

Application to DHCD Submitted through CAMS

George Washington Regional Commission

VA-514: Fredericksburg/Spotsylvania/Stafford Counties - CoC Application FY23

Application ID: 93302012022133424
Application Status: Incomplete
Program Name: HSNH 2022-24 Application
Organization Name: George Washington Regional Commission
Organization Address: 406 Princess Anne St
Fredericksburg, VA 22401

Profile Manager Name:

Profile Manager Phone:

Profile Manager Email:

Project Name: VA-514: Fredericksburg/Spotsylvania/Stafford Counties - CoC Application FY23

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Project Location: 406 Princess Anne Street
Fredericksburg, VA 22401-6043

Project Service Area: Caroline County, King George County, Spotsylvania County, Stafford County,
Fredericksburg City

Total Requested Amount: \$1,192,534.00

Required Annual Audit Status: Accepted

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$26,224.00	\$0.00	\$26,224.00
Outreach	\$26,224.00	\$0.00	\$26,224.00
Centralized or Coordinated Assessment/Entry	\$72,788.00	\$0.00	\$72,788.00
Centralized or Coordinated Assessment/Entry	\$72,788.00	\$0.00	\$72,788.00
Targeted Prevention	\$180,040.00	\$0.00	\$180,040.00
Targeted Prevention	\$180,040.00	\$0.00	\$180,040.00
Emergency Shelter Operations	\$134,989.00	\$0.00	\$134,989.00
Emergency Shelter Operations	\$134,989.00	\$0.00	\$134,989.00
Rapid Re-housing	\$493,094.00	\$0.00	\$493,094.00
Rapid Re-housing	\$493,094.00	\$0.00	\$493,094.00
CoC Planning	\$73,328.00	\$0.00	\$73,328.00
CoC Planning	\$73,328.00	\$0.00	\$73,328.00
HMIS	\$38,833.00	\$0.00	\$38,833.00
HMIS	\$38,833.00	\$0.00	\$38,833.00
Administration	\$33,238.00	\$0.00	\$33,238.00
Administration	\$33,238.00	\$0.00	\$33,238.00
Total VHSP Funding Request	\$1,052,534.00	\$0.00	\$1,052,534.00
HOPWA	\$140,000.00	\$0.00	\$140,000.00
HOPWA	\$140,000.00	\$0.00	\$140,000.00
Total:	\$1,192,534.00	\$0.00	\$1,192,534.00

Budget Narrative:

Questions and Responses:

1. 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.

Answer:

The Fredericksburg Regional CoC services the 1,387 square miles of Virginia Planning District 16, covering the Counties of Caroline, King George, Spotsylvania, and Stafford as well as the City of Fredericksburg. The district continues to be the fastest growing planning district in the Commonwealth (Weldon Cooper). Local poverty rates range from 4.4% in Stafford to 15.5% in Fredericksburg (Census Bureau). The Fredericksburg region is considered a part of the Washington DC Metropolitan area, bringing with it many of the housing challenges that are seen in the north. 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 22.6% in Stafford to 36% in Fredericksburg (Housing Forward).

The Fredericksburg region has always been challenged by our geographical proximity to DC. This has been even more true as the community waded through the economic hardship of the pandemic. In FY21, the CoC received 7,045 calls to the community Homelessness Helpline. Of these calls, about 35% reporting experiencing homelessness, 37% were at

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risk of homelessness, and 28% did not fall into one of these populations but were looking for connections to other appropriate mainstream resources to help with an acute housing crisis. In addition, the community received another 2,051 calls to our Victim services hotline for those looking for assistance with relationship violence.

Experiencing Homelessness

The CoC continues to see households from all localities of the region experiencing homelessness. Based on the zip code of last permanent address collected at intake, those from PD-16 who utilized services in FY21 were from the following areas: Caroline County 5.3%, City of Fredericksburg 39%, King George County 5.1%, Spotsylvania County 27.5%, Stafford County 23.1%.

The annual Point in Time (PIT) Count reveals what these demographics mean for local homelessness. On January 27, 2021, the CoC identified 180 HUD-defined homeless persons, an 13% decrease over the 207 persons identified in the 2020 PIT Count. From the 2020 to the 2021 PIT count, the number of unsheltered persons decrease by 25%. However, the number of chronically homeless persons increased by 57% from 2020 to 2021, as the length of time in emergency shelter increased for many during the pandemic.

However, the PIT data only provides a snapshot in time and 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 2021, the CoC served 632 literally homeless persons:

- Persons between the ages of 25 and 62 made up the largest portion (66%) of the homeless population served. Children under the age of 18 accounted for 18% of the homeless population served; 36% of these children were under the age of five. 7% of those served were young adults (ages 18-24) and 8% were elderly (62+).
- The homeless population was predominately male, consisting of 61% of the population. Less than 1% identified as trans or gender non-conforming.
- Households without children make up most of the homeless population served at 85%.
- The homeless population was 53% white, 36% black, 9% 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 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: 43% of adults reported suffering from a mental illness, 21% a chronic health condition, 21% a physical disability, and 18% a substance abuse disorder.
- 50% 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.
- 58% of people entered the homeless system from a literally homeless situation. However, there continues to be a portion of the population that enters from hotels (10%), doubled up situations (14%), institutions (8%) and evictions (5%). 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.

At Risk of Homelessness

In FY21, FredPrevent, the community's targeted homelessness prevention program, served 157 people (91 adults and 66 children). Those served were 51% Black, 40% White, 7% Multiracial, and 2% Asian. The region continues to see a large increase in the number of households residing in motels temporarily due to limited affordable housing inventory and unstable employment. In particular, the CoC is seeing an increase in the number of families with children in at-risk situations. The CoC partners closely with the area McKinney Vento Liaisons and, in 2021, 654 students were found to be McKinney Vento eligible throughout the region. Of those 52% were doubled up with friends and family, 35% were in local area hotels, 6% were in one of the community's emergency shelters, and 1% were unsheltered. Although several rental assistance programs were developed for COVID, there is a large population that needs ongoing case management and support to fully stabilize. Prevention households typically have a difficult time obtaining permanent housing independent of homeless services intervention due to limited housing inventory and barriers in the rental process: criminal

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history, low credit score, prior evictions, insufficient funds. This means that staying in area motels will require most of the household's funds to remain in temporary housing and the household is unable to save towards entering into permanent placement.

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

Answer:

Outreach

Outreach projects connect unsheltered persons to temporary and permanent housing. Persons experiencing unsheltered homelessness are typically identified when seeking basic services at the community's drop-in center, administered by Micah Ministries. 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 to build rapport and provide needed services once services are accepted. The 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, and work from community referrals to identify potential target locations in addition to those that are visibly living on the street. Empowerhouse also has protocol in place with the local emergency department for screening and identification of victims of violence and warm referrals for services.

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.

Diversions and Targeted Prevention

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

Diversions happens at every door and attempts to identify alternative housing options to eliminate the need to use system services altogether. Diversions 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 diversions 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 diversions conversations at every point possible. Loisann's Hope House administers a Diversions program using private sources.

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, respectively.

Emergency Shelter

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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 funded emergency shelters are low barrier and housing focused, ensuring that those in need of shelter can access it as quickly as possible. Empowerhouse provides emergency shelter for individuals and families with children who are fleeing domestic violence. Loisann's Hope House provides emergency shelter for families with children. Micah Ecumenical Ministries provides an 8-bed medical respite shelter for individuals returning to homelessness from hospitals and has provided non-congregate shelter in the community throughout the pandemic. Micah also provides a seasonal Cold Weather Shelter for up to 35 individuals who would otherwise be on the street in below freezing temperatures (Nov-Mar). The Brisben Center, a non-CoC funded shelter, offers a high barrier emergency shelter for both singles and families with children.

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 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 57-bed, scattered-site, permanent supportive housing program using HUD CoC program, Housing Trust Fund, and private donations. Additionally, the community partners with the VA and FAHASS to connect qualifying persons with HUD-VASH and HOPWA.

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3. Identify where gaps exist within the CoC/LPG Crisis Response System to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. Detail the methodology for determining gaps within the system.

Answer:

The following gaps analysis was developed using PIT, HIC, and HMIS data to compare need with service inventory to identify gaps in the response system. CoC also surveyed providers and people with lived experience to consider the needs of the system. However, the CoC, as a component of its newly adopted Monitoring and Evaluation Plan, is developing an annual gap analysis survey and protocol following an Importance Performance Analysis (IPA) format. IPA will enable the CoC to not only identify gaps in service coverage and quality, but also identify priority areas of need for planning and remediation. The survey instrument (currently in draft stage) consists of approximately 60 items related to service quality, capacity, and equity. Respondents will be requested to rate each item on two scales: (1) its importance to the CoC in meeting local needs, and (2) how well the CoC is meeting this need. This survey will be made available to all stakeholders, including CoC staff and Board, program staff, current and former service recipients, and the public. Analysis of the survey data will identify, by consensus, aspects of service delivery that are of high importance, but low performance.

In the 2021 PIT Count, the CoC identified 18 unsheltered persons. This is lower than what is usually expected in the community as the street outreach provider has offered hotel vouchers to those usually unsheltered for past 2 years, which lead to a functional end to unsheltered homelessness throughout the region for most of the pandemic. In FY21, 135 people utilized the ongoing COVID funded hotel vouchers. These were mostly utilized by those that would have otherwise been unsheltered. During the 2021-2022 winter season, another 309 persons utilized the Cold Weather Shelter (CWS), representing a 114% increase over the previous season. The unsheltered population is mostly made up of households without children. The only year-round shelter option for this population in our community is the Brisben Center, which has been at half capacity and is high barrier, making it difficult for many of the unsheltered population to be eligible to occupy a bed. Therefore, hotel vouchers have been the only option for the unsheltered population and the street outreach provider has worked tirelessly to house this population directly from the hotels and the street without another temporary option.

However, the demand for emergency services has continued to grow. Last year, the Homelessness Helpline received 7,045 calls for emergency services, 35% of which are asking for emergency shelter and reporting to be outside. However, without the ability to confirm this over the phone, Street Outreach is constantly tasked with trying to identify those living unsheltered vs those living unstably housed, an effort that has been increasingly more difficult in the economic fallout of the pandemic. With only 1.5 case managers to support the community's outreach response and no alternative temporary placement in the community for this population, street outreach has been stretched thin. This paired with the inability to have viable temporary shelter options for many experiencing unsheltered homelessness outside of the COVID hotel vouchers, and the lack of affordable housing within the region, means that the system has been slow to move the most vulnerable on to permanent housing as quickly as anticipated. In addition, the increasing acuity of the unsheltered has made case management support more and more tiring. In the past year, the CoC has seen double (31) the number of individuals connected to services who have died leading to large rates of turnover and burnout in staffing. In addition, waiting lists for emergency shelter are high, though the numbers of those currently sleeping outside remain low.

Current housing resources fall short of need. Currently there are 46 individuals and 12 families on the prioritization list waiting for housing assistance. Due to the limited capacity of case management and housing stock, only 33% of individuals and 25% of families are assigned to a housing option. Households not assigned 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.

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4. 4. What is your CoC/LPG doing to address these gaps/needs?

Answer:

Over the past two years the CoC has quickly transitioned to be a community where no one has to live outside. While the CoC has been a regional partnership for many years, that partnership became even stronger because of the COVID-19 pandemic, as the group worked to provide a robust and effective response to COVID-19 and to make the most of the opportunities that infusions of money offered to the community for the pandemic.

- The CoC partners stood up hotels to provide emergency shelter for those who would have otherwise been on the street to have a safe place to socially distance. Supported by state and local funding, the community's street outreach provider, who had never run an emergency shelter outside of a night-by-night cold weather shelter, stood up an emergency hotel shelter model for those experiencing unsheltered homelessness. Except for a handful of folks refusing services, the region sheltered every person experiencing unsheltered homelessness.
- The CoC also worked to ensure access to safe quarantine options for those discharging from our healthcare systems without anywhere to go, mitigating further spread in our community. A partnership with the Rappahannock Area Health District, the Medical Reserve Corps, and area hospitals ensured that those who tested positive for COVID-19 and could not safely isolate at home (due to homelessness or overcrowding) had somewhere safe to go. CoC partners helped prevent unsheltered homelessness of those recovering from COVID-19 by operating COVID-19 quarantine shelter in hotels.
- The CoC collaborated with community mainstream resources to provide prevention funding to hundreds of households on the verge of losing their housing because of the pandemic. The CoC's homelessness prevention provider worked to match people with funding options from the Virginia Rent and Mortgage Assistance Program as well as local prevention programs to ensure that as many people were stabilized and prevented from homelessness as possible.
- The CoC administered the Keys for Christmas campaign to incentivize new landlord partnerships in the area. As this is a high-cost area, finding housing for those in the emergency hotels and shelters was difficult. With the Keys for Christmas campaign, the CoC was able to relieve local landlords of worries around signing new leases during the pandemic by offering a signing bonus for new leases as well as providing ongoing case management and rental subsidies for rapid rehousing and permanent supportive housing participants. The project was able to build new landlord connections and expand the housing stock available to those experiencing homelessness.
- The CoC partnered with Central Virginia Housing Coalition, the community's local voucher administrator, to provide housing vouchers to the community for the first time in 15+ years. New vouchers targeted youth with experience with foster care (Fostering Youth to Independence Vouchers), disabled adults (Mainstream Vouchers), and homeless individuals (Emergency Housing Vouchers). The partnership allowed our community to target new housing vouchers to the most vulnerable in the community.

Now the CoC continues to find creative ways to find effective and efficient ways to ensure that our community continues to have no one living outside. The CoC is working to ensure that emergency shelter that has been offered during the pandemic is able to continue once the state funds run out. We are setting our sights on developing affordable housing targeted at increasing the community's stock of permanent supportive housing. The CoC is currently in discussions with Virginia Supportive Housing to expand to our area to support this initiative and the City of Fredericksburg has already set aside \$2 million dollars to help support the development.

5. 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?

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Answer:

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 drop-in center. The helpline serves as the front door to all homeless and homelessness prevention 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 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 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,

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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 can 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.

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? Were these criteria informed by the communities' needs detailed in question #1? If applicable, include any DHCD-funded HOPWA services in this discussion.

Answer:

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).

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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. During the COVID-19 Pandemic, the CoC Board approved a temporary change to emergency shelter prioritization to include those who are unsheltered, those that are temporarily staying in a COVID-19 funded hotel, and those that are at high risk of COVID-19. Vulnerable cases can be flagged for increased priority by services provider case conferencing with helpline staff.

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 them 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.

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7. 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)?

Answer:

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 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. Like 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.

8. 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.

Answer:

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 can 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 to accommodate the unique needs of some populations:

Entire CoC Service Area

The homelessness response system uses a 24/7 Homelessness Helpline, administered by Loisann's Hope House, to

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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. All response system projects serve the entire CoC region and can accept participants from any part of the community.

Special Populations

The response system has projects dedicated to each subpopulation: Empowerhouse serves 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 has been able to accommodate large families by providing multiple family rooms to a family 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 Health and Support Services (FAHASS) as an ally.

The CoC provides training for all coordinated entry staff on serving homeless youth. 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. The CoC has also started to partner with Central Virginia Housing Coalition to administer Fostering Youth to Independence Vouchers, offering 36-month long housing choice vouchers to those with a history with foster care.

Accessibility

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.

Limited Phone/ Internet Access

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

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to connect folks without access to a phone to services as they become available.

9. 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?

Answer:

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.

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10. 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?

Answer:

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, Thurman Brisben Center (TBC), who is not included in this request for funding, has high barriers to entry that limit a household's ability to access their services. Prior to the pandemic, this provider was the only provider that provided shelter to households without children. However, in the midst of the pandemic, TBC has reduced capacity from 80 beds to an average of 26 beds. In addition, they have increased their barriers to entry, not allowing for those with criminal backgrounds, mental health conditions, or substance use disorders. In addition, there is a requirement to be COVID-19 vaccinated and tested prior to entry. Still 2 years into the pandemic, the provider continues to function at a reduced capacity and refuse about 35% of those that are referred to them.

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.

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. 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?

Answer:

The CoC consists of over 55 organizations and individuals who provide a broad perspective to the regional effort to prevent and end homelessness. New members are solicited continuously through a standing invitation on the CoC website. Organizations and individuals with knowledge of homelessness, or an interest in preventing and ending homelessness, are invited to be a member of the CoC through regular social media and a monthly CoC newsletter and quarterly through CoC information sessions. Potential members can join the CoC at any time by completing a new member application. 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 utilizes a Community Outreach Volunteer who meets one-on-one with potential members to discuss the CoC and the process of becoming a member. In addition, the CoC works with homeless service providers to identify and outreach current and formerly homeless persons to participate in the CoC and serve on the CoC Board. The CoC has recently established a Lived Experience Committee with the role of outreaching to those with lived experience of homelessness and those currently experiencing homelessness to provide input into the CoC and to serve on CoC committees. The CoC also has partnered with organizations serving culturally specific communities. The community's center for independent living is a member of the CoC and attends meetings regularly. In addition, the CoC's Community Outreach Volunteer has outreached to organizations serving people of color, including local NAACP, Black Lives Matters, and Lucha Ministries (serving Latino immigrant community). This outreach has involved discussing the goals and role of the CoC and how that intersects with the needs of the BIPOC

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community. Since these conversations, NAACP, and local Black Lives Matter has joined the CoC in 2022.

Formal CoC Members

Participation Rate in 2021

Caroline County DSS	100%
Central Virginia Housing Coalition	25%
Community Foundation	50%
Couponing for a Cause	25%
disAbility Resource Center	50%
EasterSeals	50%
Empowerhouse	100%
FailSafe	25%
Fredericksburg Area Association of Realtors	75%
Fredericksburg Area HIV/AIDS Support Services (FAHASS)	100%
Fredericksburg Area Food Bank	25%
Fredericksburg City Schools	

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	0%
Fredericksburg Counseling Services	
	0%
Fredericksburg DSS	
	75%
Fredericksburg Planning Department	
	50%
George Washington Regional Commission	
	100%
Germanna Community College	
	75%
Greater Fredericksburg Habitat for Humanity	
	75%
Habitat for Humanity of Caroline County	
	0%
Haven for Hero's	
	50%
Healthy Generations Area Agency on Aging	
	25%
Legal Aid Works	
	100%
Lloyd F. Moss Free Clinic	
	25%
Loisann's Hope House	
	75%
Mary Washington Healthcare	

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	0%
McGuire VA Medical Center	
	50%
Micah Ecumenical Ministries	
	75%
Office on Youth	
	75%
Open Hand Fredericksburg	
	0%
Rappahannock Area Community Services Board (RACSB)	
	100%
Rappahannock Area Health District	
	100%
Rappahannock Goodwill Industries	
	25%
Rappahannock United Way	
	75%
Salvation Army	
	25%
Spotsylvania County DSS	
	25%
Spotsylvania County Public Schools	
	100%
Stafford County DSS	
	100%
Stafford County Public Schools	

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	50%
Thurman Brisben Center	
	50%
University of Mary Washington	
	25%
Virginia Employment Commission	
	50%
Warfighters Refuge Project	
	0%
Person with Lived Experience	
	100%

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12. 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? Detail the actions taken or underway to address the disparities (if applicable)?

Answer:

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 Additional Attachment).

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 better understand the role of race in homelessness within the region. The CoC is currently partnering with the University of Mary Washington to assist with further data analysis on racial disparities using recent HMIS data. 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. The CoC will use this data to develop an updated action plan for racial equity within the CoC.

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. The CoC has also been intentional about ensuring the CoC leadership is representative of the homeless population. In the current election of new CoC Board members, the CoC will be adding 3 people of color to the 15-person Board. These members include representatives from the local Black Lives Matter chapter and the local NAACP. The CoC and provider staff have also participated in racial equity trainings provided by DHCD and federal partners. The CoC is also evaluating how to best utilize available technical assistance with DHCD to help move the conversation and efforts around racial equity further in the community.

13. 13. List the proposed projects for VHSP and HOPWA funding.

Answer:

The CoC is requesting \$1,192,534 in VHSP and HOPWA funding to support the community homelessness response system. This request is a 4% increase over the FY22 allocation. The additional dollars requested will increase capacity for medical respite emergency shelter, which has been greatly impacted during the COVID pandemic and increase coordination and administration efforts among response system providers by expanding administration and CoC planning capacity.

Outreach

The CoC requests \$26,224 to fund outreach services administered by Micah Ecumenical Ministries. This request will continue to provide outreach case management to those living unsheltered in our community. Micah's outreach program provides case management services to those that are living on the street and target those that would otherwise not seek services on their own.

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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.

Shelter Operations

The CoC requests \$134,989 to fund emergency shelter operations and housing-focused case management administered by Empowerhouse (\$44,076), Micah (\$45,000), and Loisann's Hope House (\$45,913,000). The shelter operations request includes an additional \$17,885 in shelter case management for Micah's Medical Respite Shelter to add .25 additional shelter case managers to the Micah Respite shelter. This increase 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 \$493,094, to fund the community's rapid re-housing activities. Empowerhouse (\$115,414), Loisann's Hope House (\$104,846), and Micah (\$222,834) 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 \$73,328 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 .5 FTE. Currently, CoC staffing consists of 1.5 FTE. The additional CoC planning funds, and associated match, would allow for increased capacity in the CoC staffing.

HMIS

The CoC requests \$28,833 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 (\$17,952) and Micah (\$6,881). GWRC requests \$14,000 to pay for HMIS admin and training associated with serving as the HMIS lead agency for the CoC.

Administration

The CoC requests \$33,238 to support administration of the projects explained above. This funding will be allocated to Empowerhouse (\$4,727), GWRC (\$10,672), Loisann's Hope House (\$11,778), and Micah (\$6,061). This request includes an increase in Admin to GWRC and Micah for supporting more staff and to provide additional support in administering these programs. For instance, Micah has historically, only received \$2,500 in admin for the over \$300,000 in project funding they have administered.

HOPWA

The CoC requests \$140,000 for Fredericksburg Area Health and 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 (\$54,000); Short-Term Rent, Mortgage, and Utility Assistance (\$16,500); Permanent Housing Placement (\$3,000); and Housing Case Management (\$57,000). FAHASS

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also requests \$9,800 for administration.

14. 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 they were not included.

Answer:

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 to ensure an objective, transparent, and competitive funding process.

The Funding & Performance Committee, with CoC staff support, developed project application forms and scoring sheets; these documents were approved by the CoC Board at its meeting on February 10, 2022.

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 16, 2022.

Project applications were submitted by March 4, 2022, at noon. CoC staff provided 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 18, 2022, 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 whether each project application would be accepted at the full amount, accepted at a reduced amount, or rejected. A total of 21 projects were submitted, of which four project applications were rejected and 16 were accepted at the full request amount and 1 was accepted at a reduced amount (an acceptance rate of 80.9%). 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 and Coordinated Assessment projects were placed at the top of the ranking per the guidance in *the FRCoC Funding Policies & Procedures*, as the system relies on these projects to operate.

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

The CoC had 2 project appeals. The Appeals Committee, consisting of 3 members of the CoC Board and 1 non-voting member of the Funding and Performance Committee, met to review the appeals. The Appeals Committee met on March 24, 2022 and voted to have the Funding and Performance Committee reconsider one of the applications. The Funding and Performance Committee met on March 28, 2022 to revise the scoring of the application, but still rejected the application. All projects were notified of the outcome of the appeals committee and the application and ranking was submitted to the CoC Board for final approval. The CoC Board approved the ranking and full HSNH application at its meeting on March 28, 2022. Each applicant was notified 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

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- The project is partially funded and not viable at the partial amount
- The agency is no longer able to carry out the proposed project

If 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. If 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.

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15. 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?

Answer:

The CoC Program Director 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 Program Director 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 monthly and discusses the functioning of the homelessness response system to determine improvement needs, coordination issues, and service gaps. In addition, the CoC uses the Funding and Performance Committee to complete project monitoring and evaluation and annual gaps analysis. The CoC Program Director uses the information from these groups to provide technical assistance and support as needed.

The CoC has adopted Project Performance Standards to outline the performance priorities of the CoC's system, and programs. These standards were developed by the Funding & Performance Committee with staff support and were drawn from federal, state, and local standards. The Project Performance Standards are used to evaluate all homelessness response system projects and provide technical assistance to guide improvement, regardless of project funding source. The result of this evaluation is used to make decisions on how to best improve system functioning and identify strengths and gaps in services. Overall, the evaluation process guides 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 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 CoC Program Director conducts a data quality review on a quarterly basis. At least semi-annually, the CoC Program Director also conducts the baseline measures of the project performance measures to see progress and needs for improvement. The CoC Program Director 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.

In addition, the CoC has leveraged assistance from an AmeriCorps VISTA to assist with the development of a CoC-level monitoring and evaluation plan to formalize a process for CoC monitoring, evaluation, and technical assistance. GWRC is currently hosting an AmeriCorps VISTA through the Virginia Housing Alliance (VHA) AmeriCorps VISTA Program. The current VISTA member, a retiree with extensive experience in research and program evaluation, started in August 2021 and has developed a formal Monitoring and Evaluation Plan for the system and projects. This plan was opened for a 2-week public comment and approved by the CoC Board at their November 9, 2021, meeting.

Throughout the rest of his time with GWRC, the AmeriCorps VISTA will be working to fully implement the CoC's Monitoring and Evaluation Plan by developing tools and methods of analysis, such as periodic data reviews, annual gap analysis surveys, site reviews, and technical assistance plans. He also continues to provide technical assistance to the CoC's homelessness response system partners with implementing new processes that align with generally recognized best practices and expectations of the CoC and state and federal funders.

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16. Part II + III Proposed Grantees (VHSP and HOPWA)

1. 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.

Answer:

Empowerhouse's priority for participants is safety. Empowerhouse advocates first assess safety needs of participants and address any dangers that arise because 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 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 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 everyone'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 to receive assistance.

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17. 2. 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)?

Answer:

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 welcomes 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. 3. 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?

Answer:

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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 FY21 funding and expect to fully expend FY22 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 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, 2022.

Fredericksburg Area Health and 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. As this grant is a continuation of current HOPWA funding, activities will be ready to begin on July 1, 2022.

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, 2022.

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, 2022.

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, 2022.

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19. 4. 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.

Answer:

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 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 addiction, 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. 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 1.5 FTE. The CoC Program Director 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. The Program Coordinator has a Bachelor of Arts in Sociology and previous experience working as the CoC AmeriCorps VISTA and a Housing Case Manager. The Program Coordinator has received the 40-hour domestic violence training through Empowerhouse.

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.

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

Answer:

Protection of client confidentiality is a major concern for persons living with HIV/AIDS, who may face discrimination, harassment, or victimization should their diagnosis become known. Fear of unauthorized or inadvertent disclosure often prevents individuals living with HIV from accessing HIV-related information and services. Therefore, FAHASS, the community's only HOPWA provider has put the following protections in place.

FAHASS, formerly Fredericksburg Area HIV/AIDS Support Services, has changed its name to Fredericksburg Area Health and Supportive Services, removing HIV/AIDS from its name, effectively removing stigma and particular HIPAA concerns that may be caused from the organization name alone. However, FAHASS continues to be known in the community as the HIV/AIDS serving provider. Therefore, FAHASS continues to use a separate entity with a separate name (Fredericksburg Area Housing Assistance Program) on all checks and other documents used to support clients. This ensures that all information coming from FAHASS does not unintentionally link clients to FAHASS and disclose their HIV/AIDS status.

Ensuring all staff understand confidentiality policies and procedures is an integral part of making sure that appropriate safeguards are in place to protect client's HIV/AIDS status. Staff receive regular training on confidentiality and are required to sign confidentiality agreements. Notices about the importance of maintaining confidentiality are posted throughout the office to remind staff of its critical importance. FAHASS complies with all HIPAA laws, regulations, and grantee guidelines, and does not use client names that can be linked to Personal Health Information (PHI). This removes the possibility of any inadvertent disclosure of the client's HIV status and any possible HIPAA violations.

21. 6. Proposed HOWPA-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.

Answer:

HOPWA funds provided by DHCD assists in covering King George, Westmoreland, Essex, Richmond County, Northumberland, King and Queen, Madison, Rappahannock, Orange, and Caroline. FAHASS also receives housing funding from four additional sources:

- Housing Opportunities for Persons with AIDS – NVRC. This is a grant administered by the Northern Virginia Regional Commission that helps cover Stafford, Fauquier, Culpeper, Spotsylvania, and the City of Fredericksburg.
- City of Fredericksburg – Community Development Block Grant. This is a small CDBG grant that is used to assist clients in the 22401-zip code only.
- Ryan White Part B Innovative Housing Assistance Program (I-HAP). This grant covers the entire planning district and is available to Ryan White eligible clients for Limited Term Housing with Comprehensive Support (LTHCS) and Limited Term Utility Assistance (LTUA) in addition to Referral Services through Housing Case Managers.
- Ryan White Part B, Virginia Department of Health – Emergency Financial Assistance is a 1-time per year assistance for Ryan White eligible clients and has a 7-day limit.

22. 7. 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?

Answer:

Not Applicable

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23. Proposed Grantees (HTF - HRG BONUS)

HTF-HRG will be awarded to eligible RRH and PSH projects as a bonus based on this application for funding. Projects will be selected based on the CoC/LPG's need for funding and performance. In the narrative section below, detail each eligible proposed projects using the following format: Organization Name, Project Type (RRH or PSH), Funding Request (total amount), Total number of households to be served, Brief description of proposed project including proposed activities.

Answer:

Micah Ecumenical Ministries (RRH): \$118,450

Number of Households to be Served: 10 households

Micah Ecumenical Ministries requests renewal funding to maintain an expansion of rapid re-housing activities for older adults in the Fredericksburg region. The project will allocate \$50,000 for a part-time Housing Stabilization Navigator (aka case manager) to focus on older adult homeless, plus \$25,000 rent and financial assistance associated with the approximately 10 households who would be housed by the project. It would also assign \$40,000 for .75 FTE housing location staff time. Another \$3,450 is requested for administration.

Micah Ecumenical Ministries (PSH): \$380,070

Number of Households to be Served: 10 Households

Micah Ecumenical Ministries requests renewal funding of \$380,070 to support its permanent supportive housing program, which was expanded under previous applications. The project would allocate renewal funding of \$219,000 to leasing and utility assistance towards those housed under the program. It would also fund \$150,000 toward three staff positions: two Housing Stabilization Navigator (aka case manager) positions that work exclusively with people receiving permanent supportive housing in units funded by this project, HUD, or in units owned directly by Micah. The third staff position funded is a SOAR Case Manager Assistant, dedicated to helping those in permanent supportive units increase their access to benefits. The balance of the request, \$11,070, would be for administration.

Attachments:

CoC/LPG Level Policies and Procedures/Services Standards

1CoCLevelPoliciesandStandards3302022110843.pdf

CoC/LPG Governance Charter/By-Laws

2FRCoCBylawsFINAL2201123302022110913.pdf

CoC/LPG HMIS Policies and Procedures

3HCISPoliciesandProcedures2009023302022110932.pdf

Job Description (case managers and housing locator positions)

4AllJobDescriptions3302022111046.pdf

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Homeless Services Flow Chart

5FlowChart3302022111058.pdf

Board of Directors Listing

6BoardofDirectorsListings3302022111118.pdf

Organizational Certification and Assurances (DHCD document)

8OrganizationalCertificationandAssurances3302022111205.pdf

CoC Certification and Assurances (DHCD document)

9CoCCertificationsandAssurances3302022111220.pdf

Year One Request: proposed grantees and activities (DHCD document)

HSNHYearOneRequest202223REVISED3302022111417.pdf

VHSP Proposed Match Form

VHSPProposedMatchFormsigned330202211512.pdf