Fredericksburg Regional Continuum of Care

FY21 Virginia Homeless Solutions Program Application
Narrative Responses

Part I   Community Analysis and Processes

1. Using PIT and other homeless data, detail who is experiencing or at risk of experiencing homelessness in your CoC/LPG. (Character Limit: 6000)

Character count: 2,615

During the 2019 Point-In-Time (PIT) count the CoC identified 221 HUD-defined homeless persons, an increase over the 200 persons identified in the 2018 PIT count. From the 2018 to 2019 PIT count, the number of unsheltered persons remained level at 36; no families with children were identified as unsheltered during the 2019 PIT count. The number of chronically homeless persons decreased by 16% from 2018 to 2019, from 36 to 30. 8.5% (19 persons) of those identified as homeless during the 2019 PIT count were veterans, a 14% decrease from 2018.

However, the PIT data only provides a snapshot in time. HMIS data collected over the course of each year provides a more accurate picture of what the homeless population in the CoC looks like. Over the course of fiscal year 2019, the CoC served 935 literally homeless persons:

- Persons between the ages of 25 and 62 made up the largest portion (69%) of the homeless population served. Children under the age of 18 accounted for 17% of the homeless population served; 41% of these children were under the age of five. 9% of those served were youth (ages 18-24) and 5% were elderly (62+).
- The homeless population was predominately male, consisting of 58% of the population. Less than 1% were trans or gender non-conforming.
- Households without children make up a majority of the homeless population served at 89%.
- The homeless population was 50% white, 37% black, 10% multiple races and less than 1% of Asian, American Indian, and Native Hawaiian each. This is a disproportionate number of persons of color compared to the region's general population and the region's population living in poverty; persons of color are twice as likely to become homeless than their white counterparts.
- The homeless population suffers from disabling conditions: 29% reported suffering from a mental illness, 18% a chronic health condition, 15% a physical disability, and 11% a substance abuse disorder.
- 51% of the homeless population served did not have any income at the start of their services, which often can make obtaining and maintaining housing difficult.
- 53% of people entered the homeless system from a literally homeless situation (place not meant for human habitation or another emergency shelter). However, there continues to be a portion of the population that enters from hotels (13%), doubled up situations (16%), institutions (11%)

and evictions (3%). Because of this, the CoC continues to target these groups who are at imminent risk of homelessness for prevention services, in turn working to increase the proportion of entries from literal homelessness into shelter.

2. Detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement including the service providers for each activity. (Character Limit: 6000)

Character Count: 5,955

Outreach
CoC outreach projects connect unsheltered persons to temporary and permanent housing services. Persons experiencing unsheltered homelessness are typically identified when seeking basic needs services at the community's drop-in center, administered by Micah Ecumenical Ministries. Drop-in center staff support visitors with connecting to the Homelessness Helpline for assessment for emergency services. However, those not utilizing the drop-in center or those not seeking services on their own are targeted by community outreach staff. The CoC's outreach team is comprised of street outreach staff at Micah Ecumenical Ministries as well as a PATH outreach worker with the Community Services Board. Outreach staff work to engage those known to be unsheltered in order to build rapport and provide needed services once accepted. The community's PATH outreach worker engages those with serious mental illness who are sleeping outside and works to connect them to mental health and housing services. The outreach team members visit service locations, such as hospitals and jails, when those locations identify persons as unsheltered. Outreach staff visit encampments to engage those identified as unsheltered. Outreach staff work from community referrals in order to identify potential target locations in addition to those that are visibly living on the street.

Coordinated Entry
The CoC's coordinated entry system is designed to quickly identify, assess, and connect people to the services needed to end their housing crisis. The coordinated entry system uses a standardized screening process for assistance and ensures limited resources are targeted to the community's most vulnerable. Using a centralized access model and phased assessment approach, those experiencing or at risk of experiencing homelessness are connected to needed services. Loisann's Hope House administers the Homelessness Helpline, the community's one door to assistance and services. Helpline assessors complete an initial assessment and make referrals to needed emergency services based on the household's current situation. Referrals include targeted prevention, emergency shelter, street outreach, United Way ALICE programming, and community mainstream resources. Case managers attempt to assist households enrolled in emergency shelter or street outreach in self-resolving. When self-resolution is not possible quickly (within 14 days), clients are prioritized for housing resources through the community by-name list of all persons currently experiencing homelessness.

Diversion and Targeted Prevention
Diversion and prevention are critical components of the community's crisis response, as strategies to reduce the size of the homeless population.

Diversion happens at every door and attempts to identify alternative housing options to eliminate the need to use system services altogether. Diversion is not a community program, but a strategy used by providers at each step in the response system. At initial assessment, staff assist persons seeking services through diversion conversations to try to divert them from the system through safe, appropriate housing alternatives. For those who cannot be diverted and are referred onto services, staff continue to have diversion conversations at every point possible.

Targeted prevention is used to assist those that are imminently at risk of homelessness (within 14 days) to stabilize their housing crisis and avoid ever experiencing an episode of homelessness. This strategy is used to assist individuals with finding alternative, permanent housing arrangements or to stabilize their current permanent housing arrangements, depending on the situation. Loisann's Hope House administers the VHSP targeted prevention program on behalf of the community; Fredericksburg Area HIV/AIDS Support Services (FAHASS) and Volunteers of America Chesapeake provide prevention assistance through HOPWA and SSVF.

Emergency Shelter
Emergency shelter is used to provide temporary shelter to those experiencing a housing crisis or fleeing an unsafe environment while individuals locate permanent housing arrangements. The CoC's emergency shelters strive to be low barrier and housing focused, ensuring that those in need of shelter can access it as quickly as possible. The Thurman Brisben Center provides an 80-bed emergency shelter for both single women and men and families with children. Micah Ecumenical Ministries provides an 8-bed medical respite shelter for individuals returning to homelessness from hospitals. Micah also provides a seasonal Cold Weather Shelter for up to 35 individuals who would otherwise be on the street in below freezing temperatures. Loisann's Hope House provides emergency shelter for 16 families with children. Empowerhouse provides emergency shelter for individuals and families with children who are fleeing domestic violence.

Permanent Housing
The CoC has two main permanent housing programs to assist households with returning to permanent housing: rapid re-housing and permanent supportive housing. Both permanent housing strategies use the community's by-name prioritization list as their only source of participant referrals. CoC permanent housing resources are targeted to the most vulnerable and least likely to succeed in the community. Households that are not prioritized for these housing resources are assisted with identifying self-resolution options in order to return to permanent housing without community assistance. Empowerhouse, Loisann's Hope House, Micah Ecumenical Ministries, and Volunteers of America Chesapeake administer the community's rapid re-housing program using numerous federal, state, local, and private funding sources. Micah administers the community's 52-bed, scattered-site, permanent supportive housing program using HUD CoC program funding and private donations. Additionally, the community partners with the VA and FAHASS to connect qualifying persons with HUD-VASH and HOPWA.

3. Identify where gaps exist within the CoC/LPG Crisis Response System. Detail the methodology for determining gaps within the system. (Character Limit: 6000)

The CoC services the 1,387 square miles of Virginia Planning District 16. Since 2010, the district has experienced an estimated 13.6% growth in population and is the second-fastest growing planning district behind Northern Virginia (Weldon Cooper). Local poverty rates range from 5.4% in Stafford to 14.5% in Fredericksburg (Census Bureau). With fair market rent starting at $1,380 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 of the region's 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 23, 2019 the CoC identified 221 HUD-defined homeless persons, an increase over the 200 persons identified in the 2018 PIT Count. From the 2018 to 2019 PIT Count, the number of unsheltered persons remained level at 36. With level homeless services funding, it has been difficult for the CoC to keep up with rapid population growth and high housing costs. The CoC used PIT, HIC, and HMIS data to compare need with service inventory to identify gaps in the response system. The CoC also used information gathered during input sessions with people with lived experience, which were conducted in January of this year as part of the CoC's process to update its strategic plan**.**

Outreach
In the 2019 PIT Count, the CoC identified 36 unsheltered persons. In FY19, 95 persons who were identified as consistently living outdoors received housing-focused case management through Micah's street case management project. During the 2018-2019 winter season, 224 persons utilized the Cold Weather Shelter (CWS), with about 45 people (20%) using the shelter consistently throughout the season; many of these consistent users would have been staying outside without the CWS as temporary shelter option as many refuse to go to the community's year-round shelters. In order to more fully address the needs of those living unsheltered, there is a need for increased outreach capacity. The number living unsheltered compared to available outreach staff throughout the CoC is disproportionate; the staff-to-program-participant ratio for outreach case management is 1:38 on any given day. With additional staffing, more time could be spent with each participant to work more intensely to progress them toward housing and shortening the length of time homeless or unsheltered.

Coordinated Assessment
Since centralizing the coordinated assessment process in November of 2018, the Homelessness Helpline has completed 3,994 coordinated assessments. From federal fiscal year (FFY) 2018 to FFY19, the CoC saw a 13% (77-person) decrease in the number of persons who entered shelter for the first time in 24 months. This signals the overwhelming improvement of the CoC's coordinated assessment process by

centralizing it to one door and emphasizing diversion and prevention. However, recent input sessions with current participants in homeless services showed that many still do not understand the system or are confused on how to access it. Many participants stated that they were looking for services through multiple avenues before getting where they needed, and many were not aware that they accessed services through the Homelessness Helpline.

Targeted Prevention

The CoC continues to see high demand for targeted prevention resources. Since November 2018, the Homelessness Helpline has referred 278 households to prevention; 82 of these households were enrolled in targeted prevention program. Those unable to be assisted with VHSP targeted prevention funding were referred to other prevention resources for assistance, such as SSVF and Rappahannock United Way ALICE funding. Since taking over the project from Northern Virginia Family Service in November 2018, Loisann's Hope House has focused on ensuring that the program targets those least likely to succeed without the assistance. This has meant focusing on those that require more intensive case management services and longer rental assistance to stabilize. This shift in focus has increased length of stay for participants by an average of two months and doubled the cost per household, reducing the overall number of households assisted. Additional resources are needed in order to ensure those served are fully supported and to accommodate additional households.

Emergency Shelter Operations

Demand for emergency shelter remains high. In FY19, 824 unduplicated persons in 625 unduplicated households experienced literal homelessness in the region, either staying in an emergency shelter or identified as unsheltered through street case management. Waiting lists remain long; 74 households are currently in need of shelter and are unable to access it due to lack of space.

Permanent Housing

Current rapid re-housing resources fall short of need. Currently there are 75 individuals and 17 families on the prioritization list waiting for housing assistance. Of those on the waitlist, the community's rapid re-housing projects are usually only able to prioritize 4-5 households per month for services and vacancies in the permanent supportive housing remain scarce, only occurring about once every few months. Households not prioritized are assisted to identify opportunities for self-resolution, but with high housing costs, self-resolution without any financial assistance is difficult, often resulting in longer shelter stays; from federal fiscal year (FFY) 17 to FFY18 the CoC saw a 14% (9 days) increase in the length of time homeless.

4. What is your CoC/LPG doing to address these gaps/needs? (Character Limit: 6000)

Character Count: 5,990

Over the past two years, the CoC has seen improvements in homelessness response system functioning. The centralized intake model has ensured better connection to services; a focus on community-wide program standards has structured and better-aligned programming with best practices; and greater

partnerships with community systems and agencies have allowed for more non-traditional approaches to successful outcomes. However, gaps in the system still exist and continue to pose challenges for the CoC to continue to make progress toward preventing and ending homelessness. With the assumption that state and federal funding for homeless services will remain level, the CoC has explored creative ways to address gaps.

Outreach
The CoC has relied on the Community Services Board PATH worker to lead the community's outreach efforts as private dollars paired with other local funding have only been able to provide one part-time staff through the community drop-in center. The CoC requests $31,200 to fund outreach services by Micah Ecumenical Ministries. This request will increase outreach case management capacity by .65 FTE by replacing funding sources that require the current outreach worker to do split focus on other duties. This increase will allow the case manager to spend more time with each client.

Coordinated Assessment
In 2018, the CoC centralized the coordinated assessment process under one provider with the help of VHSP and United Way funding. This allowed for more effective and efficient connection to needed services. Prior to this change, the line was ran by three service providers following the loss of the community's previous central intake provider in 2016. Changes in a short period of time has caused confusion about how to access services and the CoC has worked to improve understanding of service access by outreaching community partners to provide education on the new system to ensure participants are connected with services quickly after initial contact. Many of these partners are the first contact with a person in need, such as law enforcement, social services, hospitals, and community services boards.

Targeted Prevention
The community's targeted prevention program partners with other community resources in order to serve those at risk of homelessness, notably the Rappahannock United Way's ALICE program. The community's asset limited, income constricted, employed (ALICE) population often needs light touch, one-time assistance to stabilize. Homelessness Helpline staff identify those eligible for ALICE assistance and work to make referrals to the project. Since taking over the Homelessness Helpline and targeted prevention in November 2018, Loisann's Hope House has connected 53 households to ALICE funding, preventing the escalation of these situations to the point where households would become imminently at risk of homelessness and need targeted prevention assistance. However, there is still need for increased targeted prevention assistance for those who are at imminent risk of homelessness and need more assistance than can be provided through the ALICE program or other community resources. This VHSP request includes an $20,000 increase in financial assistance to provide additional prevention support to those enrolled in the program.

Emergency Shelter
With high demand for shelter, the CoC is focused on prioritizing vacant beds for literally homeless. Diversion strategies have been used to decrease the number of people entering shelter. All coordinated

entry staff are trained in diversion as part of annual training. Providers also use unrestricted agency funds to provide one-time assistance to those that need a small amount of financial assistance in order to be diverted. For example, agencies have been able to assist with items such as bus tickets to help return at risk households back to permanent housing or food gift cards to assist family members willing to take in at risk households.

The CoC has also been refining the shelter prioritization process in order to accommodate unique circumstances that have arisen, such as overcrowding at the Cold Weather Shelter this season. The System Planning Committee monitors the inflow of people coming into shelter and uses data to understand changes that may be needed to better serve those seeking assistance. This VHSP request includes costs for Loisann's Hope House, who has not received funds in this category before. In addition, the request includes an additional $18,885 in shelter case management for Micah to add .25 additional shelter case managers to the Micah Respite shelter. These increases will allow additional time to be devoted toward housing-focused case management to help clients move more quickly into permanent housing.

Permanent Housing
The CoC has explored several avenues outside of VHSP to fund rapid re-housing and close the gap between need and availability of housing resources. With funding from the City of Fredericksburg and Mary Washington Healthcare (MWHC), the CoC began a two-year, $40,000 pilot to move 8 households experiencing unsheltered homelessness from the street to permanent. The CoC exceeded its goal, ultimately housing 9 households in less than 2 years. Using the success of the pilot, the CoC has applied to all five of the region's jurisdictions to continue and expand the program in FY21. In addition, for the past two years, Micah Ecumenical Ministries has applied for and been awarded Housing Trust Fund grants to target rapid re-housing resources to vulnerable youth and elderly participants. Homeless service providers have also been able to fundraise for rapid re-housing dollars. Infusions of rapid re-housing dollars from partnerships like these have allowed the CoC to make a greater impact in housing vulnerable populations, but as referenced above, there is still a significant gap. This VHSP request includes a $35,426 expansion to the community's rapid re-housing dollars in order to serve an additional 10 households.

5. Describe in detail the CoC/LPG's coordinated entry process to include: how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. Is HOPWA included in the coordinated entry process? (Character Limit: 6000)

Character Count: 5,610

The CoC's coordinated entry system triages assistance for emergency services and prioritizes permanent housing resources to the most vulnerable and least likely to self-resolve.

Households experiencing or at risk of experiencing homelessness can access the coordinated entry system by calling the Homelessness Helpline at 540-358-5801. The line is staffed 24-hours a day, seven

days a week, and can be contacted from any location within the CoC's geographic area. Those unable to call into the line are also able to walk-in or be connected to the line through street outreach or the community's day center. The helpline serves as the front door to all homeless services. With its 24/7 operation, those in need of services have access to available emergency services whenever needed.

The CoC uses a phased approach to assessment which progressively collects only enough participant information to triage, prioritize, and refer participants to needed services. Participants are screened and assessed based on their current situation and referred to the most appropriate resources using a community decision tree.

Helpline staff completes an initial assessment in order to determine the household's need for services and make referrals for assistance. Referrals include targeted prevention, emergency shelter, the Rappahannock United Way's ALICE program, and community mainstream resources. Street outreach staff connect identified unsheltered households to the line but are also trained to complete the initial assessment in order to provide assessments to those that may not otherwise seek services on their own.

Coordinated Assessment Tool
All coordinated entry participants are 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., for veterans or domestic violence survivors) or other community resources. Coordinated assessors through the Homelessness Helpline or street outreach staff conduct a brief assessment with the participant to determine the most appropriate emergency service referral. Referral outcomes can include emergency shelter, targeted prevention, or mainstream resources.

Diversion
The CoC attempts to divert all participants seeking assistance 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. Diversion conversations will occur again at each entry to services.

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 housing needs and preferences. This is completed with all participants, regardless of housing options being pursued. The information collected allows case managers and participants to understand possible challenges to obtaining and maintaining housing and guides work to self-resolve over the next 14 days and beyond.

VI-SPDAT
The VI-SPDAT is completed 14 days after enrollment into a shelter or street outreach project to determine prioritization for housing resources. The VI-SPDAT identifies those who have not been able to

successfully self-resolve within 2 weeks and may need 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. 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 permanent housing resources within the CoC does not match the community's need. Therefore, the system uses a prioritization process to target limited permanent housing resources to those most vulnerable and least likely to self-resolve. A community by-name list of all persons who have been in an emergency shelter and/or unsheltered for at least 14 days is generated using HMIS data. The by-name list provides a prioritization score for each household using VI-SPDAT score and other criteria. Households are prioritized based on position on the prioritization list and case conferencing.

Households that are prioritized through the list are referred and assigned to a housing provider based on provider expertise with specific subpopulations and current caseload availability. Referrals for rapid re-housing are made by completing the VI-SPDAT and placing the participant on the prioritization list. Referrals for permanent supportive housing (PSH) are made by completing documentation of chronic homeless status and sending it to the PSH provider for review and consideration as beds become available.

While HOPWA is not fully integrated into the CoC's coordinated entry system (HOPWA primarily receives referrals from outside of the Homelessness Helpline due to confidentiality concerns) the CoC has the ability to make referrals to HOPWA for participants that are known to be HIV positive. Upon receiving a referral, Fredericksburg Area HIV/AIDS Support Services (FAHASS) staff interview the client 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.

The *FRCoC Coordinated Entry Policies & Procedures* is included as an attachment to this application (see Attachment 5).

6. Describe the CoC/LPG's coordinated entry system's prioritization process for prevention assistance, emergency shelter placement, and permanent housing placement. How were these prioritization criteria developed? If applicable, include any DHCD-funded HOPWA services in this discussion. (Character Limit: 6000)

Character Count: 5,528

The CoC prioritizes emergency services, including targeted prevention and emergency shelter, through the coordinated assessment process. Households within the community may experience a multitude of housing crises, but not everyone needs 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 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 response system.

Targeted Prevention
Households that are at risk of experiencing homelessness within 14 days and are unable to be diverted are considered for targeted prevention services. Households complete a prevention intake to determine eligibility. Eligible households that are at risk of becoming homeless, but for the assistance provided by the prevention program, are prioritized. Households are prioritized for prevention in real time, depending on the current needs and situations of eligible prevention referrals.

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 must leave
3. Households temporarily staying with family or friends and must leave
4. Households exiting hospitals, jails, or other institutions 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 5, Page 11).

Emergency Shelter
All households requesting accessing to shelter are required to be screened through our community's Homelessness Helpline. All households who are currently experiencing unsheltered homelessness or have nowhere to go on the night that they call and cannot be diverted are referred to emergency shelter. Shelter referrals for those that are unsheltered are prioritized first, in the order of referral. Vulnerable cases can be flagged for increased priority by services provider case conferencing with helpline staff. The CoC decided to prioritize beds for those who are unsheltered after local analysis revealed that individuals generally enter non-DV shelters from hotels, doubled-up situations, or institutions.

The emergency shelter prioritization process is outlined in the *FRCoC Coordinated Entry Policies & Procedures*, which is included as an attachment to this application (see Attachment 5, Page 11).

Permanent Housing
In 2016, the CoC developed the community housing prioritization process after receiving funds from the Virginia Housing Trust Fund. Provider working groups developed prioritization scoring criteria for each subpopulation. The criteria developed and approved by the partners is as follows:

The CoC uses a community process that prioritizes those most vulnerable and least likely to self-resolve for limited permanent 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 using HMIS data. Households are prioritized for permanent housing based on position on the prioritization list and case conferencing.

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

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. All permanent supportive housing beds within the CoC are prioritized for persons experiencing chronic homelessness. The CoC has adopted the recommended orders of priority for permanent supportive housing beds per Notice CPD-16-11. Households are prioritized for permanent supportive housing beds, when they are available, based on documented chronic homelessness status, position on the prioritization list, permanent supportive housing flags, and case conferencing.

The permanent housing prioritization process is outlined in the *FRCoC Prioritization Guidelines*, which is included as an attachment to this application (see Attachment 5, Page 18).

7. How is the length of financial and supportive service provision for households in Rapid Rehousing and Targeted Prevention determined? Is the process determined at the CoC/LPG level or by the individual service provider(s)? (Character Limit: 6000)

Character Count: 3,602

Each rapid re-housing and targeted prevention participant works with a case manager to determine the amount and length of financial support and case management to be provided. Participants are not required to pay any portion of their rent in order to be eligible for services; however, the case manager partners with the participant to determine what amount they would be able to pay and what assistance

they would need. Using budgeting tools, the case manager and the participant collaboratively determine the need for assistance. A three-month projection is created detailing the amount to be paid by the provider and the amount to be paid by the participant. Reviews of the projection occur monthly with the participant to determine the participant's ability to pay their housing expenses for the month. In cases where the participant is not able to make their housing expenses, case managers must work with them to find resources and to increase income so that they are able to do so in later months. Though an initial projection is created for three months, the amount that the client pays will be based on the monthly review and the projection is subject to change.

Reassessments are completed every three months to determine need for continued assistance. Similar to the process for the initial projection, case managers work with participants to determine their need for financial assistance and case management over the next three months. Monthly reviews of projections continue until the client can assume total housing costs on their own.

Financial assistance is provided using a progressive engagement and graduated subsidy model. Progressive engagement is where the minimum amount of financial assistance is provided before increasing support to meet the household's needs. Graduated subsidy is where participants are responsible for more and more of their housing cost as they progress through the program. Participants may be asked to contribute the most that they are able to pay from the beginning. If participants are expected to pay an amount toward their housing, the case manager provides written notification to the participant. The case manager also provides written notification if the projection changes as a result of a monthly review.

Transition from financial assistance is coordinated with case management efforts to assist program participants to assume and sustain their housing costs. Participants that are not able to sustain housing without the financial assistance are assessed for more long-term options such as permanent subsidies. Those in need of more intensive services, beyond the scope of rapid re-housing case management, are assessed for permanent supportive housing resources.

These guidelines are flexible to respond to the varied and changing needs of program participants, including participants with zero income. A progressive approach is used to determine the duration and amount of rent assistance. Financial assistance is not a standard "package" and is flexible enough to adjust to households' unique needs and resources, especially as participants' financial circumstances or housing costs change. However, case managers follow applicable grant guidelines for guidance on eligible activities and the requirements and limitation of each.

The process for determining financial and supportive service provisions is outlined in the *Rapid Rehousing Policies and Procedures* (see Attachment 5, page 28). The CoC is in the process of developing Targeted Prevention Policies and Procedures, which will outline the same determination process as rapid re-housing.

8. Are homeless assistance services available to the entire community? Include how the CoC/LPG ensures services for: 1. Households located in all areas of the CoC/LPG service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3.Households with accessibility concerns including language and mobility; 4. Households with limited or no personal phone or internet access. (Character Limit: 6000)

Character Count: 5,196

The CoC's homelessness response system is designed to ensure that all services are available to the entire community. Policies are developed to ensure that people throughout the region are able to access services if available. The CoC also recognizes that though policies were developed to accommodate a majority of those in need of services, there is still a need for flexibility in order to accommodate the unique needs of some populations:

The homelessness response system uses a 24/7 Homelessness Helpline, administered by Loisann's Hope House, to connect with persons experiencing or at risk of experiencing homelessness. The CoC also partners with Empowerhouse, the community's Domestic Violence (DV) provider, who provides a 24/7 DV hotline. Both phone lines are available throughout the entire CoC's geographic area. Walk-ins are also available at any service location; provider staff receive training on an annual basis in connecting walk-ins to the helpline. Street outreach staff, comprised of staff from Micah Ecumenical Ministries and the Community Services Board, have been trained on completing assessments to allow for more flexibility in connecting those who may not be able or willing to walk-in or connect via phone. Outreach staff and Homelessness Helpline staff partner together to connect folks without access to a phone to services as they become available. All response system projects serve the entire CoC region and can accept participants from any part of the community.

The response system has projects dedicated to each subpopulation: Thurman Brisben Center and Empowerhouse serve both families and singles; Loisann's Hope House serves families with children; and Micah Ecumenical Ministries serves single women and men. However, providers have been accommodating to increased need in a certain population when needed. Emergency shelters have used 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.

Outreach is also used to identify harder-to-serve households. Partnerships with other community organizations allow the response system to target those that may not otherwise seek services on their own. The Community Services Board provides a PATH worker at the community's drop-in center to help target those with serious mental illness. Outreach from both DV and homeless providers occurs at least monthly at local area psychiatric facilities. Micah Ecumenical Ministries partners with the local hospitals

in providing a medical respite shelter for those who are medically fragile. Empowerhouse does outreach at the local hospitals to target DV survivors who may need medical attention.

Emergency shelters can accommodate larger families. In 2016, Empowerhouse opened their expanded shelter, which increased space, allowing for the ability to accommodate large families and even host multiple larger families at one time. Loisann's Hope House and Thurman Brisben Center have been able to accommodate large families by providing multiple family rooms to a family in order to accommodate all family members at the same time. The community's prioritization process for permanent housing resources uses family size in the consideration of vulnerability and likelihood to self-resolve as part of the prioritization process. The housing locator has partnered with landlords in the community to locate larger housing units that would be able to accommodate large families.

All response system projects can 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 transgender individuals to stay in the dormitory of the gender they identify. Providers also attend training on serving LGBTQ+ individuals from the Virginia Anti-Violence Project and partner closely with Fredericksburg Area HIV/AIDS Support Services (FAHASS) as an ally.

The CoC provides training for all coordinated entry staff on serving homeless youth. In 2019, the CoC received a Housing Trust Fund grant targeting rapid re-housing to youth (18-24), and this funding has been renewed for a second year. Response system providers partner closely with organizations serving youth such as the Office on Youth, Juvenile Detention Center, and juvenile probation court services. The CoC also partners closely with McKinney Veto liaisons in each school district. Students in need of services are connected quickly to liaisons so that transportation and other needs can be provided to the family.

Service locations are ADA compliant and can serve people with limited mobility. The homelessness helpline and the DV helpline are equipped with language translation services, which allows callers to complete an assessment in their language of choice. The DV hotline also has TTY capabilities.

9. Does the CoC/LPG have any requirements for assistance that could serve as a barrier to services (i.e. birth certificate or photo ID, residency requirement)? What is the purpose of the requirements and what efforts does the CoC/LPG make to assist households in need of services that do not or cannot meet these requirements? (Character Limit: 6000)

Character Count: 3,348

The CoC does not have any requirements for assistance. The CoC 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.

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.

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 the George Washington Regional Commission, the CoC Lead Agency.

In the 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.

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.

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 the program 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.

10. Are there any existing barriers in the community that would prevent a household from accessing services or permanent housing? What is the CoC/LPG doing to address these barriers? (Character Limit: 6000)

Character Count: 3,661

Though the CoC places no restrictions or barriers on participants in accessing services, the community has its own barriers that may hinder a participant's ability to access services or housing. These barriers include non-CoC-funded agency restrictions and community challenges, specifically around transportation and affordable housing.

One of the community's homeless shelters, who is not included in this request for funding, has some barriers to entry that may limit a household's ability to access their shelter. The agency has a special use permit that places requirements on who the agency can offer services to. The special use permit, which is required for them to operate at their current location, places a residency requirement on participants, requiring that any admissions for longer than 7 days be for households who have been in the region for at least 30 days. The CoC has encouraged the agency to file for a revision of the special use permit, which was approved in 2005. Beyond the special use permit, the agency has rules that may deter someone from entering shelter, such as early curfew; the agency also screens persons out for certain criminal records or past behavior issues. The CoC has provided technical assistance to this provider to work to reduce these barriers and has provided education and potential strategies to both the agency's staff and board.

On a community level, affordable housing continues to be an issue throughout the region. With fair market rent starting at $1,380 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 of the region's jurisdictions have a higher percentage of rent-burdened households than the statewide average of 46% (Census Bureau). The CoC and its providers have implemented strategies to mitigate these challenges, including hiring a community housing locator and pairing clients with roommates whenever possible.

Transportation is also an issue in the region. With CoC services covering all of the 1,387 square miles of the region, transportation to services has continued to be a challenge. Many participants rely on public transportation to move throughout the region, but this service is limited. The CoC and its providers have implemented strategies to mitigate these challenges, including implementing a phone-based coordinated assessment process and providing bikes and bus tickets to assist participants with getting to regular appointments.

In developing the current revision of its strategic plan, the CoC is looking at how to be more involved in community conversations around issues impacting homelessness, including affordable housing and transportation. For example, the George Washington Regional Commission is beginning a regional affordable housing study, looking at the current affordable housing stock in the region and the strategies that could be used in each locality to increase this stock. The CoC will partner with the other community stakeholders to advocate for the affordable housing needs of the homeless population and those with limited or zero income. CoC staffing is co-located with the Fredericksburg Area Metropolitan Planning Organization (FAMPO), which is the federally required body responsible for transportation

planning in the Fredericksburg area. The CoC will participate in conversations around transportation in order to advocate for the transportation needs of the homeless population in the region.

11. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2019 – December 31, 2019). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members? (Character Limit: 6000)

Character Count: 2,691

The CoC consists of over 55 organizations and individuals who provide a broad perspective to the regional effort to prevent and end homelessness. The CoC solicits new members through a standing invitation on the CoC website and through monthly invitations included on the CoC newsletter, which is distributed to members and non-members of the CoC. Members of the CoC and CoC staff also extend personal invitations to individuals with skills and expertise needed to support the CoC's strategic plan. The CoC hosts a quarterly information session for community members, which introduces the CoC and extends an invitation to become a member, if not already. The CoC also has a Community Outreach Volunteer who meets one-on-one with current and potential members to discuss the CoC and the role that they can play by becoming a member or increasing their participation. There are also entities that currently participate in the CoC that have not yet officially become members. For example, the City of Fredericksburg Police Department participates in discharge planning conversations with the CoC but is not an official member of the CoC. The CoC is working with these entities to formalize membership.

Formal CoC Members	Participation Rate in 2019 Quarterly Meetings
Bragg Hill Family Life Center	0%
Caroline County DSS	100%
Central Virginia Housing Coalition	75%
Couponing for a Cause	25%
disAbility Resource Center	75%
Dollars for Doorbells	0%
EasterSeals	N/A
Empowerhouse	100%
FailSafe	75%
Fredericksburg Area HIV/AIDS Support Services (FAHASS)	100%
Fredericksburg Area Food Bank	0%
Fredericksburg City Schools	50%
Fredericksburg Counseling Services	75%
Fredericksburg DSS	100%

Fredericksburg Planning Department	50%
Fredericksburg SPCA	25%
George Washington Regional Commission	100%
Germanna Community College	100%
Greater Fredericksburg Habitat for Humanity	0%
Habitat for Humanity of Caroline County	0%
Haven for Hero's	100%
Healthy Generations Area Agency on Aging	0%
Legal Aid Works	100%
Lloyd F. Moss Free Clinic	25%
Loisann's Hope House	100%
Mary Washington Healthcare	0%
McGuire VA Medical Center	25%
Micah Ecumenical Ministries	75%
New Directions COS	0%
New Post Apartments	25%
North Stafford Farmers Market	0%
Northern Virginia Family Service	0%
Office on Youth	100%
Open Hand Fredericksburg	0%
Project FAITH, Inc.	0%
Quin Rivers	0%
Rappahannock Area Community Services Board (RACSB)	75%
Rappahannock Goodwill Industries	100%
Rappahannock United Way	75%
Recovery in Motion	0%
Rhema Christian Ministry	50%
Salvation Army	50%
SERVE	25%
Spotsylvania County DSS	50%
Spotsylvania County Public Schools	75%
Stafford County DSS	75%
Stafford County Public Schools	75%
Thurman Brisben Center	75%
University of Mary Washington	0%
Virginia Employment Commission	50%
Warfighters Refuge Project	50%

12. Has your CoC/LPG examined its programs and systems for racial disparities? What was the result of this examination and what is the CoC/LPG doing with this information? Have any actions been taken to address the disparities (if applicable)? (Character Limit: 6000)

In 2019, the CoC conducted an analysis of racial and ethnic disparities within the community's homeless population and services. This analysis revealed differences in racial and ethnic composition within the homeless population in comparison to both the general population and the population living in poverty. African Americans are overrepresented in the homeless population compared to the population in poverty as well as the total population of the region, while Whites are underrepresented. However, the analysis showed no difference in racial groups' access to homeless services or positive housing outcomes; entries into housing programs and successful exits to permanent housing for each racial group were similar. This analysis demonstrated that while racial and ethnic inequity is strongly apparent in homelessness itself, it is not a significant factor in the provision of homeless services within the CoC.

The CoC's racial disparity analysis is included as an attachment to this application (see Attachment 15).

At the completion of the analysis, CoC staff reported the summary to the System Planning Committee, comprised of community homelessness response system providers. The providers discussed the findings and potential CoC action needed to address the results. As the evaluation showed that the racial disparity was not present in the CoC's provided services, but rather the prevalence of homelessness within a racial group, the committee agreed that efforts should be focused on the community disparity rather than the services themselves.

The CoC is working to understand the role of race in homelessness within the region. The CoC will continue to analyze the homelessness response system for racial disparities and report to appropriate committees and CoC Board on the outcomes of these analyses at least annually. Further analysis on the root cause of these disparities is needed. The CoC will analyze other disproportionately represented groups to see if there is a connection. The CoC will look to understand the intersection between the homelessness response system and other public systems such as corrections, foster care, and healthcare to better understand how disparities in those sectors may affect disparities in homelessness.

In developing the current revision of its strategic plan, the CoC is looking at how to be more involved in community conversations around issues impacting homelessness, including those that contribute to racial and ethnic disparities within the community's homeless population. Participation may include advocacy and providing CoC data, as appropriate.

13. List the proposed projects for VHSP and HOPWA funding. (Character Limit: 6000)

The CoC is requesting $1,268,186 in VHSP and HOPWA funding to support the community homelessness response system. This request is a 12.6% increase over the FY20 allocation. The additional dollars will reduce the number of households becoming homeless and reduce the overall rate of formerly homeless households returning to homelessness by increasing capacity for targeted prevention resources; reduce the overall length of homelessness in the community by increasing capacity for outreach, shelter, rapid re-housing, and HOPWA; and increase coordination among response system providers by maintaining the centralized coordinated assessment process and expanding CoC planning capacity.

Outreach
The CoC requests $31,200 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 $72,788 in coordinated assessment funding for Loisann's Hope House to continue to administer the CoC's centralized coordinated assessment process. This funding will be used to continue to employ 2 full-time central intake coordinators, who are responsible for responding to all coordinated assessment calls/walk-ins, assessing for service needs, facilitating diversion whenever possible, and coordinating referrals. This funding allows the CoC to support a centralized access point for all persons experiencing or at risk of experiencing homelessness, ensuring that they are assessed objectively and referred to needed services quickly.

Targeted Prevention
The CoC requests $180,040 in targeted prevention funding to directly assist people at imminent risk of homelessness and coordinate local resources for diversion efforts. This funding will support two full-time prevention case managers and provide financial assistance to prevention clients. This funding is a $20,000 increase over FY20 requests in order to better support prevention clients as the population has become more vulnerable.

Shelter Operations
The CoC requests $170,076 to fund emergency shelter operations and housing-focused case management administered by Empowerhouse ($44,076), Micah ($46,000), and Loisann's Hope House ($80,000).

The shelter operations request includes costs for Loisann's Hope House, who has not received funds in this category before. In addition, the request includes an additional $18,885 in shelter case management for Micah to add .25 additional shelter case managers to the Micah Respite shelter. These increases will allow additional time to be devoted toward housing-focused case management to help clients move more quickly into permanent housing.

Rapid Re-Housing

The CoC requests $554,744, to fund the community's rapid re-housing activities. Empowerhouse ($115,414), Loisann's Hope House ($140,272), and Micah ($249,058) will provide financial assistance and case management. In addition, the CoC requests $50,000 for Micah to provide community housing location services.

CoC Planning

The CoC requests $58,252 in CoC planning funding to support the George Washington Regional Commission's (GWRC's) continued role as lead agency. The CoC planning request includes an additional $18,252 to increase staff capacity by .5 FTE. Currently, CoC staffing consists of one full-time CoC Coordinator and 7 hours per week of GWRC's Deputy Director's time. The additional CoC planning funds, and associated match, would replace the GWRC Deputy Director's time with 20 hours per week under a new position. The Deputy Director's activities would shift to the CoC Coordinator, and the new position would assist in completing ongoing daily/weekly tasks of the CoC usually taken on by the CoC Coordinator. Overall, this would allow the CoC Coordinator to spend more time on higher-level CoC work, such as compiling and analyzing data to inform decision making, seeking ways to diversify system funding, and providing deeper project and system evaluation and technical assistance.

HMIS

The CoC requests $39,310 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 ($22,429) and Micah ($6,881). GWRC requests $10,000 to pay for licensing fees, reducing the cost passed on to providers.

Administration

The CoC requests $21,776 to support administration of the projects explained above. This funding will be allocated to Empowerhouse ($4,727), GWRC ($1,748), Loisann's Hope House ($12,801), and Micah ($2,500).

HOPWA

The CoC requests $140,000 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 ($52,000); Short-Term Rent, Mortgage, and Utility Assistance ($26,500); Permanent Housing Placement ($10,000); and Housing Case Management ($42,000). FAHASS also requests $9,500 for administration.

14. Discuss the process to determine service providers included in this application. Provide details on any providers who were not selected to be included in this application, including the reason. (Character Limit: 6000)

Character Count: 4,671

The CoC 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 6, 2020.

Following this approval, CoC staff posted to the CoC website and distributed to the full CoC membership the local NOFA, VHSP application forms, attachment templates, and scoring sheets. In addition, CoC staff hosted an information session on the application process for all interested applicants on February 13, 2020.

Project applications were submitted to CoC staff by February 28, 2020 at noon. 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 6, 2020 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. One project application was rejected and all applying applicants were accepted. Project 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.

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 11, 2020 at noon, 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 19, 2020. 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 CoC 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.

The *FRCoC Funding Policies & Procedures*, *FRCoC 2019 Policy Priorities*, local NOFA, application forms, scoring sheets, and final ranking sheet are included as an attachment to this application (see Attachment 14).

15. Describe the level of oversight the CoC/LPG has over the implementation of VHSP- and HOPWA-funded project activities by the service providers. Has the CoC/LPG adopted a formal monitoring process to ensure quality of program service provision and adherence to HSNH and program-specific guidelines? How does the CoC/LPG regularly review the expenditure rates of each service provider to ensure grant funds are used in a timely and efficient manner? (Character Limit: 6000)

Character Count: 4,230

The CoC Coordinator is responsible for fulfilling all CoC responsibilities as well as providing project and system oversight and technical assistance to homelessness response system providers. The CoC Coordinator partners with VHSP grantees and other response system providers to determine improvement needs and monitor service implementation through the CoC's System Planning Committee. The System Planning Committee meets on a monthly basis and discusses the functioning of the homelessness response system to determine improvement needs, coordination issues, and service gaps. The CoC Coordinator provides informal technical assistance in these meetings and one-on-one, as needed.

Over the last year, the CoC has developed and adopted Project Performance Standards. These standards were developed by the Funding & Performance Committee with staff support and were drawn from federal, state, and local standards. Service providers submitted input on the standards through the CoC's System Planning Committee. The standards were also posted on the CoC website for public comment. The standards were approved by the CoC Board at their February 6, 2020 meeting. The Project Performance Standards will be used to evaluate all homelessness response system projects and provide technical assistance to guide improvement, regardless of project funding source. The results of this evaluation will be used to make decisions on how to best improve system functioning and identify strengths and gaps in services. Overall, the evaluation process will guide how the service providers create and implement the homelessness response system in a way that helps to move the needle on preventing and ending homelessness for all populations across the region. Ultimately, the results of the evaluation and monitoring process will also help to guide funding decisions to ensure that the CoC is funding high-performing projects, addressing gaps in services, and staying competitive for funding.

The approved Project Performance Standards are included as an attachment to this application (see Attachment 13).

The CoC is in the process of developing a CoC-level monitoring and evaluation plan to formalize a process for CoC monitoring, evaluation, and technical assistance. This process has occurred in the past but has been mostly informal. The additional funding requested in CoC Planning will be targeted at increasing the capacity of CoC staff to allow for deeper data analysis and deeper project evaluation and monitoring. Daily required tasks usually completed by the CoC Coordinator will be moved to the new part-time CoC staff position, allowing the CoC Coordinator to spend more time on higher-level CoC work, such as compiling and analyzing data to inform decision making, seeking ways to diversify system funding, and providing deeper project and system evaluation and technical assistance.

In addition, the CoC has leveraged assistance from an AmeriCorps VISTA project. The George Washington Regional Commission (GWRC) is currently hosting an AmeriCorps VISTA through the Virginia Housing Alliance (VHA) AmeriCorps VISTA Program, supported by funding from the Virginia Housing Development Authority (VHDA). The current VISTA started in August 2019 and will be with the CoC for one year. Their role is to provide technical assistance to the CoC's homelessness response system partners. The VISTA assists providers with implementing new processes that align with best practices and expectations of the CoC, as well as state and federal funders, in order to meet requirements and stay competitive for funding. GWRC has been approved for a second-year VISTA to continue this work in FY21.

The CoC Coordinator has read-only access to each grantee's CAMS account, and regularly checks drawdowns for VHSP grantees to ensure that funds are being expended in a timely manner. CoC staff and grantee providers also participate in quarterly calls with the community's Housing Program Manager at DHCD, in which expenditure rates are discussed. For all grant cycles, CoC staff provide drawdown information to the Funding and Performance Committee. This information is used to evaluate the capacity of the grantee to efficiently expend funding if awarded.

Part II + III Proposed Grantees (VHSP and HOPWA)

16. For each direct service proposed grantee, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc. (Character Limit: 6000)

Character Count: 5,043

Empowerhouse's priority for participants is safety. Empowerhouse advocates first assess safety needs of participants and address any dangers that arise as a result of that assessment. Once safety concerns are addressed and stabilized, advocates begin to work with clients on their housing plans, focusing on exits to safe, permanent housing as quickly as possible. Shelter staff complete housing plans with all participants to identify potential housing options and needed services and resources in order to obtain and maintain housing. Per Empowerhouse policies, there are no pre-conditions for project enrollment and clients are not required to engage in services in order to access housing resources. Housing resources are prioritized and targeted to those least likely to self-resolve and most vulnerable. Per Empowerhouse policies, "the goals of Rapid Re-Housing case management are to help households obtain and move into permanent housing, to support households to stabilize in housing, and to connect them to community and mainstream services and supports." However, staff support every participant on a voluntary basis, promoting self-determination and client choice. Clients have the right to refuse any services and are not at risk of losing housing assistance by doing so.

Participants who are eligible for housing under HOPWA funding receive comprehensive assessment of needs and available resources. Fredericksburg Area HIV/AIDS Support Services (FAHASS) programs operate off the premise that housing is a main determinant of medication adherence and other health outcomes. Case managers work with the consumer on budgeting, employment readiness training, and other resources that could improve their situation and engender positive health outcome. FAHASS aims to empower the client to housing and then to self-sufficiency.

Loisann's Hope House implements a Housing First approach by quickly and successfully connecting families experiencing homelessness to permanent housing without preconditions and barriers to entry such as sobriety, treatment, or service participation requirements. Shelter case management is housing-focused, discussing housing goals starting at entry. Loisann's Hope House fosters client choice at every step of the housing process. Housing case managers meet with clients to assist in determining reasonable rent range and the family unit needs for childcare services, schools, transportation, and employment which would assist in maintaining housing once obtained. Housing case managers work with and on behalf of households to meet application and housing requirements, such as obtaining identifying documentation. The Housing Locator and household look at a variety of properties, allowing the client access to self-determination and the right to make decisions that directly impact their housing outcomes. While a housing unit is being identified, the family continues to meet with their Housing

Counselor to develop goals and understand the challenges they may encounter after move in. Stabilization plans are person-centered and based on each individual's strengths. Once families are successfully housed housing case managers continue to visit and work with clients at least once a month to ensure stabilization. Clients in the program also gain access to a wrap-around system of care, which heavily focuses on connectivity to community services that ensure long-term stabilization. The resources include warm hand offs to Social Services, the Community Services Board, Virginia Employment Commission, Rappahannock Area Regional Adult Education, and Legal Aid Works. All services are voluntary throughout the housing process and clients refusing services are not at risk of losing assistance.

Policies and procedures for all Micah programs begin with the goal of transitioning people to permanent housing, regardless of their barriers, presumed sustainability, or background. Upon assignment in the community prioritization process, Micah's housing team makes a referral to the housing locator who starts identifying units. While the locator works on finding housing, housing case managers begin housing-focused case management that continues after move in. This process starts with an assessment in eight areas—basic needs, community resources, physical health, mental health, barriers to housing stabilization, income, education and social support. Based on information gathered from this strength-based, trauma-informed tool, case managers work with clients to identify the top areas that need to be addressed to support successful transition into housing. Housing-focused goals generally include obtaining identification, identifying a path toward income (i.e. employment or disability), setting up public benefits, and addressing identified medical or mental health needs, as prioritized by the client and often most relevant to making a case for disability. The process moves forward regardless of how high the client's barriers, and services are never required in order to receive assistance.

17. For each direct service proposed grantee, does the organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts does the organization make to assist households in need of services that do not or cannot meet the requirement(s)? (Character Limit: 6000)

Character Count: 2,182

The Empowerhouse emergency shelter has a curfew of 8 PM on weekdays and 11 PM on the weekend. Shelter staff conduct a safety evaluation each night, which includes accounting for all residents and setting an alarm system. As the emergency shelter is in an undisclosed location to protect survivors fleeing abusive partners, this protocol limits foot traffic in the building and allows any concerns of missing residents to be addressed. Individuals who have employment that requires a more flexible schedule, or another unique situation, are granted accommodations by the shelter staff to support individual needs. No other rules or requirements are in place that would be considered a barrier to services.

Currently, Fredericksburg Area HIV/AIDS Support Services (FAHASS) requires that clients are HIV positive and meet HUD eligibility guidelines. The HOPWA case manager troubleshoots any documentation that is missing, and if the client is ineligible, refers them to other possible resources.

All Loisann's Hope House's projects meet the required criteria for a low barrier approach to program entry. There are no rules or requirements for assistance or services.

Micah understands that, in many cases, the services it provides are a last resort. Staff is therefore committed to trying all strategies possible before exiting people from a program. All of Micah's supports are voluntary, and people utilize the resources at varying degrees. Some are successful at sustainability using a minimum number of supports while others are significantly impacted by minimal engagement. While the burden of engagement responsibility is on the case manager, the program participant may eventually face natural consequences if they do not participate in what is offered and have not been able to make progress with their own devices. In the rare case of termination, Micah seeks alternative arrangements that will reset the course and get them back on track toward sustainability. Micah does not maintain a permanent "do not admit" list and often welcome people to return multiple times; this can mean re-housing people multiple times or bringing them back into shelter, even after a negative exit.

18. For each proposed grantee, does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner? (Character Limit: 6000)

Character Count: 5,489

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. All VHSP grantees fully expended their FY19 funding and expect to fully expend FY20 funding by the end of the fiscal year. Some of these grantees have been able to take on additional allocations from other communities in past years as well as this year to assist with overall state spending.

Empowerhouse has been providing confidential domestic violence assistance and shelter since 1978. Empowerhouse is an accredited Virginia domestic violence program and currently manages 7 federal and state grants; Empowerhouse 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 15 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. The organization has written financial procedures and internal controls to account for grant funding that support the tracking of program budgets by revenue and expenses. Multiple individuals are involved in the handling of funds in order to provide a separation of duties across the staff using best practices to minimize or eliminate the possibility of mishandling funds. The organization has not experienced any legal proceedings or suspension of funds for any reasons by any authority. As this grant is a continuation of current VHSP funding, activities will be ready to begin on July 1, 2020.

Fredericksburg Area HIV/AIDS Support Services (FAHASS) has provided integrated wellness, prevention, and health navigation services since 1993, administered federal funding through HOPWA since 2005, and Ryan White since 1999. FAHASS has experience with Housing and Urban Development requirements and guidelines and maintains compliance. FAHASS' Board of Directors, comprised of local healthcare professionals, educators, and other community members, meets monthly to oversee operations and current initiatives. FAHASS will be hiring additional staff, as they leverage housing funding diversely to support three housing case managers. The third case manager will be hired by April 1, 2020, well before the grant cycle begins. As this grant is a continuation of current HOPWA funding, activities will be ready to begin on July 1, 2020.

The George Washington Regional Commission (GWRC) has been providing regional planning services to Planning District 16 since 1961. GWRC has been the HMIS Lead Agency since 2008 and the CoC Lead Agency since 2014. GWRC administers several state and federal grants and has administered HUD CoC Program grants since 2008 and VHSP grants since 2014. GWRC maintains consistent drawdowns and does not have any unresolved monitoring or audit findings. GWRC's Board of Commissioners, comprised of elected officials from the five local governments of Planning District 16, meets monthly to oversee operations and current initiatives. As this grant is a continuation of GWRC's current VHSP funding, activities will be ready to begin on July 1, 2020. If the CoC Planning expansion is awarded, GWRC stands ready to fill the new position in a timely manner.

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. As this grant is a continuation of current VHSP funding, activities will be ready to begin on July 1, 2020.

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. Between these two positions, checks are cut on an at least weekly basis, remittances are submitted for grant reimbursement monthly and quarterly reports are compiled as requested. Financial and risk management policies govern financial practices. Micah's Board of Directors, comprised of representatives from its founding churches, meets monthly to oversee operations and current initiatives. As this grant is a continuation of current VHSP funding, activities will be ready to begin on July 1, 2020.

19. For each proposed grantee, discuss the capacity of your organization to implement VHSP or HOPWA-funded activities. Include a list of the applicable certificates of training for direct program staff. (Character Limit: 6000)

Character Count: 3,958

The proposed grantees have experience administering VHSP projects, and staff of these programs have gained skills through both experience and training that allow them to successfully support the clients of these programs. In addition to the training, certifications, and education listed below, the CoC provides regular training opportunities through the CoC Case Management Learning Series. This series provides community case managers with training on various topics impacting homelessness in order to ensure that case managers throughout the homelessness response system stay up to date on best practices and case management skills. Topics of the learning series have included opioid addition, supporting persons with mental health, working with youth, Medicaid expansion, trauma-informed care, domestic violence, and sexual assault.

Empowerhouse staff members are required to complete 40-hour DV training and 20-hour continuing education training each year. Empowerhouse staff training covers human trafficking, drug training, crisis de-escalation, children resiliency, LGBTQ+ training with the Virginia Anti Violence Project, Trauma Informed Services, Mental Health First Aid, CPR/First Aid, and SPDAT Case Management. The Shelter Director also works as an Action Alliance trainer on domestic violence and crisis intervention, and the Housing and Healthcare Case Manager is a trained nurse. Multiple staff members are also bilingual.

Fredericksburg Area HIV/AIDS Support Services' (FAHASS') Housing Case Managers have various training and certificates. The case managers actively participate in the HUD Exchange online training courses such as Financial Management 101 and HOPWA Reporting. Two case managers will work under HOPWA-NVRC and one case manager will work under RWB-Innovative Housing Assistance Program. HOPWA funding through DHCD supports half of one case manager and supports the remaining costs of the other case managers.

The George Washington Regional Commission's (GWRC's) CoC Planning project is staffed by one full-time employee. The CoC Coordinator has 4 years of experience in direct service and Master's in Social Work Administration, Planning, and Policy Practice from Virginia Commonwealth University. She has also completed the 20-hour Excellence in Leadership course through the Corporation for Supportive

Housing (CSH) and the 40-hour domestic violence training through Empowerhouse. If the CoC Planning expansion is awarded, GWRC will create a .5 FTE position to support the CoC Coordinator with administrative tasks.

With over 20 years of collective experience and secondary degrees in the human services field, the Loisann's Hope House team is trained to provide home-based, housing-focused case management. All staff have been trained in best practice techniques such as trauma-informed care and motivational interviewing. The Loisann's Hope House team stays current on relevant research, theory, and best practices by requiring all staff to earn a minimum of 16 continuing education hours each year.

Micah Ecumenical Ministries supports a full-time staff of 15 and part-time staff of 4. The housing team includes a working supervisor, two full-time rapid re-housing case managers, two supportive housing case managers, and a community housing locator. Qualifications for the team include psychology, social work, and sociology degrees; the supervisor is also a registered nurse. All medical respite staff are qualified mental health professionals, as certified by the Virginia Department of Behavioral Health and Developmental Services, and are certified in CPR/First Aid, Therapeutic Options, Mental Health First Aid, Human Rights, and Medication Management. Recently all Micah case management staff were SOAR certified. In addition, one case manager is currently pursuing a substance abuse counselor certificate. The community housing locator housed at Micah has real estate experience, and familiarity with the MRIS system.

20. Proposed HOPWA-providers only, what safeguards and provisions are in place to protect clients' HIV/AIDS statuses from landlords and other third parties. (Character Limit: 6000)

Character Count: 295

All checks and identifying information from Fredericksburg Area HIV/AIDS Support Services (FAHASS) are sent out under the name Fredericksburg Area Housing Assistance Service. This removes the possibility of any inadvertent disclosure of the client's HIV status and any possible HIPAA violations.

21. Proposed HOPWA-providers only, detail the other funding sources the agency has access to for housing individuals with HIV/AIDS and which community services are leveraged for HOPWA project participants. (Character Limit: 6000)

Character Count: 663

Fredericksburg Area HIV/AIDS Support Services (FAHASS) receives housing funding from four additional sources: Housing Opportunities for Persons With AIDS (a grant administered by the Northern Virginia Regional Commission); Ryan White Part B Innovative Housing Assistance Program; Community Development Block Grant specific to zip code 22401; and Ryan White Part B Emergency Financial Assistance (housing). All of FAHASS' clients are given a resource guide listing agencies within the region

that offer social services, and if needed, referrals to those agencies are made on behalf of the client to ensure that continuity of care and stable housing are maintained.

22. For fiscal agents and service coordinators only: Detail the sub-contracted agencies that will be administering the VHSP- or HOPWA-funded activity(s). Include a discussion of their capacity to carry out the project in adherence with HSNH and program-specific guidelines. How will your agency monitor the funded activities provided by the sub-contracted agencies? (Character Limit: 6000)

Not applicable.