

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** VA-503 - Virginia Beach CoC

**1A-2. Collaborative Applicant Name:** Dept. of Housing and Neighborhood Preservation-City of Virginia Beach

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** The Planning Council

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Nonexistent	No	No
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
Other: (limit 50 characters)				
34.	Interfaith/Faith Organizations	Yes	Yes	Yes
35.	Veteran Administration Medical Center	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

- 1) The invitation to join BEACH Partnership is a continuous standing invitation and open to any agency, organization and persons desiring to make an impact towards the goal of making homelessness rare, brief and non-reoccurring. Additionally, annually during Hunger and Homelessness week, we implement a marketing campaign to bring awareness to the issue of homelessness, which includes soliciting new members to join BEACH Partnership. The campaign is executed utilizing multiple modalities to include public service announcements, broadcast on our local television channel, flyers in English and Spanish, and our website. In November 2021, our CoC launched a new website: [www.beachcommunitypartnership.org](http://www.beachcommunitypartnership.org) coupled with a community-wide marketing campaign titled Get Help/Give Help. The site is used as a connection point for people in need of community services and resources as well as individuals/organizations looking to learn more about how they can join the mission. In the past 12 months, the site saw a 127% increase in new visitors. The site has proven to be a useful tool in educating and recruiting new CoC members by communicating transparent information, a calendar with public meetings, opportunities to connect with the lead agency, or to submit a membership form. This year, our CoC membership has increased by 4 new member organizations, a 10% increase.
- 2) To ensure effective communication with individuals with disabilities, we continue to employ several communication strategies to include our BEACH website that offers a convenient way of accessing information for those who are hearing impaired and public service announcements with close captions. We provide targeted outreach to organizations serving individuals with disabilities to further communicate BEACH membership opportunities and eliminate service gaps within our homeless response system.
- 3) During the year, we invite diverse organizations with a culturally specific mission to address diversity, inclusion, and racial equity in our homeless response system. This year we partnered with churches and property managers in historically disadvantaged areas within our community to educate and communicate resources. The lead agency has renewed its translation services contract to assist people seeking services and eliminate any communication barriers, which has helped to translate 2 prominent communication documents that the community disseminates to persons experiencing homelessness or a housing crisis.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. Our CoC general membership meetings and standing committee meetings provide an open and welcoming opportunity for organizations and individuals with knowledge of, interest in preventing and ending homelessness to collaborate. Our community has many workgroups made up of service providers, churches, police, businesses, and community resource organizations operating within our city to identify and fill service gaps. We engaged Landlords and Property Managers in regular meetings to navigate the challenges of the rental market. Results include a financial incentive program for new landlord partners. Our CoC’s website and the City’s social media account provide opportunities to solicit feedback and input.
2. BEACH Partnership includes over 40 non-profits, service providers, churches, & government entities all working collaboratively towards preventing and ending homelessness. BEACH meets bi-monthly and brings brings awareness to programs, services, and resources. The CoC meetings analyze data, provide training, and encourage partnership. Our website and email distribution list help us to communicate grants, resources, events, & other pertinent information that benefits organizations or the people they serve. In preparation for PIT, we sought public input in which citizens used a virtual mapping tool to identify 257 locations of persons experiencing unsheltered homelessness.
3. Our CoC ensures effective communication and access to persons with disabilities by having available documents in electronic format and having VA Relay available for sign language interpretation. We also have transportation available through a vehicle that provides accommodation for individuals with disabilities to include wheelchair accessibility.
4. In January 2023 Housing & Neighborhood Preservation collaborated with the Virginia Center for Housing Research (VCHR) at Virginia Tech to conduct a housing study. The public was invited to provide input on housing-related needs within the city. The department hosted 8 meetings, including an overview of the housing study & small group discussions where attendees shared what they like or would change about where they live, housing-related challenges or problems they experience or observe, what resources would address these issues and what “affordable housing” means to them. Our CoC held a feedback forum for the community, to include persons with lived experience, to provide input on updating the strategic plan to end homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

**(limit 2,500 characters)**

1) To notify the public of our local competition, we posted on the city's website the available funding opportunity via the City's Communication network. In addition, we also sent the notification to our BEACH Partnership listserv. The listserv also includes non-CoC-funded organizations.

2) Both the posting on the website and the email included information concerning how providers needed to submit their application, the submission deadline date, and the point of contact.

3) The notification provided an overview of the review process. Once the applications were received the providers who submitted a proposal were sent an additional email with additional details concerning the process.

4) The notification was made accessible via electronic format by posting the notification on our website and sending the notification electronically.

## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	No
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	No
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	



18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

**(limit 2,500 characters)**

1. The City of Virginia Beach Department of Housing and Neighborhood Preservation (DHNP) continues to serve dual roles as the CoC Lead Agency and the ESG recipient. Serving in this dual capacity provides a level of convenience and greatly enhances the coordination between both programs in ensuring the most effective use of ESG funds. Planning for the usage of ESG funds begins in March with the ESG recipient consulting with the CoC to determine the community's needs. The ESG recipients solicit feedback and input from the CoC regarding how the funding should be used to enhance the system's ability to prevent and end homelessness. The ESG recipient provides the CoC with the amount funding available and releases a notification of funding availability to solicit proposals from the CoC and the general public. A CoC representative is also involved in the award determination process. All ESG contracts include the expectation of the sub-recipient complying with CoC policies regarding coordinated entry and assessment and performance standards.
2. The ESG recipient works with the CoC Lead Agency rep to develop performance metrics for services rendered under the ESG program to be included in the sub-recipient's contract. These performance metrics mirror the performance metrics agreed upon by the CoC for similar CoC projects and are evaluated on a quarterly basis via our CoC's performance data management plan.
3. Given the dual role of DHNP as the ESG recipient and the CoC Lead agency, PIT and HIC information is easily shared with the staff that is responsible for updating the Consolidated Plan.
4. Given the dual role of the DHNP as the ESG recipient and the CoC Lead Agency, information regarding the needs of the homeless system and how ESG funds can be used to address those needs is routinely discussed and is addressed in the Consolidated Plan as appropriate. Staff responsible for updating the consolidated plan regularly attend BEACH Partnership meetings as well.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC, through Virginia Beach City Public Schools (VBCPS) and Project HOPE, connects students/families to education providers. Project HOPE is housed in the Office of Student Support Services/School Social Work Services. The Lead Social Worker is responsible for ensuring that students in families experiencing homelessness are enrolled in school and connecting them to any programs for which they are eligible. Project HOPE also tracks the infant/pre-k/adult-age siblings of enrolled students to connect them to educational and social supports.

VBCPS Project HOPE directly supports those in Emergency Family Shelter at the Housing Resource Center with education-related services, such as transportation to their school origin, allowing students to maintain their social support network with teachers, friends, and counselors. Project HOPE provides on-site staff to manage a volunteer After-School Tutoring Program for families. A formal room use agreement solidifies the partnership. A formal partnership also includes VBCPS providing representation on the CoC's BEACH Partnership Governing Board.

Project HOPE serves as the Local Education Agency (LEA) for the CoC. The Coordinator of School Social Work Services is the formal Homeless Liaison (HL) as required by the McKinney-Vento Act. In addition, a staff member of the LEA serves on the CoC Youth Committee to identify gaps in the system serving this population.

VBCPS Social Workers receive training on housing and housing resources in the CoC. VBCPS holds an HMIS license for entering and accessing system data through Project HOPE. Releases of Information between Project HOPE and housing providers have been established. VBCPS staff speak and email daily with the case managers and supervisors of the many local housing providers. In addition, informal partnerships with the school district provide supports through the formation of alternative learning environments when schools were virtually learning, funding for food resources through the Beach Bag Program, and supply drives through Project HOPE'S annual Jump Start event.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
NOFO Section V.B.1.d.		

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC continues to require all providers of family services to connect school-aged children in families seeking services to our McKinney-Vento Program through Virginia Beach City Public Schools, which is called Project Hope, and children under the age of 5 to Head Start program within 24-48 hours of entry into the shelter and Outreach programs. Connecting families to Project Hope helps students maintain enrollment in the school of origin, when feasible, and in the best interest of the student. For those households who are not immediately connected to shelter or housing program, connection to Project Hope occurs during the coordinated assessment process. Questions pertaining to school enrollment for school-age children are included in the coordinated assessment process to provide an opportunity for the case managers to discuss educational services and programs available in the community. Project Hope comes on-site to the Housing Resource Center where our Family Emergency Shelter is located and provides homework assistance, transportation, and other services to children who are enrolled in the shelter program.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	Yes
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Pediatric Medical Services	Yes	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

Organizations		
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

**(limit 2,500 characters)**

1) In collaboration with the Victim Service Provider (VSP), our coordinated assessment system implemented a standard protocol to route all calls from victims of domestic violence to our VSP's hotline. This helps to ensure that the correct assessment is conducted utilizing a trauma-informed, victim-centered lens and the participants' information is kept confidential. Our VSP prioritizes the safety and well-being of DV clients. Each household is assessed objectively utilizing a lethality assessment and an evidence-based needs assessment to determine their danger level, acuity level, and need for housing support. The Lethality Assessment Protocol (LAP) is also used. The LAP is a user-friendly protocol to identify victims of domestic violence who are at the greatest risk of being killed by their intimate partner and immediately connect them to domestic violence services. This was developed with the intention to encourage and enable high-danger victims to utilize the community's domestic violence resources, potentially reducing the risk of re-assault and intimate partner homicide. A closed comparable database is used to include information on victims of violence. The VSP uses VAdata, managed by the Virginia Sexual and Domestic Violence Action Alliance, which is a web-based data collection system to enhance/improve statewide data collection from survivors using services. The VSP uses reports from the comparable database & VAdata to show the number of survivors served, services delivered, and housing program outcomes. These reports are provided to the CoC's lead agency to ensure survivors' needs for services and services delivered are accounted for in the CoC's assessments and plans. Leadership staff from the VSP serve on Bringing an End to All City Homelessness (BEACH), Governing Board, Performance Monitoring Committee, Service Prioritization and Assessment Meeting (SPAM), and other committees to work with CoC members to ensure CoC-wide policies for housing and services are trauma-informed and well-suited for the needs of survivors.

2) Our CoC collaborates with the VSP to provide training on domestic violence, dating violence, sexual assault, and stalking to community. The training provided includes working with survivors with a trauma-informed approach, as well as information on resources available in the community for survivors to access. Housing and service providers work in partnership with the VSP to provide trauma-informed care and services to survivors.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

**(limit 2,500 characters)**

1) Victim Service Provide (VSP) project staff and volunteers receive a 40-hour initial comprehensive training when they start working with the agency. Additionally, they receive 20 hours of training on an annual basis covering topics such as but not limited to: domestic violence, sexual assault, stalking and trafficking, safety planning, trauma-informed care, mental health first-aid, CPS- and APS-mandated reporting, First Aid/CPR/Bloodborne pathogens, Service Prioritization Decision Assistance Tool (SPDAT) training, and assisting underserved populations. On a quarterly basis, project staff receive a 40-hour comprehensive training on cultural competency, civil and criminal justice systems, vicarious traumatization, lethality/danger assessment, safety planning, confidentiality, protective orders, and definitions and dynamics of domestic violence. Additionally, the CoC collaborates with the VSP to provide training on domestic violence, dating violence, sexual assault, and stalking to community. The training provided includes best practices in working with survivors with a trauma-informed approach, as well as information on resources available in the community for survivors to access.

2) In addition to the training above, our coordinated entry staff receive guidance on how to best assess and route victims of domestic violence to our CoC's VSP. Individuals and families experiencing domestic violence are referred to Domestic Violence Crisis Hotline for services to ensure their immediate need for safety is met. A lethality assessment is administered to ensure those who are in most danger are served first. Individuals and families seeking domestic violence services and are not fleeing for safety are also referred to Domestic Violence Crisis Hotline for domestic violence services and may still be assessed by coordinated entry/assessment staff for shelter and housing services.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

**(limit 2,500 characters)**

1) Our coordinated assessment system implemented a standard protocol to route all calls from victims of domestic violence to our Victim Service Provider's (VSP) 24-hour hotline to help ensure immediate safety needs are met and an assessment is conducted utilizing a trauma-informed, victim-centered lens and the participants' information is kept confidential. Our CoC's VSP prioritizes the safety and wellbeing of DV clients by placing them in their shelter program or in an undisclosed hotel until a space in their shelter becomes available or permanent housing is secured for the household. Households are assessed utilizing the Lethality Assessment Protocol (LAP) to determine the danger level, acuity level, need for housing support, and ensure those in the most danger are served first. The LAP identifies victims of domestic violence who are at the greatest risk of being killed by their intimate partner and immediately connects them to domestic violence services. The intention is to encourage and enable high-danger victims to utilize the community's domestic violence resources to reduce the risk of re-assault and intimate partner homicide. Coordinated entry staff receive guidance on how to best connect and assist survivors of domestic/sexual violence and trafficking to the VSP. Households seeking violence services that are not fleeing for safety are referred to the 24-hour crisis line for those services and may still be assessed by Coordinated Assessment for services. VSP staff offer individualized safety planning and counseling based on lethality in program participants' native languages using certified translation services. Safety planning upholds the unique needs of survivors to account for things such as the new housing environment (keeping doors/windows locked, maintaining access to a phone, disclosing the new address only to trusted persons, considering applications for the Address Confidentiality Program and/or protective orders), cultural nuances of confidentiality, a safety protocol for how to respond if various people were to visit the location, technology safety, financial safety, and building up support systems and emotional safety.

2) Confidentiality protocols are in place so that households seeking services for experiencing violence do not have their information shared with anyone without a time-limited signed release of information from the household that is detailed as to what specific information the household is giving permission to share.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

**(limit 2,500 characters)**

1) Our CoC collaborates with our Victim Service Provider (VSP) to use the de-identified aggregate data that is pulled from their comparable data system for data on survivors of domestic violence, dating violence, sexual assault, and stalking. The CoC also collaborates with the VSP for de-identified aggregate data that is pulled from VAdata, which is a Virginia’s web-based data collection system to enhance/improve statewide data from survivors using services. VAdata is managed by the Virginia Sexual and Domestic Violence Action Alliance.

2) When reviewing and analyzing system-wide data, our CoC collaborates with our VSP to incorporate their de-identified aggregate data with our custom System Activity Report. The VSP submits comparable reports to the CoC’s lead agency to ensure survivor’s needs for services and the services delivered are accounted for in the CoC’s assessments and plans. The comparable database system used by the VSP makes it easier for their data to integrate seamlessly. The System Activity Report captures data that helps to analyze system outputs and outcomes. This includes the number of coordinated assessment entries, shelter entries, lengths of stay in shelters, exits to permanent housing, and increase in income. Reviewing and analyzing these data elements helps to evaluate the performance of the program’s ability to adequately meet the special needs related to victims of domestic violence. The CoC considers this data when evaluating how to best meet the specialized needs related to domestic violence and homelessness.

**&nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.

**(limit 2,500 characters)**



1) The CoC collaborates with the Victim Service Provider (VSP), who has policies and procedures that include an emergency transfer plan. Coordinated entry staff receive guidance from the VSP on how to best route, assess, and assist survivors of domestic/sexual violence and trafficking to the VSP. This information is then transmitted to other service providers.

2) When a household experiencing domestic violence, dating violence, sexual assault, or stalking needs services due to safety, the household is connected to the CoC's Victim Service Provider's (VSP) 24-hour crisis line to be connected for services. Each household is assessed objectively utilizing a lethality assessment and an evidence-based service needs assessment tool to determine their danger level, acuity level, and need for housing support. If it is identified that the household needs to be transferred to emergency shelter, the VSP will discuss the emergency transfer plan with the household. The emergency transfer plan includes the victim meeting staff at a public drop-off location and then being transported by staff to the VSP's intake office. If the client does not have their own transportation, they are provided a cab to transport them to the drop-off location.

3) For households not currently connected to CoC programs and connecting with the VSP's crisis line, the request for an emergency transfer would be discussed between the household seeking services and the VSP staff during the lethality assessment. For household's participating in other CoC's programs who may experience domestic violence, dating violence, sexual assault, or stalking, the case management staff working with the household will assist the household in connecting with the VSP's crisis hotline to seeking services. These services could include transferring to emergency shelter from the housing program due to safety needs or connection to community-based service such as victim advocates or community support groups. The implementation of the emergency transfer plan is client-centered so that the household is aware of the resources available and is active in deciding what resources to connect with. When all shelters are full, the VSP places those participants in an undisclosed hotel until a space in emergency housing becomes available or more permanent housing is found for the survivor/family. The VSP provides hotel assistance for domestic/sexual violence survivors in imminent danger.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1) If a household is seeking violence-specific services, they will be referred to the 24-hour crisis line operated by the CoC’s Victim Service Provider (VSP) for those services, where a lethality assessment will be administered to ensure those people experiencing violence and are in the most danger will be served first. VSP staff return imminent danger calls within 15 minutes and within one hour for non-imminent danger calls. During the first engagement with a household, staff will safety plan and attempt diversion to help households explore options for obtaining alternative housing. If the household is successfully diverted away from homelessness permanently, they will end their engagement with the coordinated assessment work and make a note in the comparable database that the consumer was successfully diverted. If a household is unable to be diverted away from homelessness, staff will then schedule a face-to-face assessment with the household to complete a Service Prioritization Decision Assessment Tool (SPDAT) assessment with the household to identify the household’s needs. Upon completion of the SPDAT, households are prioritized for housing interventions and accompanying services. Consumers will be referred to appropriate housing programs, which include emergency housing and rapid re-housing, both which are available through the VSP, ensuring survivor-specific services are based on the assessment, prioritization, and availability.

2) The CoC and the VSP identify systemic barriers and aim to expand the ability to house survivors of domestic violence, dating violence, sexual assault, and stalking by expanding its Rapid Re-Housing (RRH) program for victims of domestic violence program to serve more survivors who assess as moderate to high acuity and are unable to find a safe place to live without VSP’s assistance. Additionally, the CoC and VSP aim to expand support services to offer additional Victim Advocacy Services to mitigate the impact of victims/survivors’ legal needs affecting program participants’ ability to move into safe, permanent housing in a timely manner and provide supports for those experiencing higher acuity and thus needing a more intensive housing support intervention. This approach ensures survivors have safe access to the housing and support services the CoC offers.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

**(limit 2,500 characters)**

1) The Victim Service Provider (VSP) actively engages survivors with lived expertise in the development of policies and programs that account for the complex and diverse needs of survivors. The VSP’s Board of Directors, leadership, and staff include survivors with lived expertise. The VSP’s Program Review Committee, which is comprised of the Program Director, several staff members, and members of the Board of Directors, and several community members with related and lived experience, meet bi-monthly. This committee approves a summary of each program, including outputs and outcomes, and reviews all grant goals. The committee conveys updates to the Board of Directors semi-annually, during which the staff, Management Team, and Board of Directors review the progress against goals and activities identified in the VSP’s Strategic Plan. The policies and programs that are development through the VSP’s Program Review Committee are then shared with the CoC and information is incorporated into CoC-wide policies and programs.

2) The VSP participates in Documenting Our Work (DOW) Surveys by distributing surveys to consumers and compiling results of those surveys. This process is entirely based on the written feedback of those consumers being served in CoC programs. The DOW protective factor outcome measures capture the VPS’s programs’ ability to facilitate a positive effect in survivors’ lives as well as directly impact personal and social forces with the intention of promoting protective factors and creating a buffer against the risk factors that influence perpetration/victimization in a community. DOW surveys are distributed by direct service staff to survivors during or after service provision. The DOW surveys are an essential part of the evaluative process for each direct service program within the VSP. Survivors’ perspectives on service relevance and accessibility, program environmental factors, accessibility, and staff interactions are the most influential and essential for program growth and strength. The Program Director aims to retrieve the results of the DOW surveys on a quarterly basis to review the survey outcomes and report the findings to the VSP leadership team, Program Review Committee, and the Executive Director to gain insight and feedback on potential ways to improve service provision. Programmatic practices as well as policies and procedures will be reviewed, adjusted, or amended at that time to account for the unique needs of survivors.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

- 1) The CoC collaborates with households who identify as being part of the LGBTQ+ community, a regional agency who provides services the LGBTQ+ community who serves on several CoC committees, and other organizations to update its CoC-wide anti-discrimination policy. Policy updates start with the Performance Monitoring Committee (PMC), which is comprised of leadership staff of CoC providers. At PMC, stakeholder feedback is reviewed and then updates to the policy are made based on the feedback, to include ensuring that CoC-wide polices are trauma-informed and meeting the needs of households who identify as being part of the LGBTQ+ community. The updates are then presented to the Governing Board (GB) for final approval.
- 2) The CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide policy by having providers submit their current policies to the CoC Lead Agency to ensure that they align with CoC-wide anti-discrimination policies, which prohibit discrimination based off gender and sexual orientation and ensures that LGBTQ+ individuals and families receive supportive services, shelter, and housing that is free from discrimination.
- 3) The CoC has a grievance policy in place for evaluating compliance with the CoC's anti-discrimination policy with a multi-layer approach to hearing complaints, starting at the agency level and, if needed, rises to the CoC level. The CoC level for the grievance policy is a Grievance Committee comprised of a CoC provider (not the provider that the grievance would be regarding) and other community partners to hear and evaluate the complaint. Our CoC has another method for evaluating compliance with the CoC's anti-discrimination policy that is under development. This method will be a satisfaction survey that is provided to households receiving services at various points of contact with the homeless response system. The CoC Lead Agency also requests confirmation of anti-discrimination training that provider staff have received.
- 4) If it is found that there is noncompliance with the CoC's anti-discrimination policy through the determination of the Grievance Committee or the satisfaction survey (when implemented), then the noncompliance issues are reviewed and discussed with PMC and GB. The GB will identify any conditions or corrective action for the provider and the provider will be notified of those conditions or corrective actions.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Department of Housing and Neighborhood Preservation	47%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,500 characters)**

1. The Department of Housing and Neighborhood Preservation continues to play a dual role as the sole PHA for the geographical area as well as the CoC Lead Agency. These two roles are carried out between two divisions under the Department. Through coordination with the CoC the PHA adopted a HCV homeless admission preference, however the preference carried the least number of points compared to the other HCV preferences. The two divisions in consultations with CoC providers have worked to together to adopt a higher HCV preference for individuals who are experiencing homelessness or in RRH and PSH programs. This change has been updated in the Consolidated Plan. Previous coordination with the PHA has resulted in all project base voucher referrals being processed through the coordinated assessment system for individuals who are literally homeless. In addition, the CoC has collaborated with the PHA on two joint voucher applications and was subsequently awarded 78 mainstream vouchers and 35 emergency housing vouchers. Both voucher programs are dedicated to households experiencing homelessness. The PHA and the CoC continue to work in tandem to ensure individuals pulled from the waitlist are notified, provided assistance with the collection of required documents, support during the HUD briefing and are provided housing search assistance. Once housed the CoC Lead Agency Division provides light touch case management to increase housing stability.
2. We work with the PHA to adopt a homeless admission preference.

<b>1C-7b.</b>	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

<b>1C-7c.</b>	<b>Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.</b>	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	No
8.	Other Units from PHAs:	
	Project Based Units	Yes

<b>1C-7d.</b>	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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<b>PHA</b>	
	Virginia Beach De...

## 1C-7e.1. List of PHAs with MOUs

**Name of PHA:** Virginia Beach Department of Housing and  
Neighborhood Preservation



## 1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

**(limit 2,500 characters)**

1) Our CoC holds an annual review of each project’s policies and procedures to ensure alignment with Housing First principles. Any indication that a program is possibly screening participants out based on service participation or income is flagged, and the CoC Lead Agency notifies the program’s provider to explain. In addition, a commitment to Housing First is a threshold requirement for all new and renewal project applications regardless of their funding source.

2) The CoC Lead Agency evaluates the extent that a provider meets this requirement through several factors: a) screening clients out of projects based on reported eligibility requirements; b) creating barriers that would prevent a household from participating in the project’s program; and c) reasons for exiting clients from projects.

3) A project’s commitment to Housing First is also evaluated continuously throughout the year through our Coordinated Assessment process. Each project must report their vacancies and eligibility requirements to the Coordinated Assessment Team on a regular basis. The Coordinated Assessment Team determines whether these requirements violate Housing First. In addition, the agency evaluates the reasons a project has for denying a client entry to its program. Reasons that indicate straying from Housing First are denied. Violations of these coordinated assessment policies are documented and factored into the performance of all CoC and State funded projects. Another method for regularly evaluating projects outside of the competition is identifying through the Grievance Committee if there are any grievances filed regarding complaints that would indicate noncompliance with the Housing First approach.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,500 characters)**

- 1) The methods our homeless street outreach programs use to ensure all persons who are living on the streets are identified and engaged are: collaborating with other street outreach programs to include LGBTQ+, PATH, and youth outreach programs, cultivating and building trusting relationships with those experiencing unsheltered homelessness, collaborating with our local police department, local libraries, chaplains, peer recovery programs, and grassroots homeless service organizations. Department of Housing and Neighborhood Preservation (DHNP) developed a public input tool that allows Virginia Beach citizens to use an interactive map to identify the location of an encampment site or anyone thought to be living on the streets. The information from the public input tool is shared with DHNP's Street Outreach program to use to identify new encampment locations. We have found this tool to be significantly helpful in identifying new persons or sites to engage and connect to the homeless response system for shelter and housing services and reintegrate them into the community.
- 2) DHNP's Street Outreach program covers 100% of the entire geographical area of Virginia Beach.
- 3) DHNP conducts outreach every day of the week to include Saturdays and Sundays. Outreach staff dedicate 40-hours each workweek that includes evenings and early morning hours in an effort to ensure we are reaching those who have been the most underserved.
- 4) For those who are least likely to request assistance, we employ assertive outreach engagement practices utilizing a trauma-informed lens. Engagement is consistent, persistent, and centered on cultivating trust and a good relationship that will be the driving force for change that will lead to housing placement.

<b>1D-4.</b>	<b>Strategies to Prevent Criminalization of Homelessness.</b>	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	Engage/educate state delegates	Yes	No

<b>1D-5.</b>	<b>Rapid Rehousing--RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.</b>	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	341	231

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) Department of Human Services, the primary provider of mainstream benefits, holds an appointed position as a member of our CoC Governing Board and provides constant updates regarding mainstream benefits and services to the CoC. The information is electronically disseminated throughout the CoC using our CoC-wide listserv. Information is distributed upon receiving notification and during our bi-monthly CoC meetings. Additionally, organizations, including Department of Human Services, are scheduled throughout the year to provide training on available mainstream resources at the BEACH Partnership meetings.

2) Department of Human Services is co-located in the Housing Resource Center. Anyone seeking homeless assistance services is assessed for other service needs to include mainstream services and are referred to Human Services for same-day access to SNAP, TANF, and assistance with disability and Medicaid applications. In addition, the Housing Resource Center also houses our community Healthcare Clinic. Clients who are uninsured can also be assisted with enrolling in Medicaid and provided with assistance in effectively utilizing their Medicaid benefits by the clinic's Health Care for the Homeless Navigator. Our local non-profit, PIN Ministry, partners with Sentara Health Center and Old Dominion University Health Science Department to offer free of charge, extensive health care services to those experiencing homelessness.

3) Agencies within the CoC are encouraged to have staff become SSI/SSDI Outreach, Access, and Recovery (SOAR) certified so that they can assist households with SSI/SSDI applications, to include street outreach, emergency shelter, permanent housing providers, and Department of Human Services Behavioral Health Division. If a project does not have staff who has completed the SOAR certification, then collaboration with other community staff who have the SOAR certification is provided to assist households. Agencies are informed of the SOAR resource through trainings that are scheduled throughout the year at the BEACH Partnership meetings.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Since the COVID-19 pandemic, we have diversified our shelter bed inventory with the addition of non-congregate beds by partnering with local hotels. The CoC Lead Agency has developed formal partnerships with local hotels to use at the discretion of the CoC Lead agency based on the need of shelter. Initially, the purpose of providing non-congregate sheltering was in direct response to COVID-19 to reduce the occurrence of viral transmission due to the congregate configuration in our year-round emergency shelter. During COVID non-congregate sheltering, our CoC served over 500 households with over 50% connecting to permanent housing interventions. In November 2021, we scaled down our COVID-19 mitigation plan, however we have continued to use our formal hotel arrangement to increase capacity to provide shelter. Using local government funds, we are able to provide non-congregate shelter to households. Unsheltered households are prioritized for non-congregate shelter based on several vulnerabilities identified: (1) 65+ years of age; (2) medical vulnerabilities pertaining to heart disease, kidney disease, diabetes, cancer, chronic respiratory disease; (3) families with minor children 0-5 years of age; (4) extent to which an individual, especially a youth or child, is unsheltered. Additionally, StandUp for Kids and VBCDC provide non-congregate shelter through the coordinated assessment process for youth and veteran households.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Our CoC values the meaningful integration of mainstream health partners in our system to include: the state and local Department of Public Health, the City Vulnerable Populations Work Group, Southeastern Virginia Health Services a nonprofit healthcare provider operating a clinic at the Housing Resource Center, Sentara Healthcare and Old Dominion University offering weekend services at PiN Ministry location, LGBT Life Center Health Clinic and the City’s Department of Human Services operates a mobile HIV screening van and outreach services, as well as City emergency medical services. Together these partners create a strategic policies and procedures to respond to infectious disease outbreaks. The Virginia Beach Public Health Department continues to encourage vaccination opportunities in the community.

2. Key factors in the Public Health-approved COVID-19 mitigation plan are still in place which helped decrease the spread of infectious diseases, in addition to ensuring social distancing and providing adequate testing and personal protective equipment across the CoC, were de-congregating emergency shelter; providing on-going outreach to street homeless; and immediate access to testing as necessary.

LGBT Life Center, a non-profit service provider operates a mobile HIV, Hepatitis C and STD testing unit that engages will other CoC providers and the CoC’s outreach team to provide testing and education surrounding infectious disease. The City of Virginia Beach Human Services Department also regularly administers HIV testing at various community events.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. Our CoC works collaboratively to equip and share information with providers to prevent and limit infectious disease outbreaks among program participants. The city provided PPE resources and tests to organizations in partnership with the Virginia Public Health Department. Communication for community vaccination events for COVID-19 continue to be to CoC service providers and faith-based organizations to share with program participants and program staff.

2. The Virginia Beach Public Health Department's guidance and partnership continues to be critical to helping shelter and housing providers respond to and mitigate infectious disease outbreaks. They have conducted site visits, educational outreach, and multiple testing events to identify and respond to program outbreaks. In addition, they provided valuable communication regarding prevention resources and vaccination events. The executed a strategic vaccination campaign to include homeless service providers and offered multiple vaccination sites to promote access to and alleviate transportation barriers for people experiencing homelessness. The Public Health Department created informational flyers and provided PPE that were distributed by the City's Outreach Team during the Annual Point-in-Time Count and regular street outreach engagements.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)



- 1) The CoC’s coordinated entry system covers 100% of the CoC geographic area with 3 access points: Regional Housing Crisis Hotline (phone), Housing Resource Center (walk-in), Street Outreach (engaging literally homeless households identified in the community). Having information at various sites (agencies, faith-based organizations, etc.) allows households who may not be aware to access coordinated entry.
- 2) A standardized assessment process is utilized in the coordinated entry system across all access points. When a household seeking services connects with an access point, a triage assessment is completed in the Homeless Management Information System (HMIS) to determine the household’s housing crisis and refer the household to one of three coordinated assessment (CA) centers: (1) Housing Resource Center; (2) the Outreach Team; and (3) Virginia Beach Community Development Corporation. Once a household connects with a coordinated assessment center, the standardized process of attempting diversion to help households explore options for obtaining alternative housing begins immediately. If the household can be diverted temporarily, CA staff will refer to prevention programs based on eligibility and availability. If a household is unable to be diverted, CA staff will proceed with completing a Service Prioritization Decision Assessment Tool (SPDAT) with the household to identify the service and housing intervention needs. With signed consent, CA staff can connect with professionals that a household is working with to obtain information for the SPDAT assessment. Last year, over 1,500 assessments were completed. At completion of the SPDAT, households are prioritized for housing interventions and referred to the Outreach Team and community resources.
- 3) The assessment process, along with any other part of the coordinated entry and assessment system, is updated through the CoC’s Coordinated Entry and Assessment Committee. This committee meets quarterly to review feedback from projects and households to identify if there are any needed updates to any part of the coordinated entry and assessment system, to include the assessment process. Our CoC is continuing to develop a satisfaction survey that is provided to households receiving services at various points of contact with the homeless response system. Responses from this survey will also be used as feedback to evaluate any needed updates for the coordinated entry and assessment system.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
	1. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
	2. prioritizes people most in need of assistance;	
	3. ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
	4. takes steps to reduce burdens on people using coordinated entry.	

**(limit 2,500 characters)**

1) The CoC’s coordinated entry system covers the CoC geographic area with 3 access points: Regional Housing Crisis Hotline (phone), Housing Resource Center (walk-in), Street Outreach (engaging literally homeless households identified in community at various localities). Having information at various sites (agencies, faith-based organizations, etc.) allows households who may not be aware to learn about/access coordinated entry.

2 & 3) Referrals to permanent housing programs (permanent supportive housing and rapid re-housing) are prioritized based on characteristics identified by the CoC: (1) chronically homeless with longest homeless history; (2) tri-morbidity and/or frequent service user, which includes hospitalization, emergency room, and incarceration; (3) unsheltered homelessness; and 4) acuity score. There are additional characteristics for households with minor children: (1) size of family and (2) involvement with child welfare. There are additional characteristics for youth households: (1) history of foster care and (2) experience of abuse/trauma and/or identify as part of the LGBTQ+ community. This approach is likely to reduce average length of episodes of homelessness and result in better housing outcomes for all. It ensures an appropriate match between the household’s service needs and the housing intervention designed to meet those needs.

4) The CoC does not have any barrier to services for accessing the coordinated entry/assessment system since the Outreach Team is mobile and is able to go to where the households are staying. For permanent housing, since eligibility documents are required, collaboration between coordinated entry staff and service providers takes place to assist households with obtaining any needed documentation for program eligibility to minimize the barrier of not having needed documents. Collaborations include: with Department of Human Services Behavioral Health Division for assistance with obtaining documentation of disability; with Legal Aid for a Birth Certificate clinic; and with Virginia Department of Motor Vehicles (DMV) for scheduled events to assist with obtaining photo IDs and Virginia birth certificates.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:

1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

**(limit 2,500 characters)**

1) The CoC’s coordinated entry system affirmatively markets housing and services provided in a variety of ways. One way is that information is shared through the 3 access points to the coordinated entry system: (1) Regional Housing Crisis Hotline (phone), (2) Housing Resource Center (walk-in), and (3) Street Outreach (engaging literally homeless households identified in the community). These access points allow people experiencing homelessness or a housing crisis to be informed of what services and housing is available for eligible people. Information is also available at various sites (agencies, faith-based organizations, etc.) allows households who may not be aware to become informed as to what is available in the community. Available housing and services are also marketed and shared with BEACH Partnership, which is comprised of over 30 non-profits, service providers, faith-based organizations, and government entities, and allows people to become educated on the services and housing so that it can be shared with others. At BEACH Partnership, agencies will provide overviews of the programs/services that are offered, and training is provided on accessing the services. Additionally, the housing and services that are provided within the CoC’s geographic area is also listed on BEACH Partnership’s website.

2) The CoC, through the coordinated entry system, informs participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws by ensuring that meeting spaces have information regarding fair housing laws and Equal Housing Opportunity posted in each space. This posted information provides the methods in which to seek more information or file complaints if it is felt that there has been a violation regarding fair housing. This information is also available for people to take with them. Additionally, this information continues to be provided to people participating in services and/or housing programs.

3) The CoC process for reporting observed conditions or actions that impede fair housing are for any household who feels there is a violation in fair housing to report their concern to the case manager. The case manager will connect the household with Legal Aid Society of Eastern Virginia, which allows the household to seek legal services regarding the fair housing violation and how to proceed. Case managers also ensure that households are informed of the state and federal fair housing offices.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/28/2021

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:
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1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

1. The CoC uses a custom report created by the HMIS provider to show the racial and ethnic demographics across various programs in our homeless response system, such as Coordinated Assessment, Emergency Housing and Transitional Housing, and Permanent Housing. The report is compared to HUD's racial equity analysis tool v3 to determine how total demographics in these programs and exits from these programs compare to the populations experiencing homelessness in the CoC.

2. Based on the report the CoC receives from its HMIS provider, the CoC has identified some disparities between exits by race from our permanent housing programs. Based on HUD's tool, the distribution of race in the CoC experiencing unsheltered homelessness is like the total population, however the racial equity analysis tool shows larger percentages of its black population experiences homelessness at 51%, and especially in families with children at 72%. The report generated by the CoC's HMIS provider shows that Coordinated Assessment serves 50% black and 33% White, Emergency Shelter and Transitional Housing programs serve 47% black and 42% white, and Permanent Housing programs serve 45% black and 43% white populations. The exits by race from permanent housing show greater exits by 10% of white than black.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	No
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No

	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

The CoC does not use race as a preference for programs, however we prioritize communities that are historically marginalized. We will continue to prioritize historically marginalized communities, especially in exits that show racial disparity, to create more equitable outcomes in our system. The CoC has created a Racial Equity Committee which is undergoing active recruitment. This committee is charged with analyzing and addressing racial disparities related to homelessness, such as the disparity identified this year.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

**(limit 2,500 characters)**

1. The CoC tracks progress on preventing disparities in the outcomes of homeless assistance by continuing to run HMIS reports on racial demographics in its housing programs, such as in Coordinated Assessment, Emergency Shelter and Transitional Housing, and Permanent Housing. The CoC sends client facing staff to external Racial Equity training to continue its prevention and elimination of any disparities. Additionally, the CoC has developed a Racial Equity Committee and has assigned a staff member to recruit members, and to research and develop an assessment tool for the coordinated assessment system that promotes racial equity in the assessment and prioritization process.

2. The CoC uses HUDs CoC Racial Equity Analysis Tool v3 in conjunction with the custom reports created by its HMIS provider to assess any disparities in the provision or outcomes of homeless assistance. The CoC also uses an anti-discrimination policy and holds intentional annual staff training on the policy. The providers in the CoC are required to submit their anti-discrimination policy and dates of staff training, as well as any guidelines or program rules in other languages to the CoC for review.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

**(limit 2,500 characters)**

Our CoC values the inclusion and engagement of persons with lived experience of homelessness in service delivery and decision-making activities. Several staff members in outreach positions and supporting service provider programs have a lived experience of homelessness. These staff perspectives contribute to and are critical in developing person-centered programs and services. Our CoC reserves two seats on the Governing Board for people with a lived experience of homelessness and rely on service providers to actively outreach to people they have served to communicate the opportunity to serve in these leadership roles. The Governing Board positions are tasked with making high level decisions including policy creation, program evaluation, and funding distributions. Our CoC welcomes community members with a lived experience to participate in this work as BEACH Community Partnership general members. Our CoC partners with employers that have a lived experience of homelessness to help mentor and employ people residing in shelter programs or permanent housing programs. The Housing Resource Center has two active volunteers whose children are currently or have previously experienced homelessness and provide meaningful engagement opportunities for clients as well as community advocacy.

On June 28, 2023 the Virginia Beach Housing Resource Center hosted the first Food and Feedback Forum. This event provided a friendly and welcoming environment for staff to engage with people utilizing various shelter programs and our unsheltered neighbors, with the objective of collecting feedback. Staff did an excellent job utilizing their active listening skills and were able to facilitate meaningful conversations. The feedback collected has contributed to the evolution of services including an enhancement in personal and professional development opportunities in the building and expansion of shelter space in underutilized areas.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.  
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	2	2
2.	Participate on CoC committees, subcommittees, or workgroups.	5	3
3.	Included in the development or revision of your CoC's local competition rating factors.	2	2
4.	Included in the development or revision of your CoC's coordinated entry process.	5	3

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

Our CoC has a variety of professional development and employment opportunities available to individuals with a lived experience of homelessness. These opportunities are important and help case managers in various shelter and housing programs to further develop the individual as well as providing opportunities to increase income helping to obtain or sustain housing. One of the first activities our system prioritizes when a person presents for services is acquiring documents in the form of a state issued identification card and a social security card that can be utilized when securing new employment. The City of Virginia Beach Human Services Department (HSD) operates an Employment Services Division onsite at the Housing Resource Center. The program features job-skills training that include completing applications, mock-interviews, job search assistance. In the past year, HSD has hosted 11 hiring events in partnership with 20 employers. The events generated the attendance of 168 individuals with 42.6 % of attendees receiving a conditional job offer. PiN Ministry, a nonprofit service provider operates a pilot housing and employment program for individuals experiencing homelessness. They serve 24 individuals annually in a program that incorporates up to six months of temporary housing and professional development. Once graduated, students are allowed to live within PiN’s housing program for a short time as they search for viable job opportunities, get their career restarted, and save money for application fees, security deposit and initial rent payments for their own housing. PiN Ministry staff and business partners aid in the job search process. Connect With a Wish and Stand Up For Kids are nonprofit service providers that serve youth aging out of foster care and youth ages 18-24. Both organizations provide professional development and employment services to the respective youth they are serving. Our CoC partners also work with the Virginia Employment Commission (VEC), a state agency that provides training and employment services. VEC also is an active member in re-entry initiatives to connect people to jobs prior to being released from incarceration.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

- Describe in the field below:
1. how your CoC routinely gathers feedback from people experiencing homelessness;
  2. how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
  3. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

**(limit 2,500 characters)**

1. Collecting qualitative feedback from current and previous consumers of our community's homeless response system provides invaluable insight into continually improving equity and the customer experience for our collective resources and services. For current consumers we have developed a short-form survey that is administered by volunteers on-site at the Housing Resource Center's Day Support Center that captures qualitative data pertaining to receiving services or housing-related assistance. Surveys are designed to capture an individual's personal experience and provide insight into the barriers they experienced accessing services or housing. Our Outreach Team maintains open dialogue with clients and provides routine feedback from people experiencing street homelessness and works with Community partners to alleviate gaps in resources or other challenges unique to various geographic areas throughout the community.

2. Our CoC has a grievance policy to help address and resolve challenges experienced by experiencing homelessness for residing in a shelter or housing program. In 2022, the Housing Resource Center activated a Grievance Committee to more efficiently address any challenges clients are experiencing on campus, as many programs operate in tandem to serve clients. The Committee employs active listening to collect qualitative information that can better inform programming and service delivery, and improve the customer experience for clients. One of the greatest challenges people currently experiencing homelessness or have recently transitioned to housing have raised is the lack of affordable housing and the competitive rental market in Virginia Beach. As a result of this our CoC has increased the number of employed housing locators, created a Landlord Engagement Committee, and worked with a non-profit Foundation to launch a pilot-program to provide a financial landlord incentive fund.

3. The people that experience homelessness in our community are the subject matter experts. It is critical to embed people with lived experience in all steps and phases of strategic planning. Feedback from current consumers has resulted in modifications to service delivery and policy development most notably resulting in the increase in emergency shelter opportunities for adult individuals, expanded employment opportunities and 30 bed shelter expansion, and fine-tuning programs.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**



1.Lack of affordable housing continues to be the main driver of homelessness, and we continue to engage local leaders in increasing the affordable housing supply in our community. In November 2022, the Virginia Beach City Council approved an ordinance to fund an updated housing study and report, which was previously completed in 2016. The study will include Virginia Center for Housing Research (VCHR) at Virginia Tech’s analysis of the current housing market and the identification of strategies to address the housing needs in Virginia Beach. Results of the study may influence reform of zoning and land use policies to permit more housing development. Council approved the travel arrangements for 3 City Staff members with the Department of Housing & Neighborhood Preservation and 1 faith-based leader to visit Austin, TX to tour and learn about a tiny housing community in September 2023. Information and experience gained from the tour will be brought back to city council and could result in furthering reform of policies to permit housing development.

2.Presentations were recently given to City Council by a local nonprofit partnering with NAMI on an affordable housing development project. This affordable housing development project, if approved by City Council, may involve reducing regulatory barriers to housing development in the City of Virginia Beach.

## 1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	<b>Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.</b> NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/14/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	06/20/2023

1E-2.	<b>Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.</b> NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	228
2.	How many renewal projects did your CoC submit?	10
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

- 1) For all projects, our CoC collected data from the Annual Performance Reports (APR) pulled from Homeless Management information System (HMIS), or the comparable database for the Victim Service Provider, and analyzed the portion of data that indicates the exits to permanent housing. For Permanent Supportive Housing (PSH), we divided the sum of stayers and permanent destinations subtotal into the difference of total people served and total people whose destinations are excluded from calculation. For Rapid Rehousing (RRH), we looked at the data point in the APR that indicates the exit destinations of all persons, then find the difference of the subtotal of permanent destinations and the total persons whose destinations excluded them from the calculation. These calculations of data gave the ratio of program participants who are being successfully housed for PSH and RRH. This number is then able to be compared to the total number of persons served in the program.
- 2) The CoC collected data from the APRs and analyzed the portion of data that indicated length of stay from project entry to housing move-in. For RRH projects, the CoC looked at the average length of stay for participants who spent 30 days or less from entry to move-in, divided by the total participants in the program. These calculations gave an average percentage of program participants being housed in a reasonable amount of time for their respective project.
- 3) When ranking and selecting projects, the Review and Ranking Committee prioritized projects that were in alignment with the CoC's priorities: (1) PSH; (2) RRH, and the HUD priority of serving people experiencing chronic homelessness. Additionally, data was reviewed to determine the needs of households connecting for services to be considered when ranking projects. By prioritizing PSH projects, which serve people with the highest service needs and vulnerabilities, the CoC is prioritizing projects that are serving people whose severe service needs and vulnerabilities may prevent/delay the rapid placement into housing or the ability to maintain permanent housing without housing stabilization services.
- 4) The CoC prioritized PSH projects due to the recognizing the need to serve people experiencing chronic homelessness and people with the most intense/severe service needs. This was determined as a result of analyzing data from the CoC's prioritization list to include the acuity of the household's connecting for services/housing.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

**(limit 2,500 characters)**

1) The primary role of our CoC's Performance and Monitoring Committee (PMC) is to develop objective evaluation criteria to measure the performance of all federal and state-funded homeless service projects. These performance measures are used in the evaluation of CoC-funded projects that help to inform the ranking decision. PMC is a very diverse committee comprised of different organizations providing housing and support services for those who are experiencing homelessness. The makeup of the various organizations participating on the committee includes persons of different races that mirror the population that is over-represented in our local homeless population. Based on input from PMC, the CoC revised the project rating factors to include racial equity in its objective measure. The scoring of racial equity included multiple topics, such as employing bilingual staff, reviewing projects anti-discrimination policies, verifying anti-discrimination or racial equity training is conducted, and confirming the racial diversity of the projects board members. The racial equity section of the objective measures accounted for 20% of the total points of that section.

2) The review, selection, and ranking process involves a meeting of the Review and Ranking Committee. The committee consisted of 7 members, 3 males and 4 females with 43% representing races of those over-represented in the local homelessness population.

3) Although racial equity was included in the local scoring tool and played a role in the overall evaluation of the quality of their application, the degree to which the program's participants mirrored the homeless population was not factored into the ranking process. Additionally, no projects identified any barriers to participation faced by persons of different races and ethnicities.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

**(limit 2,500 characters)**

- 1) The CoC’s Review and Ranking Committee, which is comprised of the non-conflicted Governing Board members, will identify if there are any projects for reallocation during the CoC Program Competition. Renewal projects that score less than 70% will be flagged for review. There are several factors considered when looking at reallocating a project: (1) a project with unspent funds and the ability to cut grants without cutting services/housing levels; (2) history of reductions; (3) alternative funding sources available to support the project; (4) impact on the CoC and needs of the community; (5) non-compliance issues and/or conditions identified; and (6) consistently low project evaluation scores. The Review and Ranking Committee may recommend a corrective action plan in an effort to increase a projects future performance. If a project is identified as being reallocated, the CoC Lead Agency will issue a Request for Proposal (RFP) for existing and new service providers to apply for the reallocated funds with proposals being due 7 days after the issuance of the RFP. After reviewing proposals, the CoC Lead Agency will convene a meeting with the Review and Ranking Committee to discuss the proposals and conduct interviews with each applicant. The interview provides the opportunity for the applicant to present the proposal and for the Review and Ranking Committee to ask any questions about the proposal. Following the interviews, the Review and Ranking Committee will render their recommendation to the Governing Board. The Governing Board will make the final decision to approve/deny the proposal(s). Applicants will be notified of the Governing Board’s decision 24 hours after the decision has been made.
- 2) There were no low performing or less needed projects identified by the CoC through this process this year during the local competition.
- 3) There were no low performing or less needed projects reallocated during the local competition this year.
- 4) The CoC did not reallocate any low performing or less needed projects during the local competition due to the Review and Ranking Committee not identifying any projects meeting the consideration for reallocation.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	

	<p>4. If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	
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1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	08/25/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<p>Does your attachment include:</p> <ol style="list-style-type: none"> <li>1. Project Names;</li> <li>2. Project Scores;</li> <li>3. Project accepted or rejected status;</li> <li>4. Project Rank—if accepted;</li> <li>5. Requested Funding Amounts; and</li> <li>6. Reallocated funds.</li> </ol>	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included:</p> <ol style="list-style-type: none"> <li>1. the CoC Application; and</li> <li>2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.</li> </ol>	09/27/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

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	<b>Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.</b>	09/27/2023
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## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The HMIS Lead Agency conducts an annual visit to CoC-funded Victim Service Providers to conduct a "certification of comparable database". This process includes a review of each agency's comparable system to ensure certain features and functionalities are present and working in alignment with the Comparable Database Checklist provided by HUD. This includes a review of the system's ability to: capture all of the required data elements as outlined in the HUD Data Standards Manual, record collected data at various points in time as outlined in the Data Dictionary and produce required reports such as the CoC APR and ESG CAPER. The certification also includes a review of security and technical standards which are based on the 2004 HMIS Data and Technical Standards Final Notice and the CoC's adopted HMIS Security Standards to include a review of Privacy Practices and workstation security.

2. DV providers are using a HUD-compliant comparable database that is compliant with the FY2022 HMIS Data Standards. This is confirmed through the "certification of comparable database" process described above. Additionally, DV Providers can attend all HMIS user groups for ongoing training and an open platform for technical assistance, in addition to having access to all of the training videos and resources produced by the HMIS Lead Agency. In addition, the HMIS Lead Agency works directly with DV Providers as needed to assist with the setup of their comparable database, ensuring HMIS Standards are fully met as it relates to project setup, the ability to enter all HMIS data elements as required by various federal funding sources, and the ability to fulfill reporting requirements as needed.

3. The CoC is compliant with the 2022 HMIS Data Standards. The HMIS Lead Agency provides training to all HMIS end users prior to providing them access to the system. This training includes descriptions of the applicable HMIS Data Elements following the HMIS Data Standards Manual and Federal Partner Program HMIS Manuals. The HMIS Lead also conducts annual HMIS Audits for all CoC-funded, ESG-funded, and Housing Trust Fund-funded projects. This allows for review of data collection and entry methods, understanding of HMIS standards, etc. The information collected during these audits is used to target future training efforts to ensure agencies remain compliant with all federal standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	237	53	184	100.00%
2. Safe Haven (SH) beds	0	0	0	

3. Transitional Housing (TH) beds	16	0	16	100.00%
4. Rapid Re-Housing (RRH) beds	231	140	91	100.00%
5. Permanent Supportive Housing (PSH) beds	367	0	367	100.00%
6. Other Permanent Housing (OPH) beds	220	0	220	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- |    |  |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent.                                     |

(limit 2,500 characters)

Bed coverage rates were at 100% for all projects.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.</b>	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

**(limit 2,500 characters)**

1) During the planning process for the 2023 Point-in-Time (PIT) count, our CoC invited agencies and organization that serve homeless youth to participate in the count. There were 2 agencies that serve homeless youth who participated in the PIT count this year.

2) Homeless youth were involved in the manner that they assisted with identifying locations for the PIT count based on where they were staying and other known homeless youth were staying.

3) Collaboration with the agencies who serve homeless youth, as well as other agencies who serve people experiencing homelessness, was used to assist the CoC in identifying locations where homeless youth were staying or were likely to be staying and those locations were included in the PIT count. Additionally, annually, our CoC seeks public input in mapping locations of people experiencing homelessness to include homeless youth.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC’s PIT count results; or
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

**(limit 2,500 characters)**

- 1) Not applicable
- 2) Not applicable
- 3) Not applicable

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

**(limit 2,500 characters)**

1. Our CoC determined the risk factors to identify persons experiencing homelessness for the first time by analyzing data that is captured at the point of entry into our system. Our coordinated assessment system process includes asking the question to the individual seeking shelter regarding the primary reason they were experiencing homelessness or housing stability and given multiple choice answers. The choice of answers is:

- Evicted
- COVID 19
- Lack of income or insufficient income
- Loss of employment
- Lost housing, not due to an eviction
- Medical issues other than mental health concerns
- Mental Health Concerns
- Natural disaster (flood, fire, hurricane)
- Other
- Relational Issues
- Relocation
- Substance Use

This information is entered into our HMIS database and through a custom report generated by our HMIS Lead agency we were able to extrapolate the various reasons that were provided and documented. We analyzed 12 months of data to identify the most common reasons that were provided. The data showed 18% were experiencing homelessness due to an eviction, 17% experienced a loss or lack of income and 42% were experiencing homelessness due a non-eviction housing loss or relational issues that were non DV related.

2. Our CoC's strategies in addressing individuals and families at risk of homelessness includes increasing our financial capacity to provide prevention assistance and target the assistance to households who are 0-50% AMI and live in historically economically disadvantage neighborhoods. We increased our funding sources to include ESG CARES, ARPA and local government funds to increase our budget to assist 400 additional households who are at imminent risk of losing their housing. To connect households to livable wages we have partnered with the DHS. DHS provides employment assessment to match individuals to suitable employment and pre-employment services (resume writing, mock interviews, and dress for success). Households who are in a shared housing arrangement and report having to leave due to a family conflict are referred to our Diversion Specialists to explore opportunities to mediate and resolve issues to prevent household from leaving an otherwise safe housing. Victims of domestic violence are immediately referred to our Victim Service Provider for safety and housing assistance.

3. The organization that is responsible for overseeing this strategy is the DHNP Homeless Services Division in collaboration with our CoC Governing Board.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,500 characters)**

1. According to our FY 22 SPMs we are trending down the length of time (LOT) individuals/families experience homelessness. To further reduce the LOT, we reviewed the time between referrals and housing move-ins and found long length of stays for individuals without ID/documentated disability and households with high barriers to housing. We identified clients who did not have an ID upon connecting to the system and trained shelter and outreach workers to assist those clients with completing social security and birth certificate applications. We partnered with a faith-based organization to pay for the cost of birth certificates and partnered with DMV to provide monthly ID services on site at our shelter. If the client is enrolled in Medicaid, and with their permission, we collected the name of the client's Medicaid case manager and collaborate with the case worker to assist Outreach and shelter workers with obtaining the documentation of disability. Another strategy we employed is providing opportunities for diversion to households who are on the prioritization list and assessed as having low to moderate level of acuity and do not need intensive case management to sustain housing. Diversion helps households identify alternative housing options outside of the coordinated entry system. Through local government and private funding, we provide financial assistance to help households connect to permanent housing by helping them identify a landlord, assist with leasing application, and provide the financial assistance needed to secure housing. We help with mediating housing with family members or friends. We incorporated a landlord engagement strategy that includes monetary incentives and intentional outreach to recruit and retain landlord partnerships.

2. Households with the longest length of homelessness are identified during the coordinated assessment process. We use an evidence-based tool to capture information concerning the extent of a household's homelessness. We use HMIS to determine a household's history of homelessness by tracking previous entries into our system. Our state's data integration lets us see entries into other communities' homeless response system. This helps establish an accurate timeline. Households with the longest histories of homelessness are given priority in housing placement.

3. The organization that is responsible for overseeing this strategy is the DHNP Homeless Services Division in collaboration with Beach CoC Governing Board.



2C-3.	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC’s Strategy</b>	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

**(limit 2,500 characters)**

1. Our 2022 SPM shows a 41% exit to permanent housing (PH) from shelter, TH and RRH programs. Our emergency shelter represented the greatest number of exits to homelessness. Strategies our CoC has implemented include supporting our emergency shelters by facilitating training regarding Trauma Informed Care & Harm Reduction to reduce the number of premature involuntary exits to homelessness based on behavioral issues. Reducing premature involuntary exits affords the client ongoing connection to shelter case management with an intentional focus on connecting clients to permanent housing at exit. Our shelters have also added Housing Locators to their staffing component to improve their exits to PH by providing opportunities for shelter participants to achieve housing based on their budget, as opposed to waiting on a CoC program. The Housing Locators assist the client in locating safe and affordable housing that is conducive to their budget. Shelters use flexible funds to provide financial assistance to secure housing. To increase exits to permanent housing from RRH programs the CoC in collaboration with the PHA made available Emergency Housing Vouchers to RRH participants who were at great risk of becoming homeless after exiting RRH due to being rent burden. We have issued over 30 Emergency Housing Vouchers to households in RRH.

2. The strategy our CoC uses to achieve a 96% rate of individuals and families retaining their PH primarily centers on the implementation of Housing First practices at the program level. Our providers are committed to mitigating premature exits by ensuring case management services are offered at the intensity and frequency tailored to the needs of client to include providing referrals to supportive services to enhance housing stability. We have also incorporated a move-on strategy in our other PH programs for those who no longer need intensive case management to create permanent supportive housing opportunities for those who are homeless & most vulnerable.

3. The organization responsible for overseeing this strategy is the DHNP Homeless Services Division in collaboration with Beach Community Partnership Governing Board.

2C-4.	<b>Returns to Homelessness—CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and	

	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
--	---

**(limit 2,500 characters)**

1. Our CoC continues to use data via HMIS to help identify individuals and families who return to homelessness by tracking a household's service history through their entry and exits from programs. When a household exits coordinated entry to a permanent destination and re-presents to coordinated entry as homeless, we are able to identify them as having a previous housing program entry. This information is used in the community case conferencing to help identify reason(s) the household was unable to maintain housing and offer tailored housing solutions to meet their needs to prevent continued cycles of homelessness.

2. Part of our CoC's strategy in reducing returns to homelessness includes working to increase affordable housing. In 2022 City Council approved a 35-unit affordable housing development targeting single adult men and women experiencing homelessness. We have also increased access to vouchers through the Tenant Based Rental Assistance Program for low acuity homeless households receiving SSI or SSDI or enrolled in an RRH program and are at-risk of experiencing homelessness due to being rent burden. In addition, we have collaborated with the PHA to offer homeless preference for the HCV program. We have adopted Standards of Care for housing programs providing case management services to ensure programs are providing effective case management support tailored to meet the needs of the client and increase housing stability. To include providing critical time intervention case management during the client's fragile transition from homelessness to housed. We have also included persons with lived experience to be a part of the policymaking process to share their keen insight in helping to create and implement strategies to reduce recidivism.

3. The organization responsible for overseeing this strategy is the DHNP Homeless Services Division in collaboration with CoC Governing Board.

	2C-5. Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

In the field below:

	1. describe your CoC's strategy to access employment cash sources;
	2. describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,500 characters)**

1. Our CoC's strategy to access employment cash sources is to partner with public and private workforce development entities to streamline and increase access to livable wages for those who are experiencing homelessness and those who are formerly homeless. Included in that partnership is providing awareness and educational opportunities to employers across the business sector to generate a shared understanding of the employment needs of households experiencing homelessness. Conversely, the CoC also provides information and education to CoC providers on employment programs offered by mainstream employment agencies.

2. Our CoC continues to partner with our Department of Human Services to sponsor monthly job fairs targeting households experiencing homelessness and those who are formerly homeless. These job fairs offer on-site interviews and conditional job offers. In an effort to increase the job seekers marketability, Human Services provide pre-employment services such as resume writing, mock interviews, dress for success and application assistance prior to the job fair. Over 50 individuals have been connected to employment as a result of these job fairs. All of our CoC providers provide referrals to Virginia Career Works and Virginia Employment Commission to connect their clients to employment opportunities and clients with disabilities are connected to the Department of Rehabilitative Services or the Social Security Ticket to Work program. Both programs support career development for social security disability recipients ages 18-64 and want to work. The Department of Human Services has expanded their employment program to include employment assessments to establish the level of employment support services needed with the goal of connecting individuals to an employment opportunity within 30 days. Clients needing intensive employment readiness are provided job coaching and connections to employment tailored to their skill sets and abilities.

3. The organization responsible for overseeing the strategy is the DHNP Homeless Services Division.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. The Housing Resource Center is a one stop shop facility centrally located and easily accessible by public transportation that provides a variety of supportive services for households who are experiencing homelessness or a housing crisis. Human Services is located in the HRC and provides same day access for homeless families with minor children to apply for Temporary Assistance for Needy Families. Eligible families who are enrolled in the HRC Family Emergency Shelter program are routinely referred to the TANF program. Households who present with a disabling condition and are not receiving SSI or SSDI are referred to an on-site SOAR worker to apply for disability income. The HRC has increased its capacity to assist more clients with SOAR applications by increasing the number of staff who have completed the SOAR certification process. In addition, all CoC providers have at least one staff member who is SOAR certified. Clients who have recently experienced a job loss are provided assistance with applying for unemployment benefits at the coordinated assessment level. Clients who identify as veterans are immediately verified with the VA and connected to VA to apply for veteran disability benefits.

2. The organization responsible for overseeing this strategy is the Dept of Housing and Neighborhood Preservation Homeless Services Division in collaboration with the CoC Governing Board.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	--	----

<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

N/A

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

## 4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,694
2.	Enter the number of survivors your CoC is currently serving:	137
3.	Unmet Need:	1,557



4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

- 1) The number of DV survivors needing housing was calculated based on the total requests for shelter for those contacting the CoC’s regional crisis line for survivors of violence operated by Samaritan House. FY-22 saw 1,147 shelter requests, with 111 able to be sheltered, and 1,036 unable to be sheltered during FY-22.
- 2) Data sources include a comparable database (closed HMIS system for DV project) and other administrative data to include excel hotline records.
- 3) Over 62% of the time, the barrier to meeting the needs of survivors is a lack of space in safe shelter. Increased housing options such as additional DV RRH funds would help to RRH existing households in shelter and provide safe permanent housing for additional survivors in need.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
Samaritan House

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Samaritan House
2.	Project Name	Rapid Rehousing 5 for DV Expansion
3.	Project Rank on the Priority Listing	11
4.	Unique Entity Identifier (UEI)	FR8DK7CTZYE3
5.	Amount Requested	\$100,000
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	98%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

- 1) The number of HUD 5 RRH for DV survivors who secured positive housing placement was calculated based on the CoC's competition timeframe from the last year.
- 2) One hundred percent of placements were safe, positive permanent housing destinations; Samaritan House's system was modified to include options for entering DV information and is able to identify returns to the perpetrators of violence (even if to permanent housing).
- 3) Data sources include reports from a comparable database (closed HMIS system for DV project).

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,500 characters)**

1) Samaritan House's Rapid Re-Housing Program and HUD 5 RRH for DV project replicate best practices and focus on assisting families and individuals to access permanent housing as quickly as possible. Since this project will aim to serve 100% of victims experiencing homelessness as a direct result of violence, the participants will be directly referred via the coordinated assessment and entry system for survivors of violence—Samaritan House’s 24/7 Crisis Line.

2) Upon referral, each household will be assessed objectively to determine their acuity level and need for housing supports. For referred survivors (meeting the definition of homeless under category 4), Samaritan House does diversion and safety planning and administers the evidence-informed SPDAT. This tool not only helps to assess an individual’s or a family’s acuity, but it also prioritizes whom to serve next and why and identifies areas in participants’ lives where support is needed to ensure housing stability. Due to the lack of PSH for families in Virginia Beach, many of these PSH-scoring households will be RRH with a deeper, longer subsidy and more intensive case management. This specific project prioritizes high and moderate acuity households.

3, 4, & 5) More than just financial assistance, Housing N.O.W. is a participant driven program in which households and housing stabilization teams work simultaneously on a service plan driven by an evidenced based assessment (SPDAT) completed at regular intervals. The Housing Locator actively engages with individuals and families to find the most affordable housing to meet the households’ budgets and needs and assists them with securing their own units in Hampton Roads. Financial assistance is provided in varying amounts depending on the households’ individual needs and levels of acuity. Housing Stabilization Case Managers provide support services using the SPDAT to tailor the individualized housing stabilization plans as determined jointly by the Case Managers and participants. These plans include a path to permanent housing stability for after any subsidies end. Case Managers use housing-focused case management tools and encourage change in the specific domains or areas of the participants’ lives that would positively affect housing stability. Over time, consistently lower SPDAT scores are used to indicate graduation from case management and housing support.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1 & 2) Samaritan House staff work out of a multi-service center named The Patricia and Douglas Perry Safe Harbor Outreach Center centrally located at 2620 Southern Boulevard, Virginia Beach, VA 23452. Program administration, initial program intake, job coaching, financial counseling, therapy, case management, children's programs, and other services related to the Emergency Housing and Support Service Program take place at this facility. Samaritan House has emergency housing units in undisclosed, scattered homes throughout Virginia Beach. The agency's case management services take place at these units and, for its permanent housing programs, in program participants' homes.

3, 4, & 5) Samaritan House staff offer individualized safety planning and lethality assessment screenings and counseling regarding the results, often in program participants' native languages through the use of certified translation/interpretation services. Samaritan House understands that survivors of violence are considered a vulnerable population. Because of this, the Case Manager works with participants to create person-centered plans of care and individualized safety plans. This safety planning will keep in mind the unique needs of survivors in ways that account for things such as the new housing environment (keeping doors/windows locked, maintaining access to a phone, disclosing the new address only to trusted persons, considering applications for the Address Confidentiality Program and/or protective orders), cultural nuances of confidentiality (explaining the significance of confidentiality), a safety protocol for how to respond if various people were to visit the location, technology safety (awareness of the potential for abuse and strategies to maximize safety), financial safety (how to safeguard property, identifying documents, and financial resources), and building up support systems and emotional safety (expanding on community resources and integration into their local communities). Trauma and culturally informed protocols around case intake and management include translated grocery lists, asking program participants if they need anything such as accommodations instead of putting the responsibility on participants to ask for assistance, not requiring law enforcement engagement to qualify for services, offering the intake packet, release of information, Housing Now Documents, and other pertinent documents in multiple languages. Also, Samaritan House services all populations.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section I.B.3.I.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Samaritan House uses DOW surveys distributed to survivors accessing its services to evaluate its outcomes and secure anonymous survivor feedback. The DOW surveys are an essential part of the evaluative process for each direct service program within Samaritan House. Survivors' perspective on service relevance and accessibility, program environmental factors, and staff interactions are the most influential and essential for program growth and strength. As such, the Program Director intends to retrieve the results of the DOW surveys on a quarterly basis (DOW survey information is updated in VADATA and made available for program review approximately three months post submission). The Program Director will review the DOW survey outcomes and report the findings to the leadership team, Program Review Committee, and the Executive Director to gain insight and feedback on potential ways to improve service provision. Programmatic practices as well as policies and procedures will be reviewed, adjusted, or amended at that time. Areas of improvement that have been made over the years include the following: Trauma- and culturally informed protocols around case intake and management: Spanish translated grocery list; asking program participants if they are in need of anything such as accommodations instead of putting responsibility on participants to ask for assistance; offering the intake packet, release of information, Housing NOW documents, and other pertinent documents in multiple languages.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
	2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
	3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
	4. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	5. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	6. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	7. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

Survivors receive trauma-informed, survivor-centered, voluntary services from Samaritan House. Its organizational values are based on comprehensive community-based action; compassion and respect for program participants' well-being and their privacy; along with social responsibility and accountability to Samaritan House's supporters and the community. All programs Samaritan House offers survivors are strictly voluntary. Program participants' access to services is not predicated upon shelter stay or acceptance of referrals/linkages to community resources. Samaritan House's service model is designed to encourage individuals after a crisis to determine their own best course of action with guidance from their case managers. This approach allows Samaritan House to serve diverse populations in a culturally-sensitive manner. Staff make every attempt to accommodate program participants with special needs and provide community outreach to underserved populations. Samaritan House's scattered site shelter model easily accommodates large families, adults with teens, and members of the LGBT community. Samaritan House employs a voluntary service model and uses a trauma-informed approach with every program participant's engagement. Samaritan House is dedicated to serving all survivors of violence regardless of their type of victimization, gender identity, sexual orientation, race, religion, age, national of origin, and immigration status. Essential to providing survivors of violence with services is being offered a Case Manager and Victim Advocate. These staff will provide services to include:

- a) Information and Referral: Providing survivors of domestic violence, sexual assault, and trafficking with information, resources, materials, and/or direct referrals to Samaritan House's programs and community partners. Examples include providing information about the criminal justice process and survivors' rights; referrals to other survivor service programs; and referrals to other services, supports, and resources.
- b) Personal Advocacy/Accompaniment: Providing destabilized families and survivors of domestic violence, sexual assault, and trafficking with advocacy, accompaniment, and/or companion services. Examples include accompaniment to emergency medical care and forensic examinations; accompaniment to criminal justice system-related events; individual advocacy; and intervention with employers, landlords, schools, and others on behalf of the survivor.
- c) Emotional Support or Safety Services: Providing destabilized families and survivors of domestic violence, sexual assault, and trafficking with emergency, crisis, and/or ongoing emotional support. Many of our program participants request counseling services and they don't have transportation. Samaritan House is able to provide them with transportation to reduce/prevent barriers to the services they are seeking. Examples include crisis intervention; safety planning; hotline services; individual counseling; support groups; and other therapeutic services.
- d) Shelter/Housing Services: Providing survivors of domestic violence, sexual assault, and trafficking with safe housing options. Examples include providing emergency shelter, arranging safe housing, and other relocation assistance.
- e) Criminal/Civil Justice System Assistance: Providing survivors of domestic violence, sexual assault, and trafficking with information, support, and assistance through the criminal or civil justice system. Examples include assistance with obtaining protective orders; accompaniment to court hearings, meetings with law enforcement and prosecution, and to other criminal justice system-related events; and connection to notification systems for criminal justice events.

Samaritan House continues to work directly with survivors in the community and/or emergency housing and permanent housing programs by providing case management and support services. Services are delivered using empowerment,

person-centered, voluntary service, and trauma-informed care models; and include equitable access through linguistically appropriate and culturally supportive practices. Direct service staff involve themselves in the change process by developing a helping relationship with each survivor based on trust and shared power; they build upon survivors’ strengths, mobilize resources, and teach self-advocacy skills. Meanwhile, community-based outreach education helps build awareness, engages culturally specific organizations and service providers, and is available to anyone interested in education and intervention strategies with a focus on outreach education and improved accessibility of services to Samaritan House’s identified underserved populations. The primary prevention program provides free programming to children and youth in preschool through high school for building resiliency and stopping violence before it starts.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section I.B.3.I.(1)(d)

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Since incorporated in 1984 and designated a 501(c)(3) in 1985, the nonprofit now known as Samaritan House, Inc. has helped people find freedom from adverse experiences ranging from domestic violence, sexual assault, human trafficking, and homelessness. In 1989, program participant data revealed that 89% of families utilizing its shelter were fleeing domestic violence, leading Samaritan House to refocus its mission to meet the needs of people experiencing violence. Samaritan House fosters personal safety, growth, and self-sufficiency in families and their children. Its comprehensive, 24/7 domestic violence services include hotline services and crisis intervention, transportation, safety planning, emergency housing and basic needs, permanent housing programs, individualized case management, vocational assistance, court advocacy and accompaniment, counseling and support groups, children’s services, and community referrals. In 2017, Samaritan House began forming its first advisory boards to facilitate outreach to underserved populations, now including LGBT, Black/African American, and older adult communities. As outlined in its mission, Samaritan House “is committed to fostering personal safety, growth, and self-sufficiency in adults and their children through freedom from domestic violence, sexual assault, and human trafficking and removing their risks of homelessness.”

To address the multiple barriers faced by victims/survivors of domestic violence, dating violence, sexual assault, and stalking, Samaritan House provides comprehensive safe housing and critical support for individuals and families experiencing homelessness and the trauma of domestic violence dating violence, sexual assault, and stalking as well as outreach and education. This work values and builds on the strengths of victims/survivors’ diversity.

Samaritan House aims to serve as many in need as possible while employing a holistic approach to break the cycle of violence in the community. Existing core services to accomplish this include the following:

**Information and Referral:** Samaritan House operates a 24-hour crisis line for victims/survivors of violence throughout Virginia Beach. Samaritan House’s Intake staff accommodate referrals by providing victims/survivors with information, resources, materials, and/or direct referrals to Samaritan House programs and community partners.

**Victim Advocacy Program:** Victim Advocates assist victims/survivors with safety planning and help them navigate the legal process through court accompaniment and transportation, assistance obtaining protective orders, and moral/emotional support.

**Children’s Center of Excellence:** The Children’s Case Manager provides children’s advocacy and works with families with concerns for children exposed to violence to assess each child for individual needs with evidence-based tools and then link with therapeutic services providers.

**Shelter/Housing Services:** Samaritan House staff provide destabilized families and survivors of domestic/sexual violence and trafficking with safe housing options through emergency and rapid re-housing as well as relocation assistance. Case Managers provide ongoing, trauma-informed, comprehensive/intensive case management to, and in collaboration with, program participants. The range of services include but are not limited to crisis intervention, linkages to mental and physical health services, transportation, employment assistance, and provision of items for basic needs.

**Community Outreach and Education:** Samaritan House’s Outreach Education Specialist offers a range of free trainings and speaking engagements that help conduct outreach to underserved populations and build awareness on domestic/sexual violence, trafficking, and intervention strategies.

**Community Support Groups:** Samaritan House offers voluntary, reoccurring,



confidential meetings led by a facilitator to foster a nurturing, open, and interactive environment for survivors of domestic violence and sexual assault. Groups aim to offer additional support and help survivors realize that they are not alone.

Finally, Samaritan House aims to expand its ability to house victims/survivors of domestic violence, dating violence, sexual assault, and stalking by expanding its DV RRH program to serve more victims/survivors who score for RRH or PSH and are unable to find a safe place to live without Samaritan House’s assistance.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

As a domestic violence service provider, Samaritan House staff operate from survivor-centered practices that maximize client choice while maintaining safety and confidentiality. Samaritan House's scope of work on this project is to provide safe housing and critical supports for individuals and families experiencing violence to support victims/survivors on their path to self-sustainability. This work values and builds on the strengths of survivors' diversity. Samaritan House aims to serve as many in need as possible while employing a holistic approach to break the cycle of violence in the community. Existing core services leveraged from other parts of its programs to accomplish this include the following: Information and Referral, Victim Advocacy Program, Children's Center of Excellence, Shelter/Housing Services, Community Outreach and Education, and Community Support Groups. Staff receive 40 hours of initial training and 20 hours of ongoing training annually to support them in providing voluntary, survivor-centered, culturally-responsive, accessible, confidential services.

Samaritan House embraces the best practices of "housing first" as an agency-wide orientation and as an effective support intervention for people experiencing the trauma of homelessness. The housing first approach focuses on assisting participants in quickly obtaining permanent housing while minimizing barriers to program entry, meaning that the program does not have prerequisites such as participants' treatment compliance or income requirements prior to program entry. In addition, the housing first approach does not mandate engagement in support services or treatment compliance: the program comes with the expectation that the participants will have regular contact with their case managers who will offer comprehensive, individualized, and culturally appropriate support services and community resources to ensure participants have access to the supports they need; however, the support services are voluntary with no expectation of engagement for obtaining or retaining housing. Each staff member has been trained with specific skills to approach case management with a participant-centered, strengths-based, objective approach. Housing Stabilization Case Managers understand risk reduction is success and encourage change in the specific 15 domains or areas of a person's life that can affect housing stability. They do not dwell on barriers and use housing focused case management tools provided by Org.Code to stimulate change. To support housing sustainability, Housing Locators actively engage with participants to find the most affordable housing to meet the households' budgets and needs. Safety planning is part of determining what locations will be considered for rehousing. Housing barriers and clients' preferences are also taken into consideration during the search. During the program, Case Managers work with participants to secure any additional income they are eligible for, such as child support, SSI/SSDI, childcare assistance, SNAP, etc. Participants are eligible to be housed with zero income, and the initial focus is on becoming document ready and securing safe, permanent housing. Financial assistance in the form of the security, rental, and/or utility deposits along with short-term and medium-term housing subsidies are provided as needed if there are no other resources available to the participants. Housing subsidies are often upfront and/or declining over time, depending on the household's individual needs while adhering to the CoC's subsidy limits. This allows the participants enough time to increase income and benefits before the subsidy ends. Case Managers also assist participants in obtaining gainful employment. All these combined resources along with objective based, housing focused case management give participants the best chance at housing stability and sustainability. Case Managers provide support services which can include crisis intervention and safety planning, connections to mainstream resources and basic needs,

permanent housing programs, financial literacy, vocational assistance, court advocacy and accompaniment, counseling and support groups, children’s services, and community referrals. The Case Managers and participants meet on a mutually-agreed upon basis; frequency is individualized to meet the participants’ needs and is informed by the SPDAT score. Case Managers strive to link participants to informal community supports as well as mainstream benefits to create a safety net and reduce recidivism. Over time, consistently lower SPDAT scores are used to indicate graduation from case management and housing support. On average, households engage in support services for six to nine months but can remain in the program for up to a year.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- |    |   |
|----|---|
| 1. | with a range of lived expertise; and                                  |
| 2. | in policy and program development throughout the project’s operation. |

**(limit 2,500 characters)**

1) Survivor feedback is gathered directly through confidential client surveys administered by Samaritan House staff and compiled by the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA). These DOW (Documenting Our Work) Shelter Resident Surveys and Community-Based Services Surveys provide Samaritan House with the results of most of its non-housing outcome measures. The DOW survey is voluntary, and all survivors in Samaritan House programs will continue to be encouraged to complete DOW surveys.

2) In 2019, Samaritan House’s Board of Directors established an Equality and Inclusion Policy that affirms its commitment to advancing a diverse, equitable, and inclusive organization. In all aspects of its operations and at all levels of the organization, Samaritan House works to ensure there is no discrimination based on, but not limited to, race and ethnicity. Samaritan House seeks to increase access and participation—especially for those who are marginalized—and encourages full participation and access to its opportunities. Samaritan House strives to ensure discriminatory behaviors are not tolerated; individuals who engage in services are valued participants with opportunities to shape and evaluate programs; community programs prioritize marginalized communities (with particular outreach to African Americans, the LGBT community, and older adult survivors) and are sensitive to diverse groups’ needs; service provision is sensitive to the influence of power and privilege in all relationships and delivered with anti-oppression principles; and communication materials present a positive and balanced portrayal of diverse experiences. Samaritan House seeks out BIPOC Board members and includes survivors and family members of survivors who have lost their lives to intimate partner violence on its Board, which also helps to include their expertise in policy and program development.