HSNH (VHSP & HOPWA) 2018-2020 Narrative

Part 1: Emergency Crisis Response System

Summarize the funding request. The summary must specifically list the CoC/LPG's total request for each budget/activity category. For each proposed grantee, list the funding request for each budget/activity category and activities to be provided. If this request represents a community-wide ten percent difference (greater or lesser) over current VHSP and HOPWA funding, please explain.

The Fredericksburg Regional CoC (FRCoC) is requesting $1,335,337 in VHSP and HOPWA funding to support the community homelessness response system. This request is a 15.7% increase over the FY18 allocation. The additional dollars will prevent homelessness and recidivism by increasing capacity for coordinated assessment to streamline connections to prevention and diversion resources; shorten length of homelessness by increasing capacity for outreach, shelter case management, and housing location services; and increase coordination among response system providers by increasing coordinated assessment and CoC planning capacity.

Outreach

The CoC requests $27,040 to fund outreach services administered by Micah Ecumenical Ministries. This request will increase outreach case management capacity by .5 FTE. Micah's outreach program will provide case management services to those that are living on the street and target those that would otherwise not seek services on their own.

Coordinated Assessment

The CoC requests $71,022 in coordinated assessment funding for Northern Virginia Family Service (NVFS) to centralize the CoC's coordinated assessment process. This funding will be used to hire a full-time central intake coordinator, who will be responsible for responding to all coordinated assessment calls/walk-ins, assessing for service needs, facilitating diversion whenever possible, and coordinating referrals. NVFS will subgrant $9,369 to Thurman Brisben Center (TBC) to provide after-hours coverage. The draft MOU between NVFS and TBC is included as an attachment to this application (see Attachment 12); the MOU will be signed and implemented upon grant award.

The additional $42,914 over current funding levels will allow the CoC to centralize the coordinated assessment process and create one full-time central intake coordinator position.

Targeted Prevention

The CoC requests $243,022 in targeted prevention funding to directly assist people at imminent risk of homelessness and coordinate local resources for diversion efforts. Micah ($15,000) will provide housing location services and NVFS ($228,022) will provide all other prevention assistance to households at imminent risk of homelessness. This funding will support one quarter-time housing locator, one full-time prevention case manager and one half-time diversion coordinator. This request represents level funding from FY18, though funding has been shifted to different line items to improve services.

Shelter Operations

The CoC requests $201,992 to fund emergency shelter operations and housing-focused case management administered by Empowerhouse ($58,076), Micah ($36,050), and TBC (107,866).

The shelter operations request includes an additional $20,235 in shelter case management for Empowerhouse ($11,300) and Micah ($8,935) to add .25 additional shelter case managers to each organization. These increases will allow additional time to be devoted toward housing-focused case management to help clients move more quickly into permanent housing. An additional $25,700 in maintenance and utilities is also requested for TBC ($23,000) to repair their older building and Empowerhouse ($2,700) to support increasing utility and maintenance costs associated with their new, larger shelter building.

Rapid Re-Housing
The CoC requests $570,126 to fund the community's rapid re-housing activities. Empowerhouse ($115,414), Loisann's Hope House ($104,846), Micah ($237,510) and TBC ($38,856) will provide financial assistance and case management. In addition, the CoC requests $58,500 for Micah to provide community housing location services and $15,000 for Micah to provide veteran financial assistance and case management.

This request includes an additional $12,500 to increase housing location capacity by .25 FTE; if awarded, this funding will be paired with Micah's prevention request to create one half-time housing locator position. Increased housing location services will reduce length of homelessness by supporting increased capacity to network with landlords and identify appropriate units for housing clients.

CoC Planning
The CoC requests $40,000 in CoC planning funding to support the George Washington Regional Commission's (GWRC) continued role as lead agency. The CoC planning request includes an additional $25,000 to increase staff capacity by utilizing a Senior Planner already employed by GWRC. Currently, CoC staffing consists of one full-time CoC Coordinator and one full-time AmeriCorps VISTA, but the CoC will not be eligible for another VISTA after the current term ends on April 30, 2018. The additional CoC planning funds, and associated match, will add 10.5 hours per week in CoC staff capacity in order to offset some of the lost capacity when the VISTA term expires.

HMIS
The CoC requests $36,308 for the purpose of collecting and reporting grant-required data in HMIS. Funds will support staff time and licensing fees for Loisann's Hope House ($4,728), Micah ($3,116), NVFS (9,177), and TBC ($9,287). Additionally, GWRC requests $10,000 to pay for licensing fees, reducing the cost passed on to providers.

Administration
The CoC requests $27,074 to support administration of the projects explained above. This funding will be allocated to Empowerhouse ($4,727), Loisann's Hope House ($5,000), NVFS (13,596), and TBC ($3,751).

HOPWA
The CoC requests $118,753 for Fredericksburg Area HIV/AIDS Support Services (FAHASS) to operate HOPWA. This funding will support housing services to eligible clients in King George, Madison, Orange, and Westmoreland Counties through the following programs: Tenant-Based Rental Assistance ($35,000); Short-Term Rent, Mortgage, and Utility Assistance ($36,786); Permanent Housing Placement ($10,000); and Housing Case Management ($28,654). FAHASS also requests $8,213 for administration.

There is no change in the overall HOPWA request from the FY18 allocation, though funding levels have shifted slightly between service categories.

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

The community will provide a total of $304,146 in match funding from local and private sources to match the $1,216,584 VHSP request. The following chart shows the breakdown by agency, source, and VHSP category:

Agency	Type	Source	VHSP Category	Amount
Empowerhouse	Cash	Rappahannock United Way	Emergency Shelter Operations	$26,590.00
Empowerhouse	Cash	Rappahannock United Way	Rapid Re-Housing	$17,964.00
GWRC	Cash	Local Government GWRC Dues	CoC Planning	$12,500.00
Loisann's Hope House	Cash	Rappahannock United Way	Rapid Re-Housing	$28,644.00
Micah	Cash	Mary Washington Hospital Foundation	Emergency Shelter Operations	$130,000.00
Micah	Cash	Rappahannock United Way	Emergency Shelter Operations	$48,508.00
TBC	Cash	Private Sources	Emergency Shelter Operations	$9,940.00
TBC	Cash	Spotsylvania County	Emergency Shelter Operations	$15,000.00
TBC	Cash	Stafford County	Emergency Shelter Operations	$15,000.00
Total				$304,146.00

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.

The FRCoC determined the service providers and funding request for this application through the process outlined in the FRCoC Funding Policies & Procedures, which governs the solicitation, review, selection, and ranking of projects for funding through collaborative applications in order to ensure an objective, transparent, and competitive funding process.

The Funding & Performance Committee, with CoC staff support, developed VHSP application forms and scoring sheets; these documents were approved by the CoC Board at its meeting on February 22, 2018.

Following this approval, CoC staff posted to the FRCoC website and distributed to the full CoC membership the local NOFA, VHSP application forms, attachment templates, and scoring sheets.

The FRCoC Funding Policies & Procedures, FRCoC 2018 Policy Priorities, local NOFA, application forms, and scoring sheets are included as an attachment to this application (see Attachment 15).

Project applications for outreach, emergency shelter operations, rapid re-housing, and CoC planning were submitted to CoC staff by March 9, 2018 at 11:59 PM. Project applications for targeted prevention and coordinated assessment were submitted by March 13, 2018 at 11:59 PM. (The deadline for these project types was pushed back to allow more time for the System Planning Committee to provide input on how these projects should be administered moving forward.) CoC staff submitted all project

applications to the Funding & Performance Committee to review and score individually using Board-approved scoring sheets.

The Funding & Performance Committee met on March 16, 2018 and March 21, 2018 to finalize application scores and rank projects. Committee members compiled scores and comments to complete one final scoring sheet for each application. The Committee then determined for each project application whether to accept the application at the full amount, accept the application at a reduced amount, or reject the application. Applications that were accepted were then ranked based on project type, project application score, population group served by the project, levels of unmet need, and other factors. The renewal CoC Planning project was placed at the top of the ranking per the guidance in the FRCoC Funding Policies & Procedures, as the system relies on this project to operate. The final ranking sheet is included as an attachment to this application (see Attachment 13).

CoC staff then notified each applicant of the Funding & Performance Committee's ranking recommendations and provided the completed scoring sheet for each project application. CoC staff also included specific instructions regarding the point of contact and deadline for appeals.

No appeals were submitted by the posted deadline of March 25, 2018 at 11:59 PM, so the Funding & Performance Committee submitted the original ranking recommendations to the CoC Board for final approval. The CoC Board approved the ranking as recommended at its meeting on March 28, 2018. CoC staff then notified each applicant of the CoC Board's final approval.

Following the CoC Board's final approval, CoC staff posted to the FRCoC website and distributed to the full CoC membership the completed collaborative application, project ranking, and project applications for public review.

Once the CoC is notified of the final amount that DHCD will award to the community, the CoC will follow the project application ranking to determine adjustments as needed. Projects will be allocated funding in the order they are ranked until all funding has been allocated. Any funding for which DHCD specifies the category will be allocated only to projects of that category, even if they are ranked below projects that ultimately do not receive funding.

Upon funding allocation, a project applicant can choose to reduce the amount of or eliminate a project for any of the following reasons:
- Other funding has been secured for the project that can replace all or part of the requested VHSP funding
- The project is partially funded and not viable at the partial amount
- The agency is no longer able to carry out the proposed project

In the event that a project is reduced or eliminated, recaptured funding will be allocated to remaining projects in the order they are ranked until all funding has been allocated. Any recaptured funding for which DHCD specifies the category will be allocated only to projects of that category, even if they are ranked below projects that ultimately do not receive funding. If there are no remaining projects of the specified category, the CoC will solicit proposals, in accordance with the Funding Policies & Procedures, for projects in that category. In the event that a CoC planning or coordinated entry project is eliminated and results in insufficient system coverage, the CoC shall solicit proposals, in accordance with the Funding Policies & Procedures, for projects in that category to ensure sufficient system coverage.

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.

No.

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

The FRCoC engages community stakeholders through quarterly CoC meetings, monthly committee meetings, a monthly newsletter, regular website updates, and special initiatives that bring appropriate stakeholders together. Additionally, response system providers partner with organizations throughout the community to provide mainstream resources to those served through the homelessness response system.

The CoC is comprised of a broad array of organizations involved in the regional effort to end homelessness, including homeless services providers, mental health and healthcare providers, local government, law enforcement, faith-based non-profits, and other community stakeholders. The local Department of Social Services (DSS) offices, Rappahannock Area Community Services Board (RACSB), Rappahannock Regional Jail, and the local school systems all participate in the CoC. CoC Board membership includes two formerly homeless individuals, and all response system providers have at least one person currently or formerly experiencing homelessness involved in their organization, either as a board member or staff member.

CoC members are engaged in CoC activities through a robust committee structure, which includes the Communications, Funding & Performance, System Planning, and Nominating committees. The CoC engages organizations that are not formally members of the CoC by including them on monthly newsletters and inviting them to quarterly CoC meetings; non-members can apply to join the CoC at any time. Quarterly CoC meetings, as well as committee meetings, are open to the public.

The CoC also engages stakeholders as part of special initiatives and strategic planning efforts. For example, the CoC is currently piloting a Frequent Users Systems Engagement (FUSE) study, which has more fully engaged a broader group of stakeholders, including the local jail, courts, police departments, hospitals, funders, and university.

Additionally, response system providers have engaged a wide array of mainstream services to provide assistance directly within their facilities, including local DSS offices to connect clients to benefits and RACSB to provide mental health and substance abuse services.

In addition, the CoC is currently developing a community engagement and education plan. Stakeholder input will be solicited on a regular basis to provide feedback on individual projects and the homelessness response system as a whole. Stakeholders to be involved in this evaluation process will include former and current clients, provider staff, other community partners, and the general public. The CoC is also working to educate community partners by providing in-service trainings that help partners understand the role of the CoC and how to best connect their clients to the homelessness response system.

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).

The FRCoC uses a coordinated entry system in order to target limited resources. The two major components of the coordinated entry system are the coordinated assessment process for triaging emergency shelter and homelessness prevention resources, and the prioritization process for targeting rapid re-housing and permanent supportive housing resources to those least likely to self-resolve. All emergency and housing services use the coordinated entry system as their only source of referrals.

Households experiencing or at risk of experiencing homelessness can access the coordinated entry system by either calling or walking into an approved access point. Those least likely to access services on their own can access coordinated entry through street outreach.

Currently, there are three CoC-approved access points for the coordinated assessment portion of the system: Loisann's Hope House, Micah Day Center, and Thurman Brisben Center (TBC). Beginning July 1st, 2018, however, the CoC will centralize the coordinated assessment process under Northern Virginia Family Service (NVFS). NVFS will partner with TBC to provide after-hours coverage in order to maintain 24-hour access. The draft MOU between NVFS and TBC is included as an attachment to this application (see Attachment 12); the MOU will be signed and implemented upon grant award.

The CoC is currently working to implement one phone number that will automatically switch between NVFS and TBC, so that the CoC can advertise a single number to the community. DHCD will be notified once the one number has been implemented; in the meantime, the single point of contact will continue to be the George Washington Regional Commission (540-642-1579), who can connect persons seeking assistance with one of the coordinated assessment providers.

The coordinated assessment process is used to ensure that participants are connected with the intervention most appropriate and least intensive/restrictive given their current situation. All CoC projects are prohibited from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The CoC's coordinated entry system uses a phased approach to assessment, which progressively collects only enough participant information to triage, prioritize, and refer participants to available CoC housing and support services. Participants will be screened and assessed based on their current situation and referred to the most appropriate resources using a community decision tree.

Coordinated Assessment Tool
All coordinated entry participants will be initially assessed using a common coordinated assessment tool. The tool is designed to identify the participant's immediate needs and assess eligibility and need

for emergency shelter, homelessness prevention, specialized services (e.g., veterans or domestic violence survivors) or other community resources. Coordinated assessors will conduct a brief 5-10 minute assessment conversation with the participant in order to complete the tool and determine the most appropriate referral.

Diversion
All participants seeking assistance shall be diverted when possible, safe, and appropriate. Utilizing diversion questions built into the coordinated assessment tool, access points work with participants to identify and facilitate diversion options.

Housing Barrier Assessment
A Housing Barrier Assessment is completed as soon as a participant is enrolled in emergency shelter or street case management and is used to assess possible barriers to housing as well as client preferences and needs in regards to housing. This is completed with all clients, regardless of housing options being pursued. The information collected allows case managers and participants to understand possible challenges to obtaining and maintaining housing and guide work to self-resolve over the next 14 days and ongoing.

VI-SPDAT
The VI-SPDAT is completed 14 days after enrollment into a shelter or street outreach project to determine prioritization for housing resources. This identifies those that have not been able to successfully self-resolve within 2 weeks and may be in need of assistance to support their return to permanent housing. Adults in households without children will complete the Individuals VI-SPDAT v2, and adults in households with children will complete the Families VI-FSPDAT v2. Adults who are not currently residing with their children but have custody and wish to be housed as a family will complete the Families VI-F-SPDAT v2. Results of VI-SPDAT assessments will be paired with other data points to inform the prioritization for rapid re-housing and permanent supportive housing.

The current supply of housing resources within the CoC does not match the community's need. Therefore, the system uses a prioritization process that targets those least likely to self-resolve for housing resources. This process involves generating a community list of all persons who have been in an emergency shelter and/or on the street for at least 14 days, ordered based on vulnerability data. Households are prioritized based on position on the prioritization list and case conferencing. Households that are prioritized through the list are assigned to a housing provider based on provider expertise with specific subpopulations and current caseloads.

The FRCoC Coordinated Entry Policies & Procedures is included as an attachment to this application (see Attachment 6, Page 1).

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.

The FRCoC services the 1,387 square miles of PD16. Since 2010, the district has experienced a 9.9% growth in population, and is the second-fastest growing planning district behind Northern Virginia (Weldon Cooper). Local poverty rates range from 5.7% in Stafford to 14.6% in Fredericksburg (Census Bureau). The local unemployment rate of 4% remains above Virginia's average 3.3% (Bureau of Labor Statistics). With fair market rent starting at $1,300 for an efficiency for a majority of the region, many low-income households lack the resources to afford available housing (HUD). The percent of rent-

burdened residents, those paying more than 30% of their income toward housing costs, ranges from 42% in Caroline to 63% in Fredericksburg; three out of five PD16 jurisdictions have a higher percentage of rent-burdened households than the statewide average of 46% (Census Bureau).

The annual Point in Time (PIT) Count reveals what these demographics mean for local homelessness. On, January 26, 2017 the CoC identified 216 HUD-defined homeless persons, an increase over the 209 persons identified in the 2016 PIT Count. From the 2016 to 2017 PIT Count, the number of unsheltered persons increased from 34 to 39 and the number of chronically homeless persons increased from 13 to 29. With level homeless services funding, it has been difficult for the CoC to keep up with rapid population growth and high housing costs.

Outreach
In the 2017 PIT Count, the CoC identified 39 unsheltered persons. During CY17, 105 persons who were identified as consistently living outdoors received housing-focused case management through Micah's street case management project.

Outreach funds requested will increase outreach case management capacity by .5 FTE by replacing funding sources that require the current outreach worker to do coordinated assessments, HMIS data entry, and other duties. This increase will allow the case manager to spend more time with each client.

Coordinated Assessment
During CY17, coordinated assessment providers fielded at least 1,700 calls and completed 1,378 coordinated assessments. From federal fiscal year (FFY) 2015 to FFY17, the CoC saw an 8% (45-person) increase in the number of persons who entered shelter for the first time in 24 months. This signals the need for an improved coordinated assessment process that emphasizes diversion and prevention.

Coordinated assessment funds requested will allow the CoC to centralize the coordinated assessment process under NVFS and hire one trained professional to oversee the process. Centralizing the process will limit duplication; it will also emphasize diversion and homelessness prevention, as these functions will be co-located with coordinated assessment staff.

Targeted Prevention
The CoC continues to see high demand for targeted prevention resources. In the first half of FY18 alone, 67 households have been served by VHSP prevention, and 85 households who did not qualify for prevention were connected to the diversion coordinator for problem-solving assistance and connection to community resources. Additionally, SSVF prevention has served 48 people in 14 households since October 2017.

This VHSP funding request aims to maintain current targeted prevention capacity, though rearranges resources to better staff the operation. Funds requested will increase housing location capacity by .25 FTE to support households re-housed through prevention.

Emergency Shelter Operations
Demand for emergency shelter remains high. In CY17, 937 unduplicated persons in 692 unduplicated households experienced literal homelessness in PD16, either staying in an emergency shelter or identified as unsheltered through street case management. Turn-away rates remain high; in the last month alone, 59 households were turned away from shelter due to lack of space.

This VHSP funding request aims to maintain current shelter capacity, including requests for maintenance of older and larger shelters, as well as increase housing-focused case management capacity by .5 FTE to support shelter participants in self-resolving.

Rapid Re-Housing
Current housing locator capacity also falls short of need. The CoC currently employs one full-time housing locator, who works with six housing providers across four funding streams (VHSP, CoC Program, SSVF, and HUD-VASH). The housing locator is burdened with managing caseloads of about 20 households while also networking with landlords and maintaining the housing directory. This causes a backlog of cases; the length of time to locate housing for each household is currently about 70 days.

This VHSP funding request aims to maintain current rapid re-housing capacity, as well as increase housing location capacity by .25 FTE to support households re-housed through rapid re-housing.

HOPWA
As of December 31, 2016, 23,137 Virginians were living with HIV/AIDS. The 2012 Virginia Statewide Coordinated Statement of Need and Comprehensive HIV Service Plan identified housing as first among the population's most unmet needs. However, housing continues to fall outside of the purview of Ryan White. While FAHASS assisted 65 people with housing stability last year, there are still over 200 people waiting for tenant-based rental assistance in the Northern Virginia area, a number of which are looking to live in the Fredericksburg region.

FRCoC will use VHSP and HOPWA funding to strengthen its homelessness response system to ensure that homelessness in PD16 is rare, brief, and non-recurring. The CoC will utilize outreach, emergency shelter operations, and rapid re-housing funding to re-house households experiencing homelessness as quickly as possible. The CoC will utilize coordinated assessment and targeted prevention funding to ensure homelessness and recidivism are prevented whenever possible. CoC planning, HMIS, and administration funding will support coordination and administration of these programs.

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.

The FRCoC uses client-level, project-level, and system-level data to inform the operation of the homelessness response system, ensure projects are high-performing, and inform community decisions related to funding and system design.

All response system providers, except domestic violence, HUD-VASH, and HOPWA providers, enter data into HMIS. The local domestic violence provider, Empowerhouse, collects all required data points and reports aggregate numbers to the CoC at least quarterly. By July 1, 2018, Empowerhouse will use a comparable database to collect and report data on rapid re-housing clients. The CoC recently started using Google Forms to track coordinated assessment data. The CoC also collects data through annual point-in-time and housing inventory counts.

Use of Client-Level Data

The CoC uses client-level data to inform the operation of the homelessness response system.

Prevent Homelessness & Recidivism: Coordinated assessors access client-level data, through HMIS or Google Forms, on persons accessing the homelessness response system to better understand the household's history of homelessness and any community supports that they may have. This helps inform the most appropriate intervention to prevent homelessness and recidivism.

Shorten Length of Homelessness: CoC staff pulls client-level HMIS data at least twice per month to update community by-name lists, including the prioritization and veterans lists. Data from Empowerhouse is manually added to the lists when appropriate. The community uses client-level vulnerability data to prioritize housing resources. These efforts work to shorten the length of homelessness by ensuring that the most vulnerable, those least likely to self-resolve, are connected to housing resources. Those who are not prioritized for housing resources are supported in self-resolving.

Use of Project-Level Data

The CoC uses project-level data to ensure projects are high-performing and identify areas for improvement as necessary.

Over the past year, the CoC has focused on updating or adopting community-wide policies and procedures (Bylaws, Coordinated Entry Policies & Procedures, Rapid Re-Housing Policies & Procedures, and Funding Policies & Procedures). These documents set standards for CoC decision-making and operating the homelessness response system. With this framework now in place, the CoC is focusing on deeper project evaluation to both identify technical assistance needs and inform future funding decisions.

The CoC adopted rapid re-housing performance benchmarks based on National Alliance to End Homelessness standards in June 2017. The CoC is currently developing project performance standards for all project types; these will be implemented by July 1, 2018. Project performance standards will include measures related to **preventing homelessness, shortening length of homelessness, and preventing recidivism.**

For this funding round, CoC staff provided project-level data on number of households served, vulnerabilities of persons served, and destination outcomes to the Funding & Performance Committee to inform the project review and ranking process. Future funding rounds will focus even more heavily on project performance data.

Use of System-Level Data

The CoC uses system level-data to inform community decisions related to funding and system design.

On the funding side, projects are evaluated not only on performance but also on how they fill a system gap and meet a community need. The Funding & Performance Committee ranks projects not just based on project score, but also based on project type, population group served, levels of unmet need, and other system-level factors.

In addition to funding decisions, the CoC uses system-level data to inform system design. Specific examples related to preventing homelessness and recidivism and shortening length of time homeless are below.

Prevent Homelessness & Recidivism: The CoC used HMIS shelter data to inform its homelessness prevention prioritization. Local analysis revealed that individuals generally enter non-DV shelters from hotels, doubled-up situations, or institutions. Based on this analysis, the CoC adopted the following order of priority for prevention assistance:
1. Households fleeing or attempting to flee domestic violence, labor trafficking, or sex trafficking
2. Households temporarily staying in a hotel or motel that is self, family, or friend paid and have to leave
3. Households temporarily staying with family or friends and have to leave
4. Households exiting hospital, jail, or other institution with no identified housing plan
5. Households being evicted within two weeks

The CoC monitors success of preventing homelessness and recidivism through HUD System Performance Measures 2 and 5.

Shorten Length of Time Homeless: The CoC used data in a recent effort to secure funding from local governments for an initiative to end unsheltered homelessness throughout the CoC's service area. In June 2017, the CoC was approached by the City of Fredericksburg to discuss concerns about the presence of homeless encampments within City limits. In response, the CoC developed an outline of strategies that could be used to target the unsheltered population for permanent housing using systems that are already in place. The CoC used data to determine the level of funding that would be needed to support an appropriate level of housing location services, rapid re-housing, and permanent supportive housing for this population. The CoC also used performance data to demonstrate to the community the success of existing re-housing efforts, as well as preliminary data from the local Frequent Users Systems Engagement (FUSE) study, which is ongoing, to show the cost savings associated with housing stability. These efforts relate directly to shortening length of time homeless for unsheltered persons by increasing system-wide re-housing capacity.

The CoC monitors success of shortening length of time homeless through HUD System Performance Measure 1.

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.

From federal fiscal year (FFY) 2015 to FFY17, the FRCoC saw an 8% (45-person) increase in the number of persons who entered shelter for the first time in 24 months. Part of the reason for this may be linked to the reduction in average length of shelter stays; with shelter beds turning over more quickly, beds are more often available for those seeking them. The CoC is working to ramp up diversion efforts in order to ensure bed availability does not accommodate people who would have otherwise self-resolved. The CoC has been limited in its diversion abilities, in part because the CoC had to rebuild its coordinated assessment system after CVHC was no longer able to administer central intake; the ad hoc approach to the rebuilt system meant that staff not hired or trained to do coordinated assessment were leveraged to cover that role.

The CoC has been working to streamline the coordinated assessment process, adopting a Google Form with logic built in to ensure proper triage, improve diversion, and streamline connection to homelessness prevention. With the funds requested in this application, the CoC plans to further refine the coordinated

assessment process by moving to a single-door approach administered by NVFS and hiring one, trained professional to oversee coordinated assessment to ensure proper diversion and connection to resources.

From FFY15 to FFY17, the CoC reduced the average length of shelter stays by 27.6%, from an average of 76 days in FFY15, to an average of 55 days in FFY17. During the same period, exits to permanent housing destinations from shelter or rapid re-housing increased from 40% to 43%. The community's emergency shelter metrics have shown an even greater upward trend over the last several months, with exits from shelter to permanent housing increasing from 37% in July 2017 to 54% in January 2018. Shorter shelter stays combined with more exits to permanent housing demonstrates the community's commitment to the Housing First approach.

The CoC's shelter providers have worked hard to integrate the Housing First model into existing shelter projects. For example, the CoC's only transitional housing program reduced average length of stay by 42% from FFY14 to FFY16 before ultimately rebranding as an emergency shelter. All of the community's emergency shelters participated in the Virginia Emergency Shelter Learning Community sponsored by DHCD and continued to work with CoC staff after the learning community had ended to implement changes toward becoming more low-barrier, client-centered, and housing-focused. Shelters revised rules to center on safety, reduced the length of resident handbooks, and revised job descriptions to be housing-focused. All shelters, VHSP-funded and non-funded, continue to submit monthly metrics to CoC staff.

From FFY15 to FFY17, the CoC reduced total returns to homelessness within 24 months of exiting to permanent housing from 27% to 19%. Housing providers work to ensure participants sustain permanent housing by helping them increase income and access mainstream resources, and by providing an appropriate level of case management until the participant is able to sustain housing without assistance. The CoC has adopted community-wide standards for case management and financial assistance to ensure all housing programs adhere to best practices. The FRCoC Coordinated Entry Policies & Procedures and FRCoC Rapid Re-Housing Policies & Procedures are included as an attachment to this application (see Attachment 6).

The CoC has also streamlined the coordinated assessment process, to improve diversion and connection to homelessness prevention, in order to prevent homelessness and recidivism. With the funds requested in this application, the CoC plans to further refine the coordinated assessment process by moving to a single-door approach.

Part II: Virginia Homeless Solutions Program (VHSP)

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.

Outreach
The FRCoC served 105 persons in 101 households through street case management in CY17. PATH served 238 persons during the same time period, though not all PATH clients were unsheltered, and most that were unsheltered were also served by street case management. The CoC expects to serve a similar number of unsheltered persons through outreach in FY19, estimating that it will again serve 105 persons in 101 households**.**

Emergency Shelter Operations
The CoC sheltered 1,144 persons in 752 households in FY17, and 715 persons in 472 households during the first half of FY18. Three additional year-round family units with 11 beds will become available when Loisann's Hope House opens its new house in May or June. Based on the numbers from previous years, increased emphasis on diversion and prevention through the centralized coordinated assessment process, and the community's increased shelter capacity, the CoC expects to serve 1,430 persons in 944 households in FY19 through shelter operations, the same number as projected for the current year.

Rapid Re-housing
The CoC served 431 persons in 207 households through rapid re-housing in FY17. These totals include all persons served through VHSP, Housing Trust Fund, and SSVF funding streams.

The CoC's $100,000 Housing Trust Fund grant was not renewed, though Loisann's Hope House is committed to raising funds to fill this lost capacity. All other funding streams are expected to remain level. Based on these considerations, the CoC expects to serve 431 persons in 207 households in FY19 through rapid re-housing, the same number as in FY18.

Prevention
The CoC provided prevention assistance to 202 persons in 88 households in FY17, and 283 persons in 108 households during the first half of FY18. These totals include those served through both VHSP and SSVF funding streams. Northern Virginia Family Service (NVFS) projects that by the end of FY18, they will have served 100 households, based on households currently being processed and available funds.

Based on these numbers and the VHSP funds requested, the CoC expects to serve 100 households in FY19 through VHSP prevention. Additionally, Volunteers of America Chesapeake expects to serve 20 households through SSVF prevention in FY19. The total estimated households that the CoC expects to serve through VHSP and SSVF prevention is 120.

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.

The following numbers are CoC-wide averages. It is worth noting, however, that the dollars spent per household could easily be more or less depending on specific barriers and circumstances. Also, as shelters within the CoC have adopted a housing-first approach to shelter operations, splitting the cost to serve a household by category becomes more complicated. Shelter case management has become more housing-focused, and thus lent itself to the process of rapidly re-housing clients after they enter shelter.

Shelter
As noted in the attached spending plan, the CoC anticipates a budget of $2,047,462 for shelter operations in FY19. Based on the expectation that the CoC will serve 944 households in FY19, the anticipated average cost to serve a household in shelter is $2,169.

Rapid Re-housing
As noted in the attached spending plan, the CoC anticipates a budget of $1,058,906 for rapid re-housing, not including HOPWA, in FY19. Based on the expectation that the CoC will serve 207 households through

VHSP and SSVF rapid re-housing in FY19, the anticipated average cost to serve a household through rapid re-housing is $5,115.

Prevention
As noted in the attached spending plan, the CoC anticipates a budget of $340,166 for prevention, not including HOPWA, in FY19. Based on the expectation that the CoC will serve 120 households through VHSP and SSVF prevention in FY19, the anticipated average cost to serve a household through prevention is $2,835.

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 requirements.

The FRCoC is committed to targeting resources to the most vulnerable and reducing barriers so that homelessness response system services are available to all who need them. Admittance into homelessness response system services is based on need and availability, with the lowest barriers to entry possible.

In spring of 2017, all emergency shelter providers participated in the Virginia Emergency Shelter Learning Community sponsored by DHCD. From this learning community, the shelter providers have worked to reduce barriers to entry to ensure that those in need of services are able to access them. All shelter providers have taken steps to revise shelter rules to focus on maintaining safety rather than control of participants. Changes included extending or removing curfew, eliminating rules focused on behaviors, and researching how to include households outside of traditional target areas. For example, Empowerhouse is currently exploring the assessment and training needs of the shelter to be able to adequately accommodate male victims in their congregate shelter.

All response system providers recognize client households as they are self-defined. All persons and households in need of services are admitted to programs without regard to actual or perceived sexual orientation, gender identity, or marital status. Programs are prohibited from inquiring about an applicant's or participant's sexual orientation or gender identity for the purpose of determining eligibility or otherwise making services available. Though this does not prohibit an individual from voluntarily self-identifying sexual orientation or gender identity, any volunteered information will not be used to make decisions about eligibility.

All response system projects are able to accommodate all households, regardless of their make-up, and are precluded from excluding any otherwise qualified persons who may identify as LGBTQ+ individuals, who have an LGBT relationship, or who may be perceived as such. Dormitory-style shelters allow transgendered individuals to stay in the dormitory of the gender they identify. In addition, shelters do not turn away families because they are too large, but rather shift beds to accommodate the household.

Shelters also use vouchers to accommodate households outside of their target populations. For example, Micah has made accommodations for families who seek the Cold Weather Shelter when other shelters are full, offering hotel vouchers so that the Cold Weather Shelter can remain targeted for individuals, including sex offenders, who would not be able to stay at the shelter if children were there. Empowerhouse also offers vouchers for men experiencing domestic violence, who are currently unable to stay in their shelter.

The CoC has established a complaint process for any person or household who feels that they have been treated unfairly or discriminated against by a response system provider. All persons seeking or utilizing services are made aware of the opportunity to make a complaint, if needed, and are provided with the information needed to file the complaint. All complaints and investigations will be handled by GWRC.

The CoC has also reduced barriers by implementing a data-driven process to prioritize the most vulnerable for housing resources. The community-wide prioritization process targets resources to those identified as the least likely to self-resolve based on VI-SPDAT score and other criteria. Additionally, the CoC is currently piloting a Frequent Users Systems Engagement (FUSE) study to prioritize frequent users of hospitals, jails, and the homelessness response system for limited permanent supportive housing beds.

Housing-focused shelter and rapid re-housing case management is driven by a housing plan and housing barriers assessment, which identifies obstacles the household may face in trying to obtain housing. This assessment is completed 24 to 72 hours after the household enters shelter and is used by case managers to work with clients to overcome barriers to housing as soon as they are identified.

The community housing locator identifies and engages landlords who will rent to high-barrier households, including those with poor credit, criminal backgrounds, financial judgments, or inconsistent income. Using the housing barriers assessment, the housing locator works to find rental units that accommodate the unique needs of the household. The housing locator has been successful at finding units for high-barrier households, including those with five or more children, persons with mobility limitations, or persons with criminal history, poor credit, poor rental history, or low-to-no income.

Describe the prioritization process for targeted prevention.

The FRCoC prioritizes emergency services, including targeted prevention, through the coordinated assessment process. Households within the community may experience a multitude of housing crises, but not everyone is in need of services offered by the homelessness response system. Initial coordinated assessment screenings are used to triage need and to connect clients with other services outside of the homelessness response system when possible. This includes connecting those seeking services to mainstream resources or assisting with diversion to safe alternatives when possible. Only those that are not able to be diverted or connected to other community resources are considered for services through the homelessness response system.

Households that are at risk of experiencing homelessness within 14 days are considered for targeted prevention services. Households are referred to the diversion coordinator at Northern Virginia Family Service for an additional diversion conversation and prioritization. The diversion coordinator works with the household to determine what barriers to housing there may be and what options the household has to find alternative housing on their own, without the use of the prevention program. Households that are at risk of becoming homelessness, but for the financial assistance provided by the prevention program, are connected to the prevention case manager for a prevention intake.

Households are prioritized for prevention in real time, depending on the current need and situations of eligible prevention referrals. Households eligible for homelessness prevention assistance are prioritized in the following order:

1. Households fleeing or attempting to flee domestic violence, labor trafficking, or sex trafficking
2. Households temporarily staying in a hotel or motel that is self, family, or friend paid and have to leave
3. Households temporarily staying with family or friends and have to leave
4. Households exiting hospital, jail, or other institution with no identified housing plan
5. Households being evicted within two weeks

The targeted prevention prioritization process is outlined in the FRCoC Coordinated Entry Policies & Procedures, which is included as an attachment to this application (see Attachment 6, Page 1).

Describe the prioritization process for rapid re-housing.

The FRCoC uses a community process that prioritizes those least likely to self-resolve for housing resources. This process involves generating a community list of all persons who have been in an emergency shelter and/or on the street for at least 14 days. Households are prioritized for rapid re-housing based on position on the prioritization list and case conferencing. Households that are prioritized through the list are assigned to one of the rapid re-housing providers based on provider expertise with specific subpopulations and current caseloads.

The CoC has three prioritization lists, one for households without children, one for households with children, and one for survivors of domestic violence. Each list is prioritized by vulnerability using factors such as VI-SPDAT score, disabling condition, consecutive time homeless, number of homeless episodes, and total months homeless in 3 years to calculate an overall vulnerability score. A final prioritization score is calculated for each household by averaging the scores assigned to each of the criteria. The most vulnerable, who are least likely to self-resolve, will be prioritized for housing resources.

In some instances, a client may not fall within the prioritization for housing resources, but is given a flag to move him/her into the prioritization. Flags can be given for the following circumstances:
- Terminal Illness
- Serious Mental Illness
- Chronic Homeless Status
- Veteran Status

The rapid re-housing prioritization process is outlined in the FRCoC Prioritization Guidelines, which is included as an attachment to this application (see Attachment 6, Page 27).

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

The primary goal of the FRCoC is to achieve a functional end to homelessness in PD16. The CoC seeks to achieve this goal by structuring the homelessness response system in a way that ensures homelessness is rare, brief, and non-recurring. The CoC works to ensure that homelessness is prevented whenever possible, but also has systems in place to respond to homelessness when it occurs so that households can be moved back into permanent housing as quickly as possible.

The CoC's coordinated assessment process ensures that all persons seeking services are diverted whenever possible. When diversion is not possible, households are connected to the appropriate emergency services as efficiently and quickly as possible.

Once a household enters shelter or street case management, each adult in the household is paired with a case manager within 24 to 72 hours. The case manager works with each client toward resolving the housing crisis without the support of housing resources. The case manager works with the client to complete a housing barriers assessment and develop a housing stabilization plan. These tools are used to identify needs and define the role of case management support. If a household has not been able to self-resolve within 14 days, the shelter case manager will perform a VI-SPDAT assessment in order to assess vulnerability and place the household on the appropriate prioritization list.

Prioritization lists are updated every other week. Each month response system providers meet to discuss prioritization and case conference around those prioritized to support one another in moving clients to housing as quickly as possible. The households at the top of the list will be prioritized for housing resources through one of the community providers based on provider expertise with specific subpopulations and current caseloads.

Those prioritized for housing resources are referred to the housing locator for housing placement assistance. The housing locator works to understand the household's potential barriers to obtaining housing and negotiate placement with partner landlords. After move-in, the housing case manager continues to provide support for ongoing stabilization needs. The housing case manager assists the household in overcoming barriers to maintaining housing through home-based case management services. Case managers work with households to improve self-sufficiency, troubleshoot transportation needs, gain or maintain employment, apply for mainstream benefits or services, and achieve other similar stabilization goals. Ultimately, the case manager works to connect the clients to mainstream resources and build natural support systems to ensure that the household remains stably housed once assistance ends.

The case manager will reassess the household's situation each month to determine whether or not financial assistance can be reduced or ended completely. The case manager may also continue to provide case management after financial assistance has ended to make sure the household has achieved stability. Services are voluntary, but highly encouraged, so the pace at which households stabilize varies. Financial and other assistance continues despite counterproductive client decisions, substance abuse, lack of employment, lack of mental health compliance, and criminal activity. Case managers utilize mobile advocacy and case management, going where the clients are, to ensure services are accessible. Case managers work to ensure success in permanent housing to keep households from returning to homelessness.

Households that are not prioritized for housing resources work with shelter or street outreach case managers who will assist households in self-resolving or accessing permanent housing without use of community housing resources. Households who are more likely to self-resolve, such as those already employed or who have income, will be supported by case managers in finding housing, identifying how they will pay first month's rent and/or security deposit, or in some cases, resolving issues with friends/family that they may be able to live with permanently.

In addition to working with newly homeless households to ensure their lengths of stay are brief, the CoC continues to work with the chronically homeless population to ensure that they are re-housed as quickly as possible. Those who are unsheltered are engaged through Micah's street outreach efforts, which ensures that those living outside are included on the community prioritization list for housing resources.

Additionally, permanent supportive housing beds are offered to the most vulnerable of the chronically homeless population when they become available.

Whenever possible, households are connected to re-housing resources available to specific subpopulations. Funds from the Office on Violence Against Women support Empowerhouse in providing homeless victims of domestic violence with transition-in-place housing assistance for up to two years. People with HIV/AIDS can separately access short- to long-term housing assistance through FAHASS's HOPWA funds. FAHASS prioritizes housing services to clients with the most concerning medical status, in conjunction with federal HOPWA guidelines. Veterans are connected with SSVF or HUD-VASH as appropriate.

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).

The CoC currently has one full-time housing locator, employed by Micah, who works with community agencies providing rapid re-housing, permanent supportive housing, and targeted prevention assistance funded through VHSP, CoC Program, SSVF, and HUD-VASH.

Part of the housing locator's role is to actively seek out and maintain relationships with local landlords and property managers. As a shared community position, the housing locator is able to recruit potential landlords with a single voice. This reduces competition among agencies for the same limited pool of affordable rental units. The housing locator works to demonstrate the benefits of the CoC's housing programs to landlords, who might otherwise avoid renting to households with poor credit, criminal backgrounds, financial judgments, or inconsistent income. As the program has developed, the landlord network has expanded, making more units readily available as soon as an agency is ready to place someone. The housing locator maintains a housing directory with information on available units and landlord contact information.

The housing locator assists households being re-housed to identify and secure appropriate rental units. Response system providers access housing location services by sending the completed housing barriers assessment to the housing locator.

Upon receipt of the referral, the housing locator will contact the client within 2 business days to discuss income constraints, location preferences, and other needs. Once the housing locator has a thorough understanding of the household's preferences and barriers, an appropriate housing placement is sought. The housing locator works closely with referring agency case managers to locate housing for households. The housing locator will assist with scheduling housing viewings, completing applications, and choosing a unit. Once a unit is identified, the housing locator reviews the lease for Fair Housing and Virginia Residential Landlord and Tenant Act compliance and discusses it with the household, agency, and landlord. The housing locator also conducts housing quality inspections and confirms that all rental properties meet fair market rent and are rent reasonable.

After lease signing, the housing locator's official responsibilities end and the housing case manager continues to provide client support and maintain landlord relations. Because of the relationship built during placement, the landlord may continue to call the housing locator when problems arise. The housing locator will pass all concerns along to the case manager, but will mediate the issue, if needed.

Micah took over housing location services for the community in February 2017 and since then has located units for 69 re-housed households.

The FRCoC Housing Locator Job Description is included as an attachment to this application (see Attachment 9, Page 9).

How will the CoC/LPG leverage mainstream resources? Provide program and community level examples.

The FRCoC leverages mainstream resources whenever possible in order to supplement limited crisis response resources and connect clients to long-term community resources and natural support systems. The CoC engages government agencies, community non-profits, and volunteers to provide needed services to clients.

Response system providers have partnered with several organizations to co-locate services within the shelters and the community hospitality center, making the services more accessible to clients. Fredericksburg Department of Social Services provides a community-based eligibility worker weekly to connect clients to needed benefits. Department of Motor Vehicles provides mobile services to clients once per month to provide IDs and other needed documents. Access Wireless provides free cell phones to clients. The Veteran's Administration sends an outreach worker and HUD-VASH case manager each week to connect veterans to benefits and assess clients for HUD-VASH eligibility. FAHASS provides monthly HIV/AIDS education, outreach, and testing. TBC has a licensed medical doctor who holds a regular infirmary on site for patients age 12 and up. RACSB provides a full-time, community PATH worker to help clients access mainstream mental health treatment. RACSB also sponsors a full-time Micah case manager to administer the SSI/SSDI, Outreach, Access, and Recovery (SOAR) program. Several agencies have partnered with Rappahannock Goodwill Industries to house a shared, part-time employee to provide education and employment services. Several agencies also sponsor tax preparation days through the United Way, where volunteers will come on site and help clients prepare and file taxes for free. Additionally, providers engage volunteers to provide meals, haircuts, donated items, and other services.

When it is not possible to co-locate services, staff will accompany clients to off-site appointments or find ways that the process can start without the client having to leave the building. For example, providers have set up a voucher-system with local pharmacies and established an arrangement with Moss Free Clinic that allows case managers to complete eligibility paperwork on clients for connection to needed medical services.

Additionally, the CoC has partnered with Employment Resources Incorporated and the Virginia Employment Commission (VEC) to connect clients with community-based employment services. Eastern Virginia Career College, Germanna Community College, the Bridges Program, Rappahannock Area Regional Adult Education, Workforce Now, and VEC help clients connect to certificate programs and short-term education opportunities. Empowerhouse connects many re-housed domestic violence survivors to the Women's Independent Scholarship Program, which assists them with financial and housing stability while they pursue higher education.

National Counseling Group and Dominion Day Services provide residential counseling. The Salvation Army assists with car repair and other financial assistance by request of response system providers. Rappahannock Area Agency on Aging donates monthly bus passes. St. Vincent De Paul pays for bus

tickets for homeless households with permanent housing in another community to relocate. Legal Aid Works (formerly Rappahannock Legal Services) supports households with eviction prevention and SSDI appeals, and also assists in civil legal cases for victims of domestic violence. Area dentists provide free dental care for homeless households. TBC works with Furry Farms, a local boarding facility, to board pets of households staying at shelter for free. The community meal program utilizes hundreds of volunteers, churches, local business, and organizations to provide daily breakfasts and dinners to unsheltered clients and the broader low-income community.

Response system providers also leverage broad support from the general community, which donates food, furniture, cars and car repair services, dollars, and time each year. Goodwill, Habitat for Humanity, and Salvation Army Thrift stores donate items when households being re-housed are without the basics needed to move into housing. Micah also provides start up furniture to re-housed households through their community furniture bank.

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

The proposed grantees have a long history of providing housing and homeless services in the community. In addition, the grantees are local leaders in the effort to end homelessness in PD16, working to refine the homelessness response system through regular system evaluation and building capacity through community engagement. The proposed grantees have several years, and decades combined, experience administering state and federal funding, and all have taken steps to ensure proper cash flow and staff capacity for grant funds. All proposed grantees are currently receiving VHSP/HOPWA funds and administering these programs successfully. The grantees fully expended FY17 VHSP funding, except for $60,000 in prevention funds due to NVFS getting a late start (January) after the project was transferred from CVHC. All agencies expect to fully expend FY18 VHSP funding by the end of the fiscal year.

Each organization is governed by a board of directors and led by an executive director. All functions related to running a robust nonprofit are fulfilled by the leadership of each organization, including governance, financial and personnel management, fund development, and strategic planning. Three of the five proposed grantees have managed grants from DHCD since the 1990s. Several organizations manage federal grants including HUD CoC Program and Department of Justice (DOJ) grants. The grantees also manage United Way grants, local government awards, and funds from private sources.

Empowerhouse has been providing confidential domestic violence assistance and shelter since 1978. Empowerhouse is an accredited Virginia domestic violence program and has administered federal grants since 2009 and state homeless services grants since the 1980s. For the past year, Empowerhouse has employed a grants manager to support the work of data collection and reporting requirements. The Executive Director and Assistant Director are charged with financial management and overseeing administration, and have done so for over 12 years. Empowerhouse's Board of Directors, comprised of realtors, business owners, lawyers, financial institutions, physicians, developers, marketing specialists, retirees, and others, meets monthly in board and committee meetings to oversee operations and current initiatives.

FAHASS has been providing integrated wellness, prevention, and health navigation services since 1993. FAHASS has administered federal funding through HOPWA since 2005 and Ryan White since 1999.

FAHASS's Board of Directors, comprised of local healthcare professionals, educators, and other community members, meets monthly to oversee operations and current initiatives.

GWRC has been providing regional planning services in PD16 since 1961. GWRC took on the role of lead HMIS agency in 2008, and then added the role of lead CoC agency in 2014. GWRC has administered HUD CoC grants for HMIS since 2008 and state grants for CoC planning since 2014. GWRC's Board of Commissioners, comprised of representatives from the local governments of PD16, meets monthly to oversee operations and current initiatives.

Loisann's Hope House (LHH) has been providing shelter to homeless families since 1987. LHH administered HUD CoC grants for transitional housing for 20 years before transitioning into an emergency shelter in October 2016. LHH also has administered state homeless services grants since 1997. The Chief Executive Officer and Chief Operating Officer bring a combined experience of over 30 years in leadership and homeless services. Staff includes an internal financial manager, who oversees the organization's finances. LHH's Board of Directors, comprised of business owners, academics, healthcare professionals, legal experts and other community members, meets monthly to oversee operations and current initiatives.

Northern Virginia Family Service (NVFS) has been providing services to homeless persons in Northern Virginia since 1924. Since that time, NVFS has administered state and local grants providing a wide range of homeless services. In late 2016, NVFS was asked to assist the FRCoC by providing prevention services in the abrupt absence of the previous prevention provider. NVFS stepped in, re-vitalized the program, and has been successfully administering the prevention program in the Fredericksburg community since January 2017. NVFS is led by an Executive Director with over 20 years of experience working in the nonprofit sector. NVFS's Board of Directors, comprised of developers, lawyers, financial institutions, physicians, and others, meets monthly in board and committee meetings to oversee operations and current initiatives.

Micah Ecumenical Ministries has been supporting people experiencing chronic homelessness and identifying pathways to sustainable housing since 2005. Micah has administered HUD CoC grants for permanent supportive housing since 2011 and state homeless services grants since 2010. Staff includes a fulltime bookkeeper/administrative position who, supported by the Executive Director, oversees the organization's finances. Micah's Board of Directors, comprised of representatives from its founding churches, meets monthly to oversee operations and current initiatives.

Thurman Brisben Center (TBC) has been providing essential shelter services to homeless men, women, and children since 1988. TBC has administered state homeless services grants since the early 1990s. TBC employs a bookkeeper with over 30 years of accounting experience to oversee the organization's finances. TBC's Board of Directors, comprised of local business owners, local government representatives from PD16 jurisdictions, and community members, meets monthly to oversee operations and current initiatives.

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

The proposed grantees have experience administering emergency shelter, rapid re-housing, and targeted prevention through VHSP, and case managers of these programs have gained skills through both experience and training that allow them to successfully support clients of these programs.

Emergency Shelter

Currently, the FRCoC has 4.6 full-time employees devoted to shelter case management and is requesting an additional .5 full-time case managers in FY19. This expansion will allow for increased time devoted to case management, which is currently devoted to other duties. Based on the CoC's assumptions of serving 944 households in FY19, an average length of shelter stay of approximately 70 days, and 5.1 full-time shelter case managers, the staff-to-program-participant ratio for shelter case management would be 1:35 on any given day in FY19. If the CoC does not receive funding for .5 additional case managers, the staff-to-program-participant ratio would be 1:39.

Rapid Re-Housing

The CoC also currently employs 6 full-time rapid re-housing case managers. Based on the CoC's assumptions of serving 207 households in FY19, an average length of stay of approximately 230 days, and 6 full-time rapid re-housing case managers, the staff-to-program-participant ratio for rapid re-housing case management would be 1:22 on any given day in FY19.

Prevention

The CoC currently has 1 full-time prevention case manager. Based on the CoC's assumptions of serving 120 households in FY19, an average length of stay of approximately 104 days, and 1 full-time prevention case manager, the staff-to-program-participant ratio for prevention case management would be 1:34 on any given day in FY19.

Housing Location

The CoC currently employs one full-time housing locator to support with housing search and placements for rapid re-housing, permanent supportive housing and prevention programs. However, with the requested increase in rapid re-housing funds for .25 housing locator and the restructuring of the prevention funds to include .25 housing locators devoted to prevention cases, if funded, the housing locator capacity will be increased to 1.5 full-time housing locators. Based on the CoC's assumptions of providing housing location services to 100 households in FY19, an average length of stay of approximately 70 days, and 1.5 full-time housing locators, the staff-to-participant ratio would be 1:13 on any given day, which would allow housing location staff to split time between working with clients and networking with landlords. However, if the additional .5 position is not funded, the staff-to-program-participant ratio would be 1:19.

CoC case managers have a wide range of experience, education and training, which prepares them to successfully administer their programs. Four case managers have lived experiences of homelessness. One case manager has a Ph.D. in Social Ethics & Women's Studies, one case manager has a Master's in Social Work, and 11 other case managers have undergraduate degrees in social work or related fields, including sociology, psychology, human services, and counseling. One case manager is a Registered Nurse. Additionally, 9 case managers are Qualified Mental Health Professionals. All 3 domestic violence case managers have been through 40-hour domestic violence training, have attended statewide and national training events, and, combined, have over 30 years of experience working with survivors.

Case managers have attended National Alliance to End Homelessness conferences, Virginia Housing Alliance conferences, as well as trainings provided by DHCD and other partners. All emergency shelters participated in the Virginia Emergency Shelter Learning Community sponsored by DHCD. Agencies link with other community partners to provide training in other subjects, such as human rights, CPR, and landlord-tenant laws. Many of the providers have staff that are CPR certified as well as trained on the

use of Narcan for drug overdose revival. Staff employ best practices such as motivational interviewing, critical time intervention, and trauma informed care.

The CoC kicked-off a Case Management Learning Series in January 2018, which provides monthly training on various topics related to serving persons experiencing homelessness. The series brings in experts to educate and develop case management skills for working with clients. Recent and upcoming topics include housing-focused case management, domestic violence, trauma informed care, youth homelessness, and working with clients with serious mental illness.

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.

The FRCoC requests $27,040 in case management funding for Micah to provide outreach services to households that are unsheltered and least likely to seek services on their own. This funding will allow the CoC to outreach unsheltered households that are not actively engaging with the homelessness response system in order to connect them to needed resources and begin the process of connecting them to permanent housing.

All VHSP grantees will continue to meet at least monthly as part of the System Planning Committee for ongoing system evaluation and improvement. VHSP-funded outreach will coordinate services with other street outreach programs, including PATH outreach provided by the RACSB and veteran outreach provided by the McGuire VA Medical Center. Outreach will be linked to the coordinated entry system to ensure that clients are connected to services through the coordinated process.

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.

The FRCoC requests targeted prevention funding for the following grantees to provide homelessness prevention services to households at imminent risk of homelessness in PD16:

Micah requests $15,000 in housing search and placement funding to provide housing location services to prevention clients. This funding will support one quarter-time housing locator.

NVFS requests $228,022 in housing stabilization case management, housing stabilization financial assistance, and rent assistance funding to provide prevention assistance to households at imminent risk of homelessness. This funding will support one full-time prevention case manager and one half-time diversion coordinator, and will allow the CoC to prevent an estimated 100 households from becoming homeless in FY19.

All VHSP grantees will continue to meet at least monthly as part of the System Planning Committee for ongoing system evaluation and improvement. Prevention will continue to be coordinated through the coordinated entry system, to ensure that the most imminently at risk households are connected to prevention resources. NVFS will continue to collaborate with other community stakeholders to support diversion efforts for those not at imminent risk of homelessness.

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.

The FRCoC requests emergency shelter operations funding for the following grantees to provide temporary shelter to households experiencing literal homelessness in PD16:

Empowerhouse requests $58,076 in case management, maintenance, security, and utilities funding to support operation of its congregate and scattered-site shelters. These beds are available to victims of intimate partner violence when they are already experiencing homelessness or fleeing an abusive situation and unable to enter safe permanent housing immediately.

Micah requests $36,050 in case management funding to support a case manager at the Residential Recovery Program, which provides 8 beds for individuals who are discharged from the hospital without a place to stay.

TBC requests $107,866 in case management, maintenance, supplies, and utilities funding to support operations of its 80-bed shelter for individuals and families.

The FRCoC sheltered 1,144 persons in 752 households in FY17, and 715 persons in 472 households during the first half of FY18. The CoC expects these numbers to stay about the same in the coming fiscal year. The community prioritizes re-housing resources for those least likely to self-resolve, therefore, the CoC is requesting a slight increase in case management for shelters in order to better support households in shelter in self-resolving without the use of community re-housing resources.

All VHSP grantees will continue to meet at least monthly as part of the System Planning Committee for ongoing system evaluation and improvement. Shelter operations will be coordinated as part of the coordinated entry system, to ensure that literally homeless households are connected to the appropriate resources to meet basic needs and start the re-housing process. Shelter providers will meet outside of monthly System Planning Committee meetings when necessary to better coordinate services and will continue to share information through daily phone calls, emails, and HMIS client notes. Additionally, all shelter providers will be involved in the community-wide prioritization process, and will, therefore, meet regularly to discuss the by-name list of literally homeless households and assign those at the top of the list to appropriate re-housing assistance and case management.

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.

The FRCoC requests rapid re-housing funding for the following grantees as part of the community-wide approach to identify and rapidly re-house homeless households that are least likely to self-resolve:

Empowerhouse requests $115,414 in housing stabilization case management, housing stabilization financial assistance, and rent assistance funding to rapidly re-house approximately 32 households and support 1.25 case management positions.

Loisann's Hope House requests $104,846 in housing stabilization case management, housing stabilization financial assistance, rent arrears, and rent assistance funding to rapidly re-house approximately 21 households and support 1.9 case management positions.

Micah requests $311,010 in housing search and placement, housing stabilization case management, housing stabilization financial assistance, and rent assistance funding to rapidly re-house 78 households and support 2.82 case management positions. $15,000 of the requested rent assistance and housing

stabilization financial assistance will be set aside for veterans experiencing homelessness. This funding will allow the CoC to rapidly re-house an estimated 6 veterans during FY19. Housing search and placement funding will be used to support the salary and benefits for 1.25 housing locators.

TBC seeks $38,856 in housing stabilization case management, housing stabilization financial assistance, and rent assistance funding to rapidly re-house approximately 29 households and support .5 case management positions.

In FY17, Empowerhouse, Loisann's Hope House, Micah, and TBC collectively served 160 households through rapid re-housing. The CoC requests level funding to serve the same number of households through VHSP rapid re-housing in the coming fiscal year.

All VHSP grantees will continue to meet at least monthly as part of the System Planning Committee for ongoing system evaluation and improvement. Additionally, rapid re-housing providers will meet regularly as part of the prioritization process to discuss the community list of literally homeless households and assign those at the top of the list to the appropriate re-housing assistance and case management. The community-wide approach demands a high level of collaboration among the response system providers to ensure that case management is consistent among all agencies administering rapid re-housing. Providers will utilize case conferencing to help each other identify solutions to client barriers.

VHSP grantees will also continue to actively participate in the Veterans Working Group, which meets monthly for case conferencing and updates the by-name list at least weekly via email. This group provides a coordinated response to veteran homelessness. Resources are prioritized using the community prioritization process, but greater detail on needs and assistance will be coordinated by this group through case conferencing.

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

The FRCoC requests $71,022 in coordinated assessment funding for NVFS to centralize the CoC's coordinated assessment process. This funding would be used to hire a full-time central intake coordinator, who would be responsible for responding to all coordinated assessment calls/walk-ins, assessing for service needs, facilitating diversion whenever possible, and coordinating referrals to appropriate response system providers and community partners. NVFS will subgrant $9,369 to TBC to provide after-hours coverage.

This funding will be used to move the CoC from a multiple door approach to a centralized intake model. Currently, three response system providers partner to provide 24-hour coverage for the community. The additional funding requested will allow NVFS to hire a central intake coordinator in order to eliminate duplication.

All VHSP grantees will continue to meet at least monthly as part of the System Planning Committee for ongoing system evaluation and improvement. Consistent system evaluation will ensure that the coordinated assessment process identifies community resources for those experiencing a housing crisis and connects those who are literally homeless to the homelessness response system so that households can be quickly re-housed. NVFS will work closely with the other response system providers to ensure the

efficiency of these processes. In addition, response system providers will review and enhance work directly with NVFS to ensure that subpopulations, such as domestic violence survivors and those experiencing unsheltered homelessness are handled appropriately.

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.

The FRCoC requests $40,000 in CoC Planning funding for GWRC to support salary and training for 1.25 CoC staff members, who staff the CoC and its committees, organize regular meetings, develop collaborative state and federal grant applications, evaluate and monitor projects, and work to close service gaps in the CoC's systems.

The CoC Coordinator will ensure collaboration among VHSP grantees. Response system providers will continue to meet at least monthly through the System Planning Committee for ongoing system evaluation and improvement. The CoC Coordinator will work with the CoC Board and full CoC membership to make sure system improvement furthers the mission of the CoC and the goals of the 10-Year Plan. The CoC Coordinator will be responsible for fulfilling all CoC responsibilities as well as providing project and system oversight and technical assistance to response system providers. The additional funding requested will allow for deeper data analysis, deeper project evaluation and monitoring, and increased community education.

HMIS: 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.

The FRCoC requests HMIS funding for the following grantees to support the community's HMIS implementation:

Loisann's Hope House requests $4,728 in HMIS staffing and fees & licenses funding to support data entry associated with its shelter and rapid re-housing activities. This helps to fund a part-time employee devoted to data entry and analysis.

Micah requests $3,116 in HMIS staffing to support data entry associated with its outreach, shelter, and rapid re-housing activities.

NVFS requests $9,177 in HMIS staffing, fees & licenses funding, and computer costs to support data entry associated with its coordinated assessment and prevention activities.

TBC requests $9,287 in HMIS staffing and fees & licenses funding to support data entry associated with its shelter and rapid re-housing activities. This helps to fund a part-time employee devoted to data entry and analysis.

GWRC requests $10,000 in fees & licenses funding to pay for user licenses. This funding supports the community's use of the Homeward Community Information System.

As discussed above, HMIS data, as well as data from non-HMIS providers, is used for program and system evaluation to ensure that the CoC is effectively preventing homelessness, shortening length of homelessness, and preventing recidivism. GWRC also receives HUD CoC funding to support the CoC

Coordinator position, who assumes much of the local monitoring and coordination responsibilities on behalf of the CoC.

Part III: Housing Opportunities for Persons With AIDS (HOPWA)

How are HOPWA services coordinated with the CoC/LPG?

The HOPWA services offered by FAHASS are coordinated through the CoC/LPG through referrals. If there are possible clients that meet the criteria for assistance set forth by FAHASS's funding agencies, Department of Housing and Community Development and the Department of Housing and Urban Development, then the possible client is interviewed by FAHASS staff to determine qualification and eligibility. If criteria are met, FAHASS attempts to fulfill the request for assistance based on available funding and sustainability of the current housing.

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.

The CoC requests HOPWA funds for FAHASS to provide Tenant-Based Rental Assistance (TBRA), Short-Term Rent, Mortgage, and Utility Assistance (STRMU), Permanent Housing Placement (PHP), and Housing Case Management (HCM). The request includes $8,313 for the administration of the grant.

TBRA funds ($35,000) will assist 6 participants to obtain/maintain quality permanent housing. Assistance will include long-term rent and utility subsidies to those who are homeless or at risk of homelessness as a result of their disease. This will be a rental subsidy program to help participants obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable. Eligible costs include rent (not mortgage payments) and a utility allotment. Working much like the Section 8 Housing Choice Voucher Program, TBRA pays the difference between the Fair Market Rent or "reasonable rent" and the tenant's portion of the rent. Since TBRA is a subsidy program, it covers a portion of the full rent while the tenant also pays a portion based on their adjusted income or gross income. FAHASS makes rental payments directly to property owners on the client's behalf. 100% of clients will have an active housing plan created in partnership with the Housing Case Manager. 90% of clients will maintain active case management services through the duration of their service provision, regardless of provider venue, to ensure retention in care and positive health outcomes. 80% of clients will maintain income through the duration of the performance year. 20% of clients will obtain a documentable and sustainable source of income during the performance year.

STRMU funding ($36,786) will provide time-limited housing assistance to prevent homelessness and increase housing stability for 10 participants with an emergency need. Assistance will help clients remain in their current place of residence and avoid homelessness. 100% of clients will complete a housing plan created in partnership with the Housing Case Manager. 90% of clients will maintain active case management services through the duration of their service provision, regardless of provider venue, to ensure retention in care and positive health outcomes. 80% of clients will maintain income through the duration of the performance year. 20% of clients will obtain a documentable and sustainable source of income during the performance year. The need for STRMU assistance is substantiated by the following: 50% of clients provided STRMU services during the performance year required STRMU assistance during the previous one year; 20% of clients provided STRMU services during the performance year required STRMU assistance during the previous two years. The number of clients that required assistance during

the past performance year as well as during the previous one year was reduced by 3%, as clients become more sustainable in their housing situations.

FAHASS seeks case management and permanent housing placement under Supportive Services activity. PHP funds ($10,000) will be used to help five eligible persons establish a new residence where ongoing occupancy is expected to continue. Help includes application fees, credit check expenses, and first month's rent and security deposit, not to exceed a total cost of two months' rent. 100% of clients will complete a housing plan created in partnership with the Housing Case Manager.

HCM funds ($28,654) will maintain a housing case manager who will provide 30 participants with support and guidance that enables them to obtain sustainable housing and positive health outcomes. Supports include connection to transportation, nutrition and food, employment resources, financial budgeting tools, and perhaps even prevention counseling. 90% of clients will maintain active case management services through the duration of their service provision, regardless of provider venue, to ensure retention in care and positive health outcomes. 80% of clients will maintain income through the duration of the performance year. 20% of clients will obtain a documentable and sustainable source of income during the performance year.

To effectively serve the rural Counties of King George, Madison, Orange, and Westmoreland, FAHASS utilizes a comprehensive service delivery system that engages clients with more than just housing services, including medical case management and other core and support services available through Ryan White. While Culpeper and Rappahannock Counties were transferred out of the DHCD service area in October 2014, the remaining counties have seen an influx of clients from other jurisdictions, maintaining the level of financial assistance needed overall.

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

All checks and identifying information from FAHASS are sent out under the Fredericksburg Area Housing Assistance Service. This removes the possibility of any inadvertent disclosure of clients' HIV status and any possible HIPAA violations.

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

All FAHASS clients are given a resource guide with all of the agencies within the Fredericksburg area that offer social services and if needed, a referral to that agency is made on behalf of the client to ensure that continuity of care and stable housing is maintained.

How is data being used to inform program design?

HOPWA has recently undergone a resource allocation plan modernization. The data being collected allows HUD to better allocate their funds based on actual demographics of a given area. Funding is now dispersed based on where the client lives rather than it had been in the past. This ensures that the funds are given in the appropriate areas and can be utilized as they were intended. FAHASS will continue to collect demographic data as well as monitor clients' doctor visits and lab values as required by HUD.

Attachments:

- Spending Plan
- CoC Certification and Assurances
- Organizational Certification and Assurances
- HSNH Year One Request
- Community Metrics
- CoC Level Policies and Procedures/Service Standards (including Coordinated Entry)
- CoC/LPG Governance Charter/By-laws
- CoC/LPG HMIS Policies and Procedures
- Job Descriptions (case manager and housing locator positions)
- Homeless Services Flow Chart
- Board of Director Listing
- Additional Attachments (Optional)
  - NVFS-TBC MOU Draft
  - 2018 VHSP Ranking Sheet
  - 10-Year Plan to End Homelessness
  - Funding Documents