

# Application to DHCD Submitted through CAMS

The Planning Council  
SVHC

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**Application ID:** 34202022016092043  
**Application Status:** Pending  
**Program Name:** Virginia Homeless Solutions Program 2016 - 2018  
**Organization Name:** The Planning Council  
**Organization Address:** 5365 Robin Hood Road  
Norfolk, VA 23513-2416  
**Profile Manager Name:** Julie Dixon  
**Profile Manager Phone:** (757) 622-9268  
**Profile Manager Email:** jadixon@theplanningcouncil.org

**Project Name:** SVHC  
**Project Contact Name:** Yilla Smith  
**Project Contact Phone:** (757) 622-9268  
**Project Contact Email:** ysmith@theplanningcouncil.org  
**Project Location:** 5365 Robin Hood Road, Suite 700  
Norfolk, VA 23513-2416  
**Project Service Area:** Isle of Wight County, Southampton County, Chesapeake City, Franklin City, Norfolk  
City, Suffolk City

**Total Requested Amount:** \$1,958,802.00  
**Required Annual Audit Status:** Accepted

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## Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
<b>Operations</b>	<b>\$144,586.00</b>	<b>\$0.00</b>	<b>\$144,586.00</b>
Operations	\$144,586.00	\$0.00	\$144,586.00
<b>Rapid Re-housing</b>	<b>\$1,056,752.00</b>	<b>\$0.00</b>	<b>\$1,056,752.00</b>
Rapid Re-housing	\$1,056,752.00	\$0.00	\$1,056,752.00
<b>Veteran's Rapid Re-housing</b>	<b>\$85,000.00</b>	<b>\$0.00</b>	<b>\$85,000.00</b>
Veteran's Rapid Re-housing	\$85,000.00	\$0.00	\$85,000.00
<b>Prevention</b>	<b>\$406,403.00</b>	<b>\$0.00</b>	<b>\$406,403.00</b>
Prevention	\$406,403.00	\$0.00	\$406,403.00
<b>Centralized/Coordinated Assessment</b>	<b>\$16,000.00</b>	<b>\$0.00</b>	<b>\$16,000.00</b>
Centralized/Coordinated Assessment	\$16,000.00	\$0.00	\$16,000.00
<b>CoC Planning</b>	<b>\$119,612.00</b>	<b>\$0.00</b>	<b>\$119,612.00</b>
CoC Planning	\$119,612.00	\$0.00	\$119,612.00
<b>HMIS</b>	<b>\$79,187.00</b>	<b>\$0.00</b>	<b>\$79,187.00</b>
HMIS	\$79,187.00	\$0.00	\$79,187.00
<b>Administration</b>	<b>\$51,262.00</b>	<b>\$0.00</b>	<b>\$51,262.00</b>
Administration	\$51,262.00	\$0.00	\$51,262.00
<b>Homeless Services Subtotal</b>	<b>\$1,958,802.00</b>	<b>\$0.00</b>	<b>\$1,958,802.00</b>
<b>HOPWA</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$1,958,802.00</b>	<b>\$0.00</b>	<b>\$1,958,802.00</b>

## Budget Narrative:

ForKids, Inc. - \$889,719 OPERATIONS-144,586 100,000-Emergency shelter hotel/motel vouchers-ForKids, Inc. 29,537-Emergency Shelter Case Management (CM)-ForKids, Inc. 3,691-Shelter Maintenance-ForKids, Inc. 10,638-Utilities-ForKids, Inc. 720-Security-ForKids, Inc. RAPID RE-HOUSING (RRH)-653,227(In partnership w/ Commonwealth Catholic Charities for \$231,000 to provide RRH for single adults) 92,141-Housing Search/ Placement-ForKids, Inc. 90,034-Housing Stabilization CM-ForKids, Inc. 110,550-Housing Stabilization Financial Assistance-ForKids, Inc. 39,052-Housing Stabilization Services-ForKids, Inc. 90,450-Rent Assistance-ForKids, Inc. 45,000-Housing Search/Placement-CCC 57,000-Housing Stabilization CM-CCC 35,000-Housing Stabilization Financial Assistance (FA)-CCC 10,000-Rent Arrears-CCC 77,500-Rent Assistance-CCC 6,500-Service Location Costs-CCC PREVENTION-10,000 10,000-Intake Specialist for Hotline CENTRALIZED/COORDINATED ASSESS-16,000 16,000-Intake Specialist for Hotline HMIS-41,191 29,641-ForKids, Inc. 11,550-CCC ADMIN-24,714 17,784-ForKids, Inc. 6,930-CCC The Planning Council-\$761,551 VETERANS RRH-85,000(In partnership w/ STOP Incorporated for \$231,000 to provide RRH for single adults) 31,000-Housing Stabilization CM 21,250-Housing Stabilization FA 32,750-Rental Assistance/Arrears RRH-195,755 58,726-Housing Stabilization CM 48,939-Housing Stabilization FA 88,090-Rent Assistance PREVENTION-313,633 78,408-Housing Stabilization CM 40,772-Housing Stabilization FA 106,636-Rent Assistance 87,817-Rent Arrears COC PLANNING-119,612 (7% of total request) ADMIN-17,832 HMIS-29,719 YWCA of South Hampton Roads-\$128,750 RRH-125,000 41,000-RRH Coordinator 84,000-Direct Assistance for rent/rent arrears/housing stabilization FA ADMIN-3,750 CANDII, Inc-\$178,783 RRH-82,770 41,385-Direct FA 41,385-Housing focused CM PREVENTION-82,770 41,385-Direct FA 41,385-Housing focused CM HMIS-8,277 ADMIN-4,966

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## Questions and Responses:

1. Summarize the funding request. This summary must specifically list the total requests for each budget/activity category and list each proposed grantee including the amount of funds requested and proposed activities. If this request represents a community-wide ten percent difference (greater or lesser) over current VHSP and HOPWA funding, please explain.

### Answer:

The Southeastern Virginia Homeless Coalition (SVHC) is submitting a funding request for \$1,958,802 under the 2016-2018 Virginia Homeless Solutions Program (VHSP) to expand implementation of rapid re-housing (RRH), prevention, shelter operations, centralized/coordinated assessment, HMIS, and Continuum of Care (CoC) planning in Norfolk, Chesapeake and Western Tidewater. The proposal is to serve single adults, families, youth and victims of domestic violence. The funding requested under this application leverages approximately \$15,048,661 of funding and will be used to provide a coordinated system of services for persons at risk of or experiencing homelessness across the CoC's coverage area of 4 cities and 2 counties. The SVHC will not submit a funding request for HOPWA under this application.

6 SVHC member organizations are submitting project requests for funding, including:

- ForKids, Inc., in partnership with Commonwealth Catholic Charities in the amount of \$889,718
- The Planning Council, in partnership with STOP Incorporated, in the amount of \$761,551
- YWCA of South Hampton Roads in the amount of \$128,750
- CANDII, Inc in the amount of \$178,783

The projects proposed will ensure the continued accessibility of services to prevent and quickly end homelessness for families, single adults, adult only households, LGBT households (singles, families and youth) and victims of domestic violence in the cities of Norfolk, Chesapeake, Suffolk and Franklin, as well as Southampton County and Isle of Wight County. Collectively, these proposed projects will increase capacity to serve subpopulations, including LGBT youth, non-chronic, veterans and victims of domestic violence. The following projects are included in the SVHC's 2016-2018 VHSP request for funding:

- ForKids Regional Homeless Solutions Programs- ForKids, inc. is proposing to provide Emergency Shelter, RRH, Prevention/Diversion and Centralized/Coordinated Assessment for 8,340 single adults, adult only households and families for a total project cost of \$640,238.
- LGBTQ Housing Assistance Program- CANDII, Inc. (dba LGBT Center of Hampton Roads and ACCESS AIDS Care), hereafter known as the LGBT Center of Hampton Roads, is proposing to provide RRH and Prevention/Diversion services to 35 LGBTQ individuals, families, and youth households for a total project cost of \$178,783.
- Norfolk Singles RRH Program- Commonwealth Catholic Charities, as a sub grantee with ForKids, Inc. is proposing to provide RRH services for 51 literally homeless single adult households for a total cost of \$249,480.
- SVHC Homeless Prevention and RRH Program- The Planning Council is proposing to provide RRH and Prevention/Diversion services for 120 single adults, adult only households, and families for a total project cost of \$550,138. The Planning Council, as the CoC Lead, is also requesting CoC Planning funds for the continued coordination of the SVHC, to include CoC Coordination and HMIS administration for a total project cost of

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\$119,612.

- Veterans Homeless Intervention- STOP Incorporated, as a sub-grantee with The Planning Council, is proposing to provide RRH for 30 literally homeless Veteran households, including those that do not meet the discharge requirements of SSVF programs, for a total project cost of \$85,000.
- YWCA RRH Program- YWCA of South Hampton Roads is proposing to provide RRH services for 33 families and single adults who become homeless due to domestic violence for a total project cost of \$128,750.

The SVHC proposal represents a community-wide request that is 10% greater than the 2015 VHSP renewal awards. The SVHC was awarded a total of \$1,358,182 in FY2015 and is requesting \$1,958,802 under the 2016-2018 VHSP request. The request under this application reflects a 44% increase and works to endorse the CoC efforts to implement a rapid response system inclusive of a comprehensive service delivery model that is easily accessible, housing-focused and resource driven. Additional funds will support the State's goals and the CoC's plans to reduce the number of individuals or households that become homeless, reduce the length of time an individual or household is homeless, and reduce the number of individuals and households that return to homelessness. An increase in funding will achieve the following outcomes by program type:

The SVHC used the Federal Strategic Plan to promote the incorporation of a housing focused service delivery model that emphasizes housing placement and stability through prevention or permanent housing. This was also recommended in the Regional Housing Needs Assessment completed by the Center for Urban Community Services for South Hampton Roads in 2010, which stated: "Explore providing a housing focused service model in all emergency shelters. Due to the challenges facing emergency shelters to place households into permanent housing, the primary focus should be relocating clients to housing within 90 days." Since then, emergency shelter providers have reduced their length of stays to an average of 45 days, and transitional housing providers have reduced their length of stay to an average of 160 days. From FY2013 to FY2014, the SVHC increased the amount of funding for permanent supportive housing by \$30,952, for a total investment of \$2.6 million; the CoC also increased the amount of funding for rapid rehousing by \$528,464, for a total investment of \$1.3 million. The CoC has also engaged a national consultant to help guide the CoC in continuing to improve various processes including performance outcomes, governance and addressing funding priorities.

2. Provide the anticipated number of households served (July 1, 2016 – June 30, 2017) in the community (CoC or local planning group) by activity type (shelter, rapid re-housing, and prevention). The numbers served must be based on the spending plan and all anticipated resources.

**Answer:**

The projects proposed under this grant will serve approximately 630 households in the community annually through prevention, shelter, and rapid re-housing, and over 8,630 households when including all households that will be served through coordinated assessment, diversion and referral. The anticipated number of households served annually in the community through these VHSP funds will leverage local programs and promote a continuum of services for households in need when combined with other programs such as: Norfolk ESG, Support Services for Veterans Families, Department of Human Services, Family Stabilization Program, Sentara HOPE Fund, HOWPA, etc. The CoC proposes to serve the following number of households through VHSP by program type:

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Shelter	100 Households
Rapid Re-Housing	334 Households
Veterans Rapid Re-Housing	30 Households
Prevention	166 Households
Centralized/Coordinated Assessment	8,000 Households

3. Provide the average cost to serve a household based on the anticipated number of households served (July 1, 2016 – June 30, 2017) in the community (CoC or local planning group) by activity type (shelter, rapid re-housing, and prevention). The numbers served must be based on the spending plan and all anticipated resources.

**Answer:**

The funding requested within this application includes a total project cost of approximately \$2,448,503 when incorporating the \$489,701 of local and private program and services funds identified as match for this funding. The average cost to serve a household based on the total project cost and the anticipated 630 households proposed to be assisted through shelter, rapid re-housing, and prevention is \$3,109 when utilizing the total project cost. However, when considering the anticipated number of households served through coordinated assessment, the average cost to serve a household drops to just over \$227 per household. Additionally, the funding requested under this application is used to leverage approximately \$11,690,164 of community funds. The project proposes the following average cost to serve a household based on the anticipated number of households served in the community by activity type:

Shelter	\$1,446 per household
Rapid Re-Housing	\$3,164 per household
Veterans Rapid Re-Housing	\$2,833 per household
Prevention	\$2,448 per household
Centralized/Coordinated Assessment	\$2 per household (unique caller)

4. Describe the process used by the CoC or local planning group to determine the service providers and funding request as well as the process for making adjustments as needed.

**Answer:**

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The SVHC has made extensive efforts to analyze and communicate HMIS data through quarterly releases of data dashboards, bi-monthly vision updates and the special report requests available through The Planning Council's website, to aid the CoC in assessing system-wide gaps and accomplishments. According to 2016 Point In Time data, the SVHC reduced chronic homelessness by 53% from 2015. The SVHC actively participated in the State-wide challenge to end veteran homelessness beginning in 2014, and successfully helped the State declare a functional end to vet homelessness in November 2015. The Service Coordination Committees for both singles and families have refined their processes to include functional housing registries which help prioritize services and housing for the most vulnerable of the homeless population.

In February 2016, members of the SVHC Program Monitoring Committee met to update the Supplemental Application (SA) for VHSP funds and develop a standard evaluation tool and timeline for grant submission. Following the meeting, the SVHC released a SA for organizations looking to apply for 2016-2018 Virginia Homeless Solution Program Funds. The availability of VHSP funding was announced several times via the SVHC email listserv and the February SVHC Membership meeting. The SA along with all required documents was also posted to the SVHC website at [www.shrhomeless.org](http://www.shrhomeless.org) and links to the SA were posted on the City of Norfolk and the City of Chesapeake's websites. As a result, a total of seven SA's were received for new project funding, including SA's from four new VHSP applicants.

The SVHC Program Monitoring Committee reviewed all project applications utilizing a standard evaluation tool, focused on assessing program capacity and ability to leverage resources, as well as plans to reduce the lengths of homeless episodes, reduce returns to homelessness, reach the hardest to serve and plans to increase exits to permanent housing and/or promote housing stability. All project applications were evaluated by the SVHC Program Monitoring Committee and the non-conflicting members determined the funding recommendation and forwarded the recommendation to the SVHC Executive Committee for approval along with a draft of the SVHC 2016-2018 VHSP application. The non-conflicting members of the SVHC Executive Committee voted to approve the funding recommendation and the submission of the SVHC 2016-2018 VHSP application on March 9, 2016. Projects awarded funding under the 2016-2018 VHSP along with Norfolk ESG funded programs will be required to present quarterly reports to the Program Monitoring Committee for a continued assessment of program performance and spending. If adjustments are needed, the non-conflicting members of the Program Monitoring Committee will assess and make recommendations to the Executive Committee for consideration and final approval after meeting with each of the organizations requesting funding.

Additionally, the SVHC conducts the periodic solicitation and review of project-based performance data through a bi-annual peer review process utilizing a Supplemental Application (SA) and the SVHC Scorecard for all previously awarded projects requesting renewal funding. Therefore, all projects funded under the 2016-2018 VHSP process will undergo a peer review process, completed by the SVHC Program Monitoring Committee, and each project will be assigned a conditional status (either with condition or without condition). During the review process the SVHC utilizes the SVHC Scorecard to consider the community impact of each project and assess the project's ability to exceed both CoC and HUD performance outcomes. Utilizing data submitted during the SA process, including HUD Annual Progress Reports (APR), and other written information related to the project or agency's most recent operating year, the SVHC reviews length of participation for each program type to assess the program's ability to rapidly return participants to PH, while working to identify and address barriers to program entry and exit, program utilization, and cost efficiency. The SVHC also assesses each project's ability to successfully exit persons to PH while ensuring that at least 20% of persons exiting each program increase earned income, 20% or more of all program participants maintain or increase income, 77% or more remain in PH for 6 months or longer, and 65% or more persons exited from TH programs into PH.

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5. Do any service providers within the CoC receive allocations of Emergency Solution Grant (ESG) funding that are administered locally (not by DHCD)? If yes, list the service providers, funding activity categories, amounts, and ESG source as well as the coordination of these activities at the CoC or local planning group level.

**Answer:**

The City of Norfolk received Emergency Solution Grant entitlement funds totaling \$326,434 in FY2015 and \$326,458 in FY2016. The City of Norfolk has received a total of \$1,592,833 in ESG funds since FY2012, reflecting the City's ESG allocation increasing by 2.7 percent since FY2012. Norfolk ESG funds are used to support a host of homeless services including street outreach, emergency shelter, day centers, rapid rehousing and homeless prevention. Since FY2012, Norfolk ESG funds have served approximately 9,115 people with emergency shelter services, an estimated 5,792 people through street outreach, 726 people with prevention services, and 443 households with rapid rehousing services.

The following agencies requesting funding under the 2016-2018 SVHC VHSP Application received Norfolk ESG funds:

- ForKids, Inc. - Norfolk Emergency Solution Grant funds provided \$47,216 in funding to ForKids' emergency shelter, Haven House, for shelter operations and housing focused case management. Funding towards this program helps provide shelter to 10 homeless families at a time and stabilization services to help these families exit to affordable and appropriate permanent housing. As of February 1, 2016, ForKids has served 37 households with this funding. ForKids also receives \$72,819 in funding for Rapid Re-Housing, which provides family case management, housing specialist and supervision in an effort to decrease the amount of time families spend in shelter. As of February 1, 2016, ForKids has served 37 households in this program.
- YWCA – utilized Norfolk Emergency Solution Grant funds in the amount of \$32,478 to pay for essential personnel to staff the 24-hour Emergency Shelter and shelter utilities. During the period of July 1, 2015 through February 1, 2016, 200 individuals were served.
- The Planning Council – received \$66,796 in Norfolk Emergency Solutions Grant funds to support the Homeless Prevention Program through accepting referrals for qualifying individuals and families, providing housing stabilization services, and financial assistance. In FY2015, Norfolk ESG funds were spent to provide housing counseling and financial assistance to 51 approved Norfolk households. Norfolk refers mostly Singles Prevention cases to the program as that is a gap in funding identified by the HART Team at Norfolk Department of Human Services.

6. Describe the process used by the CoC or local planning group to engage stakeholders. Examples include DSS, CSBs, persons currently or formerly experiencing homelessness, jails, schools, etc.

**Answer:**

Members of the SVHC collaborate to educate businesses, funders and advocacy organizations to strengthen the CoC's capacity and commitment to preventing and ending homelessness. The CoC engages stakeholders through multiple processes, including bimonthly SVHC general membership meetings, Service Coordination Committees (SCC) for Singles and Families, and trainings coordinated by the CoC. The SVHC holds bimonthly meetings for

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the general membership and advertises these meetings via email and on the CoC website, [www.shrhomeless.org](http://www.shrhomeless.org). Meetings are educational in nature to encourage new providers to participate and include program spotlights to highlight resources throughout the CoC.

Representatives from DSS and CSBs attend SCC meetings and work to identify previous program participation and eligibility for benefits, as well as present cases for which they need permanent housing or additional wraparound services. Currently ForKids operates a pilot project through two public elementary schools in Norfolk, which have an education advocate and a case manager on site to work with families who meet the McKinney-Vento definition of homelessness (doubled up or literally homeless). If a household is in need of housing assistance, they are presented at SCC and may be housed through the use of VHSP funds. Currently a formerly homeless individual participates on SCC – Singles as well as a housing provider for formerly incarcerated females from Norfolk. The SVHC is also working to identify a formerly homeless individual to participate on the Executive Committee.

Additionally, the CoC Lead Agency works to schedule a minimum of five trainings annually which involve a wide variety of topics that apply to case management in the multitude of settings, including SOAR, Mental Health First Aid, Trauma Informed Case Management, Confidentiality and Boundaries, Outreach, Burnout prevention, etc. Training needs are solicited from all SVHC Committees and are offered free of charge for all homeless services providers. Trainings are advertised via email and on the CoC website. The SVHC also works with the South Hampton Roads Regional Task Force to End Homelessness to identify presenters for the semi-annual Regional Conference on Ending Homelessness.

The SVHC also works to engage local Housing Authorities, including the recent partnership with Norfolk Redevelopment and Housing Authority (NRHA) to identify a process for prioritizing homeless individuals through SCC for vacancies in SRO programs. The partnership will also pilot an annual set-aside of approximately 116 housing choice vouchers and public housing units for prioritization and placement by the SVHC. The draft agreement will afford the CoC and the Housing Authority the opportunity to target affordable housing resources to large families (five or more), households with disabilities, homeless and graduates from homeless service programs. The SVHC will continue efforts to advocate for SRO prioritization with other area Housing Authorities.

7. Describe the local need in the CoC (local planning group) service area. Be sure to include local data that demonstrates the gap and/or demand in homeless services. Identify how the proposal will address these needs.

**Answer:**

The SVHC includes more than 50 member agencies and individuals working to address homelessness across 1,700 square miles and 6 jurisdictions. The highest concentration of the population is in Norfolk; however the combined service area totals 4.6% of the state's population. The jurisdictions that make up the SVHC are confronted with large geographical service areas, limited affordable housing options (especially in rural areas), high unemployment rates and limited public transportation. In some jurisdictions, these barriers restrict where clients can live and present challenges to obtaining work and accessing services, impacting an individual's ability to work and live in the same location. The CoC's metropolitan areas report an unemployment rate of 5.7%, compared to the state rate of 4.8% (Bureau of Labor Statistics, 2015). The region also hosts one of the largest concentration of households living below poverty – 12.7% - when compared with other regions in the state. The jurisdictions of Western Tidewater and Norfolk are particularly poor with 13.6% of the population in Western Tidewater and 22.3% of the population in Norfolk identified as living in poverty (U.S. Census Bureau).

Coordinated Assessment

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In April 2012, ForKids launched the Regional Housing Crisis Hotline as the centralized intake for homeless households in Norfolk, Chesapeake and Western Tidewater. In 2015, the Hotline received 11,554 calls from 6,709 unduplicated callers from the SVHC service area and made over 5,800 referrals for services. Of the referrals made in 2015, 34% were homeless families or individuals requesting emergency shelter (ES); 40% of the referrals were for prevention assistance.

## Households with Children

The 2016 PIT Count conducted on the evening of January 26, 2016 and the day of January 27, 2016 across the 6 jurisdictions covered by the SVHC identified 723 people as homeless in the 24-hour period. This compares to the 735 counted in January 2015. Although the CoC reported a decrease in people identified as homeless during the 24-hour count period, the CoC identified the highest number of unsheltered families, including 7 households with 17 children, since merging in 2011. On the evening of the 2016 count, 58 households with children, with 197 persons including 127 children, were in shelter. Reductions in private funding opportunities decreased the availability of hotel and motel opportunities paid for by charitable organizations on the night of the count and are contributing factors in the increase in unsheltered families identified as homeless in Chesapeake and Western Tidewater.

## Adult only Households

The 2016 Point in Time Count identified 526 persons in adult only households, or 73% of the 723 persons counted, 63 of whom were unsheltered. This represents an 8% increase in the number of persons in adult only households identified as homeless since the 2015 PIT count, which identified 486 persons in adult only households.

Additionally, the launch of the winter shelter programs increased the previously limited shelter capacity in both Chesapeake and Western Tidewater, resulting in a 50% decrease in the number of unsheltered homeless persons identified during the count. However, it is important to note that the increase in beds for Chesapeake and Western Tidewater was largely due to the launch of 2 winter shelter programs and that persons experiencing homelessness in Chesapeake and Western Tidewater are often confronted with the absence of year-round shelter beds, forcing the use of hotel vouchers for shelter.

## Domestic Violence

Last fiscal year, approximately 11,802 calls were answered by the Statewide Domestic and Sexual Assault Crisis Hotline in Virginia according to the Virginia Sexual Assault and Domestic Violence Action Alliance. The YWCA Crisis Hotline has received 2,625 total calls during the current fiscal year (January 1, 2015 – February 1, 2016), with 459 calls for emergency shelter and 132 calls for housing services. The YWCA has received 60 housing applications during this fiscal year and has placed 23 households using RRH funds. 90 percent of the individuals in the YWCA emergency shelter fall below the poverty level. Domestic violence often has a severely negative impact on low-income individuals to secure safe and affordable housing. Of the 723 persons identified as homeless during the 2016 Point in Time Count, 11 percent or 76 persons, were domestic violence survivors.

## LGBT

Since 2013, an average of 3,400 people visit the LGBT Center of Hampton Roads for services including mental health counseling, support groups, and free HIV/STI/HCV testing per year. The Center hosts an average of 37 programs per month. In addition to seeking services at the Center, individuals often presented with other needs including housing assistance and employment barriers. The LGBT Center expanded staff to include one part time and one full time staff who serves as the Clinical Director, in addition to five contract mental health therapists to begin addressing the various needs of LGBTQ individuals. This proposed project will enable them to address housing barriers for a minimum of 25 households. The LGBT Center has more than 25 individuals/families in clinical mental health programs who would qualify for the LGBT Housing Assistance Program.

## Veterans

In September 2014, representatives from area Veterans Affairs, local government, Support Services for Veteran

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Families (SSVF) providers, and homeless service providers formed the South Hampton Roads (SHR) Veterans Leadership Team. Lead by The Planning Council, members of the team worked together to align targets and establish action plans in an effort to meet the federal goal and the State's commitment to ending veteran homelessness by December 2015. Utilizing a housing first approach, the team continues its efforts to efficiently and effectively return South Hampton Roads' veterans to homes of their own.

Please see the attachments for additional needs information.

8. Describe the local coordinated assessment/entry system (please list specific tools and/or best practices that will be used):. Provide instructions for accessing your CoC or local planning group centralized/coordinated assessment/entry system. These instructions must provide appropriate access to your centralized/coordinated assessment/entry system to ensure that all referrals from DHCD, other communities, and providers link to the local system. This must include clear and appropriate method for individuals and families to access initial intake, evaluation, and services. *A Homeless Services Flow Chart is a required attachment with this application*

**Answer:**

The SVHC coordinated assessment (CA) process includes 3 entry points for prevention and emergency shelter (ES) including the Hotline, outreach and access at local departments of human/social services, including Norfolk's Homeless Action Response Team (HART). Persons attempting to flee an abusive relationship and those who would like to speak with someone about domestic violence, stalking, or sexual assault can receive confidential help via 2 community 24-hour crisis lines, including YWCA of South Hampton Roads (757) 226-YWCA and HER Shelter (757) 485-3384.

CA for homeless families began with the launch of the Central Intake for Families system in January 2007 through the Norfolk HART. The Hotline was implemented as the CoC's CA system for people experiencing homelessness and those at risk of becoming homeless as required by ESG rule 576.400. The Hotline fosters an "anywhere" services strategy that is easily accessible for individuals and families seeking housing and services across the CoC's coverage area, and it creates a centralized process for assessment and referral for prevention and shelter services, connects those who are not engaged in services with street outreach services, and promotes coordination among providers through the entry of assessments into HMIS using CallPoint. From shelters, outreach workers, and other walk in sites such as DHS, clients are assessed using the VI-SPDAT and then brought to the Service Coordination Committee (SCC) for Singles or SCC – Families.

For referrals to TH, RRH, and PSH, the SCCs support the CoC's efforts to coordinate service delivery and decrease the length of time a household is homeless. SCCs meet biweekly and include housing advocates, case managers, members from social/human service departments, and other local service providers to develop coordinated plans for homeless households to expedite exits to permanent housing, prioritizing those most vulnerable for available housing placements within the CoC. Each committee maintains a by-name registry which enables referrals to be made to vacancies in between meetings, therefore reducing the time that an individual or household waits for housing. All cases discussed at the SCCs are entered into HMIS along with their VI-SPDAT score.

Best practice tools utilized within the CA system are:

- Shelter Diversion – a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The Hotline completes an initial diversion form; each

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emergency shelter completes a secondary assessment.

- Housing Broker Services– a program to actively recruit landlords and properties that are affordable, provide tenant education, and intervene in disputes between landlord and tenants in order to avoid eviction. Habitability and lead inspections as well as rent reasonableness reports are also completed for clients that receive assistance.
- Housing First - an approach to ending homelessness that centers on providing permanent housing first and then implementing wrap-around support services as needed and requested.
- Motivational Interviewing - a framework for interacting with people experiencing homelessness or struggling with substance use, mental illness, and traumatic experiences. The CoC offers the training annually to ensure ongoing education for direct service providers.
- Cultural Competence – sensitivity and awareness of the ways in which cultural values shape the delivery of services and how they are accessed. It also means ensuring that all consumers have equal access to services, regardless of ethnic, cultural, or linguistic backgrounds. The CoC offers training on this subject annually to ensure ongoing education for direct service providers.

Individuals and families at risk of or experiencing homelessness are instructed to contact the Hotline by calling (757) 587-4202 OR TOLL free at 866-750-4431 for an assessment and referral to eligible services including homeless prevention, ES, utility assistance, medical/health resources, etc. In the absence of shelter beds, the Hotline maintains a list of families in need of shelter and utilizes the list to prioritize shelter placements. The Hotline also provides information on shelters for single adults and maintains waiting list single adult females for TH programs at The Salvation Army, St. Columba, and Barrett Haven.

Homeless and at risk families in Norfolk who have resided in Norfolk or have Norfolk DHS benefits may present at Norfolk DHS to meet with HART for intake and assessment. HART workers attempt to divert families from shelter when possible, coordinate shelter placement and identify mainstream resources. HART continues to work with families placed in shelter to secure permanent housing and refers clients served through CA to the Housing Broker Team for services related to housing. Homeless families in Chesapeake and Western Tidewater use the Hotline for access to programs including hotel programs in both Western Tidewater and Chesapeake. Shelters communicate future openings to the Hotline in addition to a vacancy report that is distributed daily via email to all participating shelters, TH providers, PSH providers, and SCC Chairs. For shelter, the Hotline sends a list of the next eligible family prioritized based on homeless status (i.e. literally homeless families get in before imminent risk families). The SCCs use the daily vacancy report to submit referrals from the by-name registries.

Single adults have access to outreach workers through scheduled visits to day centers and winter/ES programs, including the following sites: St. Columba Day Center, Union Mission, The Salvation Army, CAST (Chesapeake winter shelter program with rotating sites), NEST (Norfolk winter shelter program with rotating sites), and CAPS (Suffolk winter shelter program with rotating sites). Outreach workers include representatives from the Norfolk PATH Team, Chesapeake DHS, Norfolk DHS, Norfolk Office to End Homelessness, VA Medical Center Outreach Workers, Road2Home, and Virginia Supportive Housing, each working to coordinate shelter placements, secure mainstream resources and aid in the completion of VI-SPDATs for presentation at SCC meetings.

9. Describe how the CoC or local planning group is addressing barriers. In addition, a detailed response is required for: large households of five or more children; LGBTQ households; two parent or single father households; and, persons with mobility limitations.

**Answer:**

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The Southeastern Virginia Homeless Coalition has worked to reduce all barriers to housing and prioritizes households and individuals based on vulnerability, regardless of household size, composition, gender, age, sexual orientation or mobility limitations. Program gaps and barriers are reduced through collaboration with partner agencies and advocacy on behalf of the client. Transparency of client management is apparent through the presentation and discussion of each client at the SCC meetings.

Large families can be accommodated through Rapid Re-Housing programs, where agencies advocate for larger units, or through emergency shelter. The Planning Council works closely with the Housing Crisis Hotline to identify the service needs of callers and reviews yearly HMIS data of area emergency shelters and the established prioritization of homeless prevention for persons that are formerly homeless, persons with a disability, and large households. ForKids operates Haven House, where two adjoining rooms can accommodate a household of 8 persons. In other large rooms, cribs or air mattresses are brought in when appropriate for family composition to increase capacity. ForKids can also accommodate two-parent or single father households.

While programs do not discriminate based on real or perceived sexual orientation or gender identity, the current Hotline procedures do not address LGBTQ issues. With the initiation of the LGBTQ Prevention and Rapid Re-Housing program, the CoC will begin to collect specific data regarding the population which will further the CoC's ability to address their needs. The proposed LGBTQ housing assistance program is the first resource in the area that would specifically serve LGBTQ individuals and families. The program will be housed in the LGBT Center, a community resource center where a Housing Case Manager can provide drop-in hours for those seeking housing assistance in a safe environment. The Housing Case Manager will work with existing Housing Specialists to locate appropriate housing options and landlords for the program.

Agencies address mobility limitations by advocating for or requesting handicap units from existing landlords, and through partnering with the Endependence Center, a local non-profit center for independent living operated by and for individuals with disabilities. The Center works with individuals and the community to prepare both for the integration of these individuals into society, ultimately resulting in greater awareness of disability issues, physical and programmatic accessibility and systems change. In addition, other non-profits providing equipment for those with mobility limitations collaborate with homeless service providers and work to accommodate all types of physical and mental disabilities.

10. How will the CoC or local planning group divert households seeking homeless services from homelessness? Include a description of the prioritization process.

**Answer:**

The Southeastern Virginia Homeless Coalition works to advance efforts to reduce the number of individuals and families that become homeless by ensuring the continued access to effective and reliable information and resources for prevention via the CoC-designated centralized intake, the Regional Housing Crisis Hotline. The SVHC capitalized on the regional partnerships established during HPRP, including those partnerships with prevention programs and the faith-based community. Prevention programs work closely with the CoC to leverage over \$1 million in documented homeless prevention resources and avoid the duplication of services through participation on CoC subcommittees and the utilization of HMIS. The 2014-5 merger of CoC HMIS systems now allows for all of Greater Hampton Roads to share non-confidential data at the client level to more effectively refer and utilize

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services and assistance funds.

Prevention funds, including the Homeless Prevention Program (HPP) and Norfolk ESG prevention funds, are administered by The Planning Council (TPC), to divert households when possible from shelter with financial assistance for households who are experiencing an immediate housing crisis and can be prevented from becoming homeless or diverted from shelters with limited assistance. With prevention programs having a lower cost per household ratio, prevention assistance helps keep families housed with a lower economic impact to the community. Local departments of Human or Social Services also provide financial assistance for prevention to homeless families, as well as faith-based providers not participating in HMIS, and the agencies providing prevention funds for Veterans through SSVF.

All referrals for prevention or diversion assistance are screened through the Regional Housing Crisis Hotline and referred to community resources including SSVF for veteran households. In the 12-month period of January 2015 through December 2015 the Regional Housing Crisis Hotline made 600 referrals for prevention, including rent and utility payment assistance. The SVHC leverages local, state and federal resources to expand on prevention efforts and promote effective practices that stabilize housing for those at risk such as in-home case management, SOAR benefits acquisition, employment training, and landlord mediation.

Prevention services under this grant will be administered in partnership with TPC, the LGBT Center and ForKids to divert an anticipated 166 households where possible from shelter with one-time direct financial assistance for households experiencing an immediate housing crisis and can be prevented from becoming homeless or diverted from shelters with limited assistance. All referrals for prevention or diversion assistance are screened through the Regional Housing Crisis Hotline. Callers to the Regional Housing Crisis Hotline who identify as having an immediate housing crisis are screened for eligibility for assistance with HPP and referred to The Planning Council and community resources for prevention or diversion assistance. Because of the demand for financial assistance, applicants that meet the high criteria risk factor, those that were served in a RRH program within the last 12 months and those at imminent risk of homelessness are prioritized.

11. Does the CoC or local planning group have a housing locator? If so, describe the job duties of this position(s). If not, describe the process for locating housing for program participants.

**Answer:**

Multiple agencies within the SVHC incorporate Housing Specialists into their staff. ForKids employs one Senior Housing Specialist, as well as three housing specialists. The LGBT Center Center has Housing Locators with an existing network of participating landlords who are accepting of the LGBTQ community. The Planning Council has managed Housing Broker Services since 2007 across three cities at various times.

The Housing Broker Services program was implemented as part of the City of Norfolk's Central Intake for families program and later expanded into Chesapeake and Portsmouth under the Homeless Prevention and Rapid Rehousing (HPRP) program in 2009-2011. The Housing Broker Services program is made up of a Housing Specialist that connects with landlords to build relationships to expand rental opportunities for families presenting to the Department of Human Services for financial assistance. The Housing Specialist negotiates with landlords to facilitate the rental process and promotes utilization of the "VirginiaHousingSearch.com" affordable housing website to landlord and property managers. The Housing Specialist works with households considered high risk, including those with histories of evictions, domestic violence, incarceration and other barriers. Through outreach and regular marketing of the program, the Housing Specialist recruits landlords with the reassurance that tenants will receive assistance with links to other benefits, financial management and stabilization services.

Efforts to engage landlords to enter into a rental agreement with clients of the program include:

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- Providing ongoing case management that links families and individuals to other needed support and resources;
- Offering assistance and mediation to landlords and tenants in resolving crises or conflicts that may threaten housing stability; and
- Absorbing the cost of an unsuccessful housing placement by paying for damages.

Maintaining good relationships with landlords is key to the success of this program as word of mouth spreads and referrals to other landlords and properties also increases the pool of affordable housing units. Strong, positive relationships and reputations with landlords allows case managers and the Housing Specialist to maintain a roster of low-barrier housing, placing those households that may eventually cycle through costly homeless services if this important aspect of stability is not addressed.

Additionally, since the implementation of HPRP in 2009, housing inspections, lead assessments and rent reasonableness documentation are all required when placing a household into a new housing unit.

12. What systems are in place to ensure that households experiencing homelessness are moved quickly to permanent housing and remain stably housed?

**Answer:**

The SVHC is committed to ensuring that homeless households quickly obtain permanent housing and receive the services necessary to remain housed. The SVHC Vision Update reported that of the 1,231 people that exited to permanent housing in 2015, 95% of all households remained stably housed after six months of placement. Households experiencing homelessness are assessed and referred for shelter placement or prevention assistance through the Regional Housing Crisis Hotline. The Hotline also maintains a waiting list for all families in need of emergency shelters and makes referrals to available shelters. Upon entry into shelter, households immediately undergo a Housing Barrier Assessment to determine the client's needs and identify barriers to housing. Clients are assigned a case manager to assist with the further identification of housing barriers, obtain mainstream resources, and address emergent needs. Sheltered households are also assigned a housing specialist to help identify and secure affordable and appropriate housing in the community. Upon exit into permanent housing, all households are assigned a stabilization case manager to continue working with the household to build a support network in the community to stabilize housing.

Rapid Re-Housing programs in both Chesapeake and Western Tidewater afford immediate access to shelter in rural areas through the use of hotel/motel vouchers. Rapid Re-Housing providers boasted a recognizable 45 day average length of stay in hotels/motels in FY2015, and continue to perfect service delivery to decrease the average length of stay. Unit redesign and the use of hotel vouchers in Chesapeake and Western Tidewater also work to accommodate large families. Single adults rapidly rehoused through The Planning Councils Homeless Prevention Program are housed on average within 14-21 days.

The SVHC also includes local Service Coordination Committees that meet to develop coordinated plans for households to expedite exits to permanent housing. Housing advocates and case managers present information on households in need of assistance, including prevention and Rapid Re-Housing assistance, to participating members from social/human service departments, as well as other local service providers. These committees identify stabilization services needed for each individual or household and staff cases at biweekly meetings. Should a household or individual need any additional services after they are placed into housing, SCCs offer a central place to access any other services necessary for keeping them stable. Additionally, the SVHC continues to support the development of PH beds for families and singles, and the growth of rapid re-housing resources through HUD's CoC reallocation process.

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13. How is the CoC or local planning group using HMIS and HMIS data to prevent homelessness, shorten the length of homelessness, and prevent recidivism? In addition, explain how the CoC or local planning group is using data from non-HMIS users.

**Answer:**

The SVHC established an HMIS Committee that meets quarterly to provide training, technical support, data quality assurance and address user issues or concerns and the collection of data at special events including Project Homeless Connect, Point in Time Count, etc. Participation on the HMIS committee is required under the HMIS Standards for all HMIS users. The HMIS System Administrator and the Regional CoC Program Administrator work to draft and present a bimonthly report called the Vision Update which highlights length of stay, program utilization and recidivism to demonstrate how the SVHC is keeping homelessness rare, brief, and non-recurring. Members of the HMIS Committee and the SVHC general membership review how the system as a whole is performing at bimonthly at meetings utilizing this report. The Planning Council also developed a quarterly Data Dashboard, which includes data reported by member agencies into HMIS, and depicts service population size, subpopulation data, numbers of those successfully housed and prevention activities for stakeholders and community members to see the successes of the SVHC. The Dashboard also highlights agencies not participating in HMIS in a “Community Spotlight” section to demonstrate the incorporation of their data.

The CoC Lead also presents SVHC Vision Update, a report presented to the CoC during bi-monthly membership meetings to monitor the CoC progress in meeting the adopted vision that homelessness will be rare, brief and non-recurring. The reports includes data from HMIS and reports month averages, year to date averages, and month to date averages, along with twelve month trends related to the number of new literally homeless clients, exits to PH, average length of stay, housing stability, and exits with income and mainstream resources. The SVHC used the Vision Update to plan service delivery and assess capacity in program, while also monitoring system-wide outcomes and achievements. The CoC Lead also publishes a quarterly Data Dashboard, inclusive of HMIS data focused on monitoring the CoC progress to meet the Federal Strategic Plan to End Homelessness: “Opening Doors”. The Data Dashboards reports on the number of literally homeless persons in the system, chronic homelessness, and family homeless, and provides a community spot line for new programs or initiatives in the community.

Prevention programs are listed in the HMIS ResourcePoint module in HMIS and provide continuous updates on the availability of services and funding to the Regional Housing Crisis Hotline. Homeless Prevention Program (HPP) funds are distributed in each jurisdiction through a CoC-wide application that ensures collaboration and shared data. Faith-based partnerships in each jurisdiction meet regularly to identify and share resources to address the needs of households facing eviction. The CoC Program Manager also works with the faith-based community to identify and address gaps and provide training on available resources and prevention models.

The Program Monitoring Committee conducts the review of average and median length of time that individuals and families remain homeless by analyzing HMIS reports to determine the length of homelessness (in services and housing programs) of those clients entered into HMIS as a baseline. This is assessed on a CoC-wide basis and by program. The CoC Committee also reviews median and average length of stays in programs during the CoC review process using data from each program’s Annual Performance Report (APR) to determine funding eligibility. The results of both reviews are used to guide the discussions within the Program Monitoring Committee and serve as a baseline when working to determine allocations and recommendations to the CoC for funding. PATH outreach workers that conduct street and shelter outreach also track encounters with homeless to maintain a documented history, particularly for the chronically homeless. Services and housing for those identified as experiencing

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homelessness the longest are prioritized for PSH placement.

The Program Monitoring Committee also reviews HMIS program-specific data on length of participation, exit destinations, and exits with income for earned wages and mainstream resources during the CoC's peer reviews process. The HMIS Administrator produces reports over a period of twelve months to identify clients who have previously been assisted and exited a program but then returned. The SVHC Families Committee, formerly the Families Central Intake Committee, compares the report to data captured at DHS in the years prior to track the number of families with multiple shelter stays since the start of the Families Central Intake. The SVHC entered into a MOU with Union Mission, the region's largest emergency shelter program, to provide monthly data exports on all persons staying in the shelter to the HMIS Systems Administrator. Data from the Union Mission is compared with persons in HMIS to determine the number of unduplicated persons with multiple shelter stays, who are served by more than one program, and recidivism.

The members of Service Coordination Committees also discuss households who have returned to homeless assistance programs, utilizing HMIS to verify if they were previously assisted and, if so, by which agency and for how long. Households identified as hardest to serve are more intensively case managed and additional time is allotted to work with them such as life skills, education, employment, mental health and/or substance abuse. Often, the case managers assist the clients to apply for housing vouchers to ensure they will eventually obtain permanent housing that is more affordable.

Additionally, the households enter homeless programs through the Regional Housing Crisis Hotline located at ForKids. The Hotline utilizes the CallPoint and ResourcePoint modules of the Bowman ServicePoint HMIS system to track requests for assistance and availability of resources. The Hotline provides monthly reports to the SVHC about call volume, city of origin, and identified needs and reports are used to assess service delivery and identify and address gaps.

14. How will the CoC or local planning group leverage mainstream resources? Provide program and community level examples.

**Answer:**

Service provider agencies within the SVHC are knowledgeable about all mainstream resource programs and how to access them. A key step when reviewing income with applicants is to identify any resources that may be available that will assist with future stabilization. Staff from agencies that provide mainstream benefits, such as SNAP, Social Security, unemployment or other, actively participates in their local CoC and on subcommittees. Case managers have established relationships with staff within many of these agencies that freely contact each other to coordinate assistance for clients (while maintaining confidentiality of client names and personal information). Applicants often lack the comprehension to properly complete their documentation, or the assertiveness to ensure their documents are received and reviewed, so the service providers make sure this is part of their work with each household.

Assistance in arranging appointments with agencies that provide mainstream resources is provided when needed. For example, many applicants present with low or very low income are not aware of subsidized day care programs, or free or affordable health care programs. The most common benefit programs which applicants may be eligible for are Social Security (SSI or SSDI), TANF, SNAP and Medicaid or veterans benefits. Service providers help clients obtain the necessary documents, complete applications, and explain steps about how to submit the application to secure mainstream benefits. Regular communication amongst service providers at SVHC meetings,

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along with targeted trainings, assists the case managers to identify paths to secure benefits for their clients.

SVHC agencies utilize the HUD study on Strategies to Improve Homeless Persons Access to Mainstream Benefits and Resources to tailor service delivery and ensure accessibility of mainstream resources including the identification of mechanisms to reduce or eliminate barriers through SOAR trained personnel. SOAR is an expeditious approach for caseworkers assisting clients applying for Social Security disability benefits. The SVHC hosted a number of SOAR trainings in recent years as a continued focus to increase the percentage of participants that obtain social security benefits. 7 case managers completed a SOAR training in February 2016. SOAR trained staff positioned in various CoC-funded programs and outreach teams continue to increase the number of participants that obtain mainstream benefits. The CoC Lead Agency arranges a minimum of 5 trainings yearly for service provider agencies on accessing mainstream services and encourages community resource providers to attend bi-monthly SVHC meetings to present on available services and resources to provide continued educations on available services.

Additionally, the SVHC actively works to identify and leverage mainstream resources through the Regional Housing Crisis Hotline and the administration of monthly presentations and/or trainings by resource providers. The Hotline utilizes an HMIS module called ResourcePoint to identify and communicate community resources to callers. Through continued updates, ResourcePoint is used to screen for eligibility and provide callers with accurate information on available resources. Service providers and subcommittees focus on employment and mainstream benefits through their work (including SOAR), and Healthcare for the Homeless and free clinics are available throughout the CoC to provide primary and acute care.

15. Provide evidence of the organizational capacity of each proposed grantee to include governance, leadership, experience, and financial management.

**Answer:**

The YWCA has provided services in Hampton Roads for 105 years and has developed human, financial and material resources that contribute to serving the community. The YWCA has a 22 member Board of Directors which is actively involved in governing the organization, including fundraising, advocacy, finance and communications. The Board includes professionals representing financial management, marketing and communications, affordable housing development, legal aid, community relations, fundraising and non-profit management, and real estate. The YWCA has also elected a new President and CEO with experience in fundraising and grant writing which will add additional resources to the existing 5 member management team. The YWCA maintains partnerships with public agencies and community-based organizations throughout Norfolk to leverage program resources and increase available resources to clients. Funding partners include city, county, state and federal agencies, private and community foundations, corporations, individuals, local businesses, churches and service clubs.

The Planning Council (TPC) has partnered with United Ways and federal, state and local governments to design programs to meet human service needs in the public and private sectors, and has been recognized as the regional community convener around human service issues, including homelessness, children's issues and access to healthcare, for the past 75 years. TPC is involved in local CoC efforts to provide resources to homeless individuals and families and has earned multi-year contracts to support and manage the Southeastern Virginia Homeless Coalition as well as the Greater Virginia Peninsula Homelessness Consortium (GVPHC). The Planning Council also manages the HMIS for 60 homeless provider agencies within the SVHC and GVPHC, as well as the Lynchburg and Virginia Beach CoC's, in addition to a regional Homeless Prevention Program and the Sentara

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HOPE Fund. In July 2014, TPC expanded its services to include Rapid Re-Housing.

CANDII, Inc. (dba the LGBT Center of Hampton Roads and ACCESS AIDS Care) has been providing supportive housing services for 25 years in the HOPWA program. The HOPWA program has experience implementing Short-Term Rent, Mortgage, and Utility (STRMU), Tenant Based Rental Assistance (TBRA) and Permanent Housing Placement services in addition to housing case management services. Fifteen years ago, the agency added SHP housing programs, including Permanent Supportive Housing for persons with disabilities (HIV/AIDS). The HOPWA and three regional SHP grants include almost 150 units of permanent housing in the region, totaling over \$2 million in housing programs. The agency employs a Housing Director who currently manages 3 full-time Housing Specialists and 3 full-time Housing Case Managers. The Housing Director is directly supervised by the Programs Director and Executive Director, who have extensive experience in reporting responsibilities and providing supportive housing services. The finance department is led by the Chief Financial Officer, a licensed CPA with extensive grants management experience. The Board of Directors receive reports regarding quality management activities and updates regarding grant activities as needed. The governing board sets the strategic direction of the organization. For this particular project, utilizing staff that are from the LBGTO community is a key component. The LGBT Center is a "safe place" for addressing issues that may affect gender identity, sexual preference or intimate partner violence. The staff reflects the population served and therefore rapport is developed easily. Overall, the agency manages 23 federal and state grants and has an annual operating budget of \$8.3 million. The agency is the largest HIV/AIDS housing provider in the State and provides the only LGBT Center in Hampton Roads.

ForKids successfully manages twelve federal, state, and local government grants annually totaling over \$2 million. The agency has successfully managed HUD Supportive Housing Program (SHP) grants for the past twenty two years and now manages HUD grants in Norfolk, Chesapeake and Suffolk. ForKids first opened the Haven House emergency shelter in 1988 and now operates 10 programs across Hampton Roads. The Board of Directors consists of thirty members from the community, to which the Chief Executive Officer directly reports. Compliance with the agency budget and monthly financial statements are produced by the CFO and are reviewed by the CEO, the Finance Committee of the Board, then presented to the full Board of Directors.

16. Provide a description of the program staff capacity to include experience, training, and staff to program participant ratio.

**Answer:**

The programs within the YWCA are divided into support services and crisis services. Support services include one self-sufficiency coordinator, one Rapid Re-Housing Coordinator, and four mental health counselors. The Self Sufficiency Coordinator and Housing Staff possess over 20 years of case management experience and include SOAR certification, Housing Quality Standards Examination certification, ASSIST suicide intervention training, and Lead-Based Visual Assessment training. Of the four mental health counselors, two are currently in residency, and two have completed residency and will be licensed by the Board of Professional Counselors by summer 2016. Crisis services includes two legal advocates, one volunteer and outreach coordinator, three emergency shelter staff (1 full time, 2 part-time) and ten sexual assault victim advocates. The legal staff possesses over seven years of experience; the shelter staff possesses over ten years of experience. All staff and volunteers in crisis and support services receive a twenty-eight hour training in management of trauma and crisis response. There are currently thirty program participants to one staff member in Support Services, and ten program participants to one staff

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member in Crisis Services.

TPC currently has a five-person housing team, made up of three housing counselors and two housing specialists. All members of the team have, at a minimum, their Bachelor's degree in social work or other human services-related field, and are certified Housing Counselors through the Virginia Association of Housing Counselors. They also participate in regular, professional development trainings provided through the CoC and statewide, such as: Mental Health First Aid; Trauma Informed Care; Fair Housing; Landlord-Tenant Act; Confidentiality and Boundaries; Motivational Interviewing; Cultural Competency; and more. Additionally, the Housing Specialists are certified to conduct Housing Quality Standards inspections if necessary.

Both positions provide housing stabilization services for all clients that include assistance with applications for mainstream benefits and employment to increase income, linkages to supportive services available in the community, and developing and following a household budget that prioritizes paying rent and utilities. The Housing Counselors provide a variety of support after assessing each individual's needs, but prioritize employment to link each client with opportunities that are available and appropriate for their level of skill and education. There are approximately 20-30 program participants to one staff member.

ACCESS AIDS Care opened the only LGBT Center in the region in 2011, with the next closest one in Richmond. The LGBT Center Director has been with the agency for over 2 years and has an extensive history providing housing services as the previous Regional Director at Virginia Supportive Housing, and the Housing Services Director has worked with ACCESS for over a year. For this project, a new Housing Case Manager with experience working with the LGBTQ community will be added to the existing housing services staff. The staff person will be located at the LGBT Center in Norfolk. ACCESS is proposing to provide this same service to individuals and families in Virginia Beach as a regional project. The agency as a whole has significant experience providing housing service and also LGBTQ programs, and provides cultural diversity training to other agencies to work with this population. The provision of other services in the Center brings them into the agency and having a housing case manager on site will definitely provide immediate follow up opportunities.

At ForKids, the Chief Services Officer and the Regional Director of Services have experiences in clinical services including individual, group and family therapy, social work, and legal aid. Family Case Managers are required to have a Bachelor's Degree from an accredited college or university in a social-services related field, and Mental Health Specialists are required to have a Graduate Degree in Human Services or a related field, preferable with one year of experience providing clinical services and experience in trauma informed programming. Housing Specialists are also required to have a Bachelor's Degree with relevant work experience; Bachelor's Degrees are preferred for Job Coach positions. ForKids has provided emergency shelter and services to homeless families since 1988 and has grown to include programs that help families address any barriers to stability. The emergency shelter program has a 1:5 staff to program participant ratio. Rapid Re-Housing services have been in place since 2007 and are certified by the National Alliance to End Homelessness as a RRH provider. In 2013, ForKids received funding under the Support Services for Veteran Families (SSVF) to provide RRH and prevention for 60 homeless veteran families a year. Recently, ForKids was awarded two federal RRH grants from HUD to serve 66 families annually. The RRH program has a 1:8 staff to program ratio. ForKids also operates the Regional Housing Crisis Hotline, the central point of contact for those who are homeless or at risk of homelessness, which provides referrals to community resources for which callers are eligible. The Hotline fielded more than 22,000 calls last year and connected more than 13,000 households to community resources. Intake Specialists at the Hotline are also required to have a Bachelor's Degree. The Hotline has a 1:70 staff to program participant ratio.

17. Shelter Operations: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

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The SVHC is submitting a funding request under VHSP for shelter operations to provide short-term 30 day emergency shelter for homeless households through a combination of shelter and the administration of hotel/motel vouchers for Rapid Re-Housing program participants in Chesapeake and Western Tidewater.

The proposal requests \$144,586 in shelter operations for ForKids Chesapeake and Western Tidewater Shelter programs. Families in shelter programs work towards the goal of moving to permanent housing within 30 days of entering the shelter program. Families in the shelter receive housing focused case management, mental health assessments and referrals, employment coaching, and children receive education services from Children's Education Advocates. The request includes funding for ForKids shelter staffing, operations, and supervision necessary to serve a total of 100 households annually.

18. Rapid Re-Housing: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

ForKids, a National Alliance to End Homelessness Rapid Re-Housing Certified provider, is requesting \$653,227 for Rapid Re-Housing. In the ForKids Rapid Re-Housing program, families work towards the goal of permanent housing placement within 30 days of shelter entry, with the lease initially paid by ForKids and gradually decreasing assistance for the next 2-3 months. Families in the program meet with a case manager to identify and address their barriers to housing. Case management continues up to nine months after the families have been placed in permanent housing to stabilize the family and prevent them from returning to homelessness. The funding request includes services of a Housing Specialist and a portion of a Regional Outreach Case Manager, direct assistance, stabilization services, children's education, and supervision of staff necessary to rapidly re-house 190 households annually.

As a sub grantee of ForKids, Commonwealth Catholic Charities (CCC) is requesting \$231,000 to provide rapid rehousing services for literally homeless single adult households. To ensure that homelessness is brief, single adults referred to CCC rapid rehousing program will collaborate with a full time housing specialist to identify and secure permanent housing. CCC's housing specialist will work to provide housing placement within 12 days of intake. To ensure homeless is non-recurring, once housed, program participants will collaborate with an operations supervisor who will provide housing focused case management to identify services, supports, and action that the participant and staff will take to ensure long term housing stability. Case management services operate out of a brokerage paradigm, ensuring that program participants are taking full advantage of mainstream resources as well as other existing community services. CCC proposes to provide 51 single adult households with rapid rehousing assistance annually.

The YWCA is requesting \$128,750 including administration, in funding to continue the implementation of the YWCA Rapid Re-Housing Programs to quickly house emergency shelter clients in permanent housing following the same program model. The YWCA is requesting funds to cover salary, benefits, and mileage for 1.0 FTE Rapid Re-Housing Coordinator (RRC) who will spend 100% of their time assisting emergency shelter clients with rapid re-housing. The YWCA anticipates rapid re-housing approximately 33 households. The YWCA Emergency Shelter and Housing Program is a housing first model. Housing applications are reviewed with clients during their initial intake session and housing coordinators meet with clients within 72 hours of shelter intake to review barriers to housing and self-sufficiency. Housing Applications and barriers are reviewed weekly for placement into internal

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housing programs (Transitional and Rapid Re-Housing Programs). If permanent housing is not available at the client's exit date, staff advocate for clients with other homeless provider agencies including Barrett Haven, City of Norfolk HART Team, ForKids, Salvation Army, Help and Emergency Response Inc., Samaritan House, Genieve, Avalon, Transitions, and other domestic violence and homeless service providers.

The Planning Council (TPC) is requesting \$195,755 to directly assist singles eligible for rapid re-housing, including Housing Broker Services that recruit landlords of affordable properties to place those households assisted within this program for the entire CoC. Placement services include required inspections, lead assessments and rent reasonableness determinations. An estimated 50 persons will be approved for rapid re-housing assistance. This program is in response to a gap identified within the CoC for services and funding assistance for singles. In addition, the Housing Specialist will be engaged to identify appropriate housing options, negotiate with landlords, complete inspections and carry out tenant education.

CANDII, Inc. (dba LGBT Center of Hampton Roads) is requesting a total of \$178,783, of which \$82,770 will assist 10 LGBTQ Households with rapid rehousing and housing case management services. This program proposes to identify those homeless individuals and move them directly into stable housing and provide support services necessary to stabilize them as quickly as possible. This will include employment services, clinical mental health services, and housing stabilization services. To address reducing returns to homelessness, the program will provide ongoing support through the LGBT Center services once RRH or prevention services are completed. The organization already employs one full-time employment specialist who will work with the individuals to secure employment. Individuals will primarily be referred to the RRH from the existing clinical mental health program and in the drop-in center.

19. Veteran Rapid Re-Housing: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

As a sub grantee of The Planning Council, STOP Incorporated is requesting \$85,000 in Veterans Rapid Re-Housing funds to assist 30 Veterans households. The Veterans Rapid Re-Housing program will focus on housing stabilization and case management services, housing locator services and housing stabilization financial assistance for Veteran specific households. All referrals for this program will come from the SVHC Service Coordination Committee for Singles. STOP housing councilors will quickly work to collect required documents, and assess housing needs and barriers. Housing Barriers assessment will be used to create the household housing stabilization plan. A comprehensive housing search will be conducted to RRH the Veteran household by the Housing Navigator and project participant.

20. Prevention/Diversion: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

The Planning Council is requesting \$313,633 in prevention funds and is proposing to continue providing prevention assistance for an anticipated 70 households. The requests for prevention assistance largely outnumber the amount of client aid available to the program. The Planning Council currently schedules approximately 25 appointments per month for applicants that are referred by the centralized intake systems in Norfolk or by the

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jurisdiction's Department of Human Services. Occasional referrals are accepted outside of these sources. The proposal includes a request for \$235,225 in funding for direct client aid, to assist households with rent, rent arrears and housing stabilization financial assistance. The proposal also includes a request for \$78,408 for 1.0 FTE Housing Counselor and 1.0 FTE Housing Specialist and 0.20 supervision.

ForKids is requesting \$10,000 in homeless prevention funds to provide diversion assessment and referrals to prevention program for approximately 600 households, leveraging all available resources including VHSP funds. Although these households are assessed over the phone, callers may not be enrolled in a VHSP funded prevention program.

CANDII, Inc. (dba LGBT Center of Hampton Roads) is requesting \$82,770 to directly assist 25 LGBTQ Households with prevention and diversion services, including 1.0 FTE Housing Case Manager and direct financial assistance.

21. Centralized/Coordinated Assessment System: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

ForKids requests \$16,000 in centralized/coordinated assessment funds for the Regional Housing Crisis Hotline. In 2012, ForKids launched the Regional Housing Crisis Hotline, acting as a central point of contact for families and individuals experiencing the crisis of homelessness or at-risk of homelessness. ForKids staff conducts an initial assessment of each caller's needs and eligibility and work to connect callers with emergency shelter, housing, or other critical services and mainstream resources for which they are eligible. ForKids records data on how many calls are received from each caller, their location, and their program referrals. The funding requested will cover .50 Intake Specialist, who speaks directly with callers, administers the initial assessment, refers callers to appropriate resources, and follows up with callers and organizations to determine the outcomes of the referrals for resolutions of the identified need. The Regional Housing Crisis Hotline expects to receive 12,800 calls from 6,000 unique callers from Norfolk, Chesapeake, and Western Tidewater in FY15.

22. CoC Planning: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

The Planning Council is requesting \$119,612 in funding for CoC Planning. Planning funds will be coordinated by the CoC Lead Agency, The Planning Council, where both Continuum of Care coordination and HMIS administration are housed. The Planning Council is responsible for developing and coordinating the federal Continuum of Care application process as well as the state Virginia Homeless Solutions Program for the Southeastern Virginia Homeless Coalition (VA 501). The project scope includes:

- Preparing and overseeing the application process for the federal and state applications in conjunction with community individuals, local governments, and organizations.

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- Submitting a competitive application to the U.S. Department of Housing and Urban Development and Virginia Department of Housing and Community Development on time and accurately.
- Ensuring an open and inclusive process for all eligible applicants for securing community funds.
- Designing a collaborative process for the implementation of a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals for housing and support services.
- Facilitating ongoing evaluation and peer monitoring of projects for which federal and state government funding is awarded.
- Facilitating activities to identify the needs within the homeless delivery system, including data collection and analysis.
- Monitoring and reporting on implementation activities related to plans to end homelessness and other related community efforts.
- In collaboration with the HMIS Administrator, conducting system-wide analysis of the homeless population, housing and support services within the entire CoC.
- Monitoring and responding to changes to federal and state programs and guidelines.
- Participating in local, state and national working committees and events as needed.

CoC Planning provides technical assistance and support for over 50 member agencies of the SVHC, regional partner agencies, local and state governmental agencies, funding agencies, and the 723 homeless persons identified in the 2016 Point in Time Count. Coordination is carried out through regular meetings of the entire CoC membership, through sub-committee work, through data analysis, through special events to complete required activities, and through regular communication via email and the SVHC website.

23. HMIS: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

ForKids, The Planning Council and CANDII, Inc. request a total of \$79,187 in HMIS Funds. Each programs request reflects five percent of the total VHSP base-request to cover reasonable and appropriate costs associated with operating a HMIS, including user licensing fees, cost associated with data collecting, entry and reporting, and staff associated with the operation of the system.

24. HOPWA: list the proposed grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC or local planning group level.

**Answer:**

Not applicable. The SVHC is not requesting HOPWA funding.

**Attachments:**

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Spending Plan

CopyofVirginiaSpendingPlanSVHC2016version2242014130143312016110456.xlsx

CoC Certification and Assurances

SVHCCoCCertification2016330201662938.pdf

Grantee Certification and Assurances

2016SVHCGranteeCertificationandAssurances330201662948.pdf

CoC/LPG Governance Charter/By-laws

SVHCBylawsAmended122014330201663011.pdf

CoC/LPG HMIS Policies and Procdeures

HMISPoliciesProceduresSVHC2015330201663052.doc

Job Descriptions (case manager and housing locator positions)

2016SVHCJobDescriptions330201663115.pdf

M.O.U.(s) (if applicable)

2016SVHCSubgranteeDRAFTMOUs3312016110508.pdf

Homeless Services Flow Chart

SVHCAccessFlowChart2016330201663156.pdf

CoC/LPG Level Policies and Procedures/Service Standards

SVHCStandardsofCareandSCCGuideline330201663218.pdf

Board of Director Listing(s)

2016SVHCNonProfitBoardofDirectors330201663231.pdf

Additional Attachments (Optional) || 2016 SVHC System Wide Analytic and Projections (SWAP), 2016 Needs Assessment and 2015 Vision Update

2016SVHCswapNeedsAssessmentandVisionUpdate3312016110525.pdf

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VHSP Year one Request

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