Southeastern Virginia Homeless Coalition

Homelessness will be Rare, Brief, and Non-Recurring

Service Coordination Committee

Resource Guide

Prepared by The Planning Council

February 2019

What are Service Coordination Committees (SCC)?

They are subcommittees of the Southeastern Virginia Homeless Coalition (SVHC) that work to address the needs of homeless households requiring a multitude of services. Membership consists of social/human service departments, housing providers, and other agencies within the Continuum of Care (CoC) who will assist with access to diverse services, as well as aid in the shelter exits of high barrier households to secure permanent housing. Additionally, SCC works to provide wrap-around support services even if housing is not an option for a household.

Referrals to housing interventions through SCC will be made for literally homeless households that originate or currently receive services from the geographic area covered by the SVHC to include Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight, and Southampton Counties. The SVHC prioritizes Veteran and Chronically Homeless households for housing intervention placements.

Meetings are open to SVHC member agencies only.

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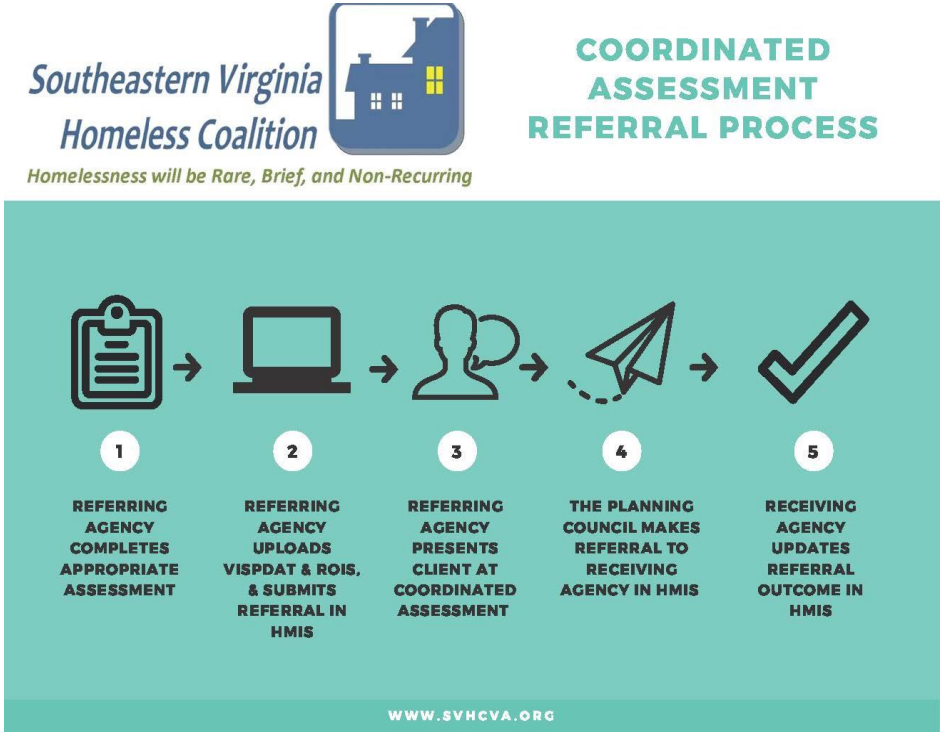

SCC Families

- literally homeless households with minor children or literally homeless single pregnant women within the third trimester of pregnancy
- Meets weekly on Tuesday at Noon
- Referrals are due at Noon TWO business days before the meeting

SCC Singles

- literally homeless single adult households
- Meets bi-weekly on Wednesday at 9 AM
- Referrals are due at Noon TWO business days before the meeting

What Do I need to Refer a Client to SCC?

- Completed VI-SPDAT
- Executed SVHC Release of Information
- Executed HMIS Release of Information
- Completed Prioritization Tool

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Case Referral and Presentation

To Refer a client to SCC:

- Upload VI-SPDATs and ROIs to the clients HMIS profile
- Send a referral to the appropriate project
    - The Planning Council SCC Families (1544)
    - The Planning Council SCC Individuals (1543)
- Agencies that currently have limited or no access to HMIS will continue to submit via email to intake@theplanningcouncil.org or by fax to (757)257-3853 for processing through HMIS.

To Present a client at SCC, the case manager will:

- Present basic information on the case
    - family size, veteran status, chronic status
- Provide a summary of the VI-SPDAT key components
    - History of housing and homelessness, risks, socialization and daily functions, wellness, etc.
- Clarify which immediate services need to be addressed for each household
- Recommend a housing stabilization plan
    - Permanent Supportive Housing (PSH)
    - Transitional Housing (TH)
    - Rapid Rehousing (RRH)

Dos and Don'ts of Case Presentation

✓ DO present basic household information, including: Gender, Age, Location, Length of time of homelessness, Income, Barriers to housing	× DON'T use names or other client/family identifiers without a Release of Information
✓ DO present immediate household needs, including: Food, Employment, Shelter	× DON'T present personal information that does not directly affect the housing and/or stabilization plan
✓ DO solicit input from participating providers to address barriers and immediate needs	× DON'T coordinate a housing and/or stabilization plan outside of SCC meetings without opening a case with the Committee
✓ DO identify a recommendation for each individual and family presented	× DON'T conclude a case without addressing solutions to housing barriers
DO provide updates on households discussed at previous meetings to track success and gaps of SCC	× DON'T forget to close cases as they are completed.

Code of Conduct

Members are expected to adhere to a professional code of conduct consistent with any and all applicable laws, regulations, guidelines, or generally accepted practices, established by any Local, State, or Federal agency or department.

Responsibility – You are responsible for navigating your clients through the housing process

Expectations – always remain professional and respectful

Success – It is contingent on your participation, follow through, and implementation of Housing First practices

Presentation – Present only information on immediate housing needs, including shelter, food, etc.

Engagement – It is expected that referring agencies will stay engaged

Confidentiality – Only present on those with an ROI

Task – Stay on task and adhere to the agenda

Governing HUD Definitions

Literal Homelessness - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (1) Has a primary nighttime residence that is a public or private place not meant for human habitation; (2) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (3) Is exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (Dept. of Housing and Urban Development).

Chronic Homelessness - either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years (Dept. of Housing and Urban Development).

Permanent Supportive Housing Programs	Eligibility Requirements	Preference/ Target Population	Services Provided	Case Management Provided	Housing Location Services
ForKids	Referral from SCC Literally Homeless Families	Documented disability, chronically homeless	Coordination of Care, CTI Case Management, mental health consultations and referrals, Job Coaching, housing placement, education and enrichment programs for minor children	ForKids Staff	ForKids Staff
HUD VASH	Referral from SCC Veterans must meet HUD Homeless Cat 1 description, must be eligible for VHA Healthcare, Single and Family Households	Chronic and High Vulnerability	Case management is provided and required and occurs on an ongoing basis by VA staff	Yes	VASH has two Housing Specialists that assist Veterans with VASH vouchers with their housing search (Veterans may also search on their own, if desired).
LGBT Chap Norfolk	Referral from SCC literally homeless individuals living with HIV, whose income does not exceed the low (80%) income limit	Individuals with HIV	Housing case management and housing specialist services provided; Assist with locating/securing housing	LGBT Staff	LGBT Staff
LGBT Housing Opportunities for People With AIDS	Applications by phone screening at LGBT Life Center Residents of SVHC, GVPHC, PHAC, BEACH, and Currituck County North Carolina	individuals living with HIV, whose income does not exceed the low (80%) income limit	Housing case management and housing specialist services provided; Assist with locating/securing housing	LGBT Staff	LGBT Staff
Norfolk Community Services Board Road2Home	Referral from SCC Resident of Norfolk, Western Tidewater, Chesapeake. Behavioral health disorder (SMI/SUD). Literally homeless veteran or chronically homeless non-veteran. Individuals	Chronically homeless individuals (and literally homeless veterans) with behavioral health disorders	long term subsidy assistance, case management, housing stabilization, peer support, benefits/employment assistance	provided for 6-9 months after housing, then transition to housing stabilization services if they are in housing	Road2Home staff schedule intake within two weeks, can meet client at their location. Housing search for up to two months, clients make decision.
Norfolk Community Services Board Shelter Plus Care	Referral from SCC Norfolk residents with disabling conditions who are experiencing homelessness. Most spots identified for chronically homeless individuals	Chronically homeless individuals with disabling conditions	Housing stabilization	CSB staff provides monthly housing stabilization services to all housed clients throughout their tenure in the program	Housing stabilization specialists assist clients in housing search with landlords who accept the subsidy. Clients make final housing choice
Virginia Supportive Housing	Referral from SCC Chronically Homeless residents of Norfolk, Western Tidewater, and Chesapeake	Chronically homeless	Permanent Supportive Housing;	Case management provided by VSH staff	VSH Staff assist with housing location. Pays application fees, security deposits, utility deposits and considers assisting with utility arrears. Does not pay eviction arrears

Rapid Rehousing Programs	Eligibility Requirements	Program Preferences/ Target Population	Services Provided	Case Management Provided	Housing Location Services
Commonwealth Catholic Charities Rapid Rehousing	Referral from SCC Literally homeless single individuals or literally homeless adult only households	All members within SVHC, with primary focus on City of Norfolk residents	Case management, housing location, landlord relations	Case management provided throughout subsidy assistance, with the option for an additional two months of case management after subsidy ends.	Assistance with housing location. Choice is ultimately up to client, within funding. Able to pay application fees, security deposits, rental arrears (if barrier to housing), and utility arrears. Abel to pay utility deposits when needed.
ForKids Rapid Rehousing	Referral from SCC Literally Homeless Families	Chronically homeless families	Coordination of Care, CTI Case Management, mental health consultations and referrals, Job Coaching, housing placement, education and enrichment programs for minor children	ForKids Staff	ForKids Staff provide transportation to viewings, application fees, assistance with utility arrears, utility deposits and security deposits.
Homeless Action Response Team Tenant Based Rental Assistance	Referral from SCC Norfolk Household with children	Families who may not be housing ready and are in need additional time/support to stabilize in housing	Deposit and short-term subsidy based on income and 9 months of housing stabilization case management	Case management is required for enrollment; HART provides case management	HART, but support from referring agency is appreciated. Housing must be in Norfolk. Able to pay security deposits. Unable to pay application fees, rental or utility arrears, or utility deposits.
LGBT Rapid Rehousing	Referral from SCC homeless individuals who identify as members of the LGBT (lesbian, gay, bisexual, transgender) community and whose income does not exceed the extremely low (30%) income limit	LGBTQIA+ Community	Housing case management and housing specialist services provided; Assist with locating/securing housing	LGBT Staff	LGBT Staff
Norfolk Department of Human Services	Referral from SCC Households with children who are enrolled in VIEW through Norfolk DHS	Active VIEW Participants	deposit, rent, short term subsidy and/or utility barrier assistance	Funding source does not require case management. It can be provided by the referring agency or by HART based on client need/ availability.	HART, but support from referring agency is appreciated. Housing can be identified in any locality, but on-going payments such as subsidies must be in Norfolk. Able to pay security deposits, arrears, and rental judgements if barrier to housing. Able to pay utility arrears and deposits. Unable to pay rental applications.
Office to End Homelessness Rapid Rehousing	Referral from SCC Literally homeless, income cannot exceed 30% AMI at 3-month assessment and must reside in the City of Norfolk; must demonstrate need for assistance beyond 3 months	All literally homeless Norfolk households	Security Deposit Only program - cannot exceed 2 months of rent; Rent and utility assistance program - pays based on declining subsidies, must meet FMR and rent reasonableness standards	Provided by Commonwealth Catholic Charities or agencies willing to assist their clients and/or clients willing and able to self-navigate	Provided by Commonwealth Catholic Charities or agencies willing to assist their clients and/or clients willing and able to self-navigate
Office to End Homelessness Tenant Based Rental Assistance	Referral from SCC Literally homeless, income cannot exceed 60% AMI and must reside in the City of Norfolk; must demonstrate need for assistance beyond 3 months	Norfolk Households with incomes below 50% AMI	Rent and utility assistance; Program pays the difference after participants contribute 30% of their incomes toward housing costs, must meet FMR and rent reasonableness standards	Provided by partner agencies with MOU for case management/housing locator services with OTEH	Provided by partner agencies with MOU for case management/housing locator services with OTEH
YWCA Rapid Rehousing	Referral from SCC Literally Homeless	Declining rental subsidy based on AMI, medium-term subsidy with (averages 4 - 6 months) monthly case management. Optional Case management after subsidy ends.	Declining rental subsidy, monthly case management	YWCA Staff	YWCA Staff provides service. Intake appointment within 5 business days of referral. Staff willing to travel to meet client for intake. YW pays up to 3 application fee. Security deposits up to twice the monthly rent.

Supportive Services for Veteran Families Programs	Eligibility Requirements	Program Preferences/ Target Population	Services Provided	Case Management Provided	Housing Location Services
ForKids	Referral from SCC or Housing Crisis Hotline Literally Homeless Veteran Families, discharge status must be any other status than a dishonorable status, must be under 50% of the AMI	Veteran Families that are literally homeless	Coordination of Care, CTI Case Management, mental health consultations and referrals, Job Coaching, housing placement, education and enrichment programs for minor children	Case management is provided after eligibility is determined until case closure. Case management is not typically continued after cases close. However, in rare circumstances this agency will provide light touch case management services after case closure.	ForKids Staff is responsible for locating housing for the veterans on their caseload. Pays applications, deposits, utility arrears and deposits. Utilizes other funding for eviction arrears.
STOP Inc	Referral from SCC or Housing Crisis Hotline VET is imminently at risk of losing housing or literally homeless. Household gross income must not exceed 30% of HUD AMI, must have served in the active military, naval, or air service, regardless of length of service AND have a discharge status that is not DISHONORABLE or General Court Martial	Veterans (literally homeless Vets receive priority) too takes Veteran families	Housing Identification Rent and Move in Assistance, Case Management too include connection to VA (if eligible) and Mainstream Resources	STOP Staff	STOP staff leads the housing navigation process for locating housing units immediately after approval of admission. Not able to pay eviction arrears. Uses Temporary Financial Assistance funding to pay housing application fees, security deposits, utility arrears and deposits.
Virginia Beach Community Development Corporation	Referral from SCC, Housing Crisis Hotline, or direct client contact Must be a literally homeless veteran, discharge status must be any other status than a dishonorable status, must be under 50% of the AMI	Veterans that are literally homeless	Intensive case management and temporary financial assistance to include rental assistance, security deposit, utility fees, utility deposit, child care expenses, bus tickets, moving costs, and general housing assistance	Case management is provided after eligibility is determined until case closure. Case management is not typically continued after cases close. However, in rare circumstances this agency will provide light touch case management services after case closure.	Each Neighbor Advocate is responsible for locating housing for the veterans on their caseload. Pays applications, deposits, utility arrears and deposits. Utilizes other funding for eviction arrears.

Transitional Housing Programs	Eligibility Requirements	Program Preferences/ Target Population	Services Provided	Case Management Provided	Housing Location Services
St Columba Next Step	Referral from SCC Single, homeless adults. No income requirement or income limits.	No sex offenders, violent offenses case by case	Case Management, no subsidies	During the program duration, and up to six months as desired by the client, provided by St Columba	St Columba owns 4 houses for client residency during program; clients must come to St Columba Office for intake. When Client graduates from TH program, St Columba Staff provides housing leads, aides client with housing search, and assists with housing application process. Pays application fees and first month rent. Does not pay rental or utility deposits or arrears
The Salvation Army - HOPE Village	Referral from SCC Single women and women with children	No violent offenses, domestic violence survivors case by case, ability to work full-time (at least 35 hours each week)	Employment services, educational assistance, budgeting/financial management, case management	The case manager provides 9 months of follow up services after participants exit the program	Participants conduct housing searches with some assistance from staff. Funds do not cover rental applications, arrears, deposits or utility arrears or deposits. Funds can be leveraged for first month rent.
YWCA	Referral from SCC Literally Homeless	Domestic Violence Survivors (Families and Singles)	All rent and utilities paid for 6 months, bi-weekly case management services for 6 months.	YWCA Staff	YWCA Staff provides service. Intake appointment within 5 business days of referral. Staff willing to travel to meet client for intake. Pays application fees, security deposits, and utility deposits. Does not pay rental or utility arrears.

Norfolk Redevelopment and Housing Authority Agreement	Eligibility Requirements	Program Preferences/ Target Population	Services Provided	Case Management Provided	Housing Location Services
SCC Families Public Housing Program	Referral from SCC Norfolk Families accompanied by 6 months of follow up CM to include monthly phone call	Norfolk family households graduating from homeless programs	N/A	N/A	NRHA Properties
SCC Singles Housing Choice Vouchers Program	Referral from SCC Norfolk Singles accompanied by 6 months of follow up CM to include monthly phone call	Norfolk single adult only households graduating from homeless programs	N/A	N/A	Participants conduct housing searches with some assistance from staff

After the Service Coordination Committee

Providers will work together to complete steps provided by the housing plan established at the meeting.

Providers who accepted referrals at the meeting will provide updates to the Coordinated Assessment Specialist regarding the successes and/or failures of referrals within 7 business days.

Providers will disclose housing dates and/or program exit dates to the Coordinated Assessment Specialist within 30 days.

Coordinated Entry System Information

If you have any inquires regarding the Service Coordination Committee or would like to attend an SCC meeting, please reach out to the Coordinated Assessment Specialist, Amanda Brandenburg, at abrandenburg@theplanningcouncil.org.

If you would like to learn more about the Southeastern Virginia Homeless Coalition, please reach out to the Regional Continuum of Care Program Administrator, Maddi Zingraff, at mzingraff@theplanningcouncil.org.

HMIS Assistance

If you require Technical Assistance with the Homeless Management Information System (HMIS), please utilize the Info/TA form located on the SVHC website at https://www.svhcva.org/hmis.html.

If you would like additional training regarding the Coordinated Entry System Referral Process, please utilize the Training form located on the SVHC website at https://www.svhcva.org/hmis.html.