project applications were received by March 14. TPC then combined them and sent them out to PMC members for a Peer Review process to be conducted at the March 16 PMC meeting, 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, 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.

At the March 21 Governing Board (GB) meeting, the PMC co-chairs provided an overview of each request and presented the PMC’s recommendation. The non-conflicted GB members voted to allow the VHSP applications from ForKids, LGBT Life Center, Norfolk Community Services Board, The Planning Council and the YWCA, as well as the HTF applications from Virginia Supportive Housing and S.T.A.R. Haven to be forwarded to DHCD as part of the collaborative application from SVHC.

TPC staff completed the HSNH narrative and budget 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 voted electronically on the final application to be submitted to DHCD.

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 CoC-designated Homeless Management Information System (or a comparable database) which is 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. 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 with HSNH funds participate in the quarterly calls with DHCD to learn about under-spending or over-spending issues and any proposed action by the agencies in question, if necessary. 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 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 provides 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. 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.

Furthermore, the CoC is in the process of developing a Performance Management Program (PMP). This program will allow the CoC to monitor, at a project level, the data, project outcomes, targets, and financial administration of the project. The PMP will include a Performance Improvement Plan that will be implemented when the CoC identifies projects that are 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.

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

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

Answer:

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

The LGBT Life Center adheres to the Housing First model for all housing programs in operation, including VHSP and CHAP Norfolk. Housing Services Department has policies related to the Housing First practice and the staff receive regular training regarding the model of care. Enrollment in housing programs is not contingent on sobriety, employment, mental health services, supportive services, or income.

All Norfolk Community Service Board (NCSB) Housing and Homeless (H&H) Services programs work under the Housing First philosophy. Clients are not required to engage in clinical services or other non-essential activities to be eligible for programs. These best practice housing first policies have been in effect for over 15 years. The NCSB provides supportive services to persons once housed to ensure housing stability, but participation in clinical or behavioral health services is not required. For The Center, this "housing first" philosophy is modeled through the provision of low-barrier shelter. Persons seeking shelter are not expected to be in recovery and are assisted with services, resources, and housing planning regardless of their participation in recovery or other clinical services. Guests are expected to maintain and are supported in safe behavior when on the property, including not bringing alcohol or non-prescribed drugs on the property. However, they are not limited to shelter based on use of substances prior to entry. The H&H Division is separate from all clinical divisions by design to provide them the capacity to provide housing and homeless services outside of the clinical requirements of other divisions. Clients of H&H have full access to other NCSB services, but not required.

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. All YWCA Emergency Shelter Clients complete a Needs Assessment to identify exit plans and safe housing needs. 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. The YWCA completes a VI-SPDAT universal assessment for every household entering shelter services in compliance with a Housing First program and the CoC coordinated entry requirements, in order to assist the household with all available resources that address needs.

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

Answer:

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

The LGBT Life Center bases all program eligibility requirements on the guidelines from the funding agency. Staff are trained on strategies to assist clients in securing identification documents.

The NCSB Center does have residency requirements to ensure they are serving the needs of the residents of the City of Norfolk. When a client presents who is otherwise eligible, but are from another local community, they may be offered a short overnight/overflow shelter stay, but then are assisted with return to their community of origin. Persons presenting from non-local areas and have come to Norfolk while homeless will be accepted in The Center. The shelter programs do require identification, but many forms are accepted, not just State issued ID. If a client presents without ID, they will still be offered shelter if their identity can be verified by any other means, including their documents, HMIS, local issued IDs, discharge paperwork, or third-party verification. Staff work with guests to assist them in securing enough verification, including asking outreach workers if they can confirm. The ID/identity requirement is for the preservation of enough capacity for those homeless in Norfolk and for the safety of guests and staff. Shelter guests are not required to participate in any services offered at the emergency shelter other than on-site case management for planning for exits from homelessness. Guests with long and difficult histories of behavioral health are provided additional time using a trauma-informed approach for engagement if not ready for case management services.

The YWCA South Hampton Roads asks all Emergency Shelter Clients to complete a Needs Assessment within 72 hours of arriving to shelter to begin the CoC assessment, goal setting, and to identify immediate needs. All of their services are voluntary and there are no requirements for shelter and housing services. Staff are trained to identify immediate resources that are needed for housing stabilization, such as obtaining identification, healthcare, mental health and substance use support, and more.

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

Answer:

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

LGBT Life Center has over 32-years of experience providing supportive housing services throughout Hampton Roads. The organizational chart includes Housing Services as a separate department, led by a Housing Director (currently vacant), 5 FTE Housing Specialists and 9 FTE Housing Case Managers. There are 2 Program Managers who report to the Housing Services Director. The Housing Services Director reports directly to the Chief Program Officer and CEO, who both have extensive experience in providing supportive housing services and reporting responsibilities. A new position of Deputy Director is under development and will be in place in the next 30 days. 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. The Board of Directors includes a finance subcommittee that meets monthly to monitor financial statements and advise the agency. The agency has an investment policy that is conservative and guides investment accounts. The entire Board receives a financial report in their bi-monthly meetings to review. 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 NCSB Center program is already in operational status. NCSB has a long history of managing funding and grants through multiple sources with a $25.8M annual budget and $6.5M in grants. Although sheltering is a newer activity for NCSB, it started a COVID-19 response hotel program in March 2020, and opened The Center in May 2021 to meet the needs of individuals experiencing homelessness in the city. The Executive Director has been in the homeless, housing, and behavioral health field since 1988 – at all levels of responsibility. She directly supervises the H&H Division that has managers and staff with multiple years of experience in homeless and housing services. The Program Supervisor directly managing The Center has been at NCSB for several years and previously had 10 years of shelter management experience. The Executive Director reports to both the Board of Directors and the Deputy City Manager. The NCSB finance team provides direct financial support and has the backing of the City of Norfolk's Budget, Grants, and Finance offices for oversight and operational structure. The NCSB has significant history of operating well-respected and effective homeless and housing services.

The YWCA South Hampton Roads has the capacity to administer funding beginning July 1, 2022. The YWCA Housing Department is fully staffed with three Housing Advocates responsible for housing searching, facilitating landlord agreements, and providing ongoing case management services to support the Housing First Model and self-sufficiency skills. The YWCA Housing Department is staffed with a Housing Manager responsible for the management of grant funding to ensure the department is on track to meet goals, review allocated subsidies per household based on income, open housing vacancies at the Service Coordination Committee, provide continued training for Housing Advocates, and complete grant outcomes. The Shelter & Housing Program Director are responsible for the oversight of the Housing Department to review budgeting, monitor grant outcomes, and continued training related to the empowerment model, trauma informed care, housing first model, and more. The YWCA Housing Department continues to partner with local agencies with similar housing and case management programs to complete training and evaluate effective program strategies.

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

Answer:

ForKids has been administering VHSP grants for 10+ years, currently working in three different CoCs. Staff has a variety of degrees and experience related to social work, human services, property management and other nonprofit work and participate in an ongoing, rigorous training plan that covers both grant compliance and best practices in service delivery. Staffing ratios are currently as follows:

- Emergency Shelter: 10:1
- Prevention: 15:1
- Rapid Re-Housing: 15:1

The LGBT Life Center staff includes Housing Case Managers, Housing Specialists, and the appropriate supervisor/Program Manager for each position. The Housing Case Manager works directly with the client to ensure all assessments are completed, service plans are developed and implemented, and follow up is completed with clients according to their service level needs. Additionally, the Housing Case Manager completes referrals to other programs and services as needed and works to resolve any non-lease related issues as they arise. The Intake Specialist, funded by Coordinated Entry, manages all intakes and referrals into the Housing Department and ensures each intake is forwarded to the corresponding staff for the project. Referrals receive an initial screening within 24 hours. The Center received this funding in the middle of the funding cycle, so there is not 2 full years of data to evaluate. However, the volume of calls to the Center has been excessive and this position has managed this process.

The NCSB Center's staffing plan includes two supervisors, one day and evening case manager, 1 Peer Support Specialist, 13 Human Services Aids, split over 3 shifts, and two security guards each shift. All staff have to meet minimum qualification per their job descriptions. All staff have a base of knowledge and experience with the populations with increasing expectations for positions with more responsibility. With 18 staff currently, averaging 9 on day and evening shift, and 6 on overnights, and roughly 100 clients any given day, the staffing ratio at The Center during day and evening is roughly 11:1, and overnight is 16:1.

The YWCA Housing Department is comprised of three housing advocates who facilitate initial housing meetings, complete housing searching, assist with landlords and lease signing, and continue case management and self-sufficiency throughout the housing process and until the client terminates services. The Housing Manager and Shelter and Housing Program Director will continue to train, monitor grant goals, and seek housing options and supports. Each team member assisting with housing is required to complete YWCA Orientation and Advanced Training, Department Training, CoC Orientation, and ongoing professional development related to Case Management services, motivational interviewing, and community resources. The YWCA's services are all voluntary so clients are able to maintain case management services for as long as they would like. Client caseloads vary depending on client interaction. An average Housing Advocate case load is 10-15 households.

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

Answer:

Not Applicable.

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

Answer:

Virginia Supportive Housing. PSH Project. Total request - $105,000. Total number of persons served is 110. This program will continue on-site property management and voluntary supportive services for residents at Gosnold and Church Street Station. Both programs operate as low barrier, Housing First permanent housing programs. These funds allow on-site services staff to focus on those who have the highest need for intensive case management and supports, as well as develop individual service plans to improve housing stability through access to mainstream benefits and coordination with other service providers.

S.T.A.R. Haven. RRH Project. Total request - $125,000. Total number of persons to be served is 10. This program is designed to help individuals quickly exit homelessness and return to permanent housing in the Western Tidewater region (Suffolk, Franklin, Isle of Wight County, & Southampton County). The program offers assistance without preconditions such as employment, income, absences of criminal record, or sobriety. The services provided are tailored to the unique needs of the household.

Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

SVHCCoCLevelPoliciesandProcedures44202231235.pdf

CoC/LPG Governance Charter/By-Laws

SVHCGovernanceCharterandBylaws44202231247.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesandProcedures44202231528.pdf

Job Description (case managers and housing locator positions)

SVHCJobDescriptions44202231538.pdf

Homeless Services Flow Chart

SVHCHomelessServiceFlowChart44202231549.pdf

Application to DHCD Submitted through CAMS

The Planning Council

SVHC HSNH 2022-2024 Application

Board of Directors Listing

SVHCBoardofDirectorsListing44202231604.pdf

MOUs

SVHCMOUs44202231658.pdf

Organizational Certification and Assurances (DHCD document)

SVHCOrganizationalCert44202231717.pdf

CoC Certification and Assurances (DHCD document)

SVHCCoCCert44202231731.pdf

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

SVHCHSNHYearOneRequest44202231746.xlsx

VHSP Proposed Match Form

SVHCProposedMatchForms44202231758.pdf