

Application to DHCD Submitted through CAMS

The Planning Council

Southeastern Virginia Homeless Coalition

Application ID: 54903142018152453

Application Status: Pending

Program Name: VHSP and HOPWA 2018-2020

Organization Name: The Planning Council

Organization Address: 5365 Robin Hood Road
Norfolk, VA 23513

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Project Name: Southeastern Virginia Homeless Coalition

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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: \$1,561,877.00

Required Annual Audit Status: Accepted

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$0.00	\$0.00	\$0.00
Centralized or Coordinated Assessment/Entry	\$0.00	\$0.00	\$0.00
Targeted Prevention	\$251,636.00	\$0.00	\$251,636.00
Targeted Prevention	\$251,636.00	\$0.00	\$251,636.00
Emergency Shelter Operations	\$132,039.00	\$0.00	\$132,039.00
Emergency Shelter Operations	\$132,039.00	\$0.00	\$132,039.00
Rapid Re-housing	\$982,755.00	\$0.00	\$982,755.00
Rapid Re-housing	\$982,755.00	\$0.00	\$982,755.00
CoC Planning	\$102,178.00	\$0.00	\$102,178.00
CoC Planning	\$102,178.00	\$0.00	\$102,178.00
HMIS	\$52,481.00	\$0.00	\$52,481.00
HMIS	\$52,481.00	\$0.00	\$52,481.00
Administration	\$40,788.00	\$0.00	\$40,788.00
Administration	\$40,788.00	\$0.00	\$40,788.00
Total VHSP Funding Request	\$1,561,877.00	\$0.00	\$1,561,877.00
HOPWA	\$0.00	\$0.00	\$0.00
Total:	\$1,561,877.00	\$0.00	\$1,561,877.00

Budget Narrative:

Commonwealth Catholic Charities - \$257,900 RAPID RE-HOUSING - \$245,550 \$47,500 – Housing Search and Placement \$47,500 – Housing Stabilization Case Management \$40,000 – Housing Stabilization Financial Assistance \$108,750 – Rent Assistance \$1,800– Service Location Costs HMIS - \$5,000 ADMIN - \$7,350 ForKids, inc. - \$550,474 SHELTER OPERATIONS - \$132,039 \$75,000 - Emergency shelter hotel/motel vouchers \$32,539 – Emergency Shelter CM \$2,000 – Supplies \$20,000 – Utilities \$2,500 – Security RAPID RE-HOUSING - \$378,400 \$36,000 – Housing Search and Placement \$125,000 – Housing Stabilization Case Management \$99,650 – Deposits and Utilities \$117,750 – Rent Assistance – ForKids, Inc. HMIS - \$25,022 ADMIN - \$15,013 LGBT Life Center of Hampton Roads - \$119,525 RAPID RE-HOUSING - \$34,025 \$22,800 – Direct financial assistance \$11,225 – Housing focused case management PREVENTION - \$78,916 \$54,441 – Direct financial assistance \$24,475 – Housing focused case management HMIS - \$3,084 ADMIN - \$3,500 The Planning Council - \$520,678 RAPID RE-HOUSING - \$214,780 \$57,480 – Housing Stabilization Case Management \$53,000 – Housing Stabilization Financial Assistance \$104,300 – Rent Assistance PREVENTION– \$172,720 \$33,720 – Housing Stabilization Case Management \$23,000 – Housing Stabilization Financial Assistance \$98,000 – Rent Assistance \$18,000 – Rent Arrears COC PLANNING - \$102,178 (7% of total request) ADMIN - \$11,625 HMIS - \$19,375 YWCA of South Hampton Roads - \$113,300 RAPID RE-HOUSING - \$110,000 \$29,942– Housing Stabilization Case Management \$80,058 – Direct Assistance for rent/rent arrears and housing stabilization financial assistance ADMIN - \$3,300

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Questions and Responses:

1. Part I. Emergency Crisis Response System

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 SVHC is submitting a funding request for \$1,561,877, which represents a 23 percent increase request over the FY2017 VHSP renewal amount. Increased funding will achieve the following outcomes:

Increased accessibility to ES for families throughout SVHC region by 28 percent, from 100 projected households in FY2017 to 128 households.

Increased capacity and accessibility for all household types by 17 percent from 301 households served in FY2017 to 353 households.

Commonwealth Catholic Charities - Rapid Re-Housing for 65 adult-only households. Total project cost -\$257,900.

RAPID RE-HOUSING - \$245,550

\$47,500 – Housing Search and Placement

\$47,500 – Housing Stabilization Case Management

\$40,000 – Housing Stabilization Financial Assistance

\$108,750 – Rent Assistance

\$1,800– Service Location Costs

HMIS - \$5,000

ADMIN - \$7,350

CCC will provide housing search & placement services for program participants with a goal of housing participants within 15 days of project entry. Once housed, program participants will collaborate with the case worker who will provide housing focused case management to identify services, supports & actions that the participant & staff will take together to ensure long term housing stability. Case management will be provided monthly at a minimum. CCC aims to provide no more than 4 months of rent assistance & no more than 5 months of financial assistance in order to have maximum impact; however, levels of rent assistance & housing stabilization financial assistance are determined on a monthly basis & based on household need.

ForKids - \$550,474 to fund Emergency Shelter and Rapid Re-Housing programs, HMIS and admin.

SHELTER OPERATIONS - \$132,039

\$75,000 - Emergency shelter hotel/motel vouchers

\$32,539 – Emergency Shelter CM

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\$2,000 – Supplies
\$20,000 – Utilities
\$2,500 – Security
RAPID RE-HOUSING - \$378,400
\$36,000 – Housing Search & Placement
\$125,000 – Housing Stabilization Case Management
\$99,650 – Housing Stabilization Financial Assistance
\$117,750 – Rent Assistance
HMIS - \$25,022
ADMIN - \$15,013

Emergency Shelter: ForKids requests \$132,039 to assist 128 households, approximately 384 people, to quickly obtain permanent housing and obtain housing stability in FY19. The requested funds will support staffing for case management, hotel vouchers, and shelter security, supplies and utilities.

Rapid Re-Housing: ForKids requests \$378,400 to provide 190 households, approximately 570 people, assistance with identification of appropriate housing, financial assistance with rent and move in costs, and housing related case management services in FY19.

LGBT Life Center - \$119,525 for Rapid Re-Housing & Prevention Services to LGBT adult-only households, households with children, and youth (age 18-24).

RAPID RE-HOUSING - \$34,025
\$22,800 – Housing Stabilization Financial Assistance
\$11,225 – Housing Stabilization Case Management
PREVENTION - \$78,916
\$54,441 – Housing Stabilization Financial Assistance
\$24,475 – Housing Stabilization Case Management
HMIS - \$3,084
ADMIN - \$3,500

Supports .70 FTE Housing Case Manager and .30 Housing Specialist.

\$34,025.00 in Rapid Re-Housing funding to support an average of 5 months for 5 LGBT households. \$76,845.00 for Targeted Prevention/Diversion to provide Case Management, diversion and support to assist with homeless prevention services for 20 households.

The Housing Specialist conducts landlord recruitment & facilitates the communication between the client, landlord & organization. They are also responsible for contracts, lease & inspections. The Case Manager works with clients to develop individualized service plan goals that support housing stability, such as education & increasing income, as well as linkages to community resources. The Prevention/Diversion efforts will provide intensive case management, resources & support to clients.

The Planning Council- Rapid Re-housing for 63 single adults, and Prevention/Diversion services for 50 households, CoC Planning, HMIS and Admin. Total project cost - \$520,678.

RAPID RE-HOUSING - \$214,780
\$57,480 – Housing Stabilization Case Management

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\$53,000 – Housing Stabilization Financial Assistance
 \$104,300 – Rent Assistance
 PREVENTION– \$172,720
 \$33,720 – Housing Stabilization Case Management
 \$23,000 – Housing Stabilization Financial Assistance
 \$98,000 – Rent Assistance
 \$18,000 – Rent Arrears
 COC PLANNING- \$102,178
 ADMIN - \$11,625
 HMIS - \$19,375

\$172,720 for Targeted Prevention will include 0.20 FTE Housing Counselor & 0.5 FTE Housing Specialist
 Rental Assistance: 20 households x 1 month & 20 households x 3 months & 10 households x 6 months. Rental
 Arrears for 10 households = \$18,000. Housing Stabilization Financial Assistance: Security Deposits: 25 households
 x \$700

Utility Deposits / Utilities = \$5,500

\$214,780 for Rapid Rehousing includes 0.80 FTE Housing Counselor & 0.5 FTE Housing Specialist
 Rental Assistance: 43 persons x 3 months & 20 persons x 1 month. Security Deposits for 63 persons
 Utilities = \$8,600, Application fees = \$300

CoC Planning = \$102,178

HMIS = \$19,375 for personnel time, data collection & reporting.

Admin = \$11,625 for accounting, reporting and management of VHSP.

YWCA of South Hampton Roads is proposing to provide Rapid Re-housing services for 30 households who
 become homeless due to domestic violence for a total project cost of \$113,300.

RAPID RE-HOUSING - \$110,000

\$29,942– Housing Stabilization Case Management

\$80,058 – Housing Stabilization Financial Assistance/Rental Assistance

ADMIN - \$3,300

\$29,942 is requested to cover partial salary, benefits, & mileage for a Housing Case Manager to spend 35% of their
 time providing housing stabilization services to Rapid Re-Housing participants and a Housing Specialist (\$17,342)
 who will spend 50% of their time assisting homeless clients with housing location services within 30 days of
 application.

Administrative support of \$3,300 for salary and benefits for finance staff.

Housing subsidies in the amount of \$80,058 with \$49,575 in rent, and \$30,483 in financial assistance.

2. Provide the anticipated source(s) of match funding by agency to ensure community match requirement is met.

Answer:

Agency	Match Source	Match Amount
Commonwealth Catholic Charities	Cash Match	\$64,475

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ForKids, inc.	Obici Healthcare Foundation	\$9,000
	United Way	\$33,350
	Anonymous Foundation	\$29,000
	Norfolk DHS Grant	\$23,800
	Community Contributions	\$42,470
LGBT Life Center	Intern Hours	\$15,315
	Broadway Cares Grant	\$1,000
	Cost of utilities/phone/etc.	\$1,440
	General Fund	\$12,127
The Planning Council	Sentara HOPE Fund	\$62,000
	City of Norfolk ESG	\$43,500
	City of Norfolk CDBG	\$25,545
YWCA of South Hampton Roads	City of Norfolk HSG	\$28,325
Total Match Amount		\$391,347

\$391,347 represents 25% of the total project request of \$1,561,877.

3. 3. Describe the process used by the CoC/LPG to determine the service providers and funding request as well as the process for making adjustments as needed.

Answer:

The SVHC has made extensive efforts to analyze and communicate HMIS data through Annual Reports, System Performance Measures, Point In Time Count Report which includes Coordinated Assessment data, and special report requests available through The Planning Council's website, all of which aid the CoC in assessing system-wide gaps and accomplishments. In July 2017, the CoC held a System Mapping exercise facilitated by Corporation for Supportive Housing, which assessed CoC-wide data and engaged housing providers, nonprofit agencies, community members, city governments and other systems of care, including healthcare and the Department of Corrections. Attendees reviewed CoC-wide data and collected input based on the information to identify gaps in housing across the community. Additionally, the CoC is working to transition all Service Coordination Committee information for both singles and families into HMIS, which will enable the CoC to prioritize services and housing for the most vulnerable of the homeless population, view gaps, and demonstrate the effectiveness of the Coordinated Entry System (CES).

In February 2018, The Planning Council created the Supplemental Application in an electronic grants management portal for VHSP funds and released a timeline for peer review and grant submission. The availability of VHSP funding was announced via the SVHC email listserv, at committee meetings, on the SVHC website and on the CoC Team's Facebook page. All additional required documents were also posted to the SVHC website at www.svhcva.org. As a result, a total of five applications were received to request project funding.

The SVHC Program Monitoring Committee reviewed all project applications utilizing the SVHC VHSP Review Tool which evaluated each program's capacity and ability to leverage resources, fully participate in the CES, 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 first presented by and reviewed by the SVHC Program Monitoring Committee; non-conflicting committee members used the Review Tool to score and rank the proposed project requests, with the determination that the

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CoC will prioritize higher scoring projects should the CoC not receive full funding. The funding recommendation was forwarded to an external review committee, comprised of persons who participate as Rankers during the HUD CoC Application process, to review and approve the recommendation. The recommendation along with a draft of the 2018-2020 VHSP Application was sent to the SVHC General Membership for final approval. Projects awarded funding under the 2018-2020 VHSP along with all TBRA and ESG-funded programs are required to present quarterly reports to the Program Monitoring Committee for a continued assessment of program performance and spending.

- 4.
4. Do any service providers within the CoC receive allocations of Emergency Solutions 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/LPG level.

Answer:

The following agencies requesting funding under the 2018-2020 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. ForKids also receives \$73,215 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. All Emergency Shelter and RRH referrals to Haven House are made through the CoC's Coordinated Entry Process, including the Housing Crisis Hotline and the Service Coordination Committee.

YWCA – utilized Norfolk Emergency Solution Grant funds in the amount of \$32,478 to pay for essential personnel to staff our 24-hour Emergency Shelter and shelter utilities.

The Planning Council – received \$67,192 in Norfolk Emergency Solutions Grant funds to support targeted Prevention through accepting referrals for qualifying individuals and families, providing housing stabilization services, and financial assistance. All referrals come from the Housing Crisis or from Departments of Human Services within the SVHC.

Commonwealth Catholic Charities – receives Norfolk ESG funds in the amount of \$52,000 to support housing stabilization case management, housing searching, and financial assistance for single adults and adult-only households through the Rapid Re-Housing program, which has been identified as a CoC-wide gap in services. All referrals are received through the Service Coordination Committee.

- 5.
5. Describe the process used by the CoC/LPG 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 implements targeted engagement strategies including bimonthly SVHC general membership meetings, biweekly, separate Service Coordination Committee (SCC) meetings for Singles and Families, as well as through trainings coordinated by the

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CoC. The SVHC holds bimonthly meetings for the general membership and advertises these meetings via email and on the CoC website, www.svhcva.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, CSBs and housing providers for formerly incarcerated individuals attend SCC meetings. These representatives, along with other community stakeholders, work to identify previous program participation and eligibility for benefits, as well as present households in need of permanent housing or additional wraparound services. Currently, ForKids provides customized instruction, mentoring and advocacy to children experiencing homelessness and their families. ForKids in Schools Pilot 2.0 expands education services for McKinney-Vento eligible families in elementary schools in Norfolk and Suffolk. If a household is in need of housing assistance, they are presented at SCC and may be housed through the use of VHSP funds. Formerly homeless individuals participate on the both the SCC-Singles and Executive Committees.

Additionally, the CoC Lead Agency works to schedule a variety of trainings annually to provide professional development opportunities for service providers in the multitude of settings, including SOAR, Mental Health First Aid, Trauma Informed Case Management, Confidentiality and Boundaries, Outreach, Burnout prevention, HQS, and more. Training needs are solicited from all SVHC Committees and are offered free of charge for all homeless services providers and any members of the community or other systems of care who may be interested in attending. 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 actively pursues strategic partnerships to engage stakeholders, including the recent partnership with Norfolk Redevelopment and Housing Authority (NRHA) to provide prioritization for Norfolk's homeless families and individuals to the Low Income Public Housing, Housing Choice Voucher and SRO Programs operated by the Norfolk Redevelopment and Housing Authority. This partnership allows the coalition to identify and assess large families (five or more), households with disabilities, homeless and graduates from homeless service programs and make coordinated referrals to the housing authority's housing resources. The City of Norfolk Office to End Homelessness launched a 100-Day Challenge throughout the SVHC to engage local businesses and workforce providers and partner with homeless service providers and employment specialists to connect 100 homeless households to 100 jobs in 100 days. The workforce providers and homeless service providers continue to meet on a monthly basis to connect homeless clients to employment opportunities.

6. 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/LPG centralized or 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 (each proposed grantee and sub-grantee must be depicted in the flow chart).

Answer:

In January 2018, the SVHC adopted the Coordinated Entry System Written Standards to provide policies and procedures to be applied consistently across the entire defined geographic area of the CoC. Additionally, it is required that all CoC and Emergency Solution Grant (ESG) funded programs administer their assistance in

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compliance with the CoC's written standards. The CES is a centralized, community-wide process designed to identify, engage, and assist households experiencing, or at risk of experiencing, homelessness; coordinate the intake, assessment and referral for services that meet the level of assistance that is most appropriate to resolving their housing crisis; and prioritize the households with the most severe service needs for assistance in a timely manner.

The process includes three main entry points for prevention and emergency shelter, including the Regional Housing Crisis Hotline, outreach, and access points at local departments of human and social services. At the time there is an available vacancy, the Housing Crisis Hotline follows CoC-established protocols related to household vulnerability to select the next eligible household whose family can be accommodated in a unit of the size available. No clients are accepted directly into the emergency shelter program.

Additionally, 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 the community's Coordinated Crisis Response: a 24-hour crisis line including YWCA of South Hampton Roads, HER Shelter, Samaritan House and the Genieve Shelter which coordinates and prioritizes referrals to local DV shelter vacancies based on lethality. If the DV hotline determines the household is not at imminent risk or if the household chooses not to utilize DV specific services, the household will be transferred back to a CES access point for assessment and referral.

Households in the SVHC access Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing through the Regional Housing Crisis Hotline, emergency shelters, designated homeless service providers and outreach personnel canvassing streets. These access points allow households experiencing a housing crisis to easily initiate the CES process for screening, assessment and connection to the most appropriate resources. If a household is screened and literally homeless, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) – the CoC's standardized assessment tool - is utilized to identify the household's chronicity and level of vulnerability to help guide decisions around the appropriate type of housing and services needed at Service Coordination Committee (SCC) meetings. Designated staff at access points make a referral to the By-Name List (BNL) for eligible households via HMIS data entry. Households on the BNL are case conferenced at regularly held Service Coordination Committee (SCC) meetings and prioritized by level of vulnerability, then referred to housing programs as appropriate.

SVHC implements the CES based on the following guiding principles:

-Housing First – a client-focused approach to ending homelessness that centers on providing permanent housing first and then implementing wrap-around support services as needed and requested. Service providers are trained annually in best practices for client engagement in areas including: mental health first aid; trauma-informed care; motivational interviewing and cultural competency

-Fair Housing – The CES requires recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

-Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance.

-Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any

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program or activity receiving federal financial assistance.

-Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services, such as housing search and referral assistance.

-Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

-Prioritizing the Most Vulnerable – The CES fully implements the prioritization process included in HUD Notice CPD-016-11. Additionally, the community is committed to ending chronic and veteran homelessness, therefore prioritizing chronic and veteran households.

-Low Barrier Screening – SVHC members do not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.

-Non-Discrimination – The CES is accessible by all households across the geographic area regardless of race, color, national origin, religion or any protected group; affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.

-Data Driven Decisions – The CES process design and management utilizes data collected around persons being served by the CoC, as well as nationally recognized evidence related to homeless housing and services.

7.

7. Describe the local need in the CoC/LPG 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 coverage area comprises over 7% of the state's population & hosts a larger concentration of households living below poverty than other regions in the state. Norfolk's rate of poverty at 21% is above the state rate of 11.4%. The counties of Isle of Wight, Southampton & the cities of Franklin & Suffolk that make up the Western Tidewater region are both rural & poor with poverty rates ranging from 11-16%. SVHC residents have a lower per capita income than Virginia & the U.S., averaging \$46,366 compared to \$52,957 in Virginia, & \$49,246 in the U.S. Households earning less than \$25,000 range from 7%-15% throughout the CoC's population. The unemployment rate in the SVHC is over 4% in each jurisdiction, compared to 3.7% in the state of Virginia. Therefore, the risk of homelessness remains high for those who are unstably housed or un/underemployed.

The homeless population is centered in the City of Norfolk, the urban hub of the Hampton Roads region. With 703 persons counted in January 2017, 81% (572) were identified in Norfolk while the other jurisdictions are more suburban/rural with a less identifiable homeless population. Additionally, 81% are adult only households. 10% of all counted were unsheltered & the chronic population more than doubled from the previous year, resulting in 79 persons (11%). There were increases in the following subpopulations that are monitored: Chronic Homeless Families; Veterans; Unaccompanied Youth; & DV survivors. 35% indicated that it was their first time homeless,

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demonstrating a need for targeted prevention funds to intervene earlier.

From 1/1/2017-12/31/2017, the Hotline answered 15,500 calls from 8,000 unduplicated callers in the SVHC region. 1,000 callers were literally homeless; over 2,750 were at imminent risk. Hotline staff made approximately 15,000 referrals for all services types. 23% (3,491) of the referrals made were for prevention services, including rent/utility payment assistance. 32% (4,789) were referrals to emergency shelter. While the 2017 PIT Count indicated a 3% drop compared to 2016 in the total number of persons counted, the number of unsheltered persons has increased over the last five years. On average, 20 families are turned away from emergency overnight placement each month due to no shelter space available. Haven House in Norfolk provided 1,505 bed nights of overnight shelter on mattresses on the floor to 356 people in FY17. Additionally, during the current FY, the Coordinated Crisis Response Hotline, the CoC's Domestic Violence 24-hour Hotline, answered a total of 2,425 calls. 250 of those calls were from adults fleeing DV & requesting shelter. 90% of the individuals in the YWCA Emergency Shelter fall below the poverty level. In the first half of FY18, from 7/1/2017 – 12/31/2017, the Housing Crisis Hotline answered 9,000 calls from 5,000 unduplicated callers in Norfolk, Chesapeake & Western Tidewater. Of the callers, over 600 were literally homeless & over 1,600 were at imminent risk. 8,200 referrals for services were made, 26% to emergency shelter & 26% to prevention.

Since March 2017, 405 singles were presented for RRH services at SCC-Singles. 90 (22%) were housed while an additional 162 (40%) have been matched & are in the housing process. 42 persons (10%) self-resolved, 46 persons (11%) went missing, & 5 persons (1%) were incarcerated. 60 (15%) remain on the list waiting for RRH referrals. In February 2018, SCC agreed to stop collecting new referrals for Singles until those on the waiting list were housed or resolved. During that same period, the SCC-Families had 219 families presented. 119 (54%) were rapidly re-housed & 19 (9%) families are still working with providers to finalize housing. 57 (26%) self-resolved & 12 (5%) were unknown. 10 (5%) families are still awaiting referrals; 2 heads of households (.1%) were incarcerated. Thus, the demand for RRH resources exceeds the current capacity of the SVHC to meet the need.

Additionally, requests for services & support from the LGBTQ community have steadily increased. Research suggests that there is a disproportionate number of LGBTQ in the homeless population, & an even greater proportion of transgender in the subset of LGBTQ. In addition to the challenge of quantifying the number of LGBTQ homeless persons, there is difficulty in addressing the barriers that impact LGBT seeking homeless services. LGBT persons face social stigma, discrimination, & rejection by their families, which adds to the physical & mental challenges with which all homeless persons must struggle. Frequently, LGBT persons have difficulty finding shelters that accept them. LGBT individuals experiencing homelessness are at a heightened risk of violence, abuse, & exploitation compared with their heterosexual peers. Transgender people are particularly at physical risk due to lack of acceptance & are often turned away from shelters; in some cases signs have been posted barring their entrance. The LGBT Life Center is currently the only program that provides housing resources targeted to LGBT individuals in Hampton Roads & the Community Center served 3,081 individuals during FY2017. Housing Services received 76 inquiries related to LGBT housing during the current program year.

This proposal aims to address gaps within the CoC for at-risk and literally homeless households by providing funding for the following activities:

- Emergency shelter for 128 households;
- Rapid Re-housing for 353 households (including 5 LGBT and 30 DV); and
- Targeted Prevention for 70 households (including 20 LGBT).

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Because over 700 persons are sleeping in shelter or in places not meant for human habitation in the SVHC, the CoC focuses the majority of its efforts on providing RRH options along with housing stabilization case management. There are programs that target families, while others focus on households without children, as well as those who present more challenges, such as LGBT community members, or those fleeing DV. All CoC providers collaborate closely through coordinated assessment in order to provide wrap-around services and linkages to all types of benefit programs.

8. How is the CoC/LPG using HMIS data and community-level homeless data in project design, to make changes, and inform decisions? Detail how data is used to prevent homelessness, shorten the length of homelessness, and prevent recidivism. In addition, explain how the CoC/LPG is using data from non-HMIS users.

Answer:

Since 2006, the SVHC has been very proactive about data collection in HMIS and has 17 provider agencies with over 80 users entering client level data into what is now the merged Hampton Roads HMIS. Several agencies provide volunteer data entry for agencies without assigned staff to ensure that the data from regional winter shelters and the Union Mission (the largest emergency shelter program) are included. The HMIS Lead Agency – The Planning Council – monitors the data quality by reviewing the project APRs that agencies run each month in order to inform the users where data is missing or incorrect. A Data Quality Plan is in place that ensures the HMIS Committee targets the data quality as part of its regular activities for optimal planning and reporting.

The data is utilized in many ways to help with planning of services by both SVHC leadership and within subcommittees. Starting with the PIT Count each January, a comprehensive report about the count methodologies and full analysis for each subpopulation – by jurisdiction – is shared widely with CoC membership, analyzed at subcommittees, and available online at www.svhcva.org. Data is compared to previous years to identify any noted trends that should be addressed. The Housing Inventory Chart, which includes all numbers and types of shelter/housing units, is reported each spring in HDX and then shared and discussed to identify decreases and increases in housing. The System Performance Measures are also reported out, both online and in different meetings, to look at where there is room for improvement in current homeless services, prevention and recidivism.

The SPMs are a key activity of the Program Monitoring Committee, which also conducts quarterly peer review of funded programs, as well as during applications for state or federal funding. Agencies have the opportunity to describe the stories behind their data and try to collectively find solutions when failing to meet targets. The overall rates of returns to homelessness, the length of time to house each client, numbers and characteristics of those in need of prevention services, and others, are not only discussed within planning meetings at all levels, but included in supplemental applications required for each agency to complete. Agency performance with all required measures are taken into account in order to recommend each project for funding, and to rank in order of priority when necessary.

From time to time, external consultants are engaged to provide expertise with identifying gaps and developing or evaluating programs. Most recently, in July 2017, The Planning Council engaged Corporation for Supportive Housing to conduct a Gaps Analysis study in order to confirm the types and amount of permanent housing units necessary in order to end homelessness within SVHC. TPC also completes an annual report for the general public, funding agencies, and CoC membership to highlight progress made toward preventing and ending homelessness, new services and housing programs, funding updates and other CoC activities. All information is focused around

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the mission of making homelessness rare, brief and nonrecurring.

In 2018, The Planning Council was invited to join with Richmond and other CoCs across the state of Virginia to include the Hampton Roads HMIS in a data integration project. The partnership with Green River and Cloudburst is underway now to create a dashboard that reports on aggregate data to help with service planning and delivery.

9. 9. Describe your system's performance and outcomes in reducing the number of households entering the homeless assistance system, reducing the length of shelter stays, and reducing the number of households returning to homelessness.

Answer:

Based on the most recent submission of the HUD System Performance Measures (SPMs), the SVHC reported a 17% decrease in the number of persons experiencing homelessness for the first time (focusing on Emergency Shelter and Transitional Housing programs) between Fiscal Year 2015 and 2016 (SPM 5.1); when Permanent Supportive Housing and Rapid Re-housing programs are included, the decrease was 11% (SPM 5.2). This decrease coincides with increasing outreach and adopting improved Coordinated Entry and Assessment policies.

Additionally, the SVHC reported a 33% increase in the average length of time homeless (based on Emergency Shelter bed nights) between the two fiscal years (SPM 1a.1), and the only VHSP funded shelter program, ForKids, has reduced their length of time in shelter 23% since FY16 (58 days to 45 days). Reducing the average length of shelter stays is a goal that also must be considered alongside exits to permanent housing; given the region's lack of affordable housing (particularly for persons with physical disabilities) and the need for increased Rapid Re-housing and Permanent Supportive Housing (PSH) capacity, some persons and households are staying in shelter longer to develop a permanent housing plan. Further evidence of the gap in housing and capacity lies in the increasing number of persons experiencing chronic homelessness in the 2017 Point in Time Count and the increasing number of persons waitlisted for PSH via the Service Coordination Committee. Often, this population requires more intensive case management as they are living with multiple issues that impact their ability to obtain and maintain housing; this application addresses a true need in the CoC for increased resources.

The SPMs also indicate a low rate of returns to homelessness within 2 years post permanent housing exit; the overall rate of return for both fiscal years was 7%. Out of each program type, the highest rate of return was reported for Emergency Shelter; this rate is partially contributed to an increase in HMIS participation of seasonal emergency shelters. The CoC is targeting prevention to clients who have previously accessed the system, in the hopes of further reducing the rate of returns and promoting stability.

One of the biggest impacts of the SVHC SPMs going forward will be the addition of the region's largest Emergency Shelter (Union Mission) to HMIS in April 2017.

10. Part II. Virginia Homeless Solutions Program (VHSP)

1. Provide the anticipated number of households served (July 1, 2018 – June 30, 2019) in the community (CoC/LPG) by activity type (outreach, shelter, rapid re-housing, and prevention). The numbers served must be based on the spending plan and all anticipated resources.

Answer:

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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:

Shelter	128 Households
Rapid Re-Housing	353 Households
Prevention	70 Households

- 11.
2. Provide the average cost to serve a household based on the anticipated number of households served (July 1, 2018 – June 30, 2019) in the community (CoC/LPG) 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 \$1,953,224 when incorporating local and private program and services funds identified as match for this program. 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	\$1,031 per household
Rapid Re-Housing	\$2,784 per household
Prevention	\$3,595 per household

- 12.
3. Describe how the CoC or LPG is meeting the requirement of reducing barriers to homeless services programs and the specific barriers that have been reduced. Additionally, describe in detail how the CoC/LPG will meet the Prohibition Against Involuntary Family Separation and Equal Access and Prohibited Inquiries.

Answer:

The SVHC Coalition has worked to reduce all barriers to housing and prioritizes households and individuals based on chronicity and vulnerability, regardless of household size, composition, gender, age, sexual orientation or mobility limitations. All programs adhere to the requirements outlined in the Prohibition Against Involuntary Family Separation and Equal Access and Prohibited Inquiries and service providers work to keep families intact through any means possible. At the time of initial shelter request to the Housing Crisis Hotline, each household can self-identify members of their household without regard to actual or perceived sexual orientation, gender identity or marital status. For Kids programs are designated for families with minor children, but the nature and relationships of the adults and/or children within the family are not restricted. If additional household members are identified at entry into an emergency shelter or rapid re-housing program and occupancy allows, they are also

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permitted to enter the program. Clients are not asked for marriage certificates or to prove paternity.

CoC-wide 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. Additionally, all programs requesting funding under this application do not discriminate based on sexual orientation, gender, or gender identity (real or perceived).

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. Housing Locators work to identify units for large families within each community.

With the initiation of the LGBT Prevention and Rapid Re-Housing program in 2016, the CoC began to collect specific data regarding the population which will further the CoC's ability to address the needs of the population. Through operation of this program from 2016-2018, the CoC learned that LGBT individuals experiencing homelessness do not present at shelter as often as other populations experiencing homelessness due to possible hostile environments. There is a higher prevalence of couch surfing among strangers with the expectation of exchanging risky behavior for shelter; therefore, the SVHC is proposing to serve more LGBT households through Prevention in order to increase appropriate resources for the population. Transgender clients experience a higher level of discrimination related to housing and employment and need additional help linking to community resources to address medical needs. If these needs are not addressed it can impact their mental and emotional wellness. Case Managers act as a liaison to seek appropriate services to addresses identified needs. Often the Housing Specialist serves as a liaison between the transgender client and the landlord. Because LGBT are not yet considered a protected class, landlords can choose to discriminate, denying housing based on identity. The Housing Specialist assists in identifying landlords and safe and diverse communities for rentals.

Agencies address mobility limitations by advocating for or requesting handicap units from existing landlords or through accommodating hotel/motel units in emergency shelter. Members also partner 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.

13.

4. Describe the prioritization process for targeted prevention.

Answer:

In addition to the VHSP program eligibility criteria, the CoC has reviewed its ES data since 2014 on an annual basis to identify the characteristics of those in ES to plan earlier interventions with prevention funds. This targeting exercise has aided in assisting those households that are most imminently at risk of homelessness as well as have other limitations (income, disabilities, etc.)

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The SVHC proposes to prioritize the following households for Targeted Prevention assistance after diversion activities have taken place:

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- 1) Households without children;
- 2) Households that have been previously assisted by a homeless service provider; and
- 3) Households on a fixed income (benefits and not earned income)

At-risk households are referred to prevention programs after comprehensive screening at the Regional Housing Crisis Hotline or at departments of human services. Housing staff follow up on all referrals within two days and provide additional diversionary activities in addition to those already completed by the referring agency. First appointments with clients are typically set within one week, giving them time to gather documentation if necessary. Some are within 72 hours or 10 days of eviction and the housing staff do all they can to accommodate an immediate appointment with the applicants.

LGBT Life Center:

-) Households that identify as part of the LGBT community.

The Targeted Prevention programs can continue to assist other households, but will provide extra points on a score sheet for those who present with the above listed criteria. This should not only meet an urgent need within the CoC but will also complement other funds that are available and prioritize other types of households who are also facing homelessness within 14 days. This prioritization will be reviewed on a regular basis and can change at any time with CoC approval if other priorities are demonstrated, or availability of funds changes within the CoC.

14. 5. Describe the prioritization process for rapid re-housing.

Answer:

Rapid Re-Housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. In order to be eligible for RRH, households must meet the HUD definition of homelessness and not have access to housing resources. The amount of rent each program participant must pay is determined by the household's budget and will be the least amount of financial assistance necessary based on household needs and housing barriers. The SVHC prioritizes households with chronic homeless status and the most severe service needs (according to the VI-SPDAT score).

In early 2018, the SVHC adopted a RRH Prioritization tool that provided extra scores for more vulnerable and medically complex individuals in order to assist those with the most critical needs. This tool is used at the SCC Singles committee to help in decision making as many individuals receive the same VI-SPDAT score after assessment is completed.

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

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Answer:

The SVHC is committed to ensuring that homeless households quickly obtain permanent housing and receive the services necessary to remain housed. Service providers strive to house all RRH clients within 30 days of program enrollment. 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 shelter and makes referrals for those most vulnerable to available shelter vacancies.

Additionally, the Hotline, the Norfolk HART Team and dedicated family outreach workers assess families quickly and divert as many as possible to prevent them from becoming homeless or entering shelter. Upon entry into shelter, singles and families with children immediately undergo a Housing Barrier Assessment to determine the households' needs and identify barriers to housing and are immediately referred to the Singles or Families Service Coordination Committee. 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. The CoC has increased Federal and State RRH funding by 77% since FY13. These efforts have resulted in a 13 day average length of time between entry and PH placement for households with children. In 2017, 68% of singles housed in RRH programs had a housing move-in date within 30 days of project start/enrollment. 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 ensure long-term housing retention.

The Service Coordination Committees (SCC) meet every two weeks 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 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.

Upon entry into a ForKids' program, the needs of the family are assessed with regard to identifying barriers to housing, evaluating income and employment needs, and facilitating access to mainstream resources. The ForKids team, including Family Case Managers and other specialists work together to help each family identify goals and develop an individualized plan of action to obtain housing and work toward long term self-sufficiency. ForKids utilizes established data collection standards, systematic reporting and regular services team meetings to monitor and evaluate participant progress. Specific guidelines and benchmarks have been developed to ensure satisfactory progress toward goals.

To increase earned income, households are offered assistance with identifying job leads, job training programs, employment services and skills training and engaging in job-readiness activities. ForKids utilizes a progressive engagement strategy to identify the least assistance necessary to move the family toward self-sufficiency. This ensures that clients remain focused on contributions to their own housing and are implementing a plan to afford rent when assistance ends. In addition, clients are provided with the support necessary to identify any unmet needs, connect with appropriate mental health providers and establish goals which target the areas where emotional or behavioral instability has led to housing disruption in the past.

ForKids is an active participant in the CoC Coordinated Entry process as described below. This includes partnering

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with several homeless services agencies, including: YWCA, City of Norfolk/HART, City of Chesapeake, HER Shelter, Geneive Shelter, PARC and the Union Mission to receive or provide referrals for vulnerable households eligible for rapid re-housing assistance. ForKids collaborates with the Chesapeake Area Shelter Team, providing outreach and transitioning families into ForKids programs wherever possible. The LGBT Life Center provides prevention and rapid re-housing services for the LGBT population and Permanent Supportive Housing for individuals with HIV/AIDS and other chronic health conditions. ForKids partners closely with other programs of the SVHC to ensure that families have access to appropriate housing, accepting referrals from the SVHC Service Coordination Committee for rapid re-housing and permanent supportive housing programs as space is available.

Four additional shelters in the area have recently established a Coordinated Crisis Response and provide shelter services to individuals who are in imminent danger, and/or those who have experienced serious physical or sexual assault within the past seven days. As one of the largest providers of rapid re-housing services in the state of Virginia, ForKids regularly accepts referrals from other agencies. HER shelter and the YWCA also have access to Rapid Re-Housing resources; however, their efforts are focused on survivors of domestic violence. ForKids is one of the few providers of Permanent Supportive Housing programs for families in the region.

16.

7. How does the CoC/LPG assist program participants in locating housing? If the CoC/LPG has a Housing Locator, describe the job duties of this position(s).

Answer:

The Housing Broker Services program was first implemented as part of the City of Norfolk's Central Intake for families program in 2007 and later expanded under the Homeless Prevention and Rapid Re-housing (HPRP) program in 2009-2011. Currently, most service provider agencies hire specific personnel to recruit landlords and properties that will work with the various programs. Housing Specialists connect with landlords to build relationships and expand rental opportunities for high risk households presenting to the various homeless service provider agencies for financial assistance. Typically at least three rental options are offered to clients to accommodate their needs for employment, schools and other services.

Housing Specialists also negotiate with landlords to facilitate the rental process and 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:

- 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 (when available).

Maintaining good relationships with landlords is key to the success of this program as word of mouth spreads and

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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.

Housing inspections, lead assessments and rent reasonableness documentation are all required when placing a household into a new housing unit. Environmental reviews are now conducted for all approved RRH households.

At ForKids, Housing Specialists are immediately available to all participants of emergency shelter programs and to those referred to Rapid Re-Housing from other programs to begin to identify barriers that need to be overcome in order for the household to move to permanent housing in the community as soon as possible. The Housing Team works closely with numerous landlords who are willing and able to act quickly on housing applications and take risks in regards to income and rental history of prospective tenants. Assistance with application fees, moving costs or other barriers are addressed with funding outside of VHSP when needed.

17.

8. How will the CoC/LPG 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 that case managers and other specialists focus on with clients is to increase income and general household self-sufficiency and stability. Case managers assess the sources and amount of income and benefits for each household and identify benefits that the household may be eligible for but is not currently receiving. They can assist with applications for mainstream resources, connect directly with Department of Human Services workers when necessary, fax documents, attend appointments with clients and help them problem-solve regarding barriers associated with obtaining or maintaining their benefits.

Staff from agencies that provide mainstream benefits, such as SNAP, Social Security, unemployment, FAMIS, WIC 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). Agencies are fully prepared to assist applicants who lack the comprehension to properly complete their documentation, or the assertiveness to ensure their documents are received and reviewed, and ensure that this assistance is part of their work with each household. As an example, ForKids case managers have direct access to the HART team who can access up to the minute information about benefits status so that ForKids staff can properly guide the family through the often complicated process to obtain critical benefits such as childcare, TANF and food stamps. In Chesapeake, the staff work directly with the Safe and Stable Families Program with a direct contact in that department who screens families for eligibility and works closely with staff to ensure families are able to access the funds administered by their program.

Assistance in arranging (and sometimes transporting to/from) appointments with agencies that provide mainstream resources is provided when needed. For example, many applicants present with low or very low income yet 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.

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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. 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.

- 18.
9. Provide evidence of the organizational capacity of each proposed grantee to include governance, leadership, experience, and financial management.

Answer:

Commonwealth Catholic Charities senior management team consists of the Executive Director, the Chief Financial Officer, Chief Operating Officer, Director of Housing Services and the Director of Human Resources, all of whom meet monthly to discuss opportunities for agency growth, strategic initiatives and investments, developing service needs across CCC's service area, internal policies and procedures, and solutions to challenges. CCC's services are structured into four main areas: children's services, counseling, resettlement, and housing. Each service area is overseen by a director responsible for oversight, program expansion, and service quality. The agency's financial structure includes a CFO, an Assistant Controller, two accounts payable/payroll specialist, and one program billing specialist. Performance and Quality Improvement (PQI) plans ensure the highest level of service in operations; performance measures are tracked and reviewed quarterly by the department, management team, PQI committee, senior management, and Board of Directors.

ForKids successfully manages twelve federal, state, and local government grants annually totaling over \$3 million. The agency has successfully managed HUD Supportive Housing Program (SHP) grants for the past twenty-four years and now manages five SHP HUD grants in Norfolk, Chesapeake and Western Tidewater. 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.

The LGBT Life Center has extensive experience providing housing services to people living with HIV/AIDS and has always served families and individuals of this special population. "Housing Services" is an entire department,

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with a Housing Director and four full-time Housing Specialists and four Housing Case Managers. The Housing Director is directly supervised by the Programs Director and Executive Director, who both have extensive experience in providing supportive housing services and reporting responsibilities. The finance department is led by the Chief Financial Officer, who is a licensed CPA and has extensive grants management experience. The boards 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 LGBT community is a key component. The LGBT Center is a “safe space” for addressing issues that may affect gender identify, sexual preference or intimate partner violence. The staff reflects the population served and therefore rapport is developed more easily.

The Planning Council (TPC) has partnered with community foundations, 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 since 1941. 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, and submits federal and state applications totaling over \$9 million annually. The Planning Council also manages the HMIS for over 60 homeless provider agencies, as well as the Lynchburg and Virginia Beach CoCs, in addition to a regional Homeless Prevention Program and the Sentara HOPE Fund. In July 2014, TPC expanded its housing services to include Rapid Re-Housing for households without children.

The YWCA has provided services in Hampton Roads for 107 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 President and CEO has 20 years of experience in fundraising and grant writing which adds 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.

19.

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

Answer:

Commonwealth Catholic Charities’ (CCC) case worker will have a Bachelor’s Degree in a human services or related field and a minimum of two years of experience working with homeless individuals or families. The Housing Specialist will be required to obtain certification as a housing counselor and will have a minimum of two years of experience in rental or homeless counseling or a related field. All staff of CCC’s housing division are required to participate in regular fair housing training to ensure the agency’s ability to counsel program participants in the event of housing or other discrimination. CCC anticipates a staff to participant ratio of 1:30.

The ForKids program is managed by the Chief Services Officer and Regional Director of Services. Together they bring extensive experience in the areas of social work, clinical services, trauma-informed service delivery, client-

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centered best practices, housing and homelessness initiatives and poverty law. All services staff in the Emergency Shelter and Rapid Re-Housing programs have Bachelor's or Master's Degrees in related human services fields and typically two years of experience. New employee training including boundaries, ethics, confidentiality, housing first, culture of poverty, and Critical Time Intervention, while all employees receive monthly training from internal and external experts on best practices in serving homeless families. 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. Family Case Managers work with 15-18 families at a time depending on the assigned program and the level of assistance needed. Housing Specialists work with up to ten families at a time to locate housing and are trained in Housing Quality Standards.

The LGBT Life Center Housing Services Director has been with the agency for 1.5 years and has over 17 years of experience in housing and community development. The Housing Specialist is required to have a Bachelor's Degree or two-three years of related experience. Housing Case Managers are required to have a Bachelor's Degree in Social Work, Human Services Counseling or related field and at least two years of experience. The CEO and Program Manager have over 20 years of experience each in the field. The client to case manager ratio for this program will be 10:1.

TPC currently has a four-person housing team, made up of three housing counselors and one housing specialist (locator). All members of the team have, at a minimum, their Bachelor's degree in social work or another human services-related field, and are certified Housing Counselors through the Virginia Association of Housing Counselors. The Housing Specialist is also HQS certified. 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. 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 typically 25-35 program participants to one staff member.

The programs within the YWCA are divided into three parts: crisis services, counseling, and shelter and housing. Shelter and housing services include one Shelter Manager, one Housing Specialist and one Housing Case Manager. Shelter and housing staff have over ten years of human services experience including training in Housing Quality Standards Examination, ASSIST suicide prevention, and Lead-Based Visual Assessment. There are currently 25 program participants to one staff member in housing services and 10 participants to one staff member in shelter services. Crisis services includes one Victim Advocate Service Manager, four victim advocates, 25 sexual assault on-call victim advocates, and twelve hotline advocates. There are currently 15 clients to one staff member in Victim Advocacy Services and one three clients to one on-call sexual assault advocate. Counseling services includes one licensed clinician, six counselors in residence, and one counseling intern. There are currently 35 clients to one staff member.

20.

11. Outreach: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

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Not Applicable. There are no grantees requesting outreach funding.

21. 12. Targeted Prevention: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

The Planning Council is requesting \$172,720 in targeted prevention funds and proposes to provide prevention assistance for an anticipated 50 households and coordinates prioritization and program adaptations with all service providers also offering prevention assistance. The requests for prevention assistance largely outnumber the amount of client aid available in the communities. The Planning Council receives prevention referrals from the Regional Housing Crisis Hotline or from the jurisdictions' departments of human services. The proposal includes a request for \$139,000 in funding for direct client aid, to assist households with rent, rent arrears and housing stabilization financial assistance.

The LGBT Life Center of Hampton Roads is requesting \$78,916 to directly assist 20 LGBT Households with prevention and diversion services, including direct financial assistance, 1 FTE Housing Case Manager at 70% and 1 FTE Housing Specialist at 30%. The program will focus efforts on providing intensive case management, resources and support to clients to prevent homelessness.

22. 13. Emergency Shelter Operations: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

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

The proposal requests \$132,039 in shelter operations for ForKids Norfolk, Chesapeake and Western Tidewater Shelter programs. Families in the shelter receive housing focused case management, mental health assessments and referrals, and employment coaching. The request includes funding for ForKids shelter staffing, operations, and supervision necessary to serve a total of 128 households annually. In FY17, ForKids received \$122,039 in Shelter funding to serve 100 households; the program served 144 families, with 91% exiting to Permanent Housing. All households served will access CoC housing and stabilization services through the Families Service Coordination Committee.

23. 14. Rapid Re-housing: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

Commonwealth Catholic Charities (CCC) is requesting \$257,900 to provide rapid Re-housing services for literally homeless single adult households. To ensure that homelessness is brief, single adults referred to CCC rapid Re-housing 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 15 days of intake. To ensure homeless is

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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 65 single adult households with rapid Re-housing assistance annually. This program is in response to a gap identified within the CoC for services and funding assistance for singles. All referrals for this program will come from the Service Coordination Committee for Singles.

ForKids, a National Alliance to End Homelessness Rapid Re-Housing Certified provider, is requesting \$378,400 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. Previously, ForKids received \$378,400 in RRH funding to serve 190 households; however, the program served 213 families in FY17, with 89% of families exiting to Permanent Housing. All referrals for this program will come from the Service Coordination Committee for Families. The amount and duration of rental assistance is dependent on their unique needs and barriers to be overcome. The requested funds will support staffing for case management and housing search and financial assistance for families.

The LGBT Life Center of Hampton Roads is requesting \$34,025 to directly assist 5 LGBT Households with Rapid Re-Housing, including 1.0 FTE Housing Case Manager and direct financial assistance. The program served 7 households with RRH funding previously, but is prioritizing Prevention assistance through this grant cycle due to the population needs. This program proposes to identify those homeless households and move them directly into stable housing and provide support services necessary to stabilize them as quickly as possible. To address the "reduce the return to homeless status" the program will provide on-going support through the LGBT Center services once RRH or Prevention services are completed. The organization employs a full-time employment specialist who will work with the individuals to secure employment. Individuals will primarily be referred to the program from the programs existing clinical mental health program and from the Service Coordination Committee for Singles; all referrals will be processed through the Committee prior to entry into the program.

The Planning Council (TPC) is requesting \$214,780 to directly assist single adults and adult-only households eligible for rapid re-housing as well as support a 0.70 FTE Housing Counselor and a 0.5 FTE Housing Locator. \$157,300 is for direct client assistance and this request incorporate the previous award to TPC that included \$50,112 as a sub-agreement to an outside organization to assist Veterans. Placement services include all required inspections, lead assessments and rent reasonableness determinations. An estimated 63 households will be approved for rapid re-housing assistance. In addition, the Housing Specialist will be engaged to identify appropriate housing options, negotiate with landlords, complete inspections and carry out tenant education. All referrals for this program will come from the Service Coordination Committee for Singles and can include all subpopulations therein.

The YWCA is requesting \$113,300 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.

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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 30 households. During 2017-2018, the program has placed 27 households in housing in an average of 19 days, with 88% of households exiting to permanent housing. 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. All referrals for this program will come from the SVHC Service Coordination Committee for Families and the YWCA emergency shelter program.

24. 15. Centralized or Coordinated Assessment/Entry System: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

Not Applicable. There are no grantees requesting Coordinated Entry funding.

25. 16. CoC Planning: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

The Planning Council is requesting \$102,178 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 Housing 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.

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

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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 40 member agencies of the SVHC, regional partner agencies, local and state governmental agencies, funding agencies, and the 703 homeless persons identified in the 2017 Point in Time Count. Coordination is carried out through regular meetings of the entire CoC membership, sub-committee work, data analysis, special events to complete required activities, and regular communication via email and the SVHC website.

Key tasks accomplished with the FY2017 Planning funds include:

- Award of over \$3.8 million HUD CoC funds and over \$1.5 million State homeless assistance funds;
- Development and adoption of Coordinated Entry Policies and Procedures;
- Revisions of the CoC Bylaws to include a restructuring of the Governance Board for more diverse leadership;
- Improvement and implementation of evaluation tools to monitor individual project performance;
- More efficient reporting of the PIT Counts through the use of a mobile app;
- Timely and complete submission of the HIC, PIT Count, AHAR and System Performance Measures in HDX;
- Creation of custom reports to better demonstrate agency and system-level performance for planning and evaluation;
- Partnering with CSH to implement a CoC-wide system mapping and need projection tool for planning and prioritization of PSH;
- Implementation of a grants management program to more efficiently receive and review project applications for both federal and state funding opportunities;
- A needs assessment and count of at-risk and homeless youth for program and services planning;
- Continued efforts with provider agencies and the Veterans Affairs to collaborate efforts around ending veteran homelessness;
- Creation of System Performance Measure reports for CoC review and planning;
- Planning and execution of Impact Wednesday events for homeless single adults to better connect to services and housing programs;
- Demonstrate successful CoC collaborations and data tools at two statewide housing conferences;
- Addition of Community Point module to HMIS to improve access to resources;
- Support Regional Housing Crisis Hotline to develop tools and reports necessary to carry out coordinated assessment, screening and referrals.
- Participation in state-led collaboration to implement a cloud-based data integration project.
- Increased participation in HMIS of non-funded agencies.

The SVHC membership includes just over 25 active agencies from all jurisdictions. 17 of those agencies (84 different people) are active users of the HMIS system.

26.

17. HMIS: list the proposed grantee(s)/sub-grantee(s), the eligible activities to be provided by the proposed

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grantee, and how each will coordinate these activities on a CoC/LPG level.

Answer:

Commonwealth Catholic Charities - HMIS funds will be utilized for computer equipment purchases, HMIS licenses, and data entry. Administration funds will partially offset CCC's administrative costs which include the finance, information technology, and human resources expenses allocated to the program.

ForKids requests HMIS funds to support staffing and operations related to HMIS activities including data collection and entry, analysis and reporting for the successful administration of the VHSP.

The Planning Council requests HMIS funds to support staffing for VHSP reporting as well as license fees

LGBT Life Center request HMIS funds cover reasonable and appropriate costs associated with operating a HMIS, including user licensing fees, cost associated with, data collecting, entry and reporting, and staffing.

Agencies actively use HMIS, participate on the Data Collection and HMIS Committee that meets quarterly, and run and review data quality reports in order to correct any missing or incorrect client-level data.

27. Part III. Housing Opportunities for Persons With AIDS (HOPWA)

1. How are HOPWA services coordinated with the CoC?

Answer:

The SVHC will not submit a funding request for HOPWA under this application.

28.

2. 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/LPG level.

Answer:

The SVHC will not submit a funding request for HOPWA under this application.

29.

3. What safeguards or provisions are in place to protect clients' HIV/AIDS status from landlords and other third parties?

Answer:

The SVHC will not submit a funding request for HOPWA under this application.

30.

4. Describe how clients are connected with community resources and which community resources will be leveraged for the HOPWA program.

Answer:

The SVHC will not submit a funding request for HOPWA under this application.

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31.
5. How is data being used to inform program design?

Answer:

The SVHC will not submit a funding request for HOPWA under this application.

Attachments:

Spending Plan

VirginiaSpendingPlanTemplate2212018143101329201835155.xlsx

CoC Certification and Assurances

CoCCerificationandAssurances3292018122748.pdf

Organizational Certification and Assurances

SVHCOrganizationalCertificationsandAssurances3262018112620.pdf

Year One Request (proposed grantees and activities)

VHSPyearonerequest201922201831904329201843239.xlsx

Community Metrics (agency-specific data is required for each proposed emergency shelter operations grantee)

CopyofCopyofCommunityESMetricsReport20182020HSNHApplication233292018122756.xlsx

CoC/LPG Level Policies and Procedures/Services Standards (including Coordinated Entry)

SVHCCoCPoliciesandProcedures329201832847.pdf

CoC/LPG Governance Charter/By-Laws

SVHCBylawsUpdated20173262018112824.pdf

CoC/LPG HMIS Policies and Procedures

HMISPoliciesProceduresHamptonRoadsShelterlink20173262018113727.pdf

Job Description (case managers and housing locator positions)

SVHCJobDescriptions3262018112054.pdf

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Homeless Services Flow Chart

SVCHomelessServicesFlowChart3262018114843.pdf

Board of Directors Listing

SVHCBoardsofDirectorsList3272018120755.pdf