

Chesterfield County, VA HOME-ARP Allocation Plan

March 2023

Chesterfield County Department of Community Enhancement



Executive Summary

The American Rescue Plan of 2021 appropriated \$5 billion in funding to provide housing, services, and shelter to individuals experiencing homelessness and other vulnerable population through the Home Investment Partnership Program – American Rescue Plan (HOME-ARP) Program. The U.S. Department of Housing and Urban Development administers the HOME-ARP Program and Chesterfield County, Virginia was awarded \$2,124,036 in HOME-ARP funds on April 28, 2021.

This Allocation Plan outlines the intended use the HOME-ARP funds allocated to Chesterfield County. After conducting thorough data analysis and robust community stakeholder consultation, in partnership with neighboring participating jurisdictions, Chesterfield has determined the best use of the HOME-ARP allocation is capital funding for development of affordable rental housing. Specifically, the funding will be directed at capital subsidies for the creation of new Permanent Supportive Housing (PSH) inventory designed to meet the needs of qualifying populations with the highest housing and service needs.

The gap analysis revealed a significant need for permanent housing affordable to individual adults experiencing long-term homelessness and living with disabling conditions, and the stakeholder consultation supported this analysis. The gaps in shelter availability were significantly lower than the gaps in permanent housing options and history shows that development of affordable rental housing, specifically PSH, will also reduce shelter capacity by providing reasonable options to help people move out of shelter more quickly. Significant stakeholder engagement substantiated the findings of the analysis. Using the HOME-ARP funds to support production of high quality PSH is key to a long-term approach to addressing the Qualifying Populations' needs by providing permanent solutions that will also improve the overall capacity of the housing and service delivery system.

To ensure existing resources meet the Qualifying Populations (QPs) identified as highest need, a preference will be established for the segment of the QPs experiencing long-term homelessness. Individuals will be identified for referrals through the Continuum of Care's Coordinated Entry system and the regional Housing Resource Line, which together serve all members of the QPs. Recognizing the regional nature of homelessness, Chesterfield will partner with neighboring HOME-ARP jurisdictions, Henrico County and the City of Richmond, to explore coordinated strategies for soliciting and funding projects that will produce high quality affordable and supportive rental housing that meets the unique housing and services needs of the population.

The following plan explains the process that led to this conclusion as well as the goals of the intended use of funds.

Consultation

Describe the consultation process including methods used and dates of consultation:

Chesterfield County collaborated with the City of Richmond and Henrico County to conduct a regional approach to the stakeholder consultation process. This cross-jurisdictional partnership was formed in recognition that homelessness and housing instability in the Richmond metro area is a regional issue, requiring a regional approach to understanding the needs of the qualifying populations and developing collective strategies for the best use of HOME-ARP funds to address this need.

To assist with the needs assessment, gaps analysis and consultation process, Chesterfield County contracted with the Corporation for Supportive Housing (CSH) to conduct a stakeholder consultation process in accordance with HOME-ARP requirements. The consultation process included virtual meetings, listening sessions with HOME-ARP required and key community stakeholders to provide information on the HOME-ARP program, collect data and information on the needs of the qualifying populations, and solicit input on the best use of HOME-ARP funds to address these needs. Two surveys were also administered to provide an additional avenue for stakeholders to provide input and to obtain input from people with lived experience. Below is a summary of the consultation process, including the methods and dates of consultation:

07/01/2022-CSH and Chesterfield met with the lead HMIS agency, Homeward, to discuss the HOME-ARP opportunities including Qualifying Populations and eligible uses. Homeward agreed to share HMIS data, annual reports, and PIT and HIC data in service of the Needs Assessment and Gaps Analysis and recommended a series of other contacts that could provide data for the remaining QPs. Homeward also offered insight into the priority needs of the QPs.

07/12/2022-CSH met with the lead DV hotline and data collective, EmpowerNet, to provide an overview of the HOME-ARP opportunity and request data to inform the Needs Assessment and Gaps Analysis. EmpowerNet provided background information about the DV service provider network in Chesterfield and throughout the Richmond metro region and shared data from the 24/7 DV hotline that serves the PJ's geography.

07/15/2022-CSH met with Housing Resource Line personnel to request data to help describe the size and demographic makeup of the populations at risk of homelessness in Chesterfield. The Housing Resource Line, administered by the Partnership for Housing Affordability, provided data on the callers to the hotline since its inception in September 2020.

08/19/2022-CSH met with the Chesterfield Department of Social Services (DSS), which serves as the local Housing Choice Voucher administrator contracted through Virginia Housing, the state Housing Finance Agency and Housing Choice Voucher administrator for the balance of state. Discussions centered on the services the department provides and the needs of the qualifying populations they serve. Chesterfield DSS provided data on

their service requests from both people experiencing homelessness and people at risk of homelessness.

11/07/2022-CSH presented preliminary findings from the needs assessment and gap analysis to the jurisdictional and Continuum of Care (CoC) partners to engage them in the analysis and obtain initial feedback via a 2-hour virtual meeting. This meeting included jurisdictional representatives from Chesterfield and Henrico Counties, as well as leadership from Homeward, the regional Continuum of Care Collaborative Applicant and homeless services planning and coordinating organization.

11/14/2022-CSH, Chesterfield and regional jurisdictional partners, conducted a webinar, broadly marketed to community partners via email and by utilizing homeless system networks, to present the initial findings. The webinar included an overview of HOME-ARP eligible uses and populations, an initial findings report of the needs and gaps analysis, and provided information on the community consultation process and encouraged participation in the listening sessions.

12/01/2022-CSH subcontracted with Virginia Community Voice (VACV), a local organization based in Richmond to host a virtual listening session for homeless service providers as determined by the stakeholder consultation plan developed by CSH and jurisdictional partners. VACV was chosen due to its focus on equitable community engagement and ability to provide translation services for Spanish speakers, a primary and increasing population in the region. The Greater Richmond CoC (via Homeward) were also consulted to provide a comprehensive list of providers. The session was held via Zoom with a time allotment of two hours. There were a total of nineteen (19) homeless services provider agencies and twenty-two (22) overall provider participants represented at the session. Participants were encouraged to provide feedback directly at the listening session or via an online survey, which was displayed during the community webinar, after the listening session, and distributed via email following the listening session.

12/01/2022, cont.- CSH partnered with VACV to host a separate virtual listening session for key stakeholders as determined by the HUD HOME-ARP allocation plan guidelines including, but not limited to; domestic violence service providers, veterans' groups, public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities. The session was held via Zoom with a time allotment of two hours. There was a total of thirteen (13) homeless services provider agencies and fourteen (14) overall provider participants represented at the session. Participants were encouraged to provide feedback directly at the listening session or via an online survey, which was displayed during the community webinar, after the listening session, and distributed via email following the listening session.

12/13/2022-12/21/2022- CSH and VACV provided in-person outreach at two regional temporary shelters to collect feedback from members of the qualified population via

detailed survey and comment section which was completed with individuals one-by-one. A total of fourteen (14) surveys were completed with individuals meeting the criteria for one or more of the Qualifying Populations.

11/14/2022-01/06/2022-CSH distributed an online survey via service provider networks, jurisdictional partners, email outreach, and by providing the link at the Community Webinar to collect feedback from stakeholders who were unable to attend the webinar and listening sessions. The survey was distributed to over seventy (70) organizations throughout the region directly via email and shared via community partner listservs.

12/12/2022-01/09/2022-CSH conducted interviews with key stakeholders who were identified based on the results of the Needs Assessment, the resources they administer, and their connections to serving qualifying populations in the region. The stakeholders interviewed included the Greater Richmond Continuum of Care Board, all regional Community Services Boards (Virginia's public behavioral health and developmental disability service entities); the Richmond Redevelopment and Housing Authority; State Housing and Services Partners/Funders including, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Housing and Community Development (DHCD), and Virginia Housing, the state's Housing Finance Agency as well as Housing Choice Voucher administrator for the balance of state, which includes Chesterfield County.

List the organizations consulted:

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
Regional Homeless Services Providers	<ul style="list-style-type: none"> • Homeless Services Providers • Fair Housing Organizations • Domestic Violence Services Providers • Public Agencies <p><i>See Table below for list of attendees.</i></p>	Two-Hour Virtual Listening Session conducted 12/01/2022	Service providers named building / rehabbing affordable rental housing as both the biggest need and the eligible activity that will most impact folks experiencing homelessness. Furthermore, participants shared that even when there are units available, not everyone will accept housing vouchers, or the vouchers, even when able to go up to 130% of FMR, do not cover soaring rents in the region. Participants also shared that additional Permanent Supportive Housing would positively impact those

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
			<p>experiencing chronic homelessness and free up capacity in other parts of the system. Many participants view PSH as a “huge priority” that would “enable long-term change.” Folks also shared that any new permanent supportive housing programs should include supportive services that are customized to meet individual needs.</p>
<p>Regional Community Partners (beyond Homeless Service Providers)</p>	<ul style="list-style-type: none"> • Fair Housing Organizations • Re-Entry Organizations • Domestic Violence Services Providers • Public Agencies <p><i>See Table below for list of attendees.</i></p>	<p>Two-Hour Virtual Listening Session conducted 12/01/202</p>	<p>Regional Community Partners said that building additional / rehabbing affordable rental housing units, would make the biggest impact for our unhoused neighbors. Additional housing units also need to be deeply affordable so that people with extremely low incomes can afford them. Participants also recognized that building and rehabbing these units would not be a short-term solution, but a longer-term, more permanent solution. Participants shared the need for education on landlord- tenant rights and financial literacy for members of the qualifying populations. Feedback around supportive services acknowledged that these are most effective when combined with affordable and accessible housing (vouchers, rental units, etc) as well as flexible funding to holistically address needs.</p>

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
Individuals with Lived Experience	<p>Individuals with Lived Experience with Homelessness served through emergency shelter.</p> <p><i>See Table below for list of participants.</i></p>	In-person surveys conducted on 12/15/2022 and 12/20/2022	<p>When asked which of the previous eligible activities would be most helpful, the majority of the respondents replied with more accessible shelter connected to housing access. Respondents stated an immediate need for shelter and safety is not being met by the resources that are currently available in the region.</p> <p>The next most referenced eligible activity was building long-term affordable housing. Many lamented the accessibility and safety of affordable housing, saying it was hard to find and can be dangerous to live in.</p>
Greater Richmond Continuum of Care Executive Board	<p>Continuum of Care</p> <p><i>See Table below for list of attendees.</i></p>	Virtual Meeting held 12/27/2022	<p>Lack of affordable units is preventing people from leaving shelter even with vouchers. Lack of identification and other qualifying documents is also a barrier to being able to access housing in a timely manner. The barriers to accessing housing further extends the length of time persons spend experiencing homelessness. Long-term, affordable, supportive housing is the best solution. Coordinated Entry should be used, access points should be increased and more available to persons experiencing street homelessness.</p>
Key State Partners	Virginia Department of Behavioral Health and Developmental Services	Virtual Meeting held 01/04/2023	The Commonwealth has had a priority to increase permanent supportive housing

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	<p>Virginia Department of Housing and Community Development</p> <p>Virginia Housing (state housing finance agency, and Housing Choice Voucher Administrator)</p> <p><i>See Table below for list of attendees.</i></p>		<p>opportunities for the past decade, initially driven by the state's Olmstead settlement (a mandate to ensure community integration in housing options for people with disabilities) as well as priority to address homelessness. This has led to new resources and program incentives to develop Permanent Supportive Housing (PSH) for people with Intellectual Disabilities as well as people with serious mental illness experiencing homelessness and unnecessary institutionalization. These efforts have been led by an interagency structure, with DBHDS, Virginia Housing, and DHCD as primary agency leads. While there has been progress, there is a need to build community capacity and local resource commitments to ensure this can continue and scale to meet the needs of the qualifying populations. DBHDS PSH programs align with SAMHSA PSH fidelity standards, including adherence to optimizing choice, ensuring low barrier access, and a clear separation of housing and services. DHCD provides scoring preferences for projects that provide qualified PSH units (5 point increase on 100 point scale). Minimum of 1 unit, up to 5-8% depending on size of building. Priority populations</p>

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
			<p>are people exiting homelessness, ID/DD, or SMI. MOUs with a service organization for referrals are required to ensure they can fill those units in a timely manner. DHCD values leveraging of available local resources when assessing applications for state funding and prioritizes projects that come in with a reasonable mix of committed sources. Virginia Housing requires a 10% leasing preference for special populations within the Virginia LIHTC program. Additionally, Virginia Housing is pursuing allowing project basing of Housing Choice Vouchers (HCV) in their catchment area to address underutilization of vouchers due to the lack of housing inventory across the state.</p>
Community Services Boards (Public behavioral health and development al disability services agencies)	<p>Local CSBs:</p> <p>Chesterfield County Community Services Board</p> <p>Henrico Mental Health and Developmental Services</p> <p>Richmond Behavioral Health Authority</p> <p><i>See Table below for list of attendees.</i></p>	<p>Virtual Meeting held 01/04/2023</p>	<p>The regional community services boards shared that they are seeing an increase in housing need among justice involved populations, and that homelessness in the region is being addressed by detaining persons experiencing homelessness in jail, increasing their justice involvement and therefore housing barriers. Additionally, they reported an increase in the number of individuals entering homelessness from state hospitals or other institutional settings. They would like to see</p>

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
			the services/programmatic emphasis be on housing status rather than disability type in order to have more flexibility and better meet the needs of the populations served. Overall, there is a great need for low barrier, deeply affordable housing stock that has considerations for multiple historically marginalized populations.
Department of Social Services	Regional DSS <i>See Table below for list of attendees.</i>	Virtual meetings held 08/19/2022 & 01/09/2023	The regional DSS partners reported that the biggest need is affordable housing. There is a significant impact on individuals' ability to find housing due to wide-spread generational poverty. Many of the individuals seeking housing are having difficulty making payments or are behind on utilities and other bills, further preventing them from rental eligibility. The housing made available must be low barrier for historically marginalized populations and should be well integrated into the community and close to resources.
Richmond Redevelopment and Housing Authority	Public Housing Authority <i>See Table below for list of attendees</i>	Virtual Meeting held 01/11/2023	There are thousands of households on the waitlist now with over 10,000 people on the waitlist for one-bedroom units. Voucher utilization has been impacted by the lack of housing inventory and, for single adults. Barriers such as documentation and accessibility prolong the time people spend in crisis.

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			Specialty vouchers are usually paired with other service providers so they often have someone helping them overcome these barriers. People coming in without case managers often need more help and are not housed as quickly. RRHA is working with the Greater Richmond CoC to build off their partnership on EHV and implement referrals and preferences for people identified through the CoC's Coordinated Entry System.
Key Stakeholders	Community Based Organizations <i>See Table below for list of participants.</i>	Online survey distributed via direct emails, blasted via the GRCoC Listserv, and distributed to all Listening Session attendees	Long-term, affordable housing, specifically, permanent supportive housing was identified as the greatest need. It was reported that the community has been "saturated" with Tenant Based Rental Assistance (TBRA), but there are not enough housing units to utilize for these vouchers (either due to tenant barriers, cost of rent, or landlord refusal to work with a voucher).

Homeless Services Providers Listening Session Invitees (*denotes invited but did not attend)

Name	Agency	Type of Agency	QPs Served
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A
Stephen Batsche	The Salvation Army Central Virginia	Homeless Services Provider	QP 1
Jonathan Penn	Chesterfield-Colonial Heights Social Services	Public Agency	All QPs
Lexie Haglund	CARITAS	Homeless Services Provider	QP 1
Donna Stallings	Housing Opportunities Made Equal of VA	Fair Housing Organization	All QPs

Katie Chlan	Richmond Behavioral Health Authority	Public Agency	QP 1
Sharonita Cousin	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Erica Holmes	SJV- Flagler Housing and Homeless Service	Homeless Services Provider	QP 1, 2, 4
Kelly Green-Bloomfield	SJV- Flagler Housing and Homeless Service	Homeless Services Provider	QP 1, 2, 4
Katelyn Schoelles	SJV- Flagler Housing and Homeless Service	Homeless Services Provider	QP 1, 2, 4
Noah Page	YWCA Richmond	Domestic Violence Provider	QP 3
Katie Rhodes	YWCA Richmond	Domestic Violence Provider	QP 3
Kristin Riddick	Housing Families First	Homeless Services Provider	QP 1, 2
Karen O'Brien	CARITAS	Homeless Services Provider	QP1
Nathan Ruckman	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Kelly King Horne	Homeward	Continuum of Care	QP 1, 2
Heather Fritz	EMS of Virginia	Private Services Organization	QP 2, 4
Cathy Easter	Safe Harbor	Domestic Violence Provider	QP 3
Marc Rene	Richmond Metro Habitat	Private Housing Provider	QP 4
Cory Richardson-Lauve	Virginia Home for Boys and Girls	Private Disability Services Org	QP 4
Anita Bennett	Daily Planet Health Services	Homeless Services Provider	QP 1
Sarah Tunner	Daily Planet Health Services	Homeless Services Provider	QP 1
Jessica Sagara	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Sarah Chua	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Lily Miller	(not reported)	N/A	N/A
*	Commonwealth Catholic Charities	Homeless Services Provider	QP 1
*	HomeAgain	Homeless Services Provider, Veterans Services	QP 1

Community Partners Listening Session Invitees (*denotes invited but did not attend)

Name	Agency	Type of Agency	QPs Served
Jovan Burton	Partnership for Housing Affordability	Regional Planning Org, Housing Resource Line Administrator	QP 2, 4
Kalisha Jackson	Housing Opportunities Made Equal of VA	Fair Housing Organization	All QPs

Ben Wong	OAR of Richmond	Private Organization, Re-Entry Assistance for Justice Involved Populations	QP 4
Donna Stallings	Housing Opportunities Made Equal of VA	Fair Housing Organization	All QPs
Brenda Hicks	Housing Opportunities Made Equal of VA	Fair Housing Organization	All QPs
Hana Yun	ACTS	Private Organization, Housing Services	QP 2, 4
Jonathan Penn	Chesterfield DSS	N/A	N/A
Nathan Ruckman	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Julie Anderson	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Karen Swansey	Virginia Boys and Girls Home	Private Disability Services Org	QP 4
Leslie Beard	Partnership for Housing Affordability-Housing Resource Line	Regional Planning Org, Housing Resource Line Administrator	QP 2, 4
Marion Cake	Project Homes	Private Organization, Affordable Housing	QP 4
Shaniqua Faulk	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Veronica Reid	Virginia Community Voice	Private Organization, Community Advocacy	All QPs
Andi MacDougall	(not reported)	N/A	N/A
Michelle Jones	Housing Opportunities Made Equal of VA	Fair Housing Organization	All QPs
Sharonita Cousin	Virginia Supportive Housing	Homeless Services Provider, Veterans Services, Housing Developer	QP 1, 4
Jessica Sagara	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Sarah Chua	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Luanda Fiscella	Henrico County Department of Community Revitalization	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
*	Veterans Outreach	Veterans Services	QP 1, 2
*	DLW Veterans Outreach and Training Center	Veterans Services	QP 2, 4
*	Vietnam Veterans of America	Veterans Services	QP 2, 4
*	Moments of Hope	Veterans Services	QP 2, 4

*	HandUp Community Resource Center	Veterans Services	QP 1
*	Start By Believing	Domestic Violence Provider	QP 3

Survey with Persons with Lived Experience

Katya	Person with Lived Experience	QP1 & 3
Jazmine	Person with Lived Experience	QP1
Kris	Person with Lived Experience	QP1
Vicky	Person with Lived Experience	QP1
Telecia	Person with Lived Experience	QP1 & 3
Lillian	Person with Lived Experience	QP1, Other (Veteran)
Richard	Person with Lived Experience	QP1
Melvin	Person with Lived Experience	QP1, Other
James	Person with Lived Experience	QP1
Michael	Person with Lived Experience	QP1
Donavon	Person with Lived Experience	QP1
Thomas	Person with Lived Experience	QP1, Other (Veteran)
Rodney	Person with Lived Experience	QP1
Marcus	Person with Lived Experience	QP1

Interview with Greater Richmond Continuum of Care Executive Board

Name	Agency	Type of Agency	QPs Served
Kelly King Horne	Homeward	Continuum of Care Collaborative Applicant and HMIS Lead	QP 1, 2
Irene Zolotorofe	CoC Board Member, Virginia Commonwealth University	Healthcare: Injury and Violence Prevention	All QPs
Dr. P. Cook	CoC Board Member, Virginia Commonwealth University	Healthcare: Injury and Violence Prevention	All QPs
Katie Rhodes	CoC Board Member, YWCA	Domestic Violence	QP 3
Anette Cousins	CoC Board Chair, Community Foundation of Greater Richmond	Other	N/A
Matt Scaparro	CoC Board Member, Better Housing Coalition	Private Org, Affordable Housing Developer	QPs 2, 4
Beth Vann-Turnbull	CoC Board Member, Housing Families First	Homeless Services Provider	QPs 1, 2
Sherrill Hampton	City of Richmond Department of Housing and Community Development	PJ Partner	N/A

Eric Leabough	Henrico County Department of Community Revitalization	PJ Partner	N/A
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A

Interview with Key State Stakeholders (DBHDS, DHCD, Virginia Housing)

Name	Agency	Type of Agency	QPs Served
Kristin Yavorksy	DBHDS	Public Agency, Disability Services	QP 1, 4
Abby Boyd	Virginia Housing	Public Housing Authority	All QPs
Chloe Rote	DHCD	Public Agency, Affordable Housing Development	All QPs
Dan Cohen	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Jessica Sagara	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Sarah Chua	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Eric Leabough	Henrico County Department of Community Revitalization	PJ Partner	N/A

Interview with Regional Departments of Social Services-Chesterfield

Name	Agency	Type of Agency	QPs Served
Kiva Rogers	Chesterfield County DSS	Public Agency	All QPs
Danika Briggs	Chesterfield County DSS	Public Agency	All QPs
Lolita Moody	Chesterfield County DSS	Public Agency	All QPs

Interview with Regional Departments of Social Services-Henrico

Name	Agency	Type of Agency	QPs Served
Gretchen Brown	Henrico County DSS	Public Agency	All QPs
Eric Leabough	Henrico County Department of Community Revitalization	PJ Partner	N/A
Rachel Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A

Interview with Regional Community Services Boards

Name	Agency	Type of Agency	QPs Served
Katie Chlan	Richmond Behavioral Health Authority	Public Agency	QP 1, 2, 4
Doug Bilski	Chesterfield Community Services Board	Public Agency	QP 1, 2, 4
Michael Nielsen	Henrico Mental Health and Developmental Services	Public Agency	QP 1, 2, 4
Adam Seehaver	Chesterfield Community Services Board	Public Agency	QP 1, 2, 4
Daniel Rigsby	Henrico Mental Health and Developmental Services	Public Agency	QP 1, 2, 4
Karen Bowker	Chesterfield Community Services Board	Public Agency	QP 1, 2, 4
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A
Jessica Sagara	Chesterfield County Department of Community Enhancement	PJ Partner	N/A
Sarah Chua	Chesterfield County Department of Community Enhancement	PJ Partner	N/A

Interview with Richmond Redevelopment and Housing Authority

Name	Agency	Type of Agency	QPs Served
Fatimah Hargrove	RRHA	Public Housing Authority	All QPs
Eric Leabough	Henrico County Department of Community Revitalization	PJ Partner	N/A
Rachael Thayer	Henrico County Department of Community Revitalization	PJ Partner	N/A
Cara Kaufman	Henrico County Department of Community Revitalization	PJ Partner	N/A
Sherill Hampton	City of Richmond Department of Housing and Community Development	PJ Partner	N/A
Sarah Chua	Chesterfield County Department of Community Enhancement	PJ Partner	N/A

Online Survey Participants

Name	Agency	Type of Agency	QPs Served
Martha Shephard	Henrico Area Mental Health & Developmental Services	Public Agency	All QPs
Anita Bennett	Daily Planet Health Services	Homeless Services Provider	QP 1
Lexie Haglund	CARITAS	Homeless Services Provider	QP 1
Veronica Reid	Virginia Community Voice	Community Advocacy Organization	All QPs

Kelly King Horne	Homeward	Continuum of Care	QP 1, 2
Katie Chlan	Richmond Behavioral Health Authority	Public Agency, PSH Provider	QP 1, 2, 4
Nancy Kunkel	Board Secretary and Housing Steering Committee Member, RISC	Private Organization, Advocacy	Other
Ben Wong	OAR	Private Organization, Re-entry	QP 1, 2, 4
Matt Scaparro	Better Housing Coalition	Affordable Housing Developer	QP 2, 4

Summarize feedback received and results of upfront consultation with these entities

Feedback received through the community consultation process revealed the overwhelming need for increased permanent housing options across all HOME-ARP qualifying populations, but most acutely for people with complex housing and service needs, and lengthy histories of homelessness living in unsheltered and sheltered locations. Consistent themes included:

- There is not enough affordable rental housing for people with no to extremely low incomes (0-30% AMI) in the region
- When available, majority of existing housing stock is not accessible to members of the qualifying population and therefore, increases the length of time individuals spend experiencing homelessness. This exacerbates and overwhelms the shelter system.
- Those with direct contact with the qualifying populations stated specifically that there is a need for Permanent Supportive Housing (PSH) in the region.
- Service providers indicate the number of individuals entering homelessness from institutional settings and/or cycling through local jails is increasing rapidly, and the acuity of the population is resulting in higher service needs, beyond current system capacity. Additionally, the acuity and vulnerability of the population experiencing homelessness in terms of complex health and disabling conditions was affirmed through data analysis.
- Across stakeholders consulted, including the Public Housing Authorities operating in the region, highlighted that the need for tenant based rental assistance for members of the qualified population was as a lower priority due to the lack of accessible housing inventory to pair with housing assistance vouchers.
- Some stakeholders, including members of the qualified population, expressed a need for shelter to address immediate needs, but the overall greatest need expressed was for more accessible and affordable rental housing for people experiencing homelessness, including people residing in shelters. Members of the Qualified Populations shared that their immediate needs were not being met largely due to a lack of or insufficient resources. Many noted that the housing options in the region have high barriers and the timeline to access the resources prevents some individuals from ever gaining access to permanent housing options.

Additionally, housing and homelessness system leaders and funders expressed the need for and support for Permanent Supportive Housing and a regional approach to meeting this need:

- Representatives from the Greater Richmond Continuum of Care stated that they would support a regional PSH effort by exploring options to expand Coordinated Entry access points and continued community collaboration with the Housing Resource Line to ensure low barrier access to those with the greatest housing and services needs.
- Representatives from state housing and service partners (DBHDS, DHCD, Virginia Housing) identified the development of new PSH inventory as a state priority and have prioritized PSH unit development within their funding programs through a combination of required preferences and incentives.

Based on this feedback, Chesterfield County's allocation of HOME-ARP should be directed to rental housing development through the provision of capital subsidies, specifically for the creation of new Permanent Supportive Housing inventory designed to meet the needs of qualifying populations with the highest housing and service needs. This will be accomplished by establishing a preference for this segment of the qualifying populations and identifying individuals for referrals through the CoC's Coordinated Entry system and the regional Housing Resource Line, which together serve all members of the Qualifying Populations. Chesterfield will also work with regional HOME-ARP jurisdictional partners, Henrico County and the City of Richmond, to explore coordinated strategies for soliciting and funding projects that will produce high quality affordable and supportive rental housing that meets the unique housing and services needs of the population. Chesterfield, Henrico, and Richmond established an MOU to coordinate these efforts on December 14th, 2021.

Public Participation

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

- ***Date(s) of public notice: 1/25/2023***
- ***Public comment period: start date – 2/6/2023 end date - 3/7/2023***
- ***Date(s) of public hearing: 2/9/2023***

Describe the public participation process:

In accordance with Chesterfield County's Citizen Participation Plan, a 30-day public comment period on the draft HOME-ARP Allocation Plan was held from February 6, 2023 – March 7, 2023. A Public Hearing on the draft plan was held on February 9th, 2023. The meeting was held in-person with the option to join virtually. Citizens in attendance had the opportunity to ask questions and provide comments on the findings and recommendations found in the draft plan.

Describe efforts to broaden public participation:

The public comment period and public hearing were advertised in the Richmond Times-Dispatch, on county website and social media, and through various other community forums. Throughout the public comment period the draft HOME-ARP Allocation Plan was available for review on the Department of Community Enhancement website. There also was a form available for citizens to submit comments on the Community Enhancement website throughout the public comment period. Chesterfield made efforts to broaden public participation through inviting all CoC members and other community partners that work with the QPs to attend the public hearing and/or provide comments, conducting focus groups with people with lived experience, and posting notices on the public county events calendar and social media.

Summarize the comments and recommendations received through the public participation process either in writing, or orally at a public hearing:

The Public Hearing on February 9th, 2023 brought forward concerns from one community member about the ease of access to units and services. Many current homelessness services professionals provided more detailed information about the Coordinated Entry process and the concerns of the individual were otherwise addressed by county officials through clarifying the anticipated regional response efforts. Otherwise, comments received in person were in general support of the proposed Plan.

All comments received in writing during the Public Hearing were in support of the Plan as stands and provided positive feedback on the County's efforts to contribute to a regional approach.

Chesterfield received four comments via the online comment submission portal. These comments were mostly in favor of the activities as planned. Two comments offered additional housing and services support suggestions that would not align with HOME-ARP criteria and therefore cannot be incorporated into the Plan.

See appendix for comments received and further details.

Summarize any comments or recommendations not accepted and state the reasons why:

All comments received were accepted and considered equally. Comments that did not align with the activities established in this Plan were addressed and commentors were given an opportunity to understand why the suggestions were not appropriate for this funding source.

Needs Assessment and Gaps Analysis

Table 1: Homeless Needs Inventory and Gap Analysis Table

Homeless													
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	256	84	193	193	0								
Transitional Housing	13	3	22	22	21								
Permanent Supportive Housing	181 45 (CH)	65	586 221 (CH)	807	113 (fam) 405 (adults)								
Other Permanent Housing	9	2	86	86	14								
Sheltered Homeless						85	353	163*	255**				
Unsheltered Homeless						0	85	*	**				
Current Gap										(10)	(2)	223	213

Data Sources: 1. Point in Time Count (PIT 2022); 2. Continuum of Care Housing Inventory Count (HIC 2022); 3. Consultation with CoC - PIT Data in these tables are from the entire CoC, which includes Chesterfield, Richmond, and Henrico.

Explanation of Gap Analysis Calculation, above:

Family Beds: Number of homeless persons in households with at least one adult and one child (259) – number of ES + TH beds (269)

Family Units: Number of homeless households with at least one adult and one child (85) – number of ES + TH units (87)

Adult Beds: Number of homeless persons in households without children (438) – number of ES + TH beds (215)

Adult Units: Number of homeless households without children (428) – number of ES + TH units (215)

*2022 PIT does not include veteran status, but the HMIS data for the CoC indicates 163 veterans served through CE and Street Outreach

** 2022 PIT does not include DV status, but the HMIS data for the CoC indicates 255 households who reported either fleeing DV or identified as survivors of DV

Table 2: Housing Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	Level of Need	Gap Analysis
	# of Units	# of Households	# of Households
Total Rental Units	30,275		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	2,301		
Rental Units Affordable to HH at 50% AMI (Other Populations)	13,036		
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)		4,125	
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		4,820	
Current Gaps			1,824*

Data Sources: 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS); PUMS

*Gap calculated as ELI Renter HH with 1 or more housing problem (4,125) minus the number of rental units affordable to this population (2,301) $\rightarrow 4,125 - 2,301 = 1,824$ units needed

Describe the size and demographic composition of qualifying populations within the PJ's boundaries:

Homeless as defined in 24 CFR 91.5

The table above reports the 2022 Point in Time (PIT) Count conducted by the Greater Richmond CoC. The PIT Count offers a snapshot of the population experiencing homelessness on one night and could obscure the true size and demographic composition of the population experiencing homelessness. To paint a more accurate picture of this QP, other data sources were consulted as well.

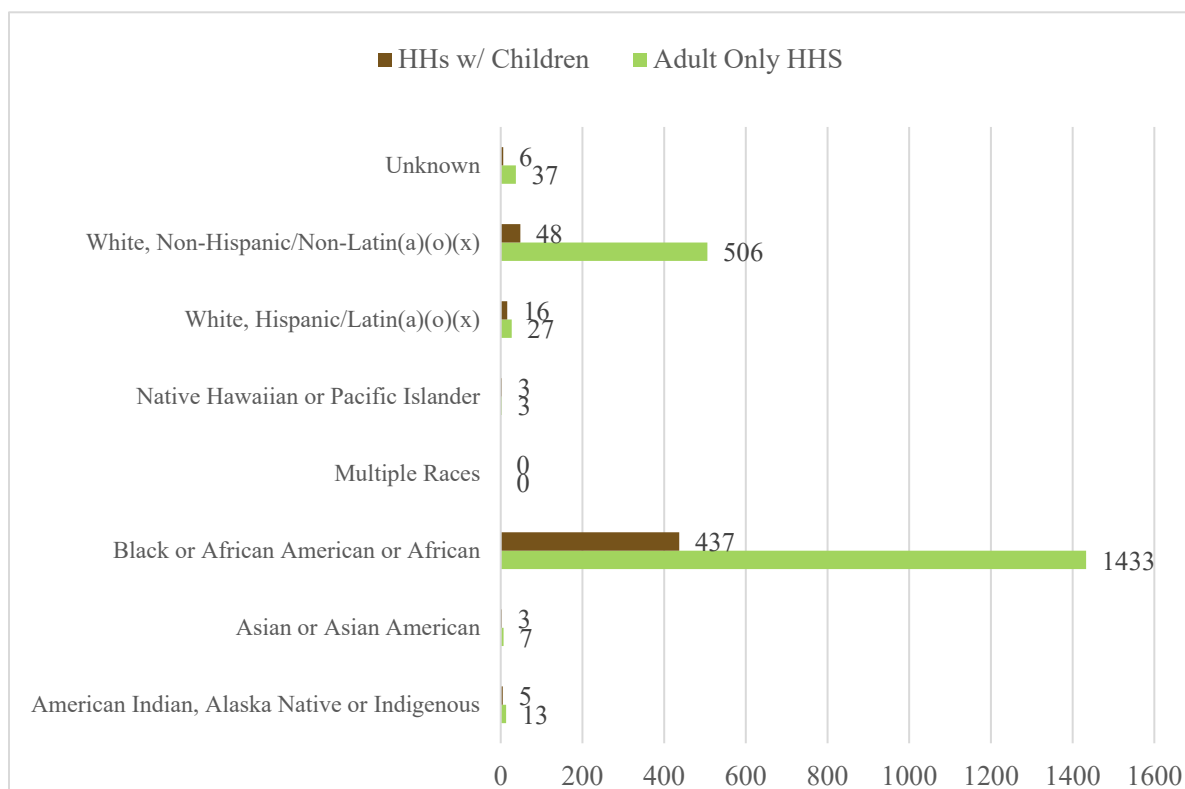
The 2022 Gaps Analysis conducted by Homeward, the CoC Lead for the region, estimated the population experiencing homelessness in Chesterfield to be 546 people (reporting period 4/1/21-3/31/22). Within this population, there were 326 Adult Only households and 219 people in families, although the report does not specify the number of families represented, only total numbers of individuals.

Because this analysis doesn't include other demographic information, it is helpful to also use the LSA data as reported in the Stella P database, administered by HUD. This database collects data submitted by Homeward to provide a more detailed picture of the size and demographic composition of the QP in the CoC footprint. The Greater Richmond CoC includes Chesterfield as well as the neighboring jurisdictions of Richmond City, Henrico County, Hanover County, Goochland County, New Kent County, and Charles City County. Though this is regional data, it is appropriate for the purposes of describing the size and demographics of the QP in Chesterfield because of the regional nature of homeless services in this particular region. The Greater

Richmond region has population that frequently travels between jurisdictions, particularly because Richmond City is the only jurisdiction in the region with emergency shelter and the majority of services are located in the City of Richmond. This obfuscates the understanding of the population experiencing homelessness in the neighboring counties; therefore, a regional analysis is most appropriate for describing the size and demographic composition of the population experiencing homelessness.

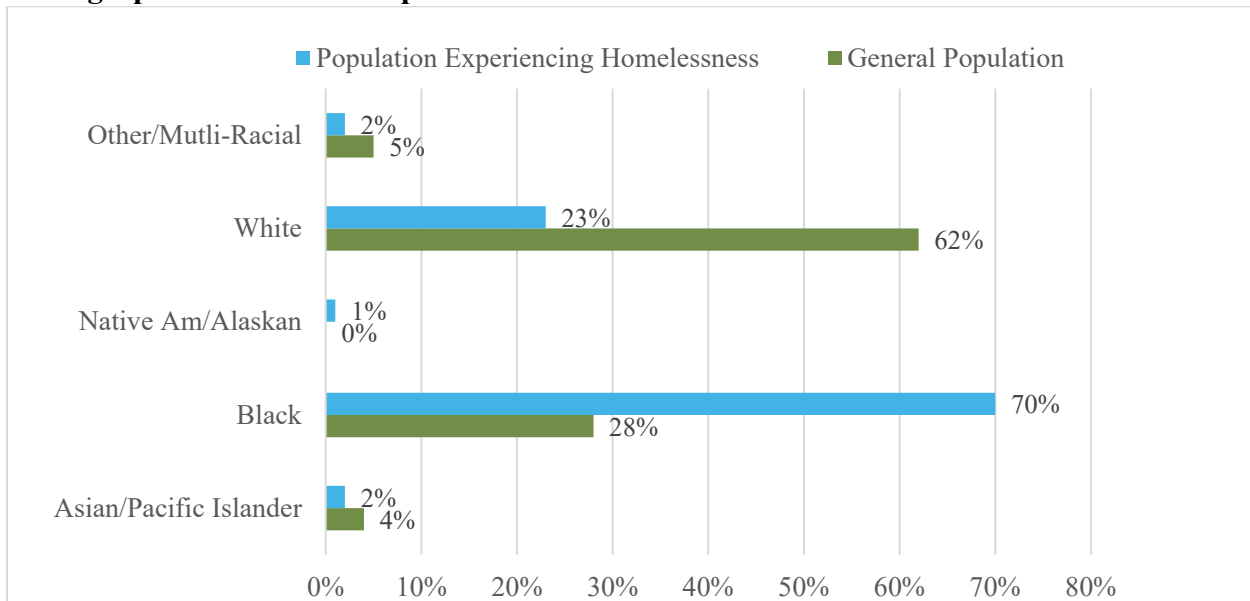
In the most recent reporting period available in the Stella P database (10/1/2020-9/30/2021), the database described in the paragraph above, there were 3,308 people served by shelters and transitional housing in the Richmond CoC. This included 2,477 households: 2,060 Adult Only HHs and 410 HHs with Children. **Figure 1** below shows the racial demographics of these households. For both Adult Only HHs and HHs with children, the highest represented racial group is Black/African American/African. **Figure 2** shows the comparison of the racial make-up of the population experiencing homelessness against the general population. This graph shows the disproportionate representation of Black residents within the population experiencing homelessness: though 28% of the general population of the Richmond CoC is Black, 70% of the population experiencing homelessness is Black. Though 62% of this general population is white, only 23% of the population experiencing homelessness is white. These data demonstrate that homelessness in the Richmond CoC disproportionately impacts the Black population.

Figure 1: Race and Ethnicity of Households Experiencing Homelessness



Data Source: Stella P (reporting period 10/1/20 – 9/30/21)

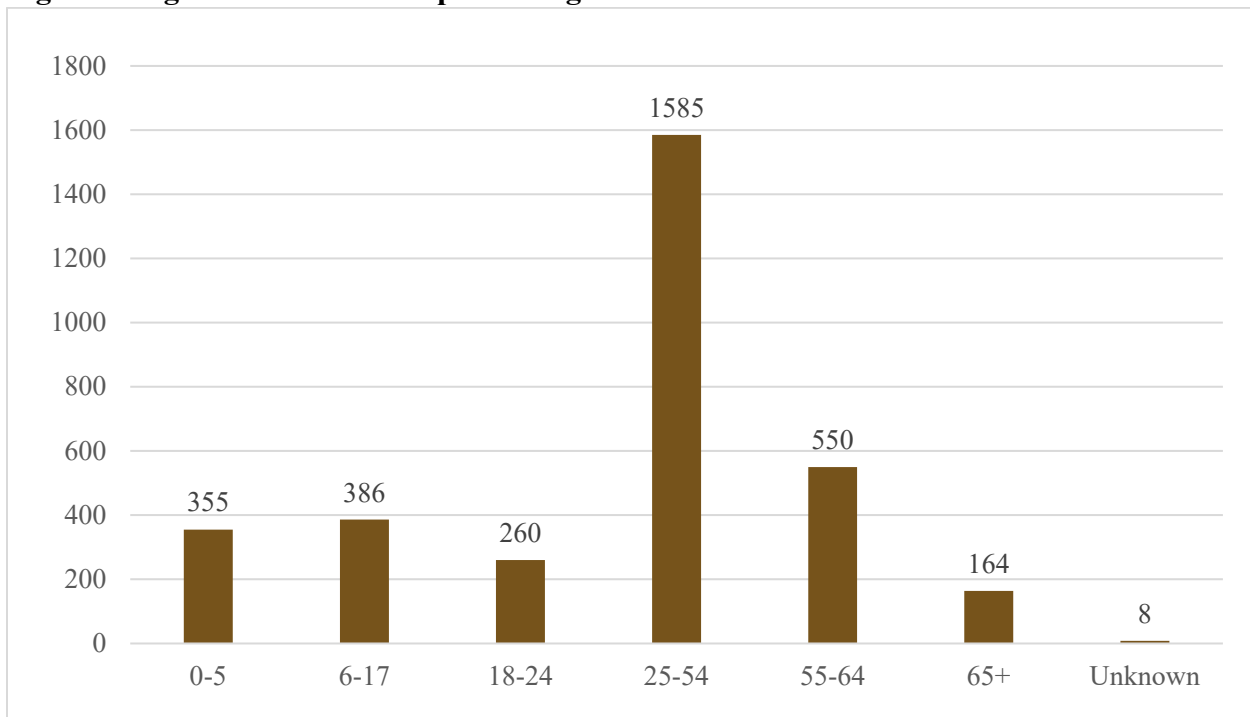
Figure 2: Racial Demographics of Population Experiencing Homelessness vs. Racial Demographics of General Population



Data Sources: ACS, Stella P (reporting period 10/1/20-9/30/21), CoC Racial Equity Analysis Tool (HUD)

Figure 3 below shows the age of all persons experiencing homelessness in the CoC. Notably there is a smaller portion of elderly individuals represented, likely due to the lower life expectancy of people experiencing homelessness, specifically long-term homelessness.

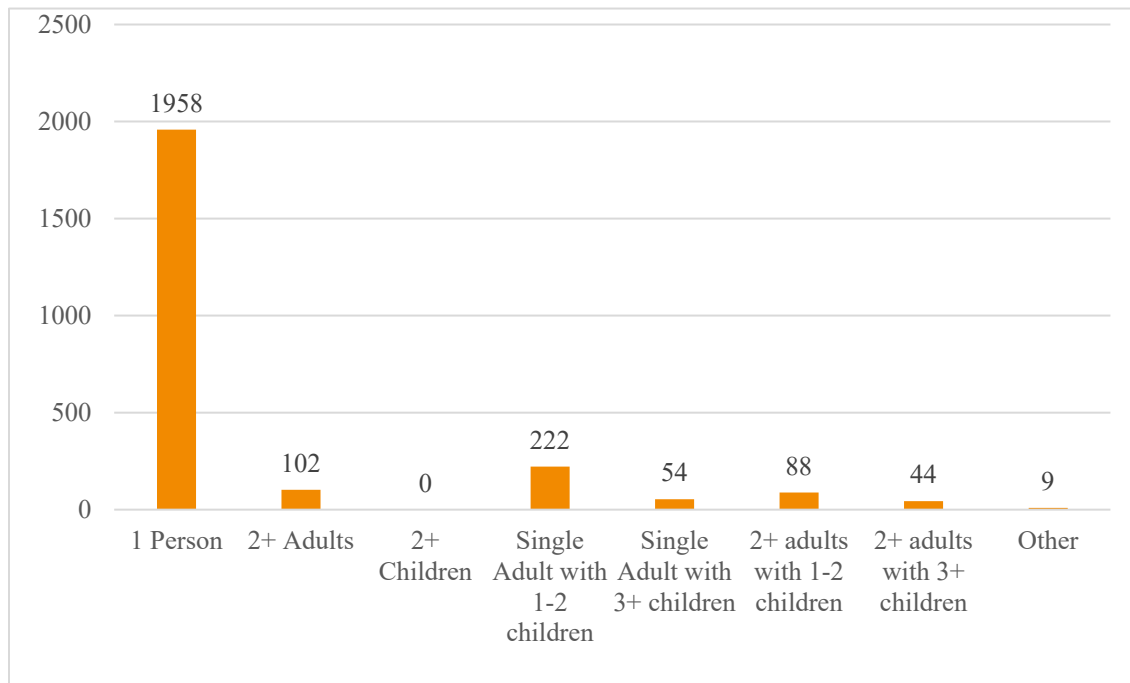
Figure 3: Age of All Persons Experiencing Homelessness



Data Source: Stella P (reporting period 10/1/20-9/30/21)

Figure 4 below shows the household composition of people experiencing homelessness in the Richmond area. 79% of HHs experiencing homelessness are made up of one person, and the second highest composition is single adult with 1-2 children, making up around 9% of HHs. Another population of note in this grouping was the 61 households of parenting youth: HHs with children where the head of household is aged 18-24. These parenting youth households made up 15% of all HHs with children.

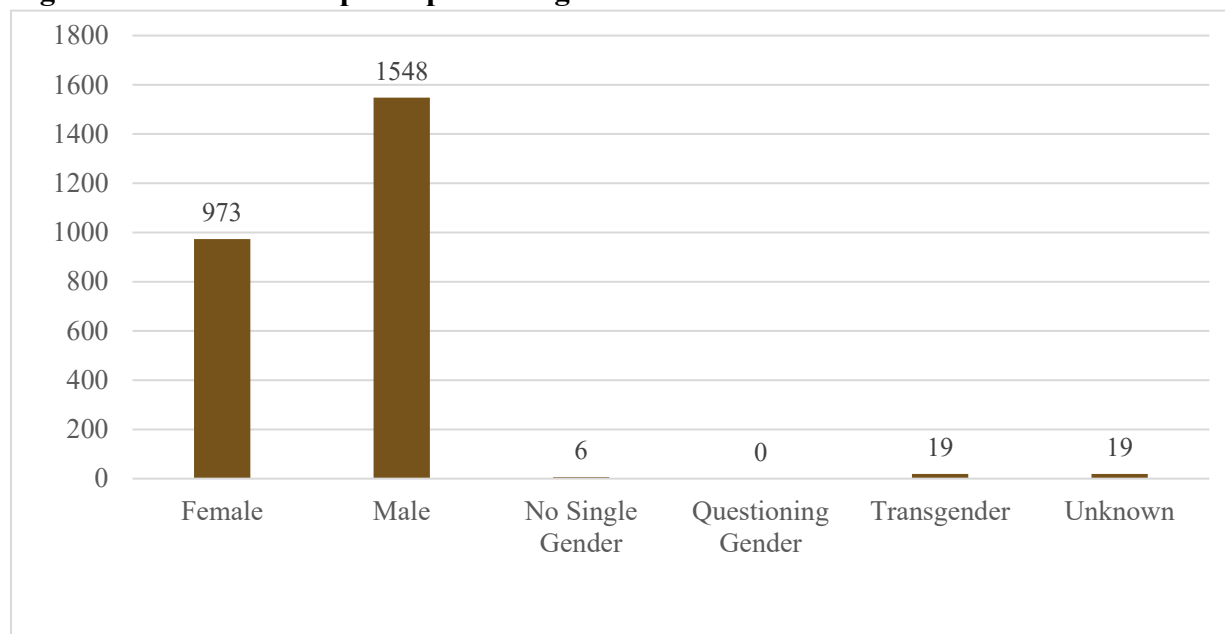
Figure 4: Household Composition of People Experiencing Homelessness



Data Source: Stella P ((reporting period 10/1/20-9/30/21))

Figure 5 below shows the gender of people experiencing homelessness. While the gender breakdown of the region is close to 50-50 between male and female, with smaller percentages for the other categories, around 60% of people experiencing homelessness in the region are male.

Figure 5: Gender of People Experiencing Homelessness



Data Source: Stella P (reporting period 10/1/20-9/30/21)

Other demographic details of note for this population experiencing homelessness are as follows: 10% of people experiencing homelessness in the Richmond area were veterans, and 26% were either survivors of domestic violence who are currently fleeing or survivors of domestic violence who were not currently fleeing (Source: Stella P reporting period 10/1/20-9/30/21).

The population experiencing homelessness in the Chesterfield area also includes significant portions with disabilities or other medical vulnerabilities. The 2022 Gaps Report compiled by Homeward reported that within single adults experiencing homelessness, 52% report a mental health disability, 35.5% report a chronic health condition, and 28.5% report a physical disability. Among adults in families, 44% reported a mental health disability, 25.6% report a chronic health condition, and 9% report a physical disability.

HMIS data provided by the CoC's HMIS Lead, Homeward showed that the median income of HHs served by the homelessness system was \$272/month, or 3% of AMI. Around half of the households reported no income at all, and the median income for those with positive income was \$1,000 (12% AMI).

At Risk of Homelessness as defined in 24 CFR 91.5

HUD defines the Area Median Income for Chesterfield County (Richmond, VA MSA) as \$101,000 for a family of 4. Using this standard, ELI households are those with incomes at or below 30% AMI, or \$30,200. As reported by the most recent CHAS data (2015-2019), there are 30,275 total renter households in Chesterfield. Of those renter households, 4,810 (16%) have incomes at or below 30% AMI.

As displayed in **Table 3** below, of the 4,810 ELI renter households in Chesterfield, 4,000 are cost burdened (83%) and 3,665 are severely cost-burdened (76%). This demonstrates that the overwhelming majority of ELI renter households in Chesterfield are at risk of homelessness, as this population is defined.

Table 3: Income and Cost-Burden in Chesterfield

AMI	\$101,000
30% AMI (ELI)	\$30,200
Total Renter Households	30,275
ELI Renter Households	4,810
ELI Renter Households Cost Burdened	4,000 (83%)
ELI Renter Households Severely Cost Burdened	3,665 (76%)
ELI Renter Households with at least 1 housing problem	4,125 (86%)

Data Sources: CHAS (2019), HUD AMI Tables

CHAS data reports that 86% of these ELI renter households have at least 1 housing problem, further suggesting high risk of homelessness within this population.

Consultation with the Chesterfield Department of Social Services revealed that during the year between July 2021 and June 2022, the Chesterfield DSS received 338 requests for assistance from households who were within 30 days of losing their housing.

CSH consulted key stakeholder, Partnership for Housing Affordability, which administers the Housing Resource Line established in September 2020. Clients call this line to be directed to an organization or resource to help with their housing challenge. The population seeking assistance from this line is an indication of the population at risk of homelessness and those other populations who require housing assistance to prevent homelessness (QPs 2 and 4). Caller data is used as a proxy to describe the demographic composition of this population at risk of homelessness.

In the time between September 2020 and June 2022, there were a total of 2,058 calls to the Housing Resource Line from Chesterfield (about 17% of all callers). The following narratives and chart describe the characteristics of people who called the hotline from Chesterfield:

Over half of the Chesterfield callers asked for rental support and about a quarter reported either experiencing or being at risk of homelessness. Other concerns expressed included financial assistance (about 1/3), food insecurity, mental health crisis, or other needs. 94% of callers reported needing immediate assistance and another 4% needed assistance within the next 3 months.

Table 4: Demographic Characteristics of Callers to Housing Resource Line from Chesterfield (Population At Risk of Homelessness)

Family Composition	
Single Person	729 (50%)
2-person Household	441 (26%)
3-person Household	234 (14%)
4-person Household	165 (10%)
5+ person Household	125 (7%)
Household Annual Income	
<\$25,000	1116 (71%)
\$25,000-\$50,000	299 (19%)
\$50,000-\$75,000	37 (2%)
>\$75,000	7 (0.4%)
Not disclosed	100 (6%)
Race/Ethnicity	
Black/African American	1043 (53%)
White	500 (25%)
American Indian/Alaskan Native	11 (0.6%)
Asian	18 (0.9%)
Hispanic/Latinx	61 (3%)
Multi-Racial	66 (3%)
Age	
Under 17	1 (0.05%)
18-24	146 (7%)
25-34	492 (25%)
35-44	417 (21%)
45-54	359 (18%)
55-64	312 (16%)
65+	205 (10%)
Gender	
Female	1454 (73%)
Male	531 (26%)
Non-Binary	1 (0.05%)
Transgender	3 (0.1%)
Other Characteristics	
Veteran	99 (5%)
1 or more Mental Health challenge	353 (18%)
Disability or Chronic Health Issue	1020 (52%)

Data Source: Housing Resource Line (reporting period 9/1/2020 – 6/30/2022)

Note: not all percentages add up to 100 due to missing data or overlap in categories

Note: Language for all characteristics in the table matches the language used by Housing Resource Line

As noted in **Table 4** above, most of the households seeking assistance from the Housing Resource Line were individuals or small families: 729 households were single persons, 441 were 2-person households, and 234 were 3-person households. 961 of the callers reported no minors living in the household.

Callers to the hotline were overwhelmingly those who fall into either low- or extremely low-income AMI bands. 71% of those who reported their household income earn less than \$25,000 and 20% earn between \$25,000-\$50,000. Relatedly, 67% of the callers who reported income earn below 30% AMI while another 18% of the callers earn between 30-50% AMI. In raw numbers, at least 1,322 people in Chesterfield who called the Housing Resource Line for housing assistance fall into the income bands defining QPs 2 and 4.

Just over half the callers from Chesterfield were Black/African-American, one quarter were White, 4% were Multi-Racial, 3% Hispanic or Latino, less than 1% Asian, less than 1% American Indian/Alaskan Native, and 14% did not disclose race. Just as with the population experiencing homelessness, this racial makeup does not match the racial composition of the county as a whole, and Black residents are disproportionately represented in the population at risk of homelessness relative to their portion of the population as a whole.

Half of callers reported having a disability or chronic health issue, 99 were veterans, and 353 reported one or more mental health challenges.

The age of callers to the Housing Resource Line was relatively evenly distributed across age groups: There was 1 caller under 17, 146 were aged 18-24, 492 callers aged 25-34, 417 callers aged 35-44, 359 callers aged 45-54, 312 callers aged 55-64, and 205 callers older than 65.

1,454 callers were Female, 531 were Male, 3 were Transgender, and 1 Non-Binary.

Finally, 861 callers had asked for support in the past, suggesting a high prevalence of repeated housing needs for this population.

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

There is no one overarching source of data for the population fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking in Chesterfield. Using LSA data recorded in Stella P, there was an estimated 211 households experiencing homelessness that included a person who had experienced domestic violence and was currently fleeing (8% of all HHs) and an estimated 458 households that included a survivor of Domestic Violence where the fleeing status was unknown (18% of all HHs). (Source: Stella P)

In addition to these LSA numbers, a variety of agencies serving the QP were consulted in an effort to measure and describe this QP (see stakeholder engagement section). The agency with the most descriptive data was EmpowerNet, a collaborative of agencies in the Richmond area serving survivors and people experiencing or fleeing domestic violence. EmpowerNet collects data from a 24/7 crisis hotline for all people fleeing or attempting to flee domestic violence, human trafficking and related situations of sexual or dating violence or harassment. Data from this hotline are used as a proxy to describe the size and demographic composition of this QP.

Between July 1, 2021 and July 30, 2022 (one year), there were 1,442 calls to the hotline, 238 of whom stated they were calling from Chesterfield. EmpowerNet does not break down the demographics of callers by location, so the demographic make-up of these callers is for the whole region, not Chesterfield specifically. However, just as the population experiencing homelessness accesses and utilizes services across the region, regardless of jurisdictional boundaries, so do, and perhaps even more so, do individuals and families fleeing violence. Therefore, a regional understanding of demographics and characteristics is imperative.

Table 5: Characteristics of Callers to DV Hotline

Race/Ethnicity	
African American	741 (51%)
Caucasian	428 (30%)
Asian	25 (2%)
Native American/Alaskan Native	16 (1%)
Native Hawaiian/Pacific Islander	6 (0.4%)
Hispanic	125 (9%)
Unknown	147 (10%)
Gender	
Female	1330 (92%)
Male	93 (6%)
Transgender Identifies Female	11 (0.7%)
Transgender Identifies Male	2 (0.1%)
Other	6 (0.4%)
Other Characteristics	
Immigrant, refugee, or asylum seeker	33 (2%)
Limited English Proficiency	35 (2%)
Disability	133 (9%)
Medical or Health Needs (including pregnancy)	44 (3%)
Experiencing Homelessness	110 (8%)
Incarcerated	16 (1%)

Data Source: EmpowerNet (reporting period 7/1/21-6/30/22)

Note: percentages do not always add up to 100 due to missing data and categorical overlaps

Note: Language for all characteristics in the table matches the language used by EmpowerNet

Of the total callers, 1,330 (92%) were women, 93 (6%) were male, 11 (0.7%) were transgender identifying as female, 2 (0.1%) transgender identifying as male, and 6 (0.4%) other.

741 (51%) callers identified themselves as African-American, 428 (30%) identified themselves as Caucasian, 125 (9%) identified themselves as Hispanic, 25 (2%) identified themselves as Asian, 16 (1%) identified themselves as Native American/Alaskan Native, 6 (0.4%) identified as Native Hawaiian/Pacific Islander, and 147 (10%) are unknown when it comes to race and ethnicity. Note these percentages do not add up to 100 because some people identified with multiple races.

33 (2%) of the callers identified as an immigrant, refugee, or asylum seeker, and 35 (2%) identified themselves as a person with limited English proficiency.

133 (9%) of the callers stated they have a disability, and 14 stated that disability was a result of domestic and/or sexual violence. 44 (3%) callers reported current medical or health needs, including pregnancy.

110 (8%) callers identified themselves as experiencing homelessness at the time of the call and 16 stated they were currently incarcerated. 54 callers experiencing Sexual Violence (SV) and 281 callers experiencing Domestic Violence (DV) reported becoming homeless as a result of their experience and 114 callers experiencing SV and 610 callers experiencing DV reported having to relocate as a result of their experience. Relatedly, 569 callers requested shelter or emergency housing services.

EmpowerNet asks callers whether they have experienced loss of income and/or financial security as a result of the domestic and/or sexual violence experienced. 24 callers experiencing sexual violence and 178 callers experiencing domestic violence reported they had experienced loss of income and/or financial security as a result of this violence.

Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice

Other households requiring housing assistance to prevent homelessness, and those experiencing housing instability who do not fall into the “At Risk of Homelessness” QP described above include households with incomes between 30%-50% AMI. In Chesterfield, these are households with annual incomes between \$30,200 and \$50,350.

There are 5,590 renter households in Chesterfield with incomes between 30-50% AMI. Of these households, 4,750 are cost burdened (85%) and 1,775 (32%) are severely cost burdened. CHAS data reports that 4,820 households in the 30%-50% AMI income band (86%) have at least 1 housing problem, further suggesting a high risk of housing instability within this population.

Of *all* 30,275 renter households in Chesterfield, representing all income bands, 44% are cost-burdened and 19% are severely cost-burdened. This suggests a lack of affordable housing at all income levels, but this problem is the most extreme for renters in these lower income bands. (Source: CHAS 2015-2019)

Chesterfield DSS received a total of 268 calls from households requiring housing assistance who were not immediately at risk of homelessness (>30 days from losing housing) during the year between July 2021 and June 2022. HMIS data showed a similar figure: 117 households in Chesterfield entered their system through the homeless prevention program. Of those 117 households, the median monthly income is \$950 (11% AMI). 63 of the households reported no income. Within these 117 households in Chesterfield in the homeless prevention program, 65

households identified as Black/African American/African, 14 identified as multiracial, 37 identified as white, and 1 identified as American Indian/Alaskan Native/Indigenous.

Further demographic characteristics of this population can be found in the discussion of the Housing Resource Line clients, earlier in the report.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing (Optional):

Table 2 above indicates the number of units reported by the Greater Richmond CoC in the 2022 Housing Inventory Count (HIC). In addition to the numbers in the table above for Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Other Permanent Housing, the HIC reported a total of 307 Rapid Re-Housing beds, including 168 RRH beds available for families (46 units), 107 RRH beds available for single adults, 8 RRH beds available for families of veterans, 22 RRH beds for single adult veterans, and 2 RRH beds for unaccompanied youth. There were also 47 Safe Haven beds for single adults and 44 Safe Haven beds for single adult veterans. Again, these counts include beds in Chesterfield, Henrico, and Richmond.

Chesterfield Community Services Board operates a new PSH program that offers 30 slots for adult only Households through tenant based rental assistance. As of the time of the stakeholder interview with the representatives from this program (January 2023), all program slots were full.

In the summer of 2022, all non-congregate shelter options in the Greater Richmond CoC footprint closed with no intention of reopening.

Chesterfield does not have its own public housing authority, but there are 414 vouchers administered by Virginia Housing in partnership with Chesterfield County Department of Social Services. There are 317 project-based vouchers available in Chesterfield from Richmond Redevelopment and Housing Authority and 1,150 Tenant-Based vouchers. Utilization rates for these vouchers are currently not available although stakeholders indicate significant difficulty in finding available housing units that meet quality standards that are impacting voucher lease up rates. (Source: Community Assessment Reporting Tool, HUD).

Describe the unmet housing and service needs of qualifying populations:

Homeless as defined in 24 CFR 91.5

As noted in the **Table 1** above, the number of beds for families experiencing homelessness just about matches the need (as counted by the PIT, which may not be an accurate representation of the need, as discussed above), but the existing shelter resources are insufficient for the population of single adults experiencing homelessness. The need is estimated at around 223 shelter beds for individual adults. The 2022 Gaps Assessment conducted by Homeward, the CoC lead agency, showed a relatively equal number of shelter

entrances and exits, suggesting added shelter capacity is not a great need for this population. However, Homeward also noticed an increase in average length of shelter stay (2-4 times longer than pre-pandemic levels), leading to concern about capacity issues in the future. Homeward also expressed concern about pandemic-related shelter resources ending, furthering these capacity concerns.

Shelter resources do not adequately meet the needs of this QP. Because shelter or transitional housing is only a temporary solution for people experiencing homelessness, permanent housing options are also considered in this analysis. The data in the sections above demonstrate that there are not enough permanent housing options for this population's income level. As previously discussed, the median household income among households experiencing homelessness is 12% of AMI. Rent affordable to this population would be no more than \$290/month. According to the ACS, there are a total of 134 units with rents affordable to this population in all of Chesterfield. This suggests a significant need for deeply affordable permanent housing options in Chesterfield.

The 2022 Gaps Analysis from Homeward emphasized a need for more affordable housing resources (including funding/incentives to build housing affordable to ELI households), and permanent housing options for those exiting shelter. One of the critical evidence-based resources for permanently ending long-term homelessness is Permanent Supportive Housing: deeply affordable housing combined with wrap-around voluntary services that help tenants use housing as a platform to thrive. The Homeward Gaps Analysis estimates that only 30 PSH beds open per year in the region, but the need is an estimated 350 per year. CSH estimated the need for Permanent Supportive Housing using a modeling tool that incorporates assumptions based on national data on needs of various populations. This analysis reflected a similar number of beds available per year (27), but a much higher estimate of the annual need for PSH in the region: an estimated gap of 85 units for families and 1,015 for individuals.

Consultation with community partners matched this data analysis: feedback from the CoC, Community Services Boards (local mental health governing bodies), and organizations serving all QPs indicated unmet needs of affordable rental housing for all the QPs, particularly populations experiencing homelessness with the highest barriers to housing.

At Risk of Homelessness as defined in 24 CFR 91.5

The existing housing stock is too expensive for populations at risk of homelessness. Using the national standard for housing affordability (housing costs of no more than 30% of income), a gross rent of \$758/month is affordable to an Extremely Low-Income family. The median gross rent in Chesterfield is \$1,266/month (Source: ACS).

There are an estimated 4,810 ELI renter households in Chesterfield, but only an estimated 2,301 units affordable to this population (Source: CHAS, PUMS). This leaves a gap of at least 2,509 units affordable and available for ELI households. Existing affordable housing

will likely dwindle soon, as affordability compliance periods end. The majority of affordable housing in Chesterfield is built with LIHTC and an analysis of Chesterfield's existing LIHTC stock shows the affordability period for the majority of units (1,948) will expire by 2040 (Source: Chesterfield Market Analysis). While the general housing development pipeline is accelerating in Chesterfield, the affordable housing development has stagnated.

Furthermore, there are not enough subsidized housing options available to ELI renters, as discussed in the narrative above.

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

The 2022 HIC reported 22 beds for households fleeing Domestic Violence (DV) (9 units) and 7 beds for single adults in this population. While the exact number of people in this QP is uncertain, as explained above, the estimates suggest there are not enough shelter beds for this population. There was little to no emphasis expressed from stakeholders consulted in the plan development process. However, given the high rates of experiences of violence among populations experiencing homelessness and housing instability, continued focus on trauma informed practices in housing and service delivery are imperative.

Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice

The housing stock in Chesterfield is nearly unaffordable to this QP, based purely upon income. Households earning 50% of AMI can afford rent of \$1,263/month, which is only slightly higher than FMR for a 2 bedroom unit (\$1,189). Any larger households in this income band, and those with lower incomes, will likely be cost burdened. According to research from the National Low-Income Housing Coalition in the annual Out of Reach Report, a renter earning minimum wage would need to work 71 hours per week to afford a studio, 73 hours per week to afford a 1 bedroom unit, and 83 hours per week (over 2 full time jobs) to afford a 2 bedroom unit. Similarly, as noted above, the monthly rent affordable to an ELI household is \$758, but the FMR for a zero-bedroom unit is \$1,022. The existing housing stock is insufficient to serve the needs of households at risk of housing instability. (Source: National Low Income Housing Coalition)

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

As noted in the data tables above, there is a clear and demonstrated need for affordable rental housing, specifically affordable rental housing for the population with incomes at or below 30% AMI, especially those with no or little income, including those receiving SSI/SSDI. Comparison of Point-In-Time and Housing Inventory Count, as expressed in Table 1 above, reveal a gap of around 223 shelter beds for individuals and no shelter gap for families, a relatively small need compared to the PSH need of 1,015 units for individuals and 85 for families. Affordable rental housing needs for ELI populations are also estimated in the thousands.

Stakeholder consultation supported the data. People present in shelters expressed need for more emergency shelter, and all stakeholder groups expressed need for affordable rental housing and supportive services that were accessible to qualifying populations. Common barriers to accessing housing included stringent criminal background, credit and rental history criteria within market rate and affordable rental housing inventory. Suggesting a need for reductions in these practices as a whole as well as intentional housing development designed to reduce these barriers for the population.

There was also expressed need for easier access to services, whereby a range of services (i.e. health, housing navigation, income and employment supports, legal assistance, etc) could be accessible to individuals in one place, thereby reducing the burden of accessing services across different agencies and resources.

Permanent Supportive Housing programs, including the Chesterfield Community Services' Board's Permanent Supportive Housing program for people with Serious Mental Illness, are at capacity with very little turnover in available units/slots. However, many of these programs are exploring expansion and additional projects to respond to the growing need in the region.

Putting the data and analysis and stakeholder consultation together, it is clear that Permanent Supportive Housing and other permanent housing opportunities for populations experiencing homelessness and at risk of homelessness is the greatest need.

Under Section IV.4.2.ii.G of the HOME-ARP Notice, a PJ may provide additional characteristics associated with instability and increased risk of homelessness in their HOME-ARP allocation plan. These characteristics will further refine the definition of “other populations” that are “At Greatest Risk of Housing Instability,” as established in the HOME-ARP Notice. If including these characteristics, identify them here:

Not applicable. The County does not plan to further refine the definition of “other populations”.

Identify priority needs for qualifying populations:

The priority needs for all qualifying populations are deeply affordable rental housing units and access to supportive services.

In particular, the greatest needs are:

- 1) New inventory of affordable rental housing with supportive services accessible to people who are experiencing homelessness (QP1) who have:
 - a. lengthy histories of homelessness
 - b. housing barriers related to credit and rental history and justice involvement
 - c. Incomes between 0-15% AMI, and
 - d. complex and chronic health conditions

Explain how the PJ determined the level of need and gaps in the PJ's shelter and housing inventory and service delivery systems based on the data presented in the plan:

Chesterfield County contracted with Corporation for Supportive Housing (CSH) to conduct the needs assessment and gaps analysis. CSH consulted a variety of data sources including the following:

- Stella P (HUD) - (Data visualization of HMIS data)
- HMIS (Homeward, CoC Lead)
- American Community Survey (Census Bureau)
- CoC Racial Equity Analysis Tool (HUD)
- 2022 Gaps Analysis (Homeward)
- Housing Inventory Count/Point In Time Count (Homeward)
- Comprehensive Housing Affordability Strategy (CHAS – HUD/Census Bureau)
- Racial Equity in Virginia Sourcebook (Housing Forward Virginia)
- Hotline Database (EmpowerNet)
- Hotline Database (Housing Resource Line)
- GAP Report and Out Of Reach Report (NLIHC)
- Chesterfield Housing Market Analysis
- HCV Utilization Dashboard (HUD)

In the data collection process, CSH consulted with a variety of stakeholders, who are listed in the stakeholder engagement section and identified as data contributors. CSH also utilized a unique modelling tool that uses national level data to model the need for permanent housing interventions.

Using these data and tools, CSH compared the need numbers with the resources that exist for each QP. CSH presented initial findings to the PJ, CoC, and other stakeholders to check the data against local experience and impressions, and then supplemented the data using additional sources recommended by the PJ and information collected during stakeholder consultation.

HOME-ARP Activities

Describe the method(s) that will be used for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors:

Chesterfield County will issue a solicitation for the development of affordable rental housing either independently or in coordination with regional jurisdictional partners. The RFP will specify that all HOME-ARP assisted units must be reserved for qualifying populations, with a preference for people identified and prioritized through the CoC's Coordinated Entry System in coordination with the region's Housing Resource Line.

The competitive selection process will include consideration for the applicant's experience and capacity to carry out the eligible activities in accordance with HOME-ARP regulations as well as delivering high quality affordable and supportive rental housing and services to the qualifying

populations. This will include a consideration for projects that ensure units are affordable to people with extremely low incomes, accessible to people with high barriers to housing and provide tenant centered supportive services according to evidence-based practices.

Describe whether the PJ will administer eligible activities directly:

Chesterfield will fund the development projects selected through the RFP process, and will not be conducting the development of affordable housing directly.

If any portion of the PJ's HOME-ARP administrative funds are provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:

N/A

CSH was contracted to assist with the HOME-ARP plan development, but will not be responsible for administration of Chesterfield County's HOME-ARP grant.

In accordance with Section V.C.2. of the Notice (page 4), PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits.

Use of HOME-ARP Funding

	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	\$ #		
Acquisition and Development of Non-Congregate Shelters	\$ #		
Tenant Based Rental Assistance (TBRA)	\$ #		
Development of Affordable Rental Housing	\$ 1,805,431		
Non-Profit Operating	\$ #	0 %	5%
Non-Profit Capacity Building	\$ #	0 %	5%
Administration and Planning	\$ 318,605	15 %	15%
Total HOME ARP Allocation	\$ 2,124,036		

Describe how the PJ will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:

Chesterfield County will use the majority of the HOME-ARP funds (85%) for the development of affordable and supportive rental housing. The remaining 15% will be used for administration and planning.

The priority need identified in the needs assessment and gaps analysis was permanent housing for individual adults experiencing long-term homelessness with extremely low-incomes. Through the allocation of HOME-ARP is for affordable rental housing production, specifically capital subsidies, the program will ensure that new inventory of housing is constructed and operated for the long term to provide permanent housing options for members of the qualifying population. Providing capital to accelerate the development of this type of housing has been determined to be the most effective and impactful among the eligible activities.

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

The gap analysis revealed a significant need for permanent housing affordable to individual adults experiencing long-term homelessness and living with disabling conditions, and the stakeholder consultation supported this analysis. The gaps in shelter availability were significantly lower than the gaps in permanent housing options (gap of 223 shelter beds vs. 1,015 PSH units). Furthermore, history shows that development of affordable rental housing, specifically PSH, will also reduce shelter capacity, as the shelter bottleneck described in stakeholder consultation exists because there is a lack of affordable housing options to move people out of shelter. Accessing the existing service delivery system is exacerbated due to the lack of affordable rental housing as people remain homeless and housing unstable, making effective use of services difficult. The rationale to fund affordable and supportive rental housing production is key to a long-term approach to addressing the qualifying populations needs by providing permanent solutions that will also improve the overall capacity of the housing and service delivery system.

HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

The number of affordable rental housing units produced through the County's HOME-ARP allocation is estimated to be between 6-63 units, depending on the project types received through the solicitation process and the potential to leverage other state and local financing for housing development. Estimates were derived using \$300,000 per unit total development costs based on current costs of existing projects and assuming the creation of 1 Bedroom units, aligned with the priority needs identified.

The following chart provides estimates of unit creation based on these assumptions:

	100% HOME- ARP Funded	50% HOME- ARP Funded	Regional 100% HOME- ARP Funded	Regional 50% HOME-ARP Funded
HOME-ARP	\$1,805,431	\$1,805,431	\$9,504,492	\$9,504,492
Other Sources	\$0	\$1,805,431	\$0	9,504,492
# of Units	6	12	32	63

Leveraging other resources within projects would produce more units, but may take longer to come online. Fully funding a project may shorten the development timeline and bring units online quicker and provide more intentional design and operations to meet qualifying populations needs. Additionally, coordinating across the three regional HOME-ARP jurisdictions (Chesterfield, Henrico, Richmond) to provide capital to projects would produce the most units for the qualifying populations. Unit production estimates are also contingent on project sponsors securing project based rental subsidies, or other sources of ongoing operating subsidy, as well as adequate services funding. While potential sources for additional capital, operating, and services have been identified, they are not currently secured. However, the allocation of HOME-ARP funds for this purpose will serve as a key driver for alignment of additional local, state, and federal sources to support high quality projects.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how the production goal will address the PJ's priority needs:

The goal of Chesterfield's HOME-ARP program is to maximize the jurisdiction's allocation to produce high quality affordable rental housing accessible to members of the qualifying population with priority needs, including those with high barriers to housing and in need of robust community-based supports and services. While many factors will impact the number of units produced, Chesterfield has set a goal of 30 units produced through HOME-ARP funds. This goal is subject to change depending upon market conditions, funding availability, regional coordination, and other factors. This represents the middle range of the estimated production outlined above and, while achievable, represents an ambitious goal given the jurisdiction does not currently have existing housing of this type and for this population. Given the significant need identified through the development of this plan, an ambitious goal is warranted and provides the most impact on the priority needs outlined in this plan to reduce homelessness.

Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

The housing funded by HOME-ARP will be open to all QPs, but preference will be given to individuals experiencing homelessness, as prioritized through the local Coordinated Entry (CE) system. No qualifying populations will be excluded from eligibility.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:

The needs assessment, gap analysis, and stakeholder consultation revealed that the QP segment with the most significant need was individual adults experiencing long-term homelessness with disabling conditions and incomes at or below 15% AMI. Implementing a preference for this QP will ensure that projects are designed to address the needs of this group, who are experiencing significant barriers to safe and stable housing. This addresses a gap in the existing inventory of currently available rental housing by providing accessible, permanent options with the services and supports the population needs to thrive in community.

Referral Methods

Identify the referral methods that the PJ intends to use for its HOME-ARP projects and activities. PJ's may use multiple referral methods in its HOME-ARP program. (Optional):

HOME-ARP funded rental housing projects will be required to accept referrals from two regional sources - the Housing Resource Line and the CoC's Coordinated Entry process. Combined, these referral sources serve all QPs, ensuring that no QP will be excluded.

If the PJ intends to use the coordinated entry (CE) process established by the CoC, describe whether all qualifying populations eligible for a project or activity will be included in the CE process, or the method by which all qualifying populations eligible for the project or activity will be covered. (Optional):

The CE process includes three primary access points, a phone based Homeless Connection Line, a coordinated street outreach team, and the regional DV hotline. Therefore, the CE process includes the QPs of populations experiencing homelessness and populations fleeing or attempting to flee domestic violence (QP 1 & 2). The other two QPs (at risk of homelessness and other populations requiring assistance) will be covered by the use of the Housing Resource Line, another regional hotline serving this population. Housing Resource Line referrals will be added to the CE referrals to ensure that all QPs are covered in the referral process.

If the PJ intends to use the CE process established by the CoC, describe the method of prioritization to be used by the CE. (Optional):

In order to address priority needs identified in the plan, a preference will be given to referrals from the CoC's Coordinated Entry process. The CE process, which has been developed and implemented over the past 10 years, provides a transparent, comprehensive prioritization and matching of housing resources rooted in addressing the community's need. First, information is gathered from assessments and used to identify an individualized housing and service intervention best suited to end the household's homelessness. Community prioritization criteria, through HMIS reporting, creates real-time by name lists/priority pools to match clients to PSH and other housing program slots. Prioritization is based on length of homelessness, disabling conditions, and vulnerability as documented through assessments, HMIS records, and outreach and homeless services staff observations and documentation. Once prioritized, referrals to housing units are made after base verification of client eligibility for the program and the client's expressed interest in the housing placement. The CE process is documented through policies and procedures and is regularly reviewed and updated in accordance with HUD regulations.

If the PJ intends to use both a CE process established by the CoC and another referral method for a project or activity, describe any method of prioritization between the two referral methods, if any. (Optional):

HOME-ARP funded projects will receive referrals from the CoC's CE process and the regional Housing Resource Line, ensuring referral coverage of all QPs. Referrals from the CoC's CE process will be prioritized, with the characteristics of the specific funded project and the client's choice and interests in the available unit considered.

Limitations in a HOME-ARP rental housing or NCS project

Describe whether the PJ intends to limit eligibility for a HOME-ARP rental housing or NCS project to a particular qualifying population or specific subpopulation of a qualifying population identified in section IV.A of the Notice:

Chesterfield County does not intend to implement any limitations.

If a PJ intends to implement a limitation, explain why the use of a limitation is necessary to address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:

Chesterfield County does not intend to implement any limitations.

If a limitation was identified, describe how the PJ will address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the limitation through the use of HOME-ARP funds (i.e., through another of the PJ's HOME-ARP projects or activities):

Chesterfield County does not intend to implement any limitations.

HOME-ARP Refinancing Guidelines

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under which the PJ will refinance existing debt for a HOME-ARP rental project, including:

Chesterfield does not intend to use HOME-ARP funds to refinance existing debt.

- *Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity*

N/A

- *Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.*

N/A

- *State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.*

N/A

- *Specify the required compliance period, whether it is the minimum 15 years or longer.*

N/A

- *State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.*

N/A

- *Other requirements in the PJ's guidelines, if applicable:*

N/A

HOME-ARP Allocation Plan Appendices

Appendix A: SF-424, SF-424B, SF-424D and Certifications

Appendix B: Public Hearing/Public Comment Period Notices

Appendix C: Documentation supporting the development of the HOME-ARP Allocation Plan:

1. Listening Session Outreach
2. Listening Session Summary
3. Interview Notes
4. Survey Results
5. HIC Data
6. PIT Data
7. Homeward Gaps Analysis 2022
8. EmpowerNet Data
9. Community Outreach Webinar Presentation
10. Email Outreach
11. Public Hearing Presentation
12. Public Comments Submitted

Appendix A:
SF-424, SF-424B, SF424D, Certifications

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Chesterfield County Government

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

54-6001208

*** c. UEI:**

ZNTTNLCC5NL1

d. Address:

*** Street1:**

P.O. Box 40

Street2:

*** City:**

Chesterfield

County/Parish:

*** State:**

VA: Virginia

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

23832-0040

e. Organizational Unit:

Department Name:

Community Enhancement

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

*** First Name:**

Daniel

Middle Name:

*** Last Name:**

Cohen

Suffix:

Title: Director

Organizational Affiliation:

*** Telephone Number:**

804-748-1049

Fax Number:

*** Email:**

CohenD@Chesterfield.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Housing and Urban Development (HUD)

11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

Home Investment Partnerships Program

* 12. Funding Opportunity Number:

M-21-UP-51-0212

* Title:

HOME-ARP (Home Investment Partnerships Program - American Rescue Plan)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Chesterfield's HOME-ARP (Home Investment Partnerships - American Rescue Plan Program)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

VA-004

* b. Program/Project

VA-004

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2023

* b. End Date:

09/30/2030

18. Estimated Funding (\$):

* a. Federal

2,124,036.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

2,124,036.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐

a. This application was made available to the State under the Executive Order 12372 Process for review on

☐

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐

Yes

☒

No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Joseph

Middle Name:

* Last Name:

Casey

Suffix:

* Title:

County Administrator

* Telephone Number:

(804) 748-1211

Fax Number:

* Email:

Countyadministrator@chesterfield.gov

* Signature of Authorized Representative:

* Date Signed:

03/15/2023

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 02/28/2025

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	County Administrator
APPLICANT ORGANIZATION	DATE SUBMITTED
Chesterfield County	03/15/2023

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE County Administrator
APPLICANT ORGANIZATION Chesterfield County	DATE SUBMITTED 03/15/2023

HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

Affirmatively Further Fair Housing --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

Uniform Relocation Act and Anti-displacement and Relocation Plan --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

Anti-Lobbying --To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

Section 3 --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

HOME-ARP Certification --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.



Signature of Authorized Official

03/15/2023

Date

County Administrator

Title

Appendix B:
Public Hearing/Public Comment Period Notices

Richmond Times-Dispatch

Advertising Affidavit

Account Number

3013878

300 E. Franklin Street
Richmond, Virginia 23219
(804) 649-6208

Date

March 17, 2023

CHESTERFIELD CO COMM DEV
Attn CDBG
BLOCK GRANT OFFICE
IRONBRIDGE RD
P O BOX 40
CHESTERFIELD, VA 23832-0040

Date	Category	Description	Ad Size	Total Cost
02/03/2023	Meetings and Events	Public Hearing Notice and Notice of 30-Day Comment Period for	2 x 30 L	295.80

Public Hearing Notice and Notice of 30-Day Comment Period for Chesterfield County's HOME-ARP Allocation Plan

Notice is hereby given that Chesterfield County will hold a public hearing for Chesterfield's HOME-ARP Allocation Plan on Thursday, February 9th, 2023, at 11am. HOME-ARP funds may be used to provide housing, services, and shelter to individuals experiencing homelessness, at risk of homelessness, and other vulnerable populations. The HOME-ARP Allocation Plan is a requirement for Chesterfield to receive HOME-ARP funds, and contains information on the type of activities Chesterfield plans to undertake with the funds. County staff from Community Enhancement and consulting agency, Corporation for Supportive Housing will present findings and recommendations, answer questions, and receive comments on the draft plan.

The scheduled meeting will be held at the County Administration Building, 9901 Lori Road, Chesterfield, VA 23832 in Room 502. The meeting will also be accessible virtually via Microsoft Teams. Please register for the meeting online at chesterfield.gov/1223/Grants. Language assistance will be provided upon request, with at least three (3) business days prior notification to the Department of Community Enhancement at 804-751-2368.

The draft HOME-ARP Allocation Plan will be available for view on the Community Enhancement webpage at chesterfield.gov/1223/Grants beginning February 6, 2023. The public comment period for this document is thirty (30) days which begins February 6, 2023, and end at 5pm on March 7, 2023. To submit comments, please use the comment form on the Community Enhancement webpage - chesterfield.gov/1223/Grants. For more information contact Jessica Sagara at 804-751-2368 or SagaraJ@Chesterfield.gov. FHEO

Publisher of the Richmond Times-Dispatch

This is to certify that the attached Public Hearing Notice and was published by the Richmond Times-Dispatch, Inc. in the City of Richmond, State of Virginia, on the following dates:

01/25/2023

The First insertion being given ... 01/25/2023

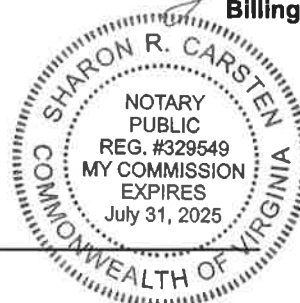
Newspaper reference: 0001397614

Sworn to and subscribed before me this Friday, March 17, 2023


Notary Public


Billing Representative

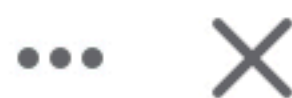
State of Virginia
County of Hanover
My Commission expires _____



THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU



Chesterfield County Virginia Government



1h ·

Chesterfield County will hold a public hearing for Chesterfield's HOME-ARP Allocation Plan on Thursday, February 9th, 2023, at 11am. **!**

HOME-ARP may be used to provide housing, services and shelter to individuals experiencing homelessness, or at risk of homelessness and other vulnerable populations. The HOME-ARP Allocation Plan is a requirement for Chesterfield to receive HOME-ARP funds from HUD, and contains information on the type of activities Chesterfield plans to undertake with the funds. County staff from Community Enhancement and the consulting agency Corporation for Supportive Housing will be on hand to present findings and recommendations, answer questions and receive comments on the draft plan.

The scheduled meeting will be held at the County Administration Building (9901 Lori Road, Chesterfield, VA 23832) in room 502. The meeting will also be accessible virtually via Microsoft Teams. For more information on HOME-ARP and instructions for registering for the meeting, please visit the Community Enhancement website at <https://bit.ly/3losy0V>.



Home



Watch



Marketplace



Groups



Notifications



Menu



Development, Incentives
and Revitalization

Enforcement

Grants

Housing Resources and
Employment Support

Keep Chesterfield
Beautiful - Anti-Litter

[Home](#) > [Government](#) > [Community Development](#) > [Community Enhancement](#) > [Grants](#)

Grants

Federally-Funded Grant Programs

Community Enhancement currently manages multiple federally-funded grant programs on behalf of Chesterfield. These grant programs include the HUD-funded Community Development Block Grant (CDBG), Home Investment Partnerships (HOME) and Lead-Based Paint Hazard Control Grant programs. Through the **nonprofit partners that serve as subrecipients of the grant funding**, these programs help to address various needs in the community, from public services like employment navigation and youth support services, to new housing and home repair for low-income families. As part of Chesterfield's consolidated planning process for CDBG and HOME funds every five years, the county also conducts an analysis of impediments to fair housing.

If you are an **individual looking for employment support programs and home repair and housing services**, please visit the [Housing Resources and Employment Support Programs page](#) for grant-funded programs available through our community organization partners.

HOME-ARP Allocation Plan

Chesterfield County will hold a public hearing for Chesterfield's [HOME-ARP Allocation Plan](#) on **Thursday, Feb. 9, 2023, at 11 a.m.** HOME-ARP funds may be used to provide housing, services and shelter to individuals experiencing homelessness at risk of homelessness and other vulnerable populations. The HOME-ARP Allocation Plan is a requirement for Chesterfield to receive HOME-ARP funds from HUD, and contains information on the type of activities Chesterfield plans to undertake with the funds. County staff from Community Enhancement and the consulting agency [Corporation for Supportive Housing](#) will be on hand to present findings and recommendations, answer questions and receive comments on the draft plan.

Meeting Registration

The scheduled meeting will be held at the [County Administration Building](#) (9901 Lori Road, Chesterfield, VA 23832) in room 502. The meeting will also be accessible virtually via Microsoft Teams. **Please [register for the meeting](#) to let staff know if you plan to attend in-person or virtually** (once registered, the online meeting information will be sent via email).

Language Assistance

Language assistance is available upon request. Notify staff within **three business days prior** to the public hearing for language assistance.

Draft HOME-ARP Allocation Plan and Public Comment

The [draft of the HOME-ARP Allocation Plan \(PDF\)](#) is available for public comment. The [public comment form](#) will be available until 5 p.m. on Tuesday, March 7, 2023.

For questions, contact [Jessica Sagara by email](#) or by calling [804-751-2368](#).



CHESTERFIELD COMMUNITY ENHANCEMENT Contact Us

Daniel Cohen

Director of Community Enhancement
[Email Daniel Cohen](#)

Community Enhancement

[Email Community Enhancement](#)

Physical Address [View Map](#)

9800 Government Center
Chesterfield, VA 23832

[Directions](#)

Mailing Address

P.O. Box 40
Chesterfield, VA 23832

Phone : 804-748-1500

Hours

Monday - Friday
8:30 p.m. - 5 p.m.

[Directory](#)



Dougherty, Janna
To

Reply

Reply All

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Tue 1/31/2023 5:09 PM

Learn More

Public Hearing Set for Next Thursday, Feb. 9, on Chesterfield's HOME-ARP Allocation Plan



Chesterfield will hold a public hearing on its HOME-ARP Allocation Plan next Thursday, Feb. 9 at 11 a.m. The meeting will be held in Room 502 at the county administration building, 9901 Lori Road. It will also be accessible virtually via Microsoft Teams.

HOME-ARP funding may be used to provide housing, services and shelter to individuals experiencing homelessness, or at risk of homelessness and other vulnerable populations. The HOME-ARP Allocation Plan is a requirement for Chesterfield to receive HOME-ARP funds from the U.S. Department of Housing and Urban Development (HUD) and contains information on the type of activities Chesterfield plans to undertake with the funds.

Staff from the county's Community Enhancement Department and the consulting agency Corporation for Supportive Housing will be on hand to present findings and recommendations, answer questions and receive

comments on the draft plan.

For more information on HOME-ARP and instructions for registering for the meeting, please visit the Community Enhancement website at <https://bit.ly/3losy0V>.

Posts

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Mentions

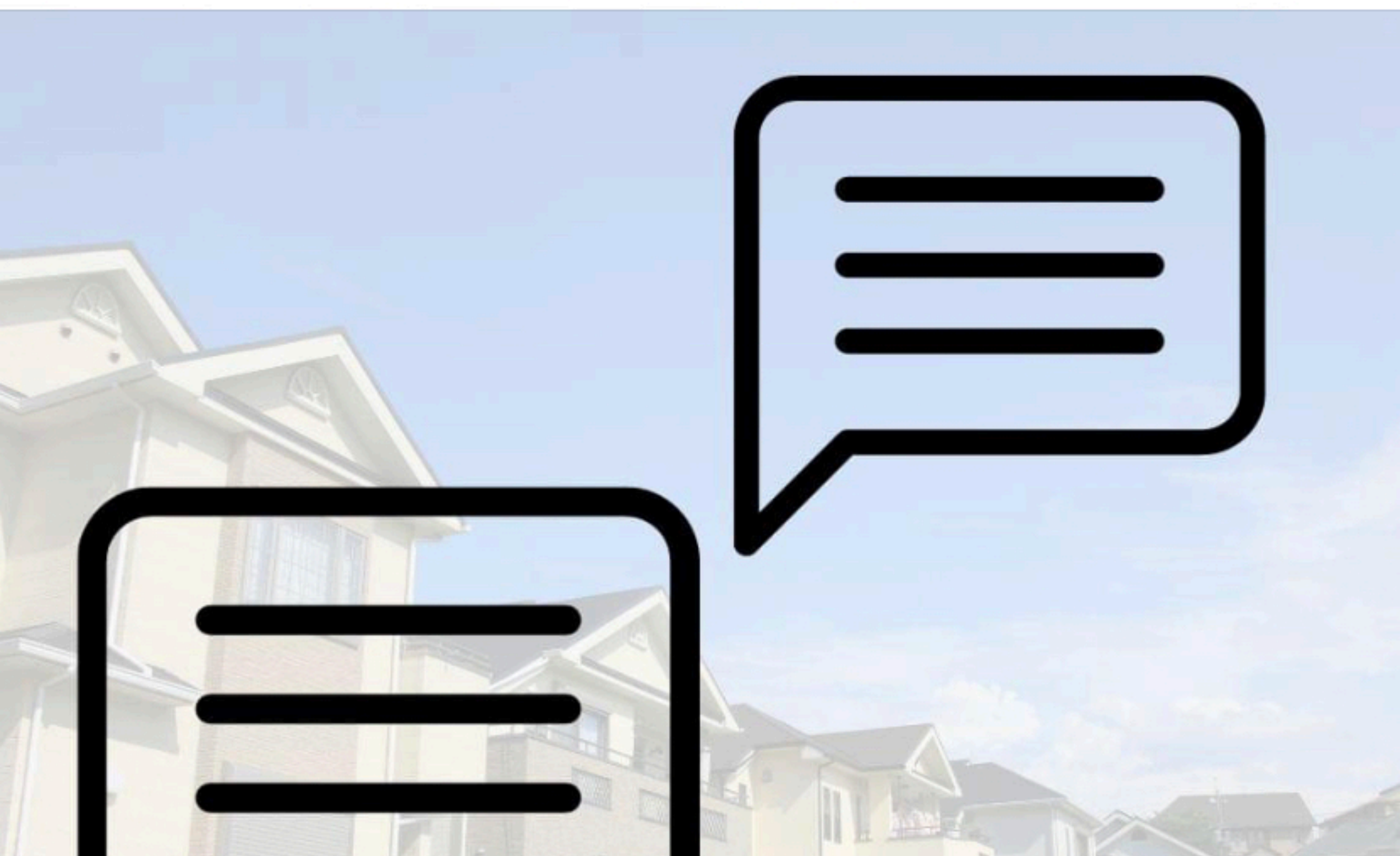
**Chesterfield County Virginia Government** ✓

20h ·

A draft HOME-ARP Allocation Plan has been prepared and is available for public comment on the Department of Community Enhancement website at <https://bit.ly/3losy0V>.

The public comment form will be available until 5 p.m. on Tuesday, March 7, 2023. HOME-ARP funds may be used to provide housing, services and shelter to individuals experiencing homelessness at risk of homelessness and other vulnerable populations. The HOME-ARP Allocation Plan is a requirement for Chesterfield to receive HOME-ARP funds from HUD, and contains information on the type of activities Chesterfield plans to undertake with the funds.

Please reach out to Jessica Sagara at SagaraJ@Chesterfield.gov with any questions.



Home



Friends



Watch



Marketplace



Notifications



Menu

Appendix C:

Documentation supporting the development of the HOME-ARP Allocation Plan

1. Listening Session Outreach
2. Listening Session Summary
3. Interview Notes
4. Survey Results
5. HIC Data
6. PIT Data
7. Homeward Gaps Analysis 2022
8. EmpowerNet Data
9. Community Outreach Webinar Presentation
10. Email Outreach
11. Public Hearing Presentation
12. Public Comments Submitted

Listening Sessions 1 & 2 Outreach

Organization	Name	Email	Stakeholder Group
Homeward	Kelly King Horne	kkhorne@homewardva.org	CoC
Homeward		ehandwerk@homewardva.org	CoC
Housing Families First		beth@housingfamiliesfirst.org; cindy@housingfamiliesfirst.org	HSP
Saint Joseph's Villa	Erica Holmes	eholmes@sjvmail.net	HSP
Commonwealth Catholic Charities	Christwintine Elwell	Christine.Elwell@cccovfa.org	HSP
CARITAS		kobrien@caritasva.org; jpatterson@caritasva.org;	HSP
Focused Outreach		mcanaday@focusedoutreachrichmond.org	HSP
EmpowerNet	Mica Morgan	mmorgan@empowernetva.org	HSP
Hanover Safe Place		vpmhsp@gmail.com	HSP, DV
HomeAgain		mherbert@homeagainrichmond.org	HSP
Salvation Army	Stephen Batsche	Stephen.Batsche@uss.salvationarmy.org	HSP
ACTS		whpoarch@actsrva.org	HSP
ACTS	Hana Yun	hyun@actsrva.org	HSP
Goochland Cares		vvasquez@goochlandcares.org	HSP
Hand Up		dtaylor@handupresource.com	HSP
Daily Planet	Anita Bennett	abennett@dailyplanetva.org	HSP
Daily Planet		tgarrett@dailyplanetva.org	HSP
Virginia Supportive Housing		scousin@virginiassupportivehousing.org	HSP
Virginia Supportive Housing		janderson@virginiassupportivehousing.org	HSP
Safe Harbor	Mary Maupai	mary@safeharborshelter.com	HSP, DV
Liberation Veterans Services		fjohnson@lvsrva.org	HSP, Vets
YWCA	Susan Rhodes	srhodes@ywcarrichmond.org	HSP, DV
YWCA		rmurthy@ywcarrichmond.org	HSP, DV
The James House	Agusta Wakapa	Wakapaa@thejamehouse.org	HSP
VCU Hospital program (Project Empower)	Irene Zolororfe	Irene.Zolororfe@vcuhealth.org	Public Agencies
Bon Secours	Tyler Agee	Tyler_Agee@bshsi.org	CP
Credit Restoration Institute		robert@creditrestorationinstitute.com	CP
The Community Foundation		saweckerly@cfrichmond.org	CP
Resources for Independent Living Inc. and Central Virginia Resource Corporation		oneillg@ril-va.org	Disability Agency
Senior Connections		mgjones@youraaa.org	AAA
OAR		lheine@oarric.org	Reentry
OAR		sdimick@oarric.org	Reentry
Partnership for Housing Affordability	Jovan Burton	jburtont@pharva.com	CP
Capital Region Workforce		dav113@henrico.us	Public Agencies
Department of Veteran Services	Matthew Leslie	matthew.leslie@dvs.virginia.gov	Vets
Hanover DSS		mrnusbaum@hanovercounty.gov	CP
Richmond Behavioral Health	Katie Chlan	Katie.Chlan@rbha.org	HSP, Public Agencies
HOME	Abigail George	ageorge@homeofva.org	Fair Housing
HOME	Monica Jefferson	MJefferson@homeofva.org	Fair Housing
Housing Resource Line	Leslie Beard	lbeard@pharva.com	CP
Resources for Independent Living Inc. and Central Virginia Resource Corporation	Gerry O'Neill	oneillg@ril-va.org	Disability Agency
Senior Connections	Matt Jones	mgjones@youraaa.org	AAA
Virginia Boys and Girls Home		KSwansey@vhbg.org	HSP, CP

Virginia Boys and Girls Home	Cory Richardson-Lauve	crl@vhbg.org	HSP, CP
Chesterfield County Public Schools	Ashley Hall	ashleyw_hall@ccpsnet.net	Public Agencies
Chesterfield Social Services	Kiva Rogers	RogersK@Chesterfield.gov	Public Agencies
Chesterfield Social Services	Eugene Walton	WaltonE@chesterfield.gov	Public Agencies
Chesterfield Social Services	Elizabeth Spruill	SpruillE@chesterfield.gov	Public Agencies
Chesterfield Citizen Information and Resources	Emily Ashley	AshleyE@chesterfield.gov	Public Agencies
Chesterfield Citizen Information and Resources	Norman Johnson	JohnsonNo@chesterfield.gov	Public Agencies
Chesterfield Mental Health Support Services	Kelly Fried	FriedK@chesterfield.gov	Public Agencies
Chesterfield Mental Health Support Services	Karen Bowker	bowkerk@chesterfield.gov	Public Agencies
Chesterfield Mental Health Support Services	Adam Seehaver	seehaverA@chesterfield.gov	Public Agencies
Chesterfield Community Engagement police officers	Tim Morton	MortonT@chesterfield.gov	CP
Henrico Mental Health and Development Services	Mary Beth Schutte	sch24@henrico.us	Public Agencies
Henrico County Public Schools	Lisa Abernathay	lhabernathay@henrico.k12.va.us	Public Agencies
Henrico Mental Health and Development Services	Martha Shephard	she04@henrico.us	Public Agencies
Henrico Mental Health and Development Services	Laura Totty	tot05@henrico.us	Public Agencies
Henrico Social Services	Paul Woodard	woo099@henrico.us	Public Agencies
Henrico Social Services	Penny Lumpkins	lum11@henrico.us	Public Agencies
Henrico Social Services	Gretchen Brown	bro102@henrico.us	Public Agencies
Henrico Social Services	Ty Parr	par092@henrico.us	Public Agencies
RRHA	Kenyatta Green	kenyatta.green@rrha.com	PHA

Full Name	Organization	Phone Number	Email Address	Attended	Stakeholder Group
Jovan Burton	Partnership for Housing Affordability	8044225057	jburton@pharva.com	yes	CP
Cara Kaufman	Henrico Co.		kau006@henrico.us	yes	PJ Partner
Jessica Sagara	Chesterfield Co.			yes	PJ Partner
Kalisha Jackson	Housing Opportunities Made Equal of VA	804-248-9801	KJackson@homeofva.org	yes	Fair Housing
Sarah Chua	Chesterfield Co.		chuasa@chesterfield.gov	yes	PJ Partner
Ben Wong (training)	OAR of Richmond		bwong@oarric.org	yes	HSP, Reentry
Donna Stallings	Housing Opportunities Made Equal of VA, Inc.		dstallings@homeofva.org	yes	Fair Housing
Brenda Hicks	Housing Opportunities Made Equal of VA, Inc.	804-237-7557	bhicks@homeofva.org	yes	Fair Housing
Agusta Wakapa	Agusta		The James House	No	HSP, DV
Sonja Paviour	Safe Harbor	804-837-5852	sonja@safeharborshelter.com	No	HSP, DV
Hana Yun	ACTS	804-644-2402	hyun@actsrva.org	yes	HSP
Jonathan Penn	Jonathan	8047481518	pennj@chesterfield.gov	yes	PJ Partner
Nathan Ruckman	Virginia Supportive Housing		nruckman@virginiassupportivehousing.org	yes	HSP
Juliet Anderson	Virginia Supportive Housing		janderson@virginiassupportivehousing.org	yes	HSP
Karen Swansey	Virginia Boys and Girls Home		kswansey@vhbg.org	yes	HSP
leslie beard	Partnership for Housing Affordability-Housing Resource Line		lbeard@pharva.com	yes	CP
Marion Cake	Project Homes		Project Homes	Yes	CP
Shaniqua Faulk	Virginia Supportive Housing	7573058215	sfaulk@virginiassupportivehousing.org	yes	HSP
Elliot Warsof	Elliot			no	
Rachael Thayer	Henrico Co.	8045017614	tha006@henrico.us	yes	PJ Partner
Veronica Reid				yes	
Luanda Fiscella	Henrico County			yes	
Andi MacDougall				yes	
Michelle Jones	HOME of VA			yes	Fair Housing
Sharonita Cousin	Virginia Supportive Housing			yes	HSP

Full Name	Organization	Email Address	Phone Number	Attended	Stakeholder Group
Cara Kaufman	Henrico County	kau006@henrico.us		yes	PJ Partner
Stephen Batsche	The Salvation Army Central Virginia	svb1906@gmail.com		Yes	HSP
Jonathan Penn	Chesterfield-Colonial Heights Social Services	PennJ@chesterfield.gov		Yes	Public Agencies
Lexie Haglund	CARITAS	lhaglund@caritasva.org		yes	HSP
Jessica Sagara	Chesterfield County Department of Community Enhancement	sagaraj@chesterfield.gov		yes	PJ Partner
Sarah Chua	Chesterfield County Department of Community Enhancement	chuasa@chesterfield.gov	8045023270	yes	PJ Partner
Donna Stallings	Housing Opportunities Made Equal of VA, Inc.	dstallings@homeofva.org	8049056795	Yes	Fair Housing
Katie Chlan	Richmond Behavioral Health Authority	katie.chlan@rbha.org		Yes	HSP, Public Agency
Sharonita Cousin	Virginia Supportive Housing	scousin@virginiassupportivehousing.org	7577053396	Yes	HSP
Erica Holmes	SJV- Flagler Housing and Homeless Service	eholmes@sjvmail.net	8042991420	Yes	HSP
Kelly Green-Bloomfield	SJV- Flagler Housing and Homeless Service	kbloomfield@stjosephsvilla.net	804-874-1893	Yes	HSP
Katelyn Schoelles	SJV- Flagler Housing and Homeless Service	kschoelles@sjvmail.net	8622384169	yes	HSP
A. Quarles	Hanover Safe Place	housing@hanoversafeplace.com		no	HSP, DV
noah page	YWCA	npage@ywcarrichmond.org	8049807288	Yes	HSP, DV
Katie Rhodes	YWCA Richmond	srhodes@ywcarrichmond.org	8043988745	yes	HSP, DV
Kristin Riddick	Housing Families First	kristin@housingfamiliesfirst.org	8042365800 x113	yes	HSP
Karen O'Brien	CARITAS	kobrien@caritasva.org	8043435008	yes	HSP
Nathan Ruckman	Virginia Supportive Housing	nruckman@virginiassupportivehousing.org		Yes	HSP
Kelly King Horne	Homeward	kkhorne@homewardva.org		Yes	CoC
Heather Fritz	EMS of Virginia	hfritz@emsofvirginia.com	804-337-5195 (cell)	Yes	HSP
Karen Swansey	Va Home for Boys and Girls	kswansey@vhbg.org		no	HSP
Cathy Easter	Safe Harbor	cathy@safeharborshelter.com	804-317-7982	yes	HSP, DV
Mary Maupai	Safe Harbor	mary@safeharborshelter.com	804-439-1247	no	HSP, DV
Alexandria "Ali" Wall	Safe Harbor	Alexandria@safeharborshelter.com	804-263-5366	no	HSP, DV
Victoria Barahona	Safe Harbor	Victoria@safeharborshelter.com	804-837-5198	no	HSP, DV
Marc Rene	Richmond Metro Habitat	MRene@Richmondhabitat.org	8042994846	yes	
Cory Richardson-Lauve	Virginia Home for Boys and Girls	crl@vhbg.org	8042706566	yes	HSP
Anita Bennett	Daily Planet Health Services	abennett@dailyplanetva.org	8042397292	Yes	HSP
Sarah Tunner	Daily Planet Health Services	stunner@dailyplanetva.org	8047832505	Yes	HSP
Juliet Anderson	Virginia Supportive Housing	janderson@virginiassupportivehousing.org	8048361062	no	HSP
Rachael Thayer	Henrico County, DCR	tha006@henrico.us		yes	PJ Partner
Lily Miller				Yes	
Aisha				no	



VIRGINIA COMMUNITY VOICE

Homeless Service Providers & Community Partners Listening Sessions + Qualified Population Survey Report

Focus Groups:

VACV held two focus groups on December 1, 2022, one for Homeless Service Providers and one for Community Partners. **Appendix A** provides two code charts showing counts for the amount of times focus group participants named each greatest need and biggest impact item. Personally, I see these categories as two sides of the same coin, with addressing the great needs making the largest impact. Nonetheless, they are separated out by Biggest Impact and Greatest Need, and by how many times they were mentioned by Service Providers, Community Partners, and the Qualified Population.

Major themes from both focus groups include:

- There is not enough **(deeply) affordable housing** in the region, especially rental housing, housing for families, and places for seniors. VACV considered “deeply” affordable housing 50% or below AMI, or housing that matches the average income levels for communities around Richmond, Chesterfield, and Henrico. For example, affordable housing for Southside Richmond residents would be around \$916/month or \$11,000/year (2020 Five-Year ACS).
- Service Providers and Community Partners found **flexible funding** extremely helpful. Flexible funding was used to assist with rental applications, security deposits, first/last month rent, transportation, food, or for those who did not qualify for vouchers. Flexible funding should be low-barrier with few prerequisites for accessing the funding.
- There is a need for more **permanent supportive housing** (PSH) in the region. There is also a need for “tiered” supportive housing that allows folks who are ready to move on from PSH to still have some sort of subsidized housing available to them.
- Both Homeless Service Providers and Community Partners felt that **supportive services** would help impact homelessness. There also needs to be more accessible facilities for folks who need housing services, e.g. walk-in services, a “one-stop-shop” with housing information, case management, and social, medical, and mental health services all in one place.
- **Case management** and navigators would be helpful for those who are unhoused or are on the brink of homelessness. Many different things impact an individual's ability

to work through / navigate complex systems, including but not limited to mental load, mental or physical disability, trauma, "learned helplessness," and time.

- **Intersectional identities** that were mentioned most included elderly and disabled; single mothers; formerly incarcerated + mental or physical disability ([66% of incarcerated people in state and federal prisons in 2016 had a mental and/or physical disability](#)); and Black + any of the other previously mentioned identities. In the community partners listening session we heard that **discrimination** goes beyond "just race" and that it's difficult for voucher holders in general to find affordable housing, especially as property managers and landlords find creative but legal ways to discriminate against potential tenants.
- There is high **staff** turnover among homeless service providers and community partners because of burnout and low pay. Increasing frontline staff's salaries, having more training, hiring more people, and having more support could help mitigate high turnovers. Also, having resources available (actual housing stock) to be able to help the qualified population when they are in crisis so staff can say yes instead of no.
- **Our current system is "reactive" and not preventative.** This means it reacts to urgent issues like a family within three days of losing their housing. Community Partners shared that these past few years have seen a huge increase in the amount of money people owe landlords and utilities, often more than \$5,000. There needs to be systems in place to help individuals before it gets to that point; we need more holistic approaches to the housing crisis.

Service Provider Focus Group

This section of the report covers what eligible activities service providers think will make the biggest impact, and also touches on the many needs identified by service providers participating in this focus group.

Service providers named **building / rehabbing affordable housing**, affordable units, affordable rental units, and affordable family housing as both the **biggest need and the eligible activity that will most impact folks** experiencing homelessness. Furthermore, participants shared that even when there are units available, not everyone will accept housing vouchers, or the vouchers, even at 130% of AMI, do not cover rental units. For example, participants shared:

- I can't stress enough the need for additional housing stocks, especially that with minimal barriers for rental
- I strongly agree that there are not enough affordable rental units available, especially 2+ bedrooms for families
- I agree, family units especially are impossible to find, the last availability I remember in the Richmond area was about 2 years ago

- I strongly agree with affordable housing, 130% of AMR have vouchers that ppl are struggling to use because there is nothing available, at this point they have the vouchers but don't have the rental units

Participants next named **flexible funding** as an eligible activity that has the potential to be very impactful for the qualified population. Service providers shared that flexible funding has allowed them to pay for security deposits, hotel stays, transportation, utility payments, childcare, paying to take a GED test, paying for an ID/SS card replacement, and being able to use the money to best support individuals where they are at. Participants also shared that this flexible funding has also been used for those who do not qualify for vouchers, PSH, or rapid rehousing, and that it can be used to prevent evictions. Flexible funding allows service providers to be client-centered, and allows for the client to share what they most need assistance with and then get that need met. They shared:

- The funds can be used for anything from security deposits to utility cut-on, to passing a GED test
- Vouchers paired with flexible funding has been phenomenal... they have the ability to pay for deposits, [and are secure for] one or two months while they get up on their feet and get what they need
- It's individual plans, being able to actually utilize the funding individualized, whatever that may look like, whether that is just paying for childcare, getting that person in housing, or providing transportation.
- Flexible funding allows us to put the power back into those who know best

Service Providers also shared that **supportive services** are a need and would be helpful for long-term homelessness reduction, and named services such as case management, financial literacy, and counseling supports as examples. Participants also shared that having multiple types of services located in one spot would help our unhoused neighbors so they do not have to go to multiple locations, especially when transportation and/or time is limited. Participants also suggested having mobile supportive services and/or pop ups that go out into the community to meet people where they physically are located, removing transportation as a barrier. Participants shared:

- Co-locating services and linking services makes so much sense! For example, I love Daily Planet's mobile medical unit -- that filled a real gap in our network.
- One of the things we learned in serving the population we serve is that when you put time restrictions when they can / can't show up, so you have to show up on a certain day it makes it really difficult to attain the outcome you want. So we have had success with a walk-in facility (from Daily Planet).
- A best practice would to truly be a "one-stop-shop" where clients could get linked to housing, case management, social services, and where agencies can work together to provide those services starting at intake to stop the fragmentation of social service delivery
- Having more walk-in supportive services (because some people will never be able to keep an appointment)

- Long-term and personalized case management to deal with all the mentioned barriers is also needed.
- A lot of people lost their opportunity because they didn't have that person to assist with housing services, search, just regular housing choice vouchers, not being able to advocate for themselves and advocate for additional time. Voucher-specific case management.

Participants also shared that additional **Permanent Supportive Housing** would positively impact those experiencing chronic homelessness and free up capacity in other parts of the system. Many participants view PSH as a "huge priority" that would "enable long-term change." Folks also shared that any new permanent supportive housing programs should include supportive services that are customized to meet individual needs.

- What excites me most about the ARP is the possibility of adding new permanent supportive housing units. It's just so unusual to have funding that could help us expedite building new units.
- I just want to really underscore that we don't have enough permanent supportive housing.

Participants also shared their ideas about **permanent supportive housing** that has tiers or gradients. The idea is that folks who are ready to move on from permanent supportive housing are able to, but they still have stable housing that is long-term and permanent, but without all of the services. They shared:

- There could be a move up strategy built right into it where you start in permanent form of housing, but if you are then able to move through that there is actually another piece of the building where you can move into sort of a subsidized financial model, but you don't need the supportive services right then.

Service providers shared that **rental assistance** has been helpful for individuals, but that in general it is not accessible. Providers share that they "often rely on calling churches and other nonprofits," but that when they were able to use rental assistance it kept people stably housed. For example, one participant shared, "increased funding from the CARES Act during the pandemic worked, but now it's gone."

Participants shared that **vouchers** have not had the impact they hoped for because even with vouchers, property managers and landlords will refuse to accept voucher-holders as tenants. They do this through legal but discriminatory practices, elaborated on in the community partners section below. This was also echoed in the qualified population survey, with one respondent sharing, "The vouchers don't work nowhere because all these landlords are greedy and up the prices."

Service providers shared that **staffing and staff capacity** is a need. One person shared, "I don't know how this funding would help, but I feel it's important to mention is the tremendous challenges we've had across the board with keeping, maintaining and not losing staff." Participants shared that staff pay is only one of the problems, and that staff are

burnt out by the amount of work and the emotional labor of working with people in crisis. Having to say “no” to people in crisis when there are no available resources is extremely difficult for them. This was echoed in the qualified population survey, with one respondent sharing, “The case managers all look tired as hell and like they are always stressed.”

VACV and CSH asked explicitly about **intersectional identities** and how these identities impact housing. Mentioned most often in this section were individuals with disabilities (cognitive and physical), individuals with disabilities that receive SSDI, individuals with mental illness, elderly (adults over aged 60) + disabled, African Americans, and single mothers (who need a job and childcare and cannot escape the circular nature of needing both at the same time and qualifying for neither for lack of the other).

In addition to those already mentioned, service providers also identified the following **barriers** for folks experiencing homelessness:

- Some services are linked to Medicaid, which excludes people who are uninsured or do not qualify for Medicaid
- Tenancy support (housing support) is not billable to Medicaid even though this was supposed to change
- Limited or expensive transportation services impedes getting to and keeping higher paying jobs
- Not everyone has access to, knows how to use, or can easily access email or phones

Community Partners Focus Group

This section of the report covers what eligible activities community partners think will make the biggest impact, and also touches on needs identified by partners participating in this focus group. One difference with the community partners focus group is that they did not really talk about permanent supportive housing but did highlight the need for and importance of supportive services.

Like service providers, Community Partners said that **building additional / rehabbing affordable housing units**, including rental and family units, would make the biggest impact for our unhoused neighbors. Additional housing units also need to be *deeply* affordable so that low and extremely low income families and individuals can afford them. Participants also recognized that building and rehabbing these units would not be an immediate solution to address homelessness now, but a long-term solution for the future. They shared:

- At the root of all of this is...we don't have enough housing supply for people. Even if they have a security deposit, they have nowhere to go.
- I can speak from the development side (VSH), this is money that would be very useful. By the time we've funded a full development, I'm probably cobbling 20-25 different sources of funding. Anything helps, especially if you can get larger chunks of funding.
- A large group of our clients are not able to find housing because resources aren't available to them as far as actual housing.

- There is not enough affordable housing stock to line up with the pay that people are earning in our area.

Community Partners also shared they believed **supportive services** would be impactful for our unhoused neighbors. Participants shared the need for people to know their rights, learn how to advocate for themselves, learn financial literacy, and even learn things like home maintenance. Responses about supportive services tended to overlap with other eligible activities, such as flexible funding, vouchers, and affordable units. In other words, supportive services are most helpful when combined with other eligible activities. For example, participants shared:

- We can help those who bear the brunt of discrimination by getting them a little more time through supportive services, and it's not just money that we give people but our time and devoted attention. We can't treat them like hot potatoes, having a 20 minute conversation with one case manager and then another counselor at another org.
- It's not just building affordable units but having supportive services integrated into it, it cannot be one or the other.
- What I don't necessarily see is some level of supportive services for people who would get them because many of our homeless folks deal with a lot of issues, they have no credit history or they have a credit blemish, or there may be issues of criminal background for them. They need to know their rights and responsibilities.

Community Partners also highlighted the benefit of and need for **flexible funding**. During the listening session, community partners shared that many of their clients need assistance with transportation costs, utility bills, phone bills, medication, and other housing adjacent needs. HOME of VA shared that prior to the pandemic, individuals who were going through the Eviction Diversion Program owed between \$400-\$1,000 on rent. During the pandemic, the amount owed increased to between \$1,000-\$5,000. Others shared that their clients owe even more, between \$6,000 and \$8,000 before going to court. Like Service Providers, Community Partner participants also shared that flexible funding paired with other eligible activities, like vouchers and permanent supportive housing, tends to work best for folks experiencing homelessness.

- [People experiencing homelessness] can get vouchers, but it helps to have deposits with it
- Right now a lot of what we are doing with our private funding is helping with security deposits, getting people into places. And right now with security deposits being the full first month's rent plus two months security, that's essentially three months worth of rent that somebody has to come up with upfront.
- Many people have judgments but there aren't a ton of funds that are flexible enough to cover those arrears from past residences.

Community Partners shared that increasing **staffing** would help increase their capacity to assist our neighbors in crisis. Participants shared community needs are high, and there are not enough workers to give the proper attention to folks that need it. Many people shared they are operating in "crisis mode" themselves, and that there is not enough time to work

towards needed systemic change. Participants also shared that working with many people in crisis and being unable to help in the ways that those folks need takes a toll on workers' mental health, leading to burnout and frustration. They shared:

- I think we need to dedicate more presence, time, and attention and not to be cheesy, but love. They need more loving attention. A lot of these people have experiences that wear them down and make them think that there's no hope out there. And they need someone who can stay by their side and not drop them because their caseload is too big and they have to help other people.
- [Community partners] sit in the same rooms thinking of all these ideas, we meet, we get inspired, but we really don't have the capacity to see them through.
- I think it all comes down to capacity, I think everyone who's here and their coworkers, their hearts are in the right place and they want to do this, but it's really capacity.
- The pace of the needs that are coming in is overwhelming almost for all of us and to be able to [give the time and attention to people] that we would love to do, we are not able to do that right now. That's a capacity issue. We are operating in crisis mode too, to meet the needs of individuals in crisis.

Community Partners also shared that **rental assistance programs** helped clients, especially during the first two years of the pandemic. HOME of VA, who ran the Rent Relief Program, was able to assist many people who were behind on rent and keep them stably housed. It should be noted that in addition to providing rent assistance HOME of VA also provided counseling services, employment assistance, and financial literacy classes to their clients who went through the Rent Relief Program. In other words, this program tied with other services helped, and continues to ensure that, clients remain stably housed. As noted above, however, today many individuals owe too much in arrears for the rental assistance program to be effective, and the program has ended.

- Clients are owing six, seven, \$8,000 before going to court and have an eviction date tomorrow, with that large of an amount. And even when I can coordinate with other organizations like HOME and other smaller entities who have their own source of funding, all of these organizations are being tapped out to max capacity. I've been doing this work since 2014 and this is the worst I have seen it.

While not really talked about in the Homeless Service Providers focus group, **shelter** was brought up repeatedly in the Community Partners focus group, and was mentioned significantly more by the Qualified Population in the long form response in their survey. Community Partners specifically mentioned that the city was supposed to have additional year-long inclement weather shelters, but these have not yet opened. Community partners shared:

- We need more capacity at the lower end of the continuum for housing stability so that everyone, those with the largest barriers, can get to the point where they can participate in the rental market. I wish there was more shelter capacity and that those shelters had flexible rules to extend people's stay.

- The year-round inclement weather shelter would have acted as a one-stop-shop, walk-in center for homeless individuals in Richmond. It was a huge disappointment [that it didn't open]. I think it could be a foundational piece of infrastructure.

Barriers to Resources

Both focus groups provided examples of barriers to resources faced by both our unhoused neighbors and that they face as providers/partners. Many times the barriers named for unhoused individuals also tied in with intersectional identities. For example, service providers shared that some services for individuals, such as case management and behavioral health services, are only available to those on Medicaid. This means that individuals who are undocumented, for example, may not be able to get services they need, or folks who do not qualify for Medicaid but still need assistance will not receive it through that program. Others shared that there are technological barriers (e.g. phone and email) for low-income folks who may not be able to afford, who are elderly, or who have trouble with technology.

Participants brought up that individuals with disabilities and those on SSDI often have a lot of difficulty finding affordable housing that meets their needs. The participant from the Housing Resource Line shared, "Seniors who are living with disabilities, receiving SSDI, we see a lot of \$763 a month. That is a huge, huge barrier because they're unable to work, may not have been able to work previously, so they're not earning retirement, they're just receiving SSDI. They are unable to qualify for rentals and the subsidized housing wait lists are extremely long."

Time and mental load capacity are also barriers for many individuals experiencing homelessness. For example, one participant shared, "The reality is that people don't have the time or the mental health strengths to access [services] because they are in survivor mode. They must choose between going to the ministry to get food for today, or going to legal aid, because there are specific ministries in Richmond that have specific hours. So you have tough choices to make."

Others shared that there are language and cultural barriers for immigrants and refugees. Individuals who work with the immigrant community specifically shared that abuse by landlords often occurs because tenants who may not speak the language or who are undocumented are afraid to go to the authorities for help, and often do not know which resources are out there to assist them. They shared, "[immigrants] are in a state of desperation and they are willing to accept anything without contracts, without documentation." Another person shared, "Homeless people are not going to go to legal aid to make an announcement that somebody abused them because, unfortunately, they are used to it."

Formerly incarcerated individuals also face extreme difficulties when finding housing as a returning citizen. OAR of Richmond shared that it takes longer for folks with felony

convictions to find work and also find a landlord willing to rent from them. There are also external requirements like being a certain distance from schools and other places close to children that complicate their ability to find housing. To complicate matters, the region's shelters are often full, and shelters are generally the only place formerly incarcerated individuals can access housing upon their reentry.

Conversation participants consistently named discrimination as a barrier for folks to find housing. Even though discrimination is illegal, landlords and property managers are finding creative, legal ways to ensure low-income individuals are unable to rent from them. First, many places refuse to accept vouchers or rent relief because of preconceived ideas about the "type of person" that needs vouchers. One participant shared, "There's going to be a negative perception that the individual may tear up their property. That's a false perception... People will apply passive policies to weed out people for housing." An example provided by one participant is that property managers and landlords are now requiring a credit score of 700 to rent from them, which is more than is required for buying a house. Others shared that landlords are refusing to accept rental relief payments or refusing to fill out the paperwork. This compounds when voucher-holders also have children, even though refusing to rent to families with children is illegal. Recently, HOME of VA reached a \$67K settlement for a client who faced housing discrimination on the basis of having children. Another participant shared that housing providers are decreasing the length of leases to avoid renting to voucher participants.

Other barriers mentioned include childcare, job requirements, transportation, and the intersection of these barriers, and those previously expanded upon.

Intersectional Identities

Facilitators asked participants which intersectional identities had the most barriers to resources and difficulty finding housing. Participants named the following:

- Formerly incarcerated individuals, with
 - Physical disabilities
 - Mental health challenges
- Elderly individuals, with
 - Medically fragile
 - Disabled
 - Low-income
- Single mothers, with
 - Low-income
 - Who need childcare
 - Black or African American
- Immigrants, refugees, with
 - No credit history
 - No rental history
- Disabled (physical and mental) individuals, with

- Low-income
- Complex medical needs
- Black or African American (over-represented in general in homelessness)

Qualified Population Survey

Fourteen individuals from the qualified population participated in the CSH survey (n=14). Participants ranged in age from 18 to over 65, with the age groups 26-35 (n=4) and 46-55 (n=4) having the highest representation, both at 29%. Most respondents had a previous address in Richmond (57%, n=8), followed by Henrico (29%, n=4), and Chesterfield (14%, n=2).

When asked to rank which eligible activities were needed most, with 5 being the most needed and 1 being least needed, the response that received the most "5" responses was **building shelter**, followed by building long-term affordable housing, then services, and finally vouchers. See Table 1 for the percentages for each response opinion. See **Appendix B** for the breakdown of responses by age group and by previous address.

Table 1: Percentage of Ranked Responses for Each Eligible Activity				
	Building Shelters	Build Long-Term Affordable Housing	Services	Vouchers
5	79%	64%	57%	14%
4	-	14%	14%	-
3	7%	21%	7%	21%
2	-	-	7%	7%
1	14%	-	14%	57%
Responses: n=14, 1=lowest need, 5=highest need				

Respondents from the 18-25, 46-55, 56-66, and 65+ age groups felt shelters and building long-term affordable housing were the most important activities for meeting needs and reducing homelessness. Respondents from the 26-35 age group felt shelters and services were the most important activities for meeting needs and reducing homelessness. None of the age groups felt particularly strongly about vouchers. This is not unexpected; both focus groups and the qualified population in the short answer portion shared that even with vouchers individuals are unable to find affordable housing.

While needs mostly held similar between age groups, when breaking down the responses by location some differences emerged. Respondents whose previous address was in Chesterfield felt that services were most needed (100%), followed by building shelter (50%). Henrico and Richmonders felt that building shelter and building long-term affordable housing were most important to combat being unhoused. Again, vouchers were least seen as being helpful for individuals experiencing homelessness. One person shared about

vouchers: "The vouchers don't work anywhere because all these landlords are greedy and up the prices. And if I'm being completely honest, most of the white people working in this kinda stuff don't like Black people, and it seems to me like they want us to fail anyway, so what's the point?" This statement also ties into what service providers and community partners shared earlier about barriers to accessing housing using vouchers and the burnout felt by providers and partners.

The qualified population's short and long-form answers were insightful about needs and barriers. When asked which of the previous eligible activities would be most helpful, 11 respondents replied with **shelter**. It is evident that these respondents feel like an immediate need for shelter and safety is not being met by the resources that are currently available in Richmond and the surrounding counties. A particular concern for women who need to access shelters is safety, while those with children are concerned about being split up. In one of the focus groups, a participant expressed that there are many compassionate people that run and work in the shelters. Yet this is not always felt by the end users, with one person sharing, "The shelter has straight up cops running it so it may as well be prison.". They also shared:

- Richmond needs more shelter because there are good people dying because they have nowhere to go. I feel like crap laying in a cot knowing there are 15 better men dying out there tonight.
- We need more accessible shelters for people who don't have social support.
- The counselors need more resources and women need better access to shelter
- The two combined shelters only hold 100 people and they separate families

The next most referenced eligible activity was **building long-term affordable housing**, naming this 5 times. Many lamented the accessibility and safety of affordable housing, saying it was hard to find and can be dangerous to live in. This echoes what we heard in the focus groups and the data from CSH's affordable housing analysis. There is not enough affordable housing, and those with vacant apartments often make it too difficult to access them by not accepting vouchers or other forms of rent support. Folks shared:

- The affordable housing that is here is dangerous and falling apart. If they are going to build more, they should also fix what is there. People deserve to live in healthy neighborhoods, not just shoved in any industrial area because they are poor.
- Getting housing outside of shelter is hard.

Respondents also had a lot to share about **services**, mentioned 4 times. Many felt services were difficult to navigate, can be inaccessible, and that they do not feel cared about by their case managers or service providers. In the focus groups, we heard from service providers and community partners that they often lack the staffing capacity to give time and attention to individuals experiencing homelessness. Burnout can lead to compassion fatigue, which leads to service users feeling short changed and hurt.

- The services available are hard to get to and take a long time to make a difference. Sometimes my case manager changes before I meet any goals and I have to start all over when they get a new person. I think that's a big reason why I am in this situation

because I can't get any consistent help and I spend my whole day riding around this place looking for better help.

- There are too many steps and people to talk to and this and that to do. People are trying, but they ain't getting nowhere because it's just too much when you're just trying to hold it together anyway.
- The resources are not readily available and difficult to navigate. The resources in this area further harm vulnerable people.
- Most people just need a little help to get on their feet, but they can't because they lose their shelter. If I'm out looking for a job and trying to get services then I could lose my shelter if I'm not in this line by 3:30 or 4. Why can't the services come to us? We're already here. Why do they have to always put the burden on us.

Survey Questions:

1. Rate the following Eligible Activities in order of need, 1=lowest need, 5=highest need
 - a. Building long-term affordable housing
 - b. Vouchers
 - c. Services for housing
 - d. Building shelter
2. Which of the above do you think will make the most difference for you and others experiencing homelessness?
3. Is there anything else you would like us to know about housing in the region?

Other Considerations

- Not a lot of formal data is available for the Hispanic population. Increased engagement is needed for immigrant communities.
- Centralized database where providers and community partners can go to find available affordable housing rental units
- Centralized system for citizens to know what all the requirements are, and being able to keep their information in one location
- Rent Control
- Incentivizing landlords to accept vouchers, supporting landlords who accept vouchers, Incentivizing landlords on board with having ELI renters, application fee funds to incentivize landlords
- Accessory Dwelling Units (ADUs)
- Graduated permanent supportive housing
- Guaranteed Income
- Public/private partnerships for medical and mental health services

Appendix A: Code Count Charts

Code count charts count how many times each eligible activity term was mentioned in the chats or transcript, but does not account for the amount of time or depth of conversation about these activities. These counts were a way to begin to rank which eligible activity was mentioned most during the conversations, and a way to organize the report. For example, supportive services was talked about a lot as making a big impact, but was not named as a greatest need. This could be because supportive services are available and working, or it could be that we started the conversation about supportive services but the term "supportive services" was not said repeatedly during that portion of the conversation. In other words, there are limitations to the counting method.

Which Eligible Activity Would Make the Biggest Impact					
Topic	Service Providers	Community Partners	Qualified Population	Total	Notes
Additional Affordable units	6	8	5	19	
Flexible Funding	9	5	-	14	
Supportive Services	8	6	5	19	
Permanent Supportive Housing	6	-	-	6	
Rental Assistance	4	2	-	6	
Vouchers	-	1	1	2	
Shelter	-	1	11	12	
Qualified population n=14, results taken from QP survey					

What is the Greatest Need?				
Activity	Service Providers	Comm Partners	Total	Notes
Affordable Housing	13	4	17	Includes the terms "housing" and "rental units"
Flexible Funds	7	3	10	
Staffing	3	6	9	
Case Management	6	1	7	
Permanent Supportive Housing	6	0	6	
Shelter	2	3	5	
Vouchers	3	0	3	
Rental Assistance	1	1	2	
Supportive services	2	0	2	

Appendix B: Qualified Population Charts

Building Long-Term Affordable Housing by Age Group					
	18-15	26-35	46-55	56-66	65+
5	67%	25%	75%	100%	100%
4	-	25%	25%		
3	33%	50%	-	-	-
2	-	-	-	-	-
1	-	-	-	-	-
Responses: n=14, 1=lowest need, 5=highest need, Ages 18-25 n=3; Ages 26-35 n=4; Ages 46-55 n=4; Ages 56-65 n=2; Ages 65+ n=1					

Services by Age Group					
	18-15	26-35	46-55	56-66	65+
5	33%	75%	50%	50%	100%
4	67%	-	-	-	
3	-	-	25%	-	
2	-	-	25%	-	
1	-	25%	-	50%	
Responses: n=14, 1=lowest need, 5=highest need, Ages 18-25 n=3; Ages 26-35 n=4; Ages 46-55 n=4; Ages 56-65 n=2; Ages 65+ n=1					

Building Shelter by Age Group					
	18-15	26-35	46-55	56-66	65+
5	67%	75%	100%	100%	100%
4	-	-	-	-	-
3	33%	-	-	-	-
2	-	-	-	-	-
1	-	25%	-	-	-
Responses: n=14, 1=lowest need, 5=highest need, Ages 18-25 n=3; Ages 26-35 n=4; Ages 46-55 n=4; Ages 56-65 n=2; Ages 65+ n=1					

Vouchers by Age Group					
	18-15	26-35	46-55	56-66	65+
5	33%	-	25%	-	-
4	-	-	-	-	-
3	33%	-	50%	-	-
2	-	25%	-	-	-
1	33%	75%	25%	100%	100%
Responses: n=14, 1=lowest need, 5=highest need, Ages 18-25 n=3; Ages 26-35 n=4; Ages 46-55 n=4; Ages 56-65 n=2; Ages 65+ n=1					

Build Long-Term Affordable Housing by Previous Address			
	Chesterfield	Henrico	Richmond
5	-	75%	75%
4	50%	-	13%
3	50%	25%	13%
2	-	-	-
1	-	-	-
Responses: n=14, 1=lowest need, 5=highest need; Chesterfield n=2; Henrico n=4, Richmond n=8			

Services by Previous Address			
	Chesterfield	Henrico	Richmond
5	100%	25%	63%
4	-	-	25%
3	-	25%	-
2	-	25%	-
1	-	25%	12%
Responses: n=14, 1=lowest need, 5=highest need; Chesterfield n=2; Henrico n=4, Richmond n=8			

Building Shelter by Previous Address			
	Chesterfield	Henrico	Richmond
5	50%	75%	87%
4	-	-	-
3	-	-	13%
2	-	-	-
1	50%	25%	-
Responses: n=14, 1=lowest need, 5=highest need; Chesterfield n=2; Henrico n=4, Richmond n=8			

Vouchers by Previous Address			
	Chesterfield	Henrico	Richmond
5	-	-	25%
4	-	-	-
3	-	25%	25%
2	50%	-	-
1	50%	75%	50%
Responses: n=14, 1=lowest need, 5=highest need; Chesterfield n=2; Henrico n=4, Richmond n=8			

DSS Meeting

8.19.22

Danika Briggs, Lolita Moody, Kiva Rogers

- Biggest need is affordable housing. Inflation, market skyrocket, availability and affordability is not there. Folks come in looking for housing don't qualify with income threshold
- Senior population: fixed income, no disposable income, struggling to find housing affordable to them-seniors struggle to find spaces they can physically access
- Struggle with shelter for families – ex: mother with teenage son getting placed together
- New resource for women experiencing DV
 - Family shelter, very small
 - Often cannot take a mother with multiple children
- Shortage of immediate emergency shelter. Limited emergency shelter in the region. There is one sheltering system outside of the area in Warrenton that they will sometimes refer people to, but they have transportation issues.
- Recently participated in pilot program with Housing Families First, Bringing Families Home. Helping find permanent housing for kids in Chesterfield County PS as part of McKinney Vento. Many referrals were families living in hotels. The source of funding was time limited and they knew these families had income, so they were a good fit for this program.
 - Affordability is about more than meeting monthly payment. They also often had significant arrears related to previous evictions, utilities, etc. This was a huge barrier to them getting NEW housing. Even if they have income and pass criminal background check, they couldn't get into the housing because of these bills. Or they get in but can't get access to the power because they had such a debt with the power company
 - Need creative planning and thinking for these situations
- They're on the committee for the Greater Richmond CoC: trying to come up with strategic plan to identify affordable housing. Diving into the barriers now.
 - MH, unemployment, transportation – these are the main topics they are finding so far
- Data: keep daily log of how many inquiries they get
 - People call into the agency requesting services, and they track what type of situation it is and what they are asking for (experiencing homelessness, at risk, imminent risk, something else)
 - Will generally refer a lot of folks to the housing resource line, homeless crisis line/CE
- Stakeholder Interviews:
 - Housing Families First – Family shelter program and permanent housing (bringing families home)
 - Chesterfield Food Bank Outreach Center
 - Nick Jenkins
 - Virginia Home for Girls – emergency shelter for LGBTQ Youth 18-25
 - Mercy Mall – clothing, other resources for people experiencing homelessness, immediate crisis needs
 - Place of Miracles – feeding program, many people going there are living in hotels
 - Offender Aid Restoration

- James House in Petersburg – main DV resource center they refer people to
 - Helps more comprehensively, especially when there are children involved. They hear of this more often than YWCA or other places
- Latinos in Virginia – DV, interpreter services
 - CDBG pandemic relief funds help fund them – get contact info from Chesterfield team
- DV: Yeshua's House (Petersburg, but will accept families from Chesterfield)
- Senior Connections

Others to reach out to:

- Daily Planet: street outreach team

Data Meeting – 7/1/22

Attendees: Kelly King Horne, Margot Ackermann (Homeward), Jessica Sagra (Chesterfield), Jill, Alexis, Shiri (CSH)

Homeward HMIS includes 4 CoCs: Greater Richmond, Fredericksburg, Harrisonburg/Winchester, and BoS

Greater Richmond CoC includes Richmond, Henrico, Chesterfield, Hanover, New Kent, Powhatan, Goochland, and Charles City county

Next PIT Count is July 21st

Stakeholder Consultation:

- Consider aging populations – Senior Connections is a good contact for that (they are currently working on their 4 year plan so they could have some data to share too)

Live Experience Consultants: they are using some youth with lived experience to consult on their work and they have one staff (Erica) who is building out these programs. They will share our opportunity

Data we can get from them:

- Data disaggregated by race and locality
- HIC – they submitted to HUD in April, Margot will send
- Racial Equity Analysis
- DV data:
 - o YWCA is the lead for the local DV hotline
 - o James House covers part of southern Chesterfield
 - o Safe Harbor – Henrico
 - o Hanover Place – does RRH for regional partners (contact: Soren Haaland)
 - o EmpowerNet (contact Micah Morgan – CoC Board Member) is the central place
- Housing Resource Line – helpful for at risk (Partnership for Housing Affordability)
- Gaps report – will forward

Timeline:

- We request the data next week and try to get all our data set up by mid-July so we can prepare for webinar next month

Input on use of funds: Greatest need is PSH for single adults.

EmpowerNet – 7/12/22

Attendees: Mica Morgan (EmpowerNet), Shiri & Jill (CSH)

- Empowernet is a collaborative of multiple agencies that all support survivors of DV, and collects data from the 24/7 hotline
- Some of the agencies operate their own hotlines, but this is the main one in the region
- EmpowerNet collects other data and information from the agencies and helps connect them to each other
- Mica can provide data from the hotline for the purposes of HOME-ARP but it cannot be separated by location
- EmpowerNet observations from this hotline:
 - Calls decreased a lot during covid (was surprising to them) but the severity of the calls increased. Many police and hospital-related calls
 - 1,142 calls in the last FY from the CoC locations
 - Will share data from 1 calendar year
- Other organizations to reach out to for stakeholder engagement:
 - Safe Harbor (Henrico)
 - Annual Impact Report from YWCA
 - Carol Adams – former Richmond Police Officer who provides resources for survivors of DV
 - Tribute Circle (a new DV agency)
 - Consider Statewide Hotline
 - HVIP – programs housed within hostpical

Main takeaways: data partnership for Gaps Analysis/Needs Assessment, no strong inclinations on use of funds

Housing Resource Line Meeting – 7/15/22

Attendees: Leslie Beard, Shiri Yadlin

- HRL established in September 2020 by Partnership for Housing Affordability
- Callers can be renters or homeowners and they call for a wide variety of reasons: rent support, homelessness, landlord-tenant issues, housing navigation, neighbor disputes, utility issues, etc.
- Hotline connects them with the appropriate agency to help them, if one exists
- Rely heavily on partnerships to make sure they can assist people appropriately
- Data: track number of callers and where they are calling from
 - Demographic info
 - Income and employment
 - Family size and household characteristics
 - Need
 - Mood when they call (beginning and end of call)
- Can share data for each location – Henrico, Richmond, Chesterfield
- Home-ARP Eligible Funds/Needs
 - Serious need for affordable housing – issue across all income bands but especially lowest income
 - Majority of callers are in the lowest-income groups, so this is the most serious need
 - Other supports needed for these households too, but housing is the main one
 - Callers often request support finding housing in addition to help paying rent or dealing with other issues
- Follow up: will send data and attend listening sessions

Date/Time: 1/4/23

Stakeholder Consultation: Local Community Services Boards

Participants:

Name/Title	Organization
Katie Chlan, Program Manager for Homeless Services and PSH	RBHA
Doug Bilski, Director of Clinical and Prevention Services	Chesterfield CSB
Michael Nielsen, Supervisor of Housing and Hospitals Team	Henrico CSB
Adam Seehaver, Program Supervisor for PSH	Chesterfield CSB
Daniel Rigsby, BH Director	Henrico CSB
Karen Bowker, Program Manager (Adult SMI)	Chesterfield CSB
Rachael Thayer	Henrico
Cara Kaufman	Henrico
Jessica Sagara	Chesterfield
Sarah Chua	Chesterfield
Jillian Fox	CSH
Shiri Yadlin	CSH
Liam Hudson	CSH

Welcome and Introduction: ASK TO RECORD

- As most of you know, we have been working with Chesterfield, Henrico, and Richmond on developing their HOME-ARP allocation plan. Thank you to all who have participating in the listening sessions or completed surveys with your feedback.
- Coming out of our data analysis and stakeholder consultation so far, it appears that the community's best use for the HOME-ARP funds would be to support PSH development, likely through capital investments.
- So, today, we wanted to talk to you about your current DBHDS funded PSH programs and resources and discuss opportunities and challenges in creating quality PSH opportunities for people in the HOME-ARP qualifying populations (people homeless and at risk of homelessness)
- Before we get started, I'd like to do some quick introductions. Let's do name, organization and role. We'll start with CSH folks, then jurisdictional partners and then each CSB

Interview guide:

- 1) We know that you operate a DBHDS funded PSH program that provides rental assistance and supportive housing services for people with SMI experiencing homelessness or coming out of state hospitals. Would you each please tell us a little about your PSH program and how they operate in the region? Who do they serve, how many? What needs are you seeing among your population? *[Trying to get at basic level how their programs run and capacity]*

- a. Henrico – 3 case managers and 2 peers (1 case manager is admin). Total of 45 slots, started with 30 (no designation of referral). Filled new slots very quickly. Currently 37 are housed (4 from state hospital), 2 getting ready to be housed (one a brand new client, the other has been in a hotel for a long time). Barriers to housing include locating relevant housing, sometimes individual histories with credit or rental history.
 - i. Not always serving people who are homeless, but rather people who are difficult to place (not the vision of the program) – referring specifically to people coming from state hospitals (similar comment to RBHA)
 - ii. Seeing increase in people experiencing homelessness that are ending up in jail. They're a population that is in big need. They are being served in jail rather than hospital and that's a problem. Don't have the capacity to meet that need right now. When this happens, they end up having more challenges to finding permanent housing because they've now been caught up in the justice system.
 - iii. Outcomes for PSH program are very positive. The problem is, they want to share this news but don't actually have slots to get more people into the program, so if they share the success and people want to join the program, they have to say now. There is a really need for more slots so they can expand
 - iv. Also seeing a need for Pregnant and Parenting Women – hoping to apply for expansion to start this program.
- b. RBHA – 152 spots for singles, 130 filled right now. Two biggest challenges in getting those filled are staffing and available rental housing (not because of need, the need is 100% there). Seeing folks with more need because of pandemic and high barriers that this population has. Estimated 20 of the 130 have come out of state hospitals, and there is some concern that those people coming out of state hospitals maybe wouldn't have qualified for PSH otherwise, so they worry they aren't really meeting the need with the slots they have. Working with those individuals is very different than working with folks coming from the street.
 - i. Population coming from state hospitals: about half have long history of housing instability and homelessness, but there are definitely some that come from the hospital who likely would not have qualified for PSH (housing-wise) if they were not coming from the hospital
 - ii. Also operate PPW program – 20 slots, all filled – majority of the families came from substance abuse inpatient program, so they were all either homeless or at risk prior to program entry. Likely not chronically homeless, but that's rarer for families. This population is different than single PSH for a lot of reasons.
- c. Chesterfield – 30 slots for PSH, all claimed, 12 housed. Of the 12 currently housed, 8 came from being homeless. 1 in the program (not yet housed) who came from state hospital. 2/3 of the 30 slots came from being homeless (estimation). They are considering applying for more funding to expand.
 - i. Challenges: housing stock, learning how to do the program (being a new program). Bottleneck with folks in hotels – they're in the program, they're homeless, they're in a hotel and spend a lot of time there and they are spending a lot more on hotels than expected. The inventory of housing to move people out of the hotels is keeping people there.

- ii. 5 staff, so it's a small program
 - d. All sites trying to submit expansion requests for additional slots because they know there is need more than they can fill.
- 2) What are the challenges you have in accessing housing? *[Trying to get at the barriers like credit, criminal, affordability, etc]*
 - a. RBHA: large number of people coming with active warrants in their name (everything from public nuisance to more serious charges). Want to be able to do background checks internally so they know what they're working with, even though they know this opens up a lot of other problems. A lot of bad credit, not necessarily no credit, but really bad credit. Major criminal history that is hard to overcome. A lot of people who struggle to meet with a landlord because of their symptoms (greater number of people in recent years). Symptoms related to both SMI and substance use. More higher risk substance use than before as well.
 - b. Henrico: funding streams are often tied to disability type, and that makes it hard. Funding needs to be tied to housing, not disability type. People don't fit into neat categories and we're just trying to meet their needs. Substance use, ID/DD, and SMI are all overlapped. Emphasis needs to be on housing status rather than disability type in order to have more flexibility to really meet peoples' needs
 - c. Chesterfield: Surprised they haven't had more difficulty re criminal background and credit, they were able to get someone housed after a 20 year sentence, some success with Reasonable Accommodation. One apartment actually requested the reasonable accommodation to help get someone past the corporate requirements. Bigger barrier is how people are presenting in their meetings with landlords, or they want to sign the wrong name on the lease, or they have paranoia about signing the lease.
 - d. What is helpful for getting access to housing?
 - i. Henrico: Active engagement between landlord and CSB staff, strong relationships. Landlord calls CSB instead of police when issues come up
 - e. Trouble matching housing with client choices?
 - i. RBHA: When they started they could usually show people 3 units and they could pick. Now they usually have only 1 property and have to decide which of the clients will get it – so the prioritization is opposite of what it should be. Lots of loss of client preference. They have a lot of conversations with clients saying “we know this isn't what you want but you have to decide between this single housing option and whatever your current situation is.” This is very hard and undermines the values of the program which include client choice.
- 3) Are you currently or planning to work with developers to create new inventory of affordable and permanent supportive housing or obtain set asides or referral partnerships in newly developed properties? Tell us about those efforts *[Trying to get at their one-time funds and how they plan to use them, or any other efforts they have, goal is to see if their money could also support a*

HOME-ARP project – could they do capitol? Could they commit rental assistance and services?, etc]

- a. Henrico: we are not but we would love to
 - b. Chesterfield: CSB is not moving in the direction of creating inventory in any way. But they have several good partnerships with developers and builders and hope that as they build units the PSH programs can have some of the slots in their buildings. One of those partnerships didn't pan out – maybe miscommunication about what does affordable housing mean and who is targeted for that. Individuals the CSB serves are at 10-15% AMI range which is often not what developers are thinking is affordable housing.
 - i. They also have challenge working with developers and buildings who really do want to engage and be good partners but then property managers enter the mix and now you're dealing with a completely new company with a different perspective and opinion. They are continuing to connect with the major players in the area, and there's an educational element to help folks understand the needs of the individuals they're working with. It's a little early to see if this actually brings units that they could access and use.
 - c. RBHA: Region 4 just submitted a plan to the state to receive funding to hire consultants to do feasibility and build partnerships to try to actually access new units. Still waiting to hear feedback from this proposal. Specific to RBHA, has partnered with VSH on an SRO project. They have 5 units within the VSH project, and that has worked wonderfully. They hope to continue partnerships with new units in the pipeline. Also have been involved in early conversations that are CoC-led regarding partnering with other developers. Recently, the need has been heard and absorbed in a way that it hasn't previously, so we're looking at how we can take advantage of that.
 - d. Do you see capital investment being part of the mix at any point?
 - i. RBHA: I'd like to think that if we got to a place where there is opportunity (a hotel for sale, etc), we could come up with a plan for it. But no one has specifically offered capital funding.
- 4) Is there anything else you would like to tell us about the population you serve, or challenges and opportunities related to increasing the inventory of PSH in the region?
- a. Henrico: educating property management about benefits of working with PSH program is really important. We need to sell it at the higher level, not just one property manager at a time, but broader narrative shift and bias-challenging, building the relationship more.

Chesterfield: big county, are there specific parts of the county that have higher need?

- Mostly south county is where folks are being successfully housed. There are a few complexes that we have good relationships with
- This location gets mixed reactions from clients – some people are happy there but others don't want to move there. There isn't much transit generally, so that is hard. There are some resources nearby but it's not excellent, it's fine.

Interview guide:

1) We know that you operate a DBHDS funded PSH program that provides rental assistance and supportive housing services for people with SMI experiencing homelessness or coming out of state hospitals. Would you each please tell us a little about your PSH program and how they operate in the region? Who do they serve, how many? What needs are you seeing among your population? *[Trying to get at basic level how their programs run and capacity]*

Katie Chlan-give me a second to pull up my numbers because I can't keep them straight out of my head but for our singles DBHDS funded we have a total of 152 spots and 130 of them are filled right now I will say the biggest challenge well the two biggest challenges I'm not sure I couldn't prioritize budget getting those filled our staffing and available rental housing that's it they're both just huge challenges which that's a whole other conversation but it's not because of need the need is absolutely 100% there I think we're seeing people with more need because of the pandemic and the challenges that they have higher definitely higher barriers which then feeds back into the lack of housing lack of landlords who will work with the individuals we're working with if I had to guess of the 130 I would say probably maybe twenty of those can't have come out of state hospitals and that's so they may or may not have met the criteria for PSH if it wasn't for that and that presents a whole other set of challenges which we can talk about if we want but but that's it's very different working with those individuals than the individuals are coming to us from the shelter system on the streets yeah I don't like that I'm trying to think that's basically it in a nutshell. Maybe half of ours it but we have absolutely have a good chunk who um we're not housing unstable we're definitely not homeless before but ended up at the hospital and OK well they now they qualify for PSH so here they go and I think that population is actually harder to work with in some ways it's it's it's it's just different but yeah some of them do but yes we we probably have a good 10 to 15 that would not have qualified if it wasn't for the fact that they ended up when they were TDs they happened to be TDO to central state and not retreat for a local hospital got it

Adam- if if you're done Katie I guess I'll pick up of the 12 that we've got currently housed I think about eight came from being homeless we only have one person in the program who's not housed yet but in the program who came from a state hospital you know we've certainly been soliciting and reaching out to those but that's all we've got from the state hospitals we are full at 30 slots generally the the the majority of those is about the same rate as the ones who got have currently hours probably 2/3 or something like that were came from being homeless we are strongly considering applying for more funding that that I know that R that three to eight is February 9th as far as challenges on this end certainly housing stock and you know just sort of learning how to do this you know being brand new there's there's a learning curve there for sure there's A and this is just part of the learning curve but there's been sort of a bottleneck with people in hotels you know they're in the program they're homeless they put them in a hotel but then they're there for a long time so we've been spending a lot more on hotels than we expected and we're having a discussion Friday on you know sort of what we've learned the first six months of this and how we might manage that a little bit differently and I think that pretty much sums it up on on my end I don't know if Karen or Doug have anything to add no nothing from me Adam it's good thanks I think that's pretty much it right now still very much in the learning phase I'll knock on the wood while I say I mean our program is small we have five staff total Katie you had

mentioned you know a big factor being workforce and staffing and that kind of thing but with our smaller five person program and continuing to knock loudly on wood we've been doing well with with our team at least and can I just clarify Adam you said there you have 30 slots so those are all there's they're they're all people are all enrolled you have people enrolled in that and then 12 are physically located in housing and you're working with the other ones and some are in hotels and that's a bottleneck with the inventory did I am I get it that's exactly right OK great thank you all all right hey Michael here again I will start we have three case managers and two peer specialists one of our case managers is more of an admin person manages the finances and keeps track of records and things like that so we have two case managers that are going into the community working with folks on a regular basis I mentioned before we have a total of 45 slots the program started out with thirty slots no designation whether the person being referral from within the agency the community state hospitals or whatever then we got an additional 15 slots that were allotted for state hospital folks this referrals were really really slow and so we actually got permission to take five of those slots and make them more general referrals and we filled them pretty quickly so I'm sorry I did a little search like Katie I was less successful than her but my recollection is we have 37 folks actually housed of those my recollection is four of them are state hospital we have two folks now that are in the process of being housed one of them the brand new client the other one is someone who like Adam was mentioning has been in a hotel for quite a while I think it's the issue is in this case was more her symptoms ironically she has issues around entitlements and benefits and costs and she doesn't think she should have to pay for things because she shouldn't because she's a nurse and then from there but we've located a housing for her and hopefully she'll be moving next week if we can get past some of those barriers I think personal barriers you know as you guys have mentioned that that locating housing has been an ongoing challenge for us I mean I think we've been successful for the most part but it has taken time you know in terms of the individuals rental histories and their current finances have been issues I Daniel can speak more about the program's history but I'm not aware of anybody right now that has any legal issues that have prevented us or made it more difficult but historically there may be some folks in the program the ongoing thing I think is just support with folks and I think there are times when it feels like things are a little more crisis oriented than they need to be um and you know some of that is behavior management some of the financial management family issues a variety of things that feed into that but anyway those are thoughts I have Daniel do you like to add on I I just wanted to sort of echo what Katie was saying about the state charges I think sometimes rather than serving people who are homeless we're serving people who are just difficult to place and it's really a disconnect between the mission of the program and needs of the community particularly at the state hospital community if I had to do again I would not have such tight restrictions on who's eligible for those additional slots because it's not worked well part of that was it we got the slots about the same time the pandemic started and so everything in the state hospital system changed at that point you know conversely what we've seen is a significant increase in the number of truly homeless people with serious mental illness you're ending up incarcerated in our local jail system so there's much greater need there than there is in the state hospital system and they're basically the same people it shows you can't access the state hospital is easily as you can access jail and said that's where people are being served and so that that's a place where we're really experiencing greatest need at this point and really doesn't have the capacity to meet that need and there's cause in that situation then you do have the additional challenges of legal history with the individuals in addition to all of the other challenges because they got caught up in the justice system even though typically it's really for nuisance crime and stuff but that's just been it's been sort of unfortunate that our slots are so locked down and tied to the state hospital system

yeah i know uh it's really positive that outcomes that we are seeing in the people in our permit supportive housing program are really positive and I think one of the challenges it's sort of threefold one is we both want to get that word out you know it's kind of like this really works people don't go to the hospital nearly as much if they are stably housed and if they've got the resources they need and at the same time we don't have additional slots so advertising is sort of the wrong thing to do because then people just get frustrated so it's sort of a double bind of we want to help advocate and promote the this is really a good program but at the same time we don't have any capacity so it's frustrating to community members if you're telling them oh this is a really great program and they go oh I've got the great individual would like sorry can't help them out are you all exploring so I know Adam mentioned this expansion opportunity are all three of you exploring submitting an expansion request the budget yeah that's great are you all going to try and I haven't read the RFP yet frankly but is it locked down on just state hospital discharges or are you allowed more flexibility OK so you could if you're asking for do you guys plan on asking for like additional slots for for the homeless and at risk yeah Yep that's our plan for sure and then there I don't know if the second RFP is coming out for pregnant being pregnant and parenting women that there are two separate there's an expansion of existing programs and then the opportunity to either already have pregnant parenting women to expand that or to add it if you don't have it and that's another area where we're seeing the real need in our community oh thank you for bringing that up the pregnant and parenting women but for people with substance use disorder program you have that Katie now in the region there's only three or four sites across the state right so you have it and something can right go Chesterfield my try and add that do you have any information around like there if they match the if they're experiencing homelessness typically you're at risk of homelessness like if they kind of meet that homework qualifying population so the majority of the people that so we have 20 spots for PW and there are all filled and the majority of those families came from our sub one of our substance abuse inpatient programs and so they were either homeless or at risk of homelessness prior to program entry I don't I don't think any or a very very small number were chronically homeless or met that definition which we don't typically see with families and obviously none of them came out of state hospitals because it's the ASD population so it's a different it's a different it's a different population in a lot of ways than than the singles gotcha OK well thank you for all of that the next kind of question i have is and you guys have spoke to

2) What are the challenges you have in accessing housing? [Trying to get at the barriers like credit, criminal, affordability, etc]

Jill: the justice involvement so I you know I have this list of like criminal so criminal background being tough I heard rental history I think I heard income Umm what what are those barriers that you're seeing with your population I think Katie even mentioned like them almost getting a little worse and and and what why we want to know this is what are those barriers so that if these funds went to creating permanent support of housing what does it need to look like to make sure that it matches the need that you all are seeing and the hospital population that's not quite who we're talking about but thinking about your you know the larger community that you guys have talked aboutkatie yeah man i think it's you know we've we've had a

Katie: send their name so like we go to apply for an apartment complex and they end up getting turned in because they had an outstanding warrant and whoops didn't know that so and and those could be everything from like you said a nuisance crime you know something very minor to much more you know they and and they are we never see them again kind of thing I wish there was a way that we could run background checks internally before starting to apply um that I know that presents all sorts of issues but it that would that would be wonderful it just in a lot of really bad credit historically we went through phases I felt like where we saw folks with no credit but that hasn't that's not the issue right now it's it's that they just have really really really bad credit and just some really pretty Major Crimes you know they served a 20 year armed robbery kind of thing a lot of like assault against a police officer which is very scary to a landlord and we've tried to work through some of those processes if it was if if the assault occurred during a TD O then we can work through some of that but a lot of that a lot of people who are just really psychiatrically not clear enough that we can have them meeting with the landlord and I you know I I fully agree with housing first and I will never say someone has to take their meds to to be housed but there are a subset of individuals that have to they have to be able to present to a landlord and we're just seeing a much greater number of people that like you know that either we have to figure out a way to get this lease lined without that happening or you know we've had to get much more creative because of the symptoms of both the mental illness and the substance use that's the other big piece too is the substance use is like nothing that I've ever seen it's just a whole lot of very very high risk injectable heroin use the fentanyl you know all of the all of the bad things unfortunately is what our population is dealing with right now and that's making it tricky too

Daniel: tied to disability type so that you get like substance use money and you get mental health money and you get this money and really for this program it really needs to be about housing not disability type because I mean we're seeing the same thing just across all of our services is people don't fit into these neat little categories you know we have people with schizophrenia with heroin addiction that we're trying to meet their needs and and so those traditional sort of thoughts about substance use disorder and mental health being separate and intellectual disabilities even I mean we have somebody with you know intellectual disabilities and schizophrenia and serious you know so it's I think the more funding and emphasis can be on housing status rather than on disability type that that it provides more flexibility and and increased desirability to meet people's needs

Adam: difficulty around some of the criminal background stuff and the credit peace we got somebody house who did 20 years for what he describes as criminal mastermind which I've never heard of that one before it's almost sounds like something you put on your resume but he he was able to get how is that had a little bit of success with reasonable accommodation letters I think that the biggest thing that that I've seen that's been a barrier is something Kate was talking about is the way that people are presenting when they're in meeting with the landlord or we get everything ready and they don't want to sign the lease application or they wanna sign some name that isn't their name or something like that so that's probably been the trickiest thing I've been a little surprised that the other things haven't been as big of a barrier as I thought the reasonable accommodation letters work pretty well I was worried about that I have one apartment complex actually say you know look we would love to how is this person we just need you to submit reasonable accommodation so that we can get her past the the corporate

requirements so it really it's just how people present that's probably the biggest the biggest barrier so far in our end

The programs these folks are running is that they are working with private market landlords throughout the community to help individuals or serving apply for housing and access that housing and and then stay stably housed so in that landlord piece like so it sounds like you got you have lots of landlord relationships there's probably you know what's maybe flip this positive like what are the key factors in the landlord and a landlord that you're working with that has worked really well it sounds like someone that's proactive asking you about reasonable accommodations but what else like what what is helpful in getting your folks access to Housing i i think active involvement from the staff that are kind of housing you know

Michael- we've been fortunate I can't say across the board but we've had some really wonderful people who have been very tolerant of some pretty odd behaviors and they reach out to us you know they're not calling the police they're calling us so I think it has to do with those relationships but you know yeah I I do want to everyone else has already followed up with Katie said too about the symptom symptom issue with their presentation with meeting with the potential landlords that yeah that's a challenge I don't know if that's preparation or is this inevitable who you're preparing I don't if you're paying the landlord or the with the client but but that definitely is a challenge do you work with the property any property managers that are comfortable with that or like we'll work with you understand that and you know I mean we've got one individual she's not met her she she doesn't want to see us we were lucky if we catch up with her on the streets but she is kind of cantankerous and symptomatic she refuses meds but they just accept her she at one point she was coming into their office almost daily or at least maybe weekly can complaining about something wanting her locks changed you know people are inserting thoughts whatever whatever her symptoms are and they just listen to very patiently very kindly and and when she's done she leaves and most of the time we don't even get a call from the office because they've come to her

The landlords are rotating staff pretty consistently and that's that's a challenge because a lot of them don't know what they're doing and we're trying to step in and be helpful but also asking them for some leniency from them and they're overwhelmed with what they're trying to do are there any have you had trouble

Kaite-For the most part we're able to show each person three units and then they could pick and we know that people do better when they get to pick where they live but now we're in a situation where OK we have one property and we have someone someone coming out of central a registered sex offender and someone sleeping on a park bench who gets that one property and so we're having to prioritize the other way and unfortunately what's lost in that is client preference you know and and we've had to have a lot of conversations about like this isn't we know this isn't what you want right now it's not the location you want to be on South side and this is north side but the choice right now is this or continuing to stay in

the shelter and if you want to continue to stay in the shelter that's that's OK or the park bench or you know whatever we don't get to have those conversations with the the hospital discharges there's no expectation that they get any say and it's the first place that they get approved as quickly as possible which again then feeds into the other issues but that's one thing that is really hard right now is that we are having a very hard time honoring client choice because it's there is no choice

3) Are you currently or planning to work with developers to create new inventory of affordable and permanent supportive housing or obtain set asides or referral partnerships in newly developed properties? Tell us about those efforts *[Trying to get at their one-time funds and how they plan to use them, or any other efforts they have, goal is to see if their money could also support a HOME-ARP project – could they do capitol? Could they commit rental assistance and services?, etc]*

Daniel- we are not, but would love to

Doug-Chesterfield CSB is not Creating inventory in any way or or anything along those lines

Fortunate to have several good partnerships with specific developers and builders you know and we're hoping that some are going to pan out to as they're building units to be a place that you know they've expressed that they would really like to work with us some of what you know I think happens and and my experience in this world is very limited so far but you know we had a good relationship with the developer who was building new units here in Chesterfield we were anxious and and excited about the partnership but I think some maybe miscommunication around what does affordable housing mean and who are the folks that are targeted by you know for affordable housing you know I think the individuals that we serve their you know annual is probably in the 10 to 15% kind of range if that you know and so that doesn't always match up with what a developer might be thinking is an affordable housing unit and then also maybe some element of working with developers and builders who have really great intentions and really do want to partner and are good community partners but then property managers and up in the mix and then now you're dealing with kind of a completely new company and and folks who you know have a maybe a different perspective or that kind of thing but in general I would say yes even though Chesterfield and and again thanks Jill for that even though Chesterfield CSB is not necessarily in the place of becoming developers but continuing to reach out to some of the larger ones in our area and we've been forcing it to have some folks reach out to us and say how can we help we're interested in the population that you serve you know how can we help and then there's I think an educational element to some of those folks who don't necessarily understand the the needs of the individuals that we're working with and you know so ultimately I see it as a huge positive around inclusion and you know opportunities to help folks outside of our general kind of mental health world understand more the needs of the individuals that we're working with so in that way I think really positive we're a little early in the game yet to see whether this is going to bring actual units to atoms team that we can access and use that would be kind of the rubber meets the road piece of this and you know even if we don't get there there are some benefits I think to sharing information about what we're doing and the individuals that we're working with with folks who don't always come into contact with our individuals

Katie-First of all regionally so the the region four we just submitted a a plan well I shouldn't say just I think it was due on Halloween so it's been a bit now but we're waiting for feedback from the state there was extra state money in our region was awarded it was like \$900,000 and one of the key things so we all work together as a region and Adam and Michael were on that committee with myself and part a big part of that plan was just this it was recognizing like this is something that needs to be done so it was hiring consultants to do more of like feasibility and looking at partnerships so it wasn't money to be used to start purchasing land but it was sort of some of that pretty work and and putting that deal together so that's in the works we actually followed up a couple Times Now and I've basically just been told we're coming but we don't know if that's approved or not so so that's going on regionally with the CSB's but then with our BHA we've partnered with Virginia supportive housing in the past with new clay house which is one of their SRO's when they did their whole rehab we have I think it's five units there that are that our our BHA so to speak and so we use those for our PSH folks who need that want that type of setting and that's worked wonderfully to have that option and so we're we're in early conversations as they're getting ready because they have a new unit or a new building in the pipeline so we're starting conversations about that could you know how many units can we get here so hopefully that's coming and then we have been involved in some early conversations that have been more COCC LED with a partnering again I don't I don't think that RH is going to become a developer I don't see that happening but looking at those partnerships potentially what could happen we do potentially have some land that we own that has been tossed around that one of our off site locations and so there's I think recently here the need has been hurt and absorbed in a way that it hasn't previously so where we are sort of looking at OK what can we do in this way. that's part of it we really tried to honor all of the CSV's in our region which there are some who do not have PSH programs so there's some funding for more needs assessment and data gathering for those the CSB's that don't have any type of housing right now but then and then there were some there was a little bit that was set aside for existing programs for things that we can't use our existing money for I think it was Adam's idea actually which was a wonderful one as far as legal expenses like you know we can't sometimes we need to talk to an attorney and you know having that ability and then there was a chunk of it for looking at property development I can't Michael and Adam feel free to pipe in because it's been so long since I've looked at it but it was it wasn't real specific we kind of kept it as vague as we could and there was all and well the other piece too was that there was a specific focus for some of the money on the looking at folks who are coming out of the state hospitals on the DRI status because those are tricky and we've all kind of dealt with that in one way or another with our existing PSH programs so you know what you know what what would that could that look like that would make everyone's lives easier do you think last question and maybe you don't and it's if you don't know but like this development consultant you know I understand that these one time funds this might not be the only time that you might receive one time funds or have carryover balances that you could use in a certain way is do you see capital investments being part of at some point the mix like being able to invest actual dollars in because that happened with nuclear house right or DBHDS money the level yes yeah I I don't it's my sense that with this one time 900,000 that there's not going to be enough in there for capital expenses right I I would and maybe I'm naive in this but I would really like to think that if we could if we got to where we needed to be and said OK we're ready there's this land that's for sale there's this hotel that's hot right now we want to buy this hotel for permanent supportive housing that we could hopefully put together some type of a plan with with support from the state and again maybe I'm naive in that and maybe others been around longer than we have other thoughts but but they have not directly come out and said here's capital funding available for this right thank you yeah

no I don't think that's naive it's optimistic and if you have a good plan and you sell it right why not why would they say help right alright so i know i want to be cognizant of your about

4) Is there anything else you would like to tell us about the population you serve, or challenges and opportunities related to increasing the inventory of PSH in the region?

Michael: Or just anything else you'd like to tell us I just echo what's been said just that the whole piece of educating the property management about you know the benefits of working with the PSH program I just think you know selling it at that the higher level as opposed to the individuals working in the actual you know to taking a more of a broader approach I guess educating them I think we talked about this before probably can't even I think there was some talk about offering them trainings or services that would be beneficial to them certifications or whatever but just kind of building that bridge but educating them to make them understand because I think a lot of them may have some biases based on lack of understanding

Jill: thank you for that Michael-yeah I think you know we found a PSH kind of that but especially with like new production that really intentional focus on who the bringing in the groups together the developer property manager service provider generally and the tenant early on can kind of help make sure there's a lot of awareness about who's who's going into those those units and what the design looks like right and what and kind of what you said you know can kind of help hedge that like when it transfers from the owner that you've been talking with to this third party management company that's got all their own rules and they do it across the entire state all the same way and it doesn't work right like how to can help mitigate a little bit of that have you all engaged in that more intentional I mean I know reduce work housing is a partner that gets us right in a way and you know in that intentional way but any other partners or Sarah I saw you came on camera I don't know whether you have something you'd like to ask or say or or just just coming on be on camera like

Sarah: no I well first of all thanks everyone for being a part of this discussion I know how busy your days are I no Chesterfield is a pretty big county I think you know it's pretty spread out so I'm wondering if if there's one area in the county that you're seeing most of the clients are being housed or you're seeing more of people that are at risk of homelessness or are unhoused I don't know if there's one specific area or maybe it's mainly in the southern or more towards Dale or the specific district so I'd say that mostly

Adam: we've got folks down in the South part of the county Chester and thereabouts probably the majority of the stuff top of my head got about three different complexes down there that we've got pretty good relationships with so yeah that's that's where people seem to be clustering right now is that I know we talked a little bit about choice but is that is that a good location is it close to services do they do people have what they need there to people you know we certainly give them the the choice some people seem to like it alright some people don't want to go there and so we don't put them there we certainly encourage people if you've got an idea of something else you'd like go check that out just thinking about a couple of specific locations they're not fantastic but they're they're certainly fine as far as closeness to you know grocery or library unfortunately there's not a whole lot of transit and Chesterfield County so it's not as applicable

Jessica: thank you Adam would you be able to share with us what those three complexes are like the names of the apartments you can e-mail the information too if you want but just curious

Adam: colonial Ridge one of them is Crystal lakes and I'm still remember the name of the third one but I can pull it up here shortly they they all surround all kind of sound the same right

Jill:he's focused proven names Magnolia Glen popular forest come on we can keep them going oh you know what

Adam:I only have the addresses I'll I'll have to I'll have to dig a little bit more open in the chat

Jessica: yeah that that sounds good and I think you know it would be great to coordinate a bit more moving forward I think you know it's the first time we're we're kind of meeting over teams I think it would be great you know we'll keep you guys in the loop as we develop keep working on this plan and and moving forward on another things that we're involved in I think that sounds good great I'll shoot you an e-mail a little bit later that

Jill:sounds good thanks and how closely are you all working with the DSS or any other nonprofit organizations outside of the county

Adam: we get some referrals from DSS usually that looks like they send folks over to same day access and they come in and they say oh DSS said to come over here I think we've gotten one or two from Catholic charities the word seems to get out very quickly so we've had a lot of people just coming through SDA or people that are particularly December people who are existing consumers of ours who are homeless so

Jill: yeah thanks I was waving it at Daniel who had to leave us so but I think we're right at time and yeah hopefully hopefully we continue these conversations I don't think this is the last conversation around sport housing development in the region ever so next steps is to submit this plan get it approved by HUD and then the really hard work I think happens right of how to get it on the streets and how to get get these units up and running it's at some point you know quality so thank you again thank you all for your time I know you're very busy at balance crisis and and forward thinking all the time and so just really appreciate your time today and but let us know if you have any questions or follow up comments so you know I have shower thoughts I don't know about you later and wish I had said something please feel free to e-mail me with any thoughts that you have comments I did just have something akin to a shower thought which is falling Creek because the other apartment complex has popped in my head falling Creek is not does not sound very good to me I don't know why falling into a creek your right

Date/Time: 12/27/2022

Stakeholder Consultation: Greater Richmond Continuum of Care Board

Participants:

Name/Title	Organization
Kelly King Horne	Homeward
Irene Zolotorofe	VCU
Dr. P. Cook	VCU
Katie Rhodes	YWCA
Anette Cousins	CoC Board Chair
Matt Scaparro	Better Housing Coalition
Beth Vann-Turnbull	Housing Families First
Sherrill Hampton	Richmond
Eric Leabough	Henrico
Rachael Thayer	Henrico
Cara Kaufman	Henrico
Liam Hudson	CSH

Welcome and Introduction: All participants were informed that the meeting was being dictated by Liam Hudson, CSH

My name is Liam Hudson I'm a senior program manager with the Mid-Atlantic region and I work for an organization called CSH or the corporation for supportive housing. we've had the pleasure of working with Chesterfield and Henrico mostly on their HOME-ARP allocation planning process and so if you if you don't know it's a new allocation of federal funds that is being set aside for this region to focus on the qualifying population so that's folks who are experiencing literal homelessness folks who are within 30 days of maybe potentially becoming homeless, folks fleeing or attempting to flee domestic violence and then any veteran group that falls within one of the other qualified populations. There are four things that HUD is allowing this this allocation of funds to be used for the first thing is the purchase of non-congregate shelter I just want to be really clear that it is just the purchase of it would have to be converted over to a different kind of funding allocation in order for it to be the operation of shelter, it can also be used for tenant based rental assistance, it can be used for supportive services, and then the last thing it can be used for is the acquisition rehabilitation or development of permanent or long term affordable housing. What we are looking for today I really just have a few questions for you all and it's going to be a very open-ended you know you're the experts tell me what you know tell me what you'd like to see and what you're seeing and what we're really trying to get a feel for is how is this money going to do the most good and you know what do we need in this area that this money could potentially help us with.

Interview guide:

1. What are you all seeing in the area? What are the gaps and what do we need this funding to be able to expand or obtain?
 - a. Long-term, affordable, supportive housing. More options/ access points for medically vulnerable populations (Irene)
 - b. Permanent Supportive Housing, more PSH options for families of 2 or more (Beth)
 - c. Better mental health/substance support access combined with affordable housing options (Irene)
 - d. PSH (Annette)

2. What does an ideal system look like? What would a services model with deeply affordable housing look like for you all and how do you think it would meet some of the needs that are more unique to the area?
 - a. Lack of affordable units is preventing people from leaving shelter even with vouchers. Additional barriers such as lack of identification and other qualifying documents is also a barrier to being able to access housing in a timely manner. (Beth)
 - b. The barriers to accessing housing fall outside of what is currently allowable within funding sources and extend the length of time persons spend experiencing homelessness. (Katie)
 - c. Lack of access to legal services at present (Katie)

3. Is Coordinated Entry the best entry method for this funding source? How would an ideal coordinated entry system look?
 - a. Coordinated Entry should be used, access points should be increased and more available to persons experiencing street homelessness (Dr. P. Cook)
 - b. Coordinated Entry is critical-expand entry points into ER's and medical facilities (Irene)
 - c. Coordinated Entry helps landlords have a point of contact to accommodate in a lack of services knowledge/skills on property management side (Matt)
 - d. Coordinate Entry is critical- it supports sustained success in housing outcomes through coordination and continuation of services (Kelly)

4. Does expanding coordinated entry look like having more trained coordinated entry professionals available in more places or does that look like cross training other professionals in different sectors on coordinated entry practices?
 - a. Both (Annette)
 - b. Both and cross training people right away will help meet the need in the short term (Dr. P. Cook)
 - c. Utilizing strong case conferencing has been incredibly impactful in improving outcomes (Kelly)

5. What support/resources would you need?

- a. Staff and more administrative resources (Beth)
 - b. Operations and staffing across the board in homeless services (Kelly)
6. What is an ideal use of funds? What does an ideal timeline look like?
- a. Use these funds to leverage others to minimize development capital sourcing timeline (Kelly)
 - b. Front load the capital to build affordable units (Katie)
 - c. Getting a whole new project done significantly expands the flow through our system (Annette)

Dictation

Liam Hudson: Alright so the meeting is now being dictated just so everyone knows hi everyone my name is Liam Hudson I'm a senior program manager with the Mid-Atlantic region and I work for an organization called CSH or the corporation for supportive housing. we've had the pleasure of working with Chesterfield and Henrico mostly on their HOME-ARP allocation planning process and so if you if you don't know it's a new allocation of federal funds that is being set aside for this region to focus on the qualifying population so that's folks who are experiencing literal homelessness folks who are within 30 days of maybe potentially becoming homeless um folks fleeing or attempting to flee domestic violence and then any veteran group that falls within one of the other qualified populations and so with that there are four things that HUD is allowing this this allocation of funds to be used for the first thing is the purchase of non-congregate shelter I just want to be really clear that it is just the purchase of it would have to be converted over to a different kind of funding allocation in order for it to be the operation of shelter, it can also be used for tenant based rental assistance, it can be used for supportive services, and then the last thing it can be used for is the acquisition rehabilitation or development of permanent or long term affordable housing. Umm and So what we are looking for today I really just have a few questions for you all and it's gonna be a very open-ended you know you're the experts tell me what you know tell me what you'd like to see and what you're seeing and what we're really trying to get a feel for is how is this money going to do the most good and you know what do we need in this area that this money could potentially help us with. So what I'll ask is that after I asked the question if you could please state your name and your title before giving your answer that would just really be helpful for me like going back and reviewing the notes. So yeah, I think that is just a very brief overview. Are there any questions or anything that I could clarify before we kind of jump into it?

Irene Zolotorofe: I guess it'll be interesting to hear about is what are the other communities doing that you've been working with and sort of where are they tapping into their funds so I'm only mostly familiar with what's going on here in Richmond would be interesting to hear how other people are looking at their funding and their community based on what's Chesterfield is doing and what they'll see there issues are well this is the effort for everyone so we are in the same stage of the process for each of the jurisdictions

Liam: what I can say is that in working with you all and what we have heard from the folks with lived experience is that the greatest need is a long-term affordable housing and specifically permanent supportive housing yeah and you know so by no means can I say that that's going to absolutely be our final recommendation but I can say that based on the data and the feedback we've received it looks like there is a heavy need for that in the area got it thank you that was helpful

Kelly King Horne: and and if I could just add Irene to this money was part of the American rescue plan like specifically carved out under HUD and it was a it's a new way that HUD is using this like it's a previous funding stream but they're using it in a different way which is why there's this planning process and so what's really that you know two exciting things so one is that Chesterfield Henrico and Richmond are mostly like working together on the plan which is incredibly exciting you know because that money will then go further right and that's and that's really a credit to the staff some of whom are on this call like Eric and Cara and their counterparts in Chesterfield and you know richmond's a little further behind but just because of their short staff not because of lack of interest and then so that's one that's super exciting and the second is that the state also got an allocation it's unclear exactly you know they're not doing quite the same sort of robust planning but we would have an opportunity to like apply for additional funds there as well so that's the well what's so interesting this is a very sort of unique you know funding opportunity I think I

Beth Vann-Turnbull: I'm the executive director at Housing Families First and I certainly echo the long-term deeply affordable housing the the caveat for for me is oftentimes we're told well we don't need more family permanent supportive housing and I know there are many more singles then families but the number of families I can count on an 8 you know that in eight years here that I've seen get permanent supportive housing I can count on one hand you know and so um I do know that singles need it there's also families that need it where they need just deeply affordable and or vouchers so ideally it would be deeply affordable but because that takes a while then vouchers to keep those coming in the interim to to keep that gap going and as a shelter provider you know we always like money to operate the shelter but we'll we the the issue now is just having a place for people to go and put this never ever have enough shelter if we don't have a lot more affordable housing

Liam: OK thank you so yeah I guess that's that's a perfect way to start you know go into my first question is what are you all seeing in the area what where are the gaps what what do we need funding to be able to expand or obtain so so far I'm hearing deeply affordable housing I'm assuming by deeply affordable you mean 30% AMI and below

Irene: I work at our health system here in Richmond VCU health system so I have a little bit more of a slided look from my population that's here which is the medically compromised patient so I have a you know geriatric patients I have homeless homeless geriatric patients are usually it ranging anywhere from 50 and above usually with medically complicated challenges that they have and so they need long term housing for sure and they need you know just really the ability to have access to like medical

appointments and so wherever the long term you know care location is so that we can get them to and from you know appointments and you know having it off in some place and I mean definitely in the city as well because you know we want to be able to get some of our doctors go to homes nursing home help all those types of things so you know Camden model would be good where we have you know the doctor's right in the housing situation I think Dr. Cook would be supportive of that I don't see her on the phone with me but that's our medical homeless population that need long term care they can't afford anything

Liam: do you kind of kind of a follow up to that and maybe you know this is a broader question for everyone but do you see that a lot of the individuals in the area who are experiencing homelessness are also medically vulnerable and you notice that exacerbate the homelessness or vice versa?

Irene: I think I mean the other thing I think too is their mental health and substance abuse problem population but more mental health because we've got a little bit more you know I think the other challenge that we see those two populations at the hospital is mental health substance abuse and you know medically complicated patients so I've got like a slighted you don't see everything I just see those 3 high need patients at the hospital but these guys see everything limited

Annette Cousins: my apologies that I was running a bit behind this afternoon and I'll just echo the what I've already heard other folks say related to the need for permanent supportive housing I think that just year over year you know our data shows that that's the resource we have the least of and also you know the greatest need yeah it's really I think exceptionally frustrating for folks who need it to not be able to get access to it or to be matching them to different resources that aren't ideal for them long term like rapid rehousing but that are at least something in the short term and so I think from with the resource allocation perspective and the need PSH is at the top of my list

Liam: OK perfect thank you does anyone else have anything they'd like to add? ... Umm OK so yeah you know what I'm hearing is pretty consistent with what we've heard so far is that one of the greatest gaps in the area is the connection to services with the deeply affordable housing and kind of folks having difficulty accessing that or maybe a limited number of those options available and so I guess from your perspective what does an ideal system look like like what would a services model with deeply affordable housing look like for you all and how do you think it would meet some of the needs that are more unique to the area?

Beth Vann-Turnbull: on the shelter and rapid rehousing front it would be when someone comes into shelter that there is a unit somewhere available you know that said that 30% am I and the other issue is with HUD funds the HUD cap FMR has not kept up with the rent so we can't find anything under SMR and there were some waivers but there's kind of waivers with state funds but not high funds and things like that and so not only are there just not many units but the actual system itself of keeping us from

getting the few out there sometimes and and we know they're not very affordable for families but they could kind of squeeze in and and and squeak by um so having something quickly instead of taking months and also in the shelter just the pace of RHA for people that choose public housing and vouchers is very slow and so that goes back up the developers as well but that's you know partly their staffing and it's like that as well but so for me it's always about the flow people come into the system they can leave the system and it just backs up when there's not a place to send them that you have to spend a long time and and really like scrap and write a check that day to run somebody over there before the unit gets snatched up that kind of thing is having enough inventory to be able to have some kind of flow in the system and then half of the patients have lost their ID and then we've got to work on getting their ID so there's no place to put them you know in the interim so they've got medically complicated issues we've got to apply for Medicaid for them they don't have their ID they've lost everything because being homeless you you know it's hard to keep hold of yourself so being able to put them someplace until all those things because it's it's 45 days you know before you can start to access like birth certificates all the things that you need to get them situated then to be able to apply you know filling out applications is like a nightmare and then of course having the down payment for those types of things like I'd love to see like a waiver for that I don't know if that's possible like when I'm not trying to search for a check or call somebody you know for money to how to get somebody into a place but it's a way to have a waiver for the first you know the the problem is is that sometimes when they are getting checks we got to wait till the the first of the month sometime in that week and then you know we don't have access to anything for them

Katie Rhodes: I'm the advancement manager at YWCA Richmond and I just second like what Irene is saying so a lot of our survivors have that same barrier that like they fled with nothing their kids a lot of times it's like what they leave with so access when you need to get ID's and get birth certificates and what Beth has said as well just in regard to like where we moved them from shelter and for us shelter itself has been a barrier because sometimes we are currently using hotelling as our shelter model and sometimes we have families with five kids and a mom in a hotel room and as we all know we've stayed in hotels like that's not an ideal situation and same regard like we cannot find a place to put them and even if they do qualify for rapid rehousing finding a place that is within that fair market rent sometimes feels impossible for our program staff and then just in accessing I know you said what would be ideal a lot of times our survivors don't have their own car and they're trying to manage like how do I find a job and provide childcare and so it's just kind of those like extensive needs beyond just like a safe home like that absolutely is a first stop but there's a lot that come into play with stabilizing at home environment and it like the individual the survivor being able to maintain it and So what we are noticing is like an extensive need to support red beyond just like a month or beyond that initial down payment and trying to find ways to provide or support in locating childcare or support and locating like workforce versus and then we also have survivors that don't have ID's they're immigrants they're so that that's a whole different like access to services is a whole different ball game with those survivors absolutely thank you for that

Annette: Liam can you repeat your initial question for me

Liam: the initial question was really just um what are the needs in the area and what are some of the gaps to meeting those needs and then I think I ask like in an ideal world how would it function you know if we had the support services and the deeply affordable housing like what would be the ideal functionality of it all

Annette: Okay, gotcha, thank you

Katie: I will actually add to that and I don't know if others are experiencing this with individuals as well but one thing that has been a very for us has also been access to legal services that to me it was like oh legal services like how can our survivors not access those but for any number of reasons they'll need they need that support whether that's to like disconnect bank accounts official divorce papers like all of those things that come into play when they are trying to have their own credit score and all of those things unraveled from their abuser and and for us it's not necessarily entwined with an abuser but I'll be honest and we certainly know people at legal aid we've written off the ability to have them be helpful what what we do is we got a lease without any of that help and then we'll keep referring them in hopes that after the fact they can get some sort of relief but they they just don't have the people to do it and we've had people that stayed homeless over silly legal issues that you know a landlord wasn't going to be helpful and we finally just had to decide we can't wait this out and so now we just move on and and then try to keep at it once they're housed to go back and see if there's any kind of way to make the situation right or get reimbursement or or whatever is that just a Beth is that just um and katie's that because of the eviction like the work that legal aid folks are doing that or is it just staffing workforce issues or something like it's staffing they just every like everything in the world a million people need it and you can only do as much as two it's also being able to locate funding to support that like federally there's like that you know \$81.00 an hour cap on those kind of services so when you can't find the initial pro bono help and then trying to find someone that's willing to do it at that price has also been a barrier because they're so backed up in a lot of ways so even with trying to find like legal support for immigration documentation and all of that kind of stuff finding someone that will work with what we can potentially find funding for and we all know we will support is expensive if you're paying like straight up cost per hour so locating that amount of financial assistance that are survivors would need and just like a clean bucket of money has has been really difficult too just because

Irene: I hadn't really heard that as clearly before so thanks and I can help a little bit of that with that if you ever have immediate need we have attorneys right now on stand for patients like that you're at the hospital so we've got patients we've got attorneys in the emergency room so I don't know if people know that so we do have that service at VCU

Liam: thank you all this has been wonderful and we've gotten a lot of new information from this call that we haven't you know a lot of new feedback we haven't heard before so I do really appreciate you all being here the last thing I really have for you is you know the coordinated entry process is kind of a model for getting folks connected with services with this new funding source it the coordinated entry

process doesn't have to necessarily be the access point so i wanted to ask you all how is that working what would that look like and do you think?

Dr. P. Cook: So I can speak specific to our population and I say yes because our court the way we set up our coordinated entry it directly like parallels all of the moving pieces and so were we ever to decide to bypass that I think it could get really messy really quickly and leave a lot of gaps for our survivors and our coordinated entry staff is just really well trained on like where to move individuals that are contacting our hotline even beyond them being survivors so for us coordinated entry would absolutely stay in place and is really critical to connecting where survivors need to be connected because as I think a lot of coordinated entry people can attest to like everyone who calls your hotline isn't necessarily like directly for your services so you got to have some kind of way to really flow people to the supports that they need perfect thank you and then doctor cook I see that your hand is raised did you want to add something yeah so I think coordinated entry is really important for the way that we all work together as homeless service providers I mean we get so much information that we would not be able to get directly from the client regarding what services they may have accessed and not because the clients are trying to it's not an intentional thing on the clients they're just not great historians typically so I think it's I think it's so important and I think it should be expanded beyond the telephone call right I think that when we when we sit somebody in our Open Access clinic in the morning we can do 7 intakes with one outreach worker who's sitting inside a clinic where people are walking up and I think that we're missing the opportunity to capture some of that information by not having more walk up availability to do those intakes instead of calling when I have somebody who's working at that same desk who's not an outreach worker and can't directly do the intakes they're calling with the client and they're oftentimes waiting for a call back who is somebody who doesn't have access to a phone so I would love to be able to expand the entry points kind of that no no wrong door kind of theory where you know if you if you're coming into shelter if you're coming into clinic if you're coming into the ER can we get those people into the coordinated entry

Irene: yeah I agree 100% with doctor cook this is Irene I definitely think the coordinated entry is critical but I'd like to see it expanded to include the hospital and just more more availability they need more help with that I was just going to add in regard to like needing more help and support I think there's also the elements of like language barriers and coordinated entry points that need to be a part of the conversation as well as like the conversation around expanding it because that too can be a huge barrier absolutely

Matt Scaparro: I'm Matt, VP property management with better housing coalition, so landlords side hearing a lot about entry getting somebody housed for me and many other landlords it's about that long term stability and and rent vouchers you know that's kind of where we look at as a landlord um access to help that resident sustain their tenancy through the 12 months at least minimum and a deposit if you get them on their feet with some sort of attached services we we don't have the services skill set to necessarily manage all the clientele but if we could outreach 2 individuals on a quick basis it's easier to house individuals coming off you know into the system and into one of our properties

Kelly: yeah I think that's something that gets overlooked quite a bit in terms of getting when people make that journey and finally get into a house it's somebody who has not had the experience of stalking that house and continuing to pay the utility bills and continuing to take care of their health and they still need that extra support it's not the end when they get the lease because we see so many people that bounce back start yeah I'll just echo that I think the use of coordinated entry for these resources is really critical I think if the recommendation were to not use coordinated entry we would risk the funds not being targeted to individuals experiencing homelessness as much as they could because we've just seen that where there isn't that requirement to have referrals on through coordinated entry and then you went silent is really critical to make sure that that the intention is actually met in the use of the resources

Liam: OK side note I just realized that the zoom that I have access to is not pro so I will put a new zoom link in the chat just in case we get disconnected but I do though the only follow up I really have is when you guys talk about expanding coordinated entry does that look like having more trained coordinated entry professionals available in more places or does that look like cross training other professionals in different sectors on coordinated entry practices

Annette: I would put both and on that under you have to make choices but we definitely need more but the education piece which is always hard we don't control other systems but on that front and and another front certainly in that Kelly and some of us have talked about is um We allocate those resources and so this is one of those places where we could list I mean we we could all sit here and continue to list 15203040 things that we need but given the one time nature of these funds building something that's going to meet that true gap in affordable housing and PSH feels like the greatest need to make

Dr. Cook: OK I can agree with that but I think that the more that we coordinate the more people will hit the off ramp right like if we have people that are just cycling and getting lost in the system and never really getting that coordinated entry so that we can track their progress i i agree that having the expanding it it's it's a flow sheet right you know and it stops if you can't get off the the last step. For me it's just about efficiency right so we see people come in who who often can't tell us the story that hey they were in permanent supportive housing and they lost it somehow or they had a voucher that they've lost somehow and if we don't have that in that coordinated entry like if we don't have the ability to continue to document that for people um it becomes inefficient if we're going down the same route again right so I I just I agree that the off ramp is the thing that we need to put a lot of resources into and there are limited resources to go around but the on ramp and the documentation of the journey I feel like is how we're going to make the system better if we can clearly document so that we can see when it works and when it doesn't

Kelly: OK is that right is that service coordination through HMIS Dr Cook, is that what you're?

Dr. Cook: yes OK documentation and HMIS is what really for us and maybe it's different for for you all but for the folks that we see are often dealing with serious mental illness dealing with problems that just make them historically bad historians and we would spend a lot of time duplicating effort we do spend a lot of time duplicating effort sometimes to find out on the other end hey this person already has services somewhere and I see that right now in our city emergency shelters you know we go there and there's nothing in HMIS about the family that's there and they're asking us for services that we don't want to duplicate what somebody else might be doing but we have no way of knowing

Sherrill Hampton: so doctor hello everyone if I could just this is Sherrill Hampton if I could interject here doctor cook thank you for your comment we worked with Kelly king horn and homeward and there was a decision made that for the temporary shelters the two that have run from November and to run to the end of December as temporary that until they submitted their applications and had their HMIS training that we are using an abbreviated intake form and if you have questions about services that they might have relate or refer these folks to then we would certainly have case managers share that but in an agreement with with Homewood and the GRC OC we would not begin to put into HMIS until the regular shelters started as it was last year so miss king if I misspoke on that then please interject and correct me

Dr. Cook: this doctor cook I understand that but the question was as we go forward and we're creating new systems do we want to do it with or without that coordinated entry piece and I I was I know that this is a temporary situation for the current emergency shelters but I think it's a good illustration of why we do want to continue a coordinated entry piece so that we can all see what's going on so that we're not spinning our wheels almost

Sherrill: definitely and that's why they're going to do that for the regular FY23 so when the infrastructure is fully built out then that would be that is a given part of it and again I asked miss horn to correct me if I'm incorrect but we had it last year and we planned to have it this year and both of our or all three of the shelters or four of the shelters will know that they will report in HMIS and it is a part it is listed in their contract agreements so and to follow all of the GRC OC requirements and federal regulations regarding reporting and how that is to be done so yes I certainly concur that it's important and would always want to see that as an important piece of the infrastructure for any inclement weather shelter that the city may operate

Kelly: yeah yeah I think just the you know related to that question about you know there's coordinated entry which is you know how people access services how they're prioritized and the referral process even that happens in a number of different ways you know Katie talked about it for survivors and then there's the homeless connection line there's a coordinated outreach workers as well and then you know so that that's important and then thinking about there's service coordination that sort of overlies our entire system right it's you know that supporting people when they're in housing helping make sure they're tracked to the right resource connecting them to health resources which came up earlier right so that's also important I think and you know it helps us to target resources and then see like what's

working overtime so I'm just repeating like you know what's been said but there's the one another way that we've done service coordination I think has been really powerful is the case conferencing is putting all those pieces together say OK is this what's working for this household or not what else do they need how do we continue to connect the dots because it's not you know it's not done just with that referral and I just want to echo not a board member but again you know what one of the challenges with coordinated entry is that you know we have pretty good access of course we could improve it but we don't have enough things to give people right and so I'm most excited with the HOME-ARP opportunity is to really again like add built inventory to our community so that there's more that people can go through to the other side yeah from a one time you know this sort of unique funding opportunity

Liam: thank you all my follow-up question to that is you know expanding coordinated entry some of the things I've heard highlighted is you know training folks and bringing folks up to speed on how they're supposed to appropriately do intakes and what sort of information they're supposed to be asking for or maybe you know help guiding folks who are poor historians to get the necessary information to be able to enter them into the coordinated entry system so in thinking about expanding access to coordinated entry what resources and training and just preparation would you all need to get to where you think you should be or where you think you would be happy with the expansion of coordinated entry

Beth: I think for us since I was the one who spoke about this I'm I will say it is we already have a small team of outreach workers who can do those intakes we simply since it's not a reimbursable service we simply cannot afford to hire to expand that team without support we have and I'll go ahead and announce this here we have gotten some funding from the VDH Ryan White program to help with outreach to our people living with HIV so that will help a little bit in our capacity to do more intakes but truly we just need a body we need a body to put in a seat that people can expect to walk up to and go through the process face to face versus over the phone OK I didn't hop in because I was trying to figure out how to like compile all my thoughts into a condensed version on coordinated entry but I think like doctor cook said it is hard to have the funding for coordinated entry whether it is an in person like body there but even at like for us on the hotline I don't know if the homeless hotline experiences this with their coordinated entry system but I know we do with ours and then in keeping with like the HMIS training that like our operating system for that is costly both on the like admin maintenance side on the data checking side like we do want to make sure that we are compliant on every level and maintaining like what is quality and best for survivors but on our end that is costly so that may tie more to like funding that would be long term because containing that is more than just like a one time pump and it's sustained but like both personnel and retaining that personnel once you get them trained on all the processes and then just like the data management input side of it is expensive hmm thank you and for us is one that it's hard to find funding for like the the admin costs associated with all of that yeah thank you for flagging that that's definitely you know a compliance barrier and just you know sometimes the needs barrier and I'll just add that if we were if we were going to talk about expanding a coordinated entry our I at least from my perspective the ideal would be a funding source that was recurring not one that is going to have to be spent down by a particular date because then we would just be left with an expanded access point brace small period of time um without the ability to continue it so the right ideal world would be that services that need to be recurring would get funded with a recurring funding source and then things like capital expenses that are one time would get funded with a one time funding source

Liam: yeah thank you for pointing that out I just want to flag that this funding source likely could not be used to expand coordinated entry but the reason that this information is helpful for us to have is because we're kind of you know with our allocation plan we want to base it off of what is realistic but also what is needed and so saying like this is what the community needs and this is what we are looking to do to meet that need with what we can do inside that so like knowing what the ideal is is perfect but just wanted to clarify that we we this fund these funding sources are not going to help you reach your reach your ideal point with coordinated entry

Kelly: in that case Liam I mean we know we need more funding for ongoing shelter operations I think doctor cook shared like outreach workers housing focus case managers the you know the all the staff are helping stabilize people in housing I mean so really it's operations and staffing across the board in homeless services are significantly underfunded as are administrative funding for you know reporting compliance data entry all of that I mean just to be you know really like we know this is an underfunded system and none of this is you know reimbursable or you know very little is ongoing or recurring I mean there's some certainly which is which we put to very good use but it's it's not enough so absolutely and

Liam: thank you so then really the the the last thing that would be helpful for us to know is it sounds like a lot of the services needs that you all have are pretty immediate you know so with that being said like what would be an ideal timeline for you all you know just thinking about the things that this allocation can be used for you know development is likely three to five years out um services are shorter term tenant based rental assistance the money is readily more readily available but the funding source is limited so you know with all of that in consideration what would be a timeline and what would that look like for you all

Kelly: alright I'll just say this is Kelly again my hope would be that we would be able to get significant enough funding between the regional funding sources and the state to cut several years out of the development timeline because part of this slowness in you know putting units on the ground is actually like trying to get all like 20 different funding sources together right I mean so some of that slowness is self-imposed communities that have moved quickly have just put money up front right and so to me that's the promise or potential of home AARP is like get enough money and then you can shape several you know two or three years off that process

Katie: yeah Kelly said pretty much kind of what I was thinking is almost like a reverse of like yes services are needed but it is so hard to front load the capital it takes to really build that like exit ramp we've been talking about it's just very hard to get up enough to do even a small number of units that will be like long term sustained so being able to have the 1,000,000 two million to throw into that capital

Liam: thank you and then doctor cook I saw your hand first was there something you'd like to add

Dr. Cook: well first I want to apologize for coming late to the meeting so I didn't hear at the very beginning was there a concrete proposal for building an affordable unit are we talking about multi unit dwellings or small houses tiny houses what are we talking about in terms of a proposal for that I just wanted to get clarification on that

Liam: there is no concrete proposal for the development of housing it's just one of the one of the options for use of the funds

Kelly: right so one of the new options doctor cook would be to develop new a new permanent supportive housing facility so it'd be like multifamily apartments but so similar to Virginia supportive housing properties that we have and and others throughout the state and \$1,000,000 it's a lot of money but it's not a lot of money when it comes to building a multifamily dwelling so our regional allocation is approximately if you put all three localities together and I'm not saying that they're doing I'm just like what I'm going to advocate for is 11 million and then the state allocation I think is 37 or 39 million so that's that those are the for home ARP sure and we're in this very preliminary process but how many units do you think that gets us when you put it all together is there any so Virginia supportive housing has said it costs I think 25 million to build a maybe a 60 unit 50 to 80 unit building I think Eric you probably know more than me but that's like generally speaking probably about it

Eric: it depends on the type of project I mean the correct way but yeah no cool lane is 86 units if I'm not mistaken and almost 20 million and also add in today's market that with all of these supply chain disruptions and post COVID economic impacts all of the project development projects we're seeing have gaps and so I would I would probably say that would get you 40 to 50 units right now in today's market you may can stretch it the 60 but you would have to and you really need to have all of your funding because that will slow down your development and when it is put into service if you're using lighttech and tax credits like that so I would hope that we could get

Sherrill: I'd love to see the equivalent to the 86 units but I think it's probably going to land somewhere between 50 and 60 in today's market so but it may be more the market may certainly change by the time this comes around and the thinking would be to leverage these dollars dollars not to use all the allocation on on one project or or to think that it could pay for everything

Annette: right so like miss Hampton shared he'd leverage tax credits you leverage other resources that could then get you more units but this is more just talking about uses not particular projects at this point in the process and I think this is where the data really helps us see what an opportunity this is because even if we're talking about 40 units in the average quarter sometimes we only have a handful sometimes one or two Kelly correct me if I'm wrong PSH match is happening because we just don't have unit coming available so while I would look of to get a 506070 unit if you're talking about even 40 this so many times above what we have come open on an annual basis that getting a whole new project done

significantly expands the flow through our system in a way that we rarely have the opportunity to do I'd also note we have to think about operations of the unit and permanent supportive housing on front end or a little more expensive and so there should be a continued regional approach as to how we look at operations for this and how we could affect some change there and enhancements there

Dr. Cook: I'm sorry this may be a really elementary question but I'll just ask it anyway so who would take the lead on building this and then like miss Hampton said you know it would you'd want multiple people involved in the operations of it I what's ringing in my ear is this back in the COVID times when the CDC has never been a shelter provider right it's like we kind of ended up with a bunch of people in hotels and trying to scramble to do a new service that we hadn't done before as a Co C level when you're talking about building this potential PSH does it all code through BSH or is it something that the OC's looking to build

Kelly: I think from my perspective it would be a an existing high quality PSH provider VSH being the primary one that we currently have in the region doesn't prevent them from partnering with other organizations to build mean developing housing as developing housing now the the support services are the yeah that's where you require the other partners to be at the table but I know Matt was on here I mean there are a ton of nonprofit mission oriented developers that could build units all day long but the operational piece of it would require that experience that and that's talking about but to be clear I don't think I don't think any of us are proposing that the POC itself would be operating units excellent Howard was each shelter provider during the pandemic and we are not we're not doing shelter and we're not doing permanent supportive housing

Eric: so to be clear Kelly you don't want to build 1000 units

Kelly: but I would like for someone to do that Eric I'm happy to like hear from you you revitalization and I'd be glad to see him all his patients but I'm not building anything but but part of this would be so this plan though would inform that application practice process doctor cook but I will say we are you know like trying to make sure that that there are feasible projects that can be best need right because we have to you know it's always you know seeding that because work can take so long we take a long view you know how do we really make sure that this work can continue to meet the needs and there's actually a lot of our partners looking at facility based improvements right so and we have to think about the regulations and what home what home operates allow and what they don't allow and then see how our regional approach can we can continue to come together over the years to supply what the Home Office home offer regulations does not allow

Liam: all right well thank you all for what you've shared today your insight has just been incredible and your suggestions and feedback have been really helpful for us and you know what we are going to propose to the jurisdictional partners and you know how we can best write this plan to serve the region

AS the meeting is coming to an end again I do really apologize again for y'all having to jump back on I know that was super inconvenient so thank you for your grace and patience with me and that but before we end up before we end today are there any just last comments you'd like to share again i will be sending out a or i'm going to send kelly a survey and kelly will be sending out a survey

Sherrill: You could add to this any insight on where Richmond is in the process and like do we anticipate all of that information to come out at once and separate like just kind of what can we look for in this next like beyond January 9th because that will be here before we blink our eyes is most certainly will well we're one of three along with Enrico and Chesterfield County that will be using information from these sessions Katie as you well know and then the city like in ryco county we will now turn to trying to put all this together for submittal on or before March 23rd I believe it is and hopefully in February we will advertise the draft our draft and move forward thank you and so we will so go ahead Liam

Liam: I'm sorry I was just going to say on our end we are presenting all of our findings, recommendations, and feedback to the jurisdictional partners on the 12th of January in each locality

Sherrill: I was just going to add so we all have to submit separate plans to HUD that's the requirement so we will all submit our separate plans but plan to coordinate how the money gets put into the community

Katie: yes thank you that's helpful and I'll just share it for you all I know Kelly said this earlier but just how exciting it has been for me to see all three localities working together on an issue that as important as this and I know that it takes a ton of coordination behind the scenes for you all to do this type of work given submitting separate plans and coordinating the regulations and so I just wanted to thank each of you at the three jurisdictions for doing that work behind the scenes to make this happen because I do think it's a unique opportunity for the region and to think that we could do it collectively I think says a lot for the work that we all do together on a regular basis so thank you all for working to make that happen thank you Annette and Liam all say thank you to you too for getting us all together over what I know is a holiday for a lot of folks we appreciate you making this time too somebody

Liam: alright so thank you all for being here I know a lot of folks on this call are on vacation right now so I appreciate you taking some time out to spend it with us just just so you'll know I am on vacation starting tomorrow but if you need me I will be checking my e-mail and I'll have my phone so feel free to send me an e-mail or give me a call if you need anything and then like I said we're gonna we have a few more stakeholder interviews and then we will CSH will be presenting our findings to the jurisdictions on the 12th and then you know we will do our best to provide support around the public hearing process and hopefully all the plans get submitted to HUD and get approved right away that's the goal Umm but in the meantime if you have any questions or any more feedback feel free to share it on the survey or reach out to me directly and anything else before we hop off today all right well folks I sincerely

appreciate your time and your feedback and yeah again if you think of anything feel free to reach out
thank you thank you hi everyone have a good new year i happy new year hope you feel better katie

Date/Time: 1/9/23

Stakeholder Consultation: Henrico DSS

Participants:

Name/Title	Organization
Gretchen Brown	Henrico DSS
Shiri Yadlin	CSH
Liam Hudson	CSH
Eric Leabough	Henrico
Rachel Thayer	Henrico
Cara Kaufman	Henrico

Notes:

About DSS

- SS is divided into 2 populations:
 - Focused financial assistance: health insurance, TANF, SNAP
 - Services: adults, older adults, DD adults, child welfare/families with children, foster care and family support, childcare assistance to lower income families (federal program)
- Manage application and maintenance process for federal programs
- Employment services for refugee populations and TANF recipients
- Sometimes serve multiple families in same case type
- Most of Gretchen's experience is in services – interact with lots of families experiencing homelessness (different definition than literal homelessness)
- Most people apply for benefits online or in person

Specific types of challenges people face

- Lots of generational poverty, generational homelessness, not necessarily easy fixes
- In CPS and Family Preservation Services (kids are still in custody), about 10% are experiencing homelessness (their definition – sleeping in another family members' home, not maintaining own lease, living in hotels)
 - Hotel living is a really significant thing for families they serve
 - Not always financial – hotels are often more expensive
 - Often bad credit is the main barrier
 - Trauma also leads people to want to live in temporary places because it's more manageable when the future is unknown
 - Criminal background is also an issue
- Housing isn't explicitly part of DSS but it almost always comes up, and so they make a lot of referrals or try to find housing for people
 - Sometimes managing federal housing assistance but often doesn't really help because it's usually time limited and temporary and not really helpful for the households generally

- Older adult: often have a place to live but have other needs that make their ability to live independently a bigger challenge, often resourced okay but have other challenges
- Waitlists are often extensive to get into housing
 - Puts people into emergency crisis housing
- Medicaid funded crisis housing – getting people into housing temporarily without any kind of case management and so they are in crisis all over again as soon as they are kicked out of this time limited program
 - DSS attempts to intervene in the child welfare situation, try to help find other places for them (through family, friends, etc) but cannot do much more than that
 - Crisis approach isn't working, it is doing a disservice, because no one is addressing the barrier of permanent housing with them
 - Folks need legal counsel, budgeting and credit support,
 - Need help getting out of public assistance, need to be able to access private landlords (although rent is so high)
 - Need more than money, it's not the solution to the problem. Money need to be supplemented with other things.
 - **We have need for emergency shelters but the pervasive need if we are going to solve this problem is affordable, accessible housing. It has to be accessible for the folks who need it.**

Use of eligible funds

- What does this barrier free housing look like?
 - If you have criminal history, public housing isn't available to you.
 - We need ways to work with private landlords to accept more voucher-holders or other low-income families
 - Expansion of housing vouchers would help too
 - We can't just rely on public housing because it is so limited.
 - People lack transportation and internet access, childcare, can't take time off their hourly jobs
 - Centralized intake/application process, where a single application can apply to a variety of places (portal system)

Anything else

- WE serve veterans and DV victims, so I do know that is a need. DV programs get a lot of referrals from DSS – their shelter and housing is usually full, so their overflow ends up in hotel and motel rooms.
- Also a huge need for sheltering families.
- There has to be something that bridges the gap between shelter and PSH. RRH has been billed as this gap, but that has just been a stop-gap measure and that is not as helpful
- Many families come to them because there is no room in shelter

Dictation:

Welcome and Introduction: ASK TO Dictate-Teams Meeting

- We have been working with Chesterfield, Henrico, and Richmond on developing their HOME-ARP allocation plan. Thank you for setting this meeting up with me. I appreciate you meeting with us today. (Give general overview)
- *new allocation of federal funds that is being set aside for this region to focus on the qualifying population so that's folks who are **experiencing literal homelessness folks who are within 30 days of maybe potentially becoming homeless, folks fleeing or attempting to flee domestic violence and then any veteran group that falls within one of the other qualified populations.** There are four things that HUD is allowing this this allocation of funds to be used for the first thing is the **purchase of non-congregate shelter** I just want to be really clear that it is just the purchase of it would have to be converted over to a different kind of funding allocation in order for it to be the operation of shelter, it **can also be used for tenant based rental assistance, it can be used for supportive services, and then the last thing it can be used for is the acquisition rehabilitation or development of permanent or long term affordable housing.***
- Coming out of our data analysis and stakeholder consultation so far, it appears that the community's best use for the HOME-ARP funds would be to support PSH development, likely through capital investments.
- So, today, we wanted to talk to you about your current programs and how this funding source could better meet the needs of the populations you serve

Interview guide:

- 1) I saw that you all operate the Medicaid program. Can you tell me a little about the services offered through that and how people in the region may access them?

Liam: All right so yeah my first question is excuse me I don't know a whole lot I did see online that you had you guys run a Medicaid program but if you could just kind of tell me a little bit about you know your services and how people in the region can access those and what that looks like

Gretchen: so social services is sort of divided into two populations one is focused on financial assistance for families which is the medical insurance piece temporary assistance for needy families which is a more income like program to supplement until families can transition off of public assistance and then snap benefits which is assistance with food and the other part of our department is providing actual services to families and so we serve the adult population so the aged people over 60 who have been abused or neglected or exploited and the developmentally disabled adult population who fall into that same service arena and then we have an array of services we provide to child welfare or families with children so children who've been abused or neglected and families need support um either because kids are staying with them or in the community we also provide cost repair services so when children can't safely remain with their families they come into our custody and then can go home or go through the adoption process we provide childcare assistance to lower income families and that and the Medicaid are all federal programs so we're we're basically managing the application process and the maintenance process for those to make sure that people continue to meet eligibility requirements for those programs and then we offer an employment services program that serves refugee populations and the tanaff recipients to make them more eligible for employment and so those are primarily the populations that we serve I think obviously populations crossover between services and our benefits programs and so sometimes we're serving the same family in a multiple case types so to speak um and my my perspective is mostly from the services I've come up and I'm supervisor managing the services division

and so we interact with a lot of families experiencing homelessness I think sometimes our definition of homeless is different than the federal the the literally sleeping in the park or on the street version of homelessness but we serve we don't directly provide housing support or services to folks but we again we serve them across populations most people apply for benefits online or in person on the benefits side of things most people don't ask for assistance from child welfare or her adult protective purposes they come to our attention by other means but our responsibility is to serve the whole family and their system needs so housing becomes a part of that process to the extent that we're able to assist with that it's usually not financial assistance it's usually connecting people to affordable housing resources that exist in the community we've occasionally managed grants short-term grants for housing it's not very successful for us because it's not been sustainable for folks and so we run into this issue where we can help people for a very short period of time or help them with a one and done and that's really not the the needs of our community our community sorry it's generational experiences with homelessness and poverty and so helping folks come out of that is just something that it isn't our expertise and it's something that we're not adequately resourced to to assist with both from a the the case management relationship standpoint that you need to have but also from a financial standpoint I have no idea if I answered your question

Liam: you did you did above and beyond yeah that was incredible so helpful thank you um I do just kind of want to get a little bit like based on what you said you're seeing a lot of like generational poverty and generational homelessness and sort of kind of the cyclic thing would you say that a lot of the folks that you are serving are experiencing homelessness or you know even if it's not the high definition like or how I guess what would you say is the like the is it a great need within the population you're serving housing

Gretchen: so I can provide that track and our child welfare programs is in Child Protective Services and in our family preservation services so those are the two groups that serve kids who are still in the custody of their parents or relatives about 10% of those those caseloads experience are experiencing homelessness our definition of homelessness which is sleeping in another family member's home so there's they're cohabitating with with other family members not maintaining a lease or rent on their own or living in honestly living in hotel rooms that the the hotel motel is a is a real experience some of our families have been living in hotels and tells for years years school buses stop at the hotels and motels to pick up kids that that is a real significant and I think it's not just a financial resource issue because some of those places are charging more than folks would pay in rent and and obviously you don't have the utility component to it but your groceries are expensive because you're you don't have a kitchen to eat love and so you're you're paying more for immediate food but a lot of it's because they don't have the credit to get into actual housing and sometimes it's also if you know anything about the generational poverty cycle it becomes a comfortable thing to live in something that's temporary and not permanent and so I think our our response to that is how can you manage living in Airtel what's a very short term commitment the families that don't really know what much what their future is looking like and again the credit issue is really a challenge and a hurdle for credit and criminal history are are to that the big portals that a lot of our families face getting into fordable housing OK Eric I don't know if you want to chime in I'm I'm not sure if I'm the only one who's talking today but I see you nodding your head you see this more of a from a community perspective and not just DSS

Eric: yeah the intent today is to hear from you but yeah I agree with everything you said that's why I was nodding my head yes we are dealing with folks living in hotels and it's criminal and credit issues that are

various to mainstream housing so yeah everything you said we see at a think from the from the older adult population I'm not sure that there's much of this money can manage those folks tend to have a place to live they've got other needs that exacerbate their lives their need to or ability to live independently so I'm not sure they're really relevant to the conversation today because they're typically resourced OK they don't have the they're not at the point that they're making the best um decisions for themselves so I think my what I can tell you is mostly from a child welfare perspective OK thank you

- 2) What are the challenges you're having or seeing people have most often? Do you see housing instability as a challenge in the programs you operate?

Gretchen: I I think that hits the client perspective I think we're under resourced as far as having accessible affordable housing for folks sometimes the wait lists are pretty extensive for folks to get into housing and so I think that puts them into this temporary sort of emergency crisis housing situation another issue that we've experienced is the Medicaid funded crisis housing that's going on right now I don't know if you guys have been hearing anything about that but there is this crisis housing and money that has been available intermittently over the years and so agencies are helping families get into hotel rooms and motel rooms on a crisis basis and then stepping out when the money's called into question and and so they get 30 days or 60 days of sort of this emergency housing and no assistance in the case management aspect of that and so these families are now coming to us the day they're having to leave the hotel because today is the day the agency that's billing Medicaid for the service is no longer able to bill Medicaid for the service and so they're these families show up on our doorstep with literally no place to go the what we offer is foster care prevention because we're limited in the service programs we provide so we attempt to intervene with these folks to say our our responsibility is to make sure your kids don't come into foster care as a result of you being homeless so we're going to work with reaching out to family members extended family kinship supports to try to develop a plan for you and if it looks like that's an option and families are willing to do that we can usually pay for a hotel room for a couple of nights until we can do all of that networking but I I would say that there's there is a disservice to this crisis approach to housing that's been going on because these folks aren't getting their actual need or their no one's actually addressing the barrier to permanent housing with that and so throwing money at this has not been a successful approach historically I mean these folks need case management they need budgeting they need how to overcome their credit sometimes they need legal you know they need legal counsel to help do some of these things and they just don't have that or they need to to get out of the public assistance room how do they access these private landlords in the community which you know right now with the rates of rent they're being inaccessible to you know dual income families I don't know how realistic that is but they they need more than money I mean money isn't the solution to this problem we'll we'll take money but we need other resources right well we absolutely need the money but we need the you've got to supplement that with something I mean the you know again my observation of this you know we've we've actually reported not recently been over the years reported Medicaid fraud on some of these agencies for billing for these crisis crisis stabilization services or whatever they're calling them where they're putting people up in the motel room it's it's just it's really difficult these folks that don't just have a money problem you know they need somebody meeting with them assessing what their underlying needs are to get those things met to get them out of the crisis state otherwise they pay for 60 days they're somewhere for a few months and then they're back in a crisis mode a few months later so I think that's why I would support whoever's given the feedback that

permanent housing solutions are or what's needed and and I mean we obviously have a need for emergency shelters and stuff like that as well but I think the pervasive need if we're going to solve this problem has got to be affordable housing affordable accessible housing it should it's not just affordable but it's got to be accessible to the to the people who need it

Eric: yeah so if I could chime in real quickly I'm so yeah what Gretchen talked about is something that's on our radar we actually have a team it's Medicaid fraud that she's talking about with these crisis programs is really only it's intended to be provided in someone's home but Medicaid providers doing COVID realized that when the state Medicaid agency basically contracted the workout to managed care organizations there was no oversight and they used it as a way to make money but not provide services so we can talk offline about that but it's it's probably made more people lose their housing situation that housing because they said essentially here's an opportunity for you and then there are people that were not in crisis at the time at which they were put into the system to build Medicaid but ended up in crisis these are hotels where you've got prostitution drug abuse all sorts of crimes happening so if they weren't in crisis before they end up in crisis and that's where they show up at our mental health agency and that social services because they've been exposed to all these other things within that hotel so yeah but technically Gretchen you know this but we have a program right now that's looking to help those folks find from the housing but it's only for the folks that have been living in hotel excuse me not the people that are bouncing from hotel to hotel using these prices agencies so just just to give you some background on that then but it's it's something that our law enforcement folks are well aware of and they're working the case on that we we don't want to share publicly thank you yeah thank you for that background

- 3) In knowing what you know about what this source can do, what would you say would be the best use to meet the needs of those you serve?

Liam: Really I think we've kind of answered it so I want to parse out more you've identified that permanent supportive housing youth you support it you think it would be you know the most sustainable solution to helping folks stay housed if I'm understanding correctly Umm can you tell me a little bit more about what kind of the barrier free access to permanent supportive housing would look like in an ideal world from what you from what you and the population you're serving would need

Gretchen: so I mean I you know again I think how you overcome some of those barriers like for example criminal history if someone has a certain type of crime public housing is not available to them so is their capacity to work with more independent homeowners or property owners who are not part of the the Section 8 recipe you know they're not receiving the Section 8 money in this area and go to expand the voucher program so that people have an expanded audience of potential places to live I know that there are some housing vouchers available but it's usually to very specified populations you know with a Co occurrence of substance abuse and and and homelessness or mental health issues and homelessness we have some programs going on for youth aging out of foster care so there there are some limited pots of money available to some of those populations uh right now but I I wonder if there isn't a way to not just rely on the public housing you know it's in its limited in the county how many public housing affordable housing complexes there are to expand that to you know more voucher system so it doesn't open up an audience of folks that might be willing to work differently with folks who are connected to agency support or other resources as far as looking at criminal history and income and things like that I'm not I'm not sure if that's a possibility or not and I think I think folks you know they lack basic things like

transportation they sometimes lack literacy they sometimes don't have Internet access or access to e-mail so the ability to actually get out physically apply or they work hourly jobs where if they're not showing up for work they're not getting paid so you think about that or they don't have childcare so they can't get to these places to find person and it's I think people become pretty defeated so centralized application processes so there's a centralized sort of intake function where people put in one application and can be considered in a wide variety of folks are wide variety of places to be a concept that would work for our folks so sort of a portal system to get access to here's what I make here are my barriers do I match with anything that's available out there something like that might be a resource that would benefit the clients that don't have access to some of those things that we take for granted OK wow thank you that's the that's the first like centralized application portal in terms of like applying for apartments that we've heard so far so yeah I mean and I think if people are receiving funding whether it's the HUD funding that's going through or the Section 8 vouchers money that's being allocated to these complexes to subsidize rent I mean if they sort of work in the same system why would that be possible I guess I don't know but again it's been Realtors who run these smaller apartment programs I mean they could contribute to that and put their availability in there and sort of having more of a match system I just wonder if it would work I don't know OK well I don't

Liam: you know unfortunately I don't know I definitely don't have the answer but it's uh but I do think that you know helpful insight to have and take back and just kind of think and I think it's great that you know the jurisdictional partners are on the on the phone and can hear you know that feedback and so thank you

- 4) Is there anything else you would like to tell us about the population you serve related to housing in the region or use of funds?

Gretchen: so uh you know we serve veterans we serve domestic violence victims they're they're probably more domestic violence victims than veterans so I do know that that's that is a need and I know particularly the domestic violence program that exists in Henrico County we send a lot of referrals to them to the point where they're I think their shelter capacity in the in the housing that they maintain independently is usually full and so they're overflow ends up in in hotel and motel rooms so I know that that's also a need I think there's there is also a huge need for sheltering families so even if we go to this permanent supportive housing role or concept there's got to be something that bridges the gap you know they tried to build it as rapid rehousing a number of years ago how long any of you have been in the housing world but they tried to fill it as we're going to rapidly rehouse these folks and So what we found is that they were doing the same thing these putting these stop gap measures and that didn't really address the long-term needs of these families and the sustainability of those plans it's kind of I think the approach we take with refugee families refugee families are typically we serve a number of refugee families in in our community they're brought over they're put on assistance they're put up in housing and they're given low wage jobs that don't match the rent that they're going to eventually be responsible for and so then there we they get cut loose on the public assistance other things and can't maintain the housing that they've been put in and so they end up in this cycle of how we're going to keep up and pay the bills and do all of the things so I mean I think one way or another everyone sort of falls into that how do we maintain that the housing on an ongoing basis but I think there's going to have to be a so literally homeless folks getting to permanent sustainable housing there's a there's a time in

there that's going to have to be addressed somehow and we we see a lot of families coming through our front doors looking for shelter they have been turned away from shelter because there isn't a lot of family based shelter if you're single adult male you can find shelter pretty easily but outside of that there's just not a whole lot of shelter and capacity for people with children um so I don't think you've missed anything I hope you guys come up with a great plan for us that we have access to I have

Shiri: Gretchen I have one question if you don't mind do you keep any kind of data or record of like how many calls you get for certain things just because part of this part of this plan is showing the need and showing the need and different sectors and we have pretty much everything that we need for it but are always asking you know to supplement to try to get us clearer picture as we can of where the need is so if you do keep any kind of records or data that you would be able to share

Gretchen: yeah it's very so we are a Holden to the systems that the state gives us to input our case information in and this is not something they ask about it's something I began asking about in certain populations that we work with it's not something that we have a good number on I can say that we have worked with the housing resource in our community the homeless crisis line you know that sort of centralized intake for shelter we've done a lot as a county to let them know that you you have to work with these families until the point that there is no other plan available reset potentially foster care so we've actually seen a little bit of a decline in the number of people coming to us because we've really focused on the limited scope of what we can do as an agency to serve those clients so we saw a drastic drop for a while we were paying for hotel rooms for lots of folks and it was like the floodgates had opened so we sort of stopped that and said we can't really we don't have the money to do that we don't have any designated money for this so we put some parameters around it and said we're we're going to try to make this fit into another program we run which is foster care prevention so it the over 60 population who are being abused neglected exploited if they're experiencing homelessness that's actually a valid APS report so they're probably serving a lot of folks that are without housing because it's part of the program that they run in child welfare poverty and homelessness is not exclusive that's not considered all of these reflect it's sort of a circumstance so we when we put it out there that we're going to provide foster care prevention services you can imagine a lot of folks don't show up on our doorstep anymore because they're now scared they're going to lose custody of their children to us or there's the potential for that if they get involved with us so we saw that number dwindle since the eviction moratorium has been over and we've seen evictions starting to resume we are seeing that population increase I don't have a good number on it but probably anywhere from three to five families walking through our doors a month who are literally homeless or report that they're literally homeless um typically coming out of some sort of hotel room motel room situation but I don't have good data on that I mean I I capture the number of people who are being served in two of our programs who are homeless and again that's that 10% number it's around 10 or 11% every month that of the families we're serving but that also includes people who are living in hotels and motels so it wouldn't meet your definition of homelessness OK thank you appreciate it I I say your definition I know it's the federal definition yeah

Liam: thank you for that question Shiri um alright well those are my questions um would anyone else does anyone else have anything they'd like to ask or any of the partners need any further information before we hop off alright

Cara: I'm good Gretchen thank you for that explanation about social services that was really eye opening for me since I'm fairly new to the county and just kind of the differences between who's providing

housing and who's providing those services I would hope that in the future there would be more connection between the two since both sides are needed but I don't know we'll we'll see what happens right don't hold your breath

Liam: thank you thank you for your input I really appreciate that all right well if no one else has anything thank you so much for your time today sure you have my e-mail if you need anything or if you think of anything later and you're like oh I wanna add that feel free to shoot me an e-mail and I'll be sure to include it alright thank you yeah thanks so much appreciate it thank you bye everyone

Introductory Information:

HOME-ARP has identified populations and activities that are eligible for HOME-ARP funding:

Qualifying Populations:

- Homeless
- At-risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
Other populations where providing supportive services or assistance would prevent the family's homelessness or would serve those with the greatest risk of housing instability
- Veterans and families that include a veteran family member that meet one of the preceding criteria

Eligible Activities

- Production or Preservation of Affordable Housing
- Tenant-Based Rental Assistance (TBRA)
- Supportive Services, including services defined at 24 CFR 578.53(e), homeless prevention services, and housing counseling.
- Purchase and Development of Non-Congregate Shelter. These structures can remain in use as non-congregate shelter or can be converted to: 1) emergency shelter under the Emergency Solutions Grant program; 2) permanent housing under the Continuum of Care; or 3) affordable housing under the HOME Program.

Date/Time: 1/11/23

Stakeholder Consultation: RRHA

Participants:

Name/Title	Organization
Fatimah Hargrove	RRHA,
Rachael Thayer	Henrico
Cara Kaufman	Henrico
Eric Leabough	Henrico
Sarah Chua	Chesterfield
Sherrill Hampton	Richmond
Jillian Fox	CSH
Shiri Yadlin	CSH
Liam Hudson	CSH

Interview guide:

- 1) How are you working with the HOME-ARP qualifying populations? What are the needs you are seeing in terms of accessing housing and supports?

Fatimah: This is the population that we are seeing as a good post COVID has a lot of families that are now who never knew what homelessness was or felt like it is now their new reality and it so much so that my weight list had to be closed in April of last year because of the amount of people that are applying and that need housing and it was just disheartening to have someone to come to the door to come to the office and they're asking if they're on a on the wait list and I have to tell them their number 4565 and she has two children with her and she needs somewhere to go so we chose to close the wait list just because we had that many people on it and to continue to have people to apply for housing and we have no answers for them in the immediate future is why we opted to close the wait list we do participate in a lot of programs um specialty programs with specialty vouchers attached to it that is directly geared towards this population so we have our emergency housing vouchers HV exact same criteria homeless at risk of homelessness but we were only awarded 9494 there's absolutely nothing for the amount of people that RHA services or that we see on a daily basis the same thing with our mainstream vouchers we were awarded mainstream vouchers for only awarded 153 just not quite enough of what we need for the population and and the demographic and the number of people that we see so we work very closely with homeward with those supportive services from Catholic charities with our homeless shelters they send over those referrals but we also have those families to when those wait lists are open we put them on other waiting list as well so our public housing our project based voucher wait list all of those things that doesn't necessarily have a preference attached to it but it gives them some additional options that when something does become available they have these additional avenues but we we are trying to utilize our

neighbors our resources but it is the the number of families that need these things right now and what we can give them is very few in the immediate

Jill: and because of the inventory issues is are you seeing that as well like difficult and you being able to

Fatimah: yes um there's not enough inventory but I would like to like pet some of our partners on the back they they advocate for their families and so we have done things to try to increase real OD agement we provided incentives at one point for landlords that are willing to accept some of our EAP families things that need to to get landlords to be willing to accept these families at least for first time and then you see if it's working or that they will continue to rent to someone with an HIV or with the mainstream voucher homeward and some of those partners that we work with have been very they are really good at advocating for their families where we ran into a little bit of a roadblock is that we've recently are in kind of a little jurisdiction fight with Virginia supported with the RHA so we can no longer send our families outside of the city of Richmond so there's no Henrico that's no Chesterfield that's no Hanover any of those so we can't send our families outside into those areas unless there is some type of a MO U or something set up with surrounding counties that says that we can do those that we can come into those areas because they're supposed to go through Virginia supportive housing that is the biggest roadblock that we have had for the last 18 to 24 months with the families that we serve because we preach that we want our families to be able to move to housing opportunities but into neighborhoods of an opera but you know that's going to give them a higher chance of opportunity to move into with better schools better jobs things like that and we've now been held to having to go into only the city of Richmond for now with some of our vouchers

Jill: here I thought Eric come on the camera are we talking about with Virginia Housing who has about the state of this is that

Eric: OK Housing so yes and the issue is that there was some question about the Housing Authority charter and whether it allowed Housing Authority to issue vouchers and the surrounding localities but that was something I guess between Virginia Housing and Richmond Housing Authority we weren't involved with that at all um but let me I have a question so when vouchers come offline through attrition what happens to those vouchers that were leased in the count so virginia housing actually gets those vouchers for their utilization

Fatimah: Absorbing our vouchers One after a certain date was absorbed onto their program will be absorbed into their program or even now if we have families and we issue the voucher and they don't find housing in the Richmond area we have to put that voucher over to Virginia that would be that and so and if that family decides to lease up over there then they will absorb them onto their program what about do you love

Jill: yeah well it's it's it's yeah VHDA changed their name recently and the virginia housing and has confused everyone so everybody's on here OK with the old HAAH so the state housing finance agency

Jill: Yeah well it's it's it's yeah VHDA changed their name recently and the Virginia housing and has confused everyone

Fatimah: so everybody's on here OK with the old VDHA so the state housing finance agency which is has a housing voucher program yes yeah they did

Eric: yes yeah they do the balances for stiction that does not have its own Housing Authority they don't and they don't issue the local administrators which are in Henrico would be subject central Virginia housing resource corporation and then our mental health agency actually administers vouchers and then there's one other group that I don't know if they have new vouchers but it's Richmond residential that also administers it for our locality i think the same for you all sarah and chesterfield the same organizations except in chesterfield is they're DSS department instead of mental health

Fatimah: yeah that's correct yeah

Eric: That's a conversation between Virginia Housing and the Housing Authority that we don't want to be in the middle yeah and so and that's kind of where like even though it's little

Fatimah: i am left with having to carry the load of it because my department my employer all of Housing even if they come into our program if they find housing in Richmond we definitely go and we continue to move along with it but if it is a better opportunity for them and this woman has been in the shelter for six months with three children and she has found something in Henrico County I put how I feel to the side and we put her over to VHDA so that she can get into housing even if we're not going to get credit for that voucher but that is one of the biggest roadblocks that we have come into contact with within the last about 18 months or so is the jurisdiction and I've been with the agency at almost 14 years and as far as the way I was always taught is that we could go 25 miles from our office on Chamberlain we were always able to lease up and Henrico County Chesterfield it was 25 miles from Chamberlain Ave. was what we I was taught from the time I got here and about 18 months ago it has now been the exact opposite but our goal is to get families housed whether it's with our RHA or under BHD's umbrella and that's what we've been doing so that

Eric: I just don't wanna lose those vouchers to another portion of the state so yeah still serving this region great but if it's going to Northern Virginia or southwest and we're losing that opportunity or resource in this area that's where I have a concern in addition to that does that impact I know you all have what 3500 vouchers that's your cap does that impact your like vouchers at all like once that transitions to virginia housing do you lose that voucher permanently or you still have the the cap in terms of 3500 in the budget that supports it

Fatimah: Yeah we've been able to to to sustain over But it it does nothing for our relationships with our families and things because they don't understand why can't we i came to you guys i was so lifted off of your wait list or you guys issued me the voucher now you're saying that i have to go over to a completely new agency and start a process over and so it's more so of the customer service and delivering the message they don't really care about this stuff that you and i that talking about I just wish we could find a better way to get this done. Things that they have to have completed on their end but it is for the most part the work is done so it's like we've done the work and then we're just going pretty much sending it over and then they absorb them onto their program because most times they've already found housing as well the only thing is that just support it so you send over the port paperwork yeah we sent over

ourself we've done this screening we've done the background we've done things we've done all of those things and we're kind of sending it all over

Eric: now do you apply or do all that screening process all over again

Fatimah: I would hope not but I'm not sure if they do anything on there like you know when they go over to central resources or I'm not sure. And they range from Is the HCVs and so we kind of push the project base sites and those things because that does still give our families the opportunity to live outside of the city of Richmond if they choose to or to go into neighborhoods of opportunity so yes we have PDF's are working for us that isn't impacted by this jurisdictional not project OK great OK yeah and so didn't the county some and

Sherrill: some are in the city they are they as nails are project based

Fatimah: so yes we have some that are in the city in the county

Great that you are you might be opening a solicitation for project based vouchers like for no this one was already previously

Fatimah: no this one was already previously approved is complete so I'm gonna open the wait list at the end of the month so the wait list yeah wait list and it's I think 36 units but it gives our families various sizes twos and threes brand new construction and you know so families look forward to opportunities like those even though it's not necessarily about housing choice voucher in hand at the time

Eric: Mrs. Green said something about housing choice voucher in hand at the time maybe a month or two ago she mentioned that you might have

Fatimah: Maybe a month or two ago she mentioned that you all may be issued space vouchers do you know the time because we actually just moved with someone and there's like 240 grand did she give us I'm willing to work with whoever want to work with us I'm with it yeah it's like 240 I don't know if in my nose we literally just met with someone about a week ago about the RFP but I can find out a timeline for you and I can send it to you that would be helpful here

Eric: Support with this funding you know the incomes like Jill mentioned go to 1530% they're going to need project based resources so it'd be helpful to know the timing of that if we have a project coming along from them

Jill: If you all have ever considered kind of aligning RFP's and funding together so like you know I'm just going to I'm the person that can throw this out there I guess but what would be really interesting is if how we could you could organize a nofa or nofo or RFP to solicit project concepts and ideas from developers where they could come and access not only the home art funding that the jurisdictions have but also project based vouchers at the same time and that can really kind of streamline the development of a project like this and pull it together and make sure that all the sources are more aligned with what is going to best serve the population two that the developers the right one to do this that kind of thing mean think itself

Fatimah: The most sense for this population but I am I I don't know what has been in the past but to me doesn't sound like a bad idea at all

Jill: yeah something that they're stiction continue conversations if there isn't a very hard deadline for your RFP currently maybe there's a way to peel off a chunk at least or something of those and and combine it with the jurisdictional no FOS I I'm throwing that out there to Sherrill and Eric too and and sarah and rachel everyone as well as potential thing to it putting it in my

Fatimah: yeah so I'll definitely speack with Kenyatta just to see if maybe it's ever been brought up or has what's the she's thought about it at all i know some of the

Sherrill: I have never seen that here. There are some places that are very successful. I have a good friend in Georgia who manages the ESG program and her project issues there RFP with project based vouchers so OK yeah

- 2) Knowing what you know about what HOME-ARP funding can support and that the community has expressed the greatest need being PSH, would you say this type of project would be beneficial to the region?

Jill: Criminal backgrounds that are often screened out by regular you know by housing on the market access issues right accessibility language has come up right so you know part of the response to helping that population access housing is services and supports right to go alongside someone but the other side of that too is making sure that the the access to the rental assistance access to the unit the whole application process is pretty low barrier and that those factors and characteristics of those populations are considered for tenant screening so I'm curious from you what are are you seeing that does that sound like are like what you're seeing two people being screened out for different reasons and you know our how is your program working and is that a possibility within a project like this where you know there's maybe the wait list referrals Umm could come similar to like HV how that probably works Umm you know maybe a limited preference with that or you know something stop

Fatimah: That's big issue yes so that is one of the main barriers that we do see a lot of but one of the good things is with like the specialty vouchers or things because they're normally paired with some type of wrap around services they have someone side-by-side to assist with those things so normally when they refer to us they are they they don't have some of them have been sleeping out on the streets so they may not have an ID they don't have access to a Social Security card and at one point they were getting Social Security but he's not getting it anymore so things like that so we have those relationships with our partners where we're lenient and what it is that we can accept some of those things if it can be self certified or if you know I have to go in and read the rest depending on the voucher what it happens with it where we can be of most use to be able to help the families but a lot of them are coming to us especially some of our referrals that do not have access or they don't have some of these things we do have MCU set up with some of our partners that allows them to be able to self certify certain income well not necessarily self certify the income but they have waivers in place that would help us with like the certification of income and things like that but some of the MCU allow a preference so that these families are not waiting on some of these wait lists for three to five years or two to four years but that if they are indeed homeless and they are with RHA and they are in services RHA has a preference with us and that preference allows this family to receive additional points on their application and we'll push this them to

the top and it gives them public housing when the family comes in RBH certifies that this family has met their criteria that yes they are receiving these services and that they are going to assist with you know these things that are going to follow them for the next six months after they move into housing so make sure that they're paying their rent to make sure that they're in the um so we do have something like that set up with homeward via RHA through the Catholic charities and things like that so it is very good to have a good relationship with your continuum of care and with those agencies it is very it benefits you in every way to have a good relationship with with your continual care and I will say homeward does US good every single time i they they have been having since us in some of our other partners as well but we we found a way to make it work to be able to help our him it's

Jill: Part of the home art requirements for this housing is is sort of that it's it's kind of available for the qualifying populations but you can implement a preference and what we've been talking hearing about the listening sessions and talking with homeward is how we could use the coordinated entry process as that the prioritization and I know there's jurisdictions that have done that with the RFP right like you can do a limited preference that's for people referred through coordinated entry or something and and that kind of you know helps be able to prioritize folks that are most in need while you know complying with fair housing yeah the letter of the law with fair housing are you guys doing that we have an have been asked to work this but are you have you talked about that is that something being explored or is he Kelly is working on us with she she was trying to yeah Kelly is working with us on she's we're supposed to be meeting with China we kind of tabled it for the first of the year because the one thing with take a break yeah and so one of the things with adding the preferences while I know that the preferences are good in that it will narrow down and that the team will get us the families that we need for the you know the housing or that we know that they meet the criteria is that we it also calls

Fatimah: If we can if we give 100 people a preference we have just people in the general public that are actually still in a circumstance but because they are not enrolled in services they never really moved so we have to be very we're trying to map it out to make it as seamless as we can so that it's benefiting both sides and so it's not all just going to those families that are receiving services through the EOC or something like that but we also are able to touch our weight list and our families that though you know they kind of have similar things going on but they're just not right you know I don't I'm not disabled but I am homeless I can't pay my rent I don't have the children you know things like that or I'm not really sure if we're going to be able to remain in the housing next week so Kelly miss Kelly I Kenyatta we did table we have something channel I think it towards the end of the month that we are talking about and we're trying to do it because our preferences have to be approved from hood to go into our admin and so they only review our admin annually so we're doing admin talks and additions and things now so that it can be ready to be submitted in the summer so if this is something that we want to do and to try to get done and have it this is the time for us to be talking about it so that we can get it submitted with our 202324 admin plan so it is something that Kelly is miss Kelly is actually time

Eric: so it is something that Kelly is miss Kelly is actually trying to advocate for as well so for that Kenyatta have been we have some philosophical differences in how we view it but I work in jurisdictions other jurisdictions that have and when I was at the Housing Authority invented two of them now we had the preferences and it did work and it will also free up some additional supportive housing money from the state that we're not able that our providers now are not able to get so i'm very happy to hear that are are AJ is working with homeward and kelly did share that that was the case

Fatimah: We're just trying to so I've while I've been with the agency I've been in this particular position I don't even think I've been in this one six months yet and so I'm finding my way in learning because I'm so used to being so hands on and doing the work and you know I was a supervisor over the housing choice voucher program I did all of our special programs that did all of our referral programs so it is what it I I do and what I love to do and so I'm trying to be a voice for all of these programs as well to show how it can work while still being fair to those families who might not meet the exact criteria for these services so i'm trying to see if maybe if we do a preference but we put a cap on it so for every 25 then i can go to my wait list and we find a good balance like I feel like it's enough of what we need to be able to go around to get everybody you know a piece of what they need i could certainly understand like the right

Jill: timing maybe serendipitous if there's an admin plan coming if there's a if there's a RFP we can align hallmark with a pride like cap on a you know project based voucher that you know you could get it we do a you know a limited preference and your admin plan capped for like the size of that project maybe timing wise I not sure if that would go in this admin update or another one but uh but pretty you know something to to really be a part of and and maybe be part of those conversations with with kelly at the same time because it sounds like kelly's looking at preferences for the voucher program generally right and i think these partners here at least as it relates to hallmark the project based part is also

Fatimah: Not even really just also kind of bumper for project based as well like we have a site coming up that's going to have like 88 one bedroom units that's going to be available that's in Henrico the construction claim yeah so Kelly is trying to champion to have a preference for those so that we can have and that is our hard to house population we need that's my largest weight list one bedroom is my largest weight list I have over 10,000 people on my one bedroom wait list so yeah seriously

Jill: Shiri Liam were noted yeah that's what we're hearing you know from other you know piece too that 10,000 is helpful that's great and I think that's exactly what we're talking about is a kind of Cool Lane type of project probably maybe not as big I don't I'm not sure but you know where that you can you know PSH is part of that right so the services are there too so making sure the referrals get there with people that need that resource and need that intensity services is so important and so yeah that's I think that's similar to what what we're hearing and what kind of seems to be coming out of our conversations around the best use of this home art funding to so that's great that's news so that's great that's awesome news kind of jumped all over the place to be understand we have 12 minutes I enjoyed this conversation sorry no i you're preaching the choir like i get that and i know it about me so

i talk too much but clearly i've i've been told in a few times so i'm just curious i'm very curious

i talk too much but clearly i've i've been told in a few times so i'm just curious i'm very curious person about PSH you have a question here yeah i was just

Sherrill: but it's not talking too much it's your passion and there's a lot to say about a great need i will take that i'm going to take that one i like that with the way that sounds a little bit better

Fatimah: I wish someone said that to me usually usually it's just like no you're just talking too much so it's for you because I'm in that boat too so you too all right we're in good company I think I covered most of the questions that we're talking about with the 12 minutes left I'd like to open it up to jurisdictional partners if you have more questions um even if you wanna should we start talking I mean talking about the conversations like next steps that would be part of this I know you know there's a hallmark plan that has to go in to HUD HUD has to approve it or ignore it for 45 days and then you can move forward anyways you know we'll see we'll see which happens and and then you know moving in moving into then the then the real hard work begins right I think for jurisdictional partners around how to craft the nofo how is this put together how are we soliciting projects so I just want to open it up I said I think Eric had to jump off but Sagara or Rachel or Cara

No I I don't have any I'm I'm happy to hear of the opportunity for us to be creative a little bit around any future RFP's that you made that RHA may be releasing and we couldn't buy some with the project based vouchers to our development partners I think that's a win for everyone happy to hear again of the consideration for the preference or limited preference which I think one is needed and and I can certainly appreciate the balancing act that you all find yourselves in to do that so I'm thankful to all of my partners and that that that's about it for now I appreciate it I'm trying over here

Cara: Thanks for that was a really great education for me about just the you know weight on your shoulders over there I I knew that the waiting lists were certainly something to contend with but 10,000 geez

Fatimah: 10,000 is just one bedroom so in total I have 22 waiting lists I have a little bit over and I mean granted some of these families are on multiple waiting lists but it exceeds 100,000 but our one bedroom weight list alone it is I I would get sick to my stomach trying when someone is calling and they're like they slept outside and I have to tell them they're 9759 on a wait list like it just was the heart one of the hardest things to do and so um while I didn't want to close the wait list I had to stop the bleeding somewhere just because it would it would it's never ending but we do have my two-bedroom public housing wait list has about 4800 families on it my housing choice voucher weight list has 4100 people on it it is it's a need for housing so yeah let's just overwhelming

Cara: it is it's a need for housing so yeah it's just overwhelming I think for me reinforces you know some of the finer points that we've been hearing from the other groups and really kind of backs up the

direction I think probably the localities are going to move towards so I do hope that you know we can involve you guys more with us I know that you know some of those roadblocks really kind of cut off that communication for us but I I hope that we'll be able to not have that happen in the future because we really do need to work together as a community that's why

Fatimah: I'm the new kid on the block or what but like we all need each other everybody's in gold is the same there's a space for all of us we just need to be able to find a way to make it work I don't think one place or one agency or one person has to have it all we can there's enough of this for all of us to be able to have a peace and to be able to do what it is that need to do effectively so I'm just trying to be a voice for that before they get tired of hearing my voice i do i do have one question for you and i don't wanna hog up all the time because i know that you

Cara: But with a waiting list that long both for the families and the single adults what are your thoughts about how much how many shelter beds do we have in the community

Fatimah: uh there there's there's not quite enough like I have families that come to see they can't get into the shelter there's a wait list for the shelter so and that's the thing and so that's why I'm also trying to increase just our partnership so I can have resources for these families they literally like we are in the process of moving our building but when I go to my building they are in my parking lot they come up to the car and these aren't just and they're not like your whatever you picked your homeless people to be this is a family this is a woman that's like I haven't noticed on my door and I don't know what I'm going to do after the 30th and I have these two kids she looks like me she doesn't look like you know a person that's holding a sign on a corner kind of thing they are in it have not like I don't have keys in my desk to apartments and I don't have things to be able to offer them and so if I at least had resources where I felt confident in giving them this number that it might yield something but when they told me I called the homeless crisis line I called this there's a wait list I can't get in the shelter I can't get in a bed it's i'm sometimes i'm left with just apologizing even though i know it's not my fault because i don't know what else to do

Fatimah: Kind of I mean it feels like you know because of it's always a lack of resources and not just in our community but yeah you know for a prioritization sake you know we know that we know the argument that you know if we create more permanent supportive housing it will free up beds in the shelter because we'll be able to move people through the system a little bit quicker um but I still feel like and you know I feel like you know we would want your thoughts on this too is that you know you can't just have one or the other I mean we need to attack this from all fronts you know because people need help in the immediate as much as they need help with the long term and so if you had to prioritize this money like how would you how would you do that with the activities that were you know we're we're like a

Cara: how would you do that with the activities that were you know were allowed to access

Fatimah: I think that we have to look at the population that while for me like I know that there is a need for single adults males predominantly like that is what we see a lot of like I am all for trying to find a way to have these funds to be or your funds I'm I'm just learning of it there's this myth around that most funding goes to women and children that's who gets the the bigger piece of the pie so that is what a lot of the people that come to us they're like they're single and they're adults in their homes and they're like oh but because I don't have any kids that's why you guys can't help me oh because I'm not you know those things so to try to find a way to give that population some attention some of what it is that they need as well because that's my larger those are my larger wait lists those are a lot of the people that I see the most of and they feel that they can't get anything because it's just them by themselves they don't qualify for anything because they don't have children you know they feel like everything is channeled for families or women and children nothing for the single adults or things like that so I think that this funding some of the funding could be used you know or maybe we can find additional housing for things that or one bedroom units or for single adults or you know just one person with one child or something to that of so that

Cara: So much for your thoughts I really appreciate that no problem

Jill: Really helpful and thank you I really appreciate it you're like all on the front lines you know and I think probably people of this crisis right that's been around for a while and gotten worse and gets more attention at different times right and so just really want to thank you as a the person that lives in this community you know for all the work you do to help serve and and I'm sure it's exhausting and traumatic work and I hope that you know that you this software you know make space for that healthcare

Date/Time: 1/4/23

Stakeholder Consultation: State Housing and Service Partners (DHCD, VH, DBHDS)

Participants:

Name/Title	Organization
Kristin Yavorksy, Director, Office of Community Housing	DBHDS
Abby Boyd, Director, Housing Opportunities	Virginia Housing, Public Housing Agency
Chloe Rote, Associate Director of Affordable Housing, Dept of Comm Development and Housing	DHCD
Jillian Fox	CSH
Shiri Yadlin	CSH
Liam Hudson	CSH
Rachael Thayer	Henrico
Cara Kaufman	Henrico
Eric Leabough	Henrico
Jessica Sagara	Chesterfield
Sarah Chua	Chesterfield
Dan Cohen	Chesterfield

Welcome and Introduction: ASK TO RECORD

- As you know, we have been working with Chesterfield, Henrico, and Richmond on developing their HOME-ARP allocation plan.
- Coming out of our data analysis and stakeholder consultation so far, it appears that the community's best use for the HOME-ARP funds would be to support PSH development, likely through capital investments. However, projects funded regionally will likely need to leverage funds from state sources as well.
- So, today, we wanted to talk to you about your current priorities and resources and discuss opportunities and challenges in creating quality PSH opportunities for people in the HOME-ARP qualifying populations (people homeless and at risk of homelessness).
- Before we get started, I'd like to do some quick introductions. Let's do name, organization and role. We'll start with CSH folks, then jurisdictional partners and then each state partner.

Interview guide:

- 1) Will you each tell us briefly about your agency priorities and resources related to serving the HOME-ARP qualifying population? *[Trying to get at basic that PSH is a priority and that they have some funds]*
 - a. DBHDS: Since 2016, the agency has been administering rental assistance for SMI and ID/DD population. Goal to reduce use of institutional settings, providing housing for people experiencing homelessness and frequent users of systems. Administer \$50 million in funding for SH, most of that is rental assistance.

- i. Priorities: Commonwealth is under settlement agreement with Dept of Justice, Commonwealth needs to provide more opportunities for people with ID to live in the community with necessary supports. Supportive Housing is how they are addressing this requirement, so their priority is ensuring 10% of settlement population is living independently in the community by the end of the year. And they need to build community capacity and resource commitment to ensure this can continue past this year. Need resources to ensure adults who chose to can live in the community on their own, with the supports they need.
 - ii. Another goal is to meet 60% of need for housing for adults with SMI. Have new need data coming out this year and can break it down by jurisdiction.
 - iii. Resources: one-time state resources that can be invested in supportive housing through the CSBs (reference draft plan from RBHA/Chesterfield/Henrico and some other CSBs).
 - iv. Capital Investment in Virginia Supportive Housing project – this is one of a few projects where DBHDS was able to invest some capital in supportive housing projects. The challenge is that this isn't what OCH and DBHDS does.
- b. Virginia Housing: Housing Opportunities Department of VH supports PSH work across the state, focus on vulnerable populations (older adults, chronic homeless, SMI/IDD).
 - i. One priority for VH: transitioning some of their vouchers to project-based to make it easier for folks trying to use those vouchers. Also working to increase utilization of preference units, make sure people who need those units are getting them and not trying to compete on the regular market for them.
 - ii. Resources: 811 is project-based rental assistance, will likely be focused in Northern Virginia, but subject to change. Around 150 vouchers, not yet in effect and there isn't yet a firm date for that. PVC grant is another resource, but was likely a one-time thing. Capacity-building grants are for non-profits to build their own capacity to do affordable housing or other things, although these programs could be undergoing changes soon as well.
- c. DHCD: DHCD is the state recipient of HOME-ARP. VA HOME-ARP funding will be directed as capital subsidies to support development of affordable housing projects, some of which will include PSH. There is some TBRA and non-profit capacity building in the allocation plan as well, but most of it going toward affordable housing. The funding will be administered through a separate funding application from the general consolidated funding application that they already administer (which includes CDBG, HOME, etc). Do not have guidelines yet since they were just approved within the past few months. HOME-ARP will likely be layered into buildings that have other funding from DHCD, but they will do a separate application for HOME-ARP. Expect to have program design by June of this year, possibly sooner.
 - i. Priorities: DHCD is one of the partner agencies working with DMAS, DBHDS, and other agencies to improve housing opportunities related to the settlement agreement discussed by DBHDS. They do so by providing scoring preference for projects that provide qualified PSH units (5 point increase on 100 point scale). Minimum of 1 unit, up to 5-8% depending on size of building. Priority populations are people exiting homelessness, ID/DD, or SMI. Require an MOU

with service organization for referrals or placement to ensure they can fill those units in a timely manner. Also offer financial incentive – offer additional resources to projects that include qualified PSH units (up to \$400K extra). Max award currently is \$2.1 million but can go up to 2.4-2.5 if those units are included. Will likely make changes to this program based upon feedback they've gotten. They will likely continue to have some kind of incentive but what that structure looks like is still to be determined.

DHCD: Trust Fund, HOME-ARP, HOME

DBHDS: PSH program, others potentially

VH: LIHTC, capacity building grants, other lending products, HCV, 811.

- 2) What would be important for us to know if projects funded for PSH through local HOME-ARP funds were to try and access your funding or partner with your funded networks? Do you have specific timelines? What makes a potential project eligible and competitive? What are you looking for? Do you have specific resources you think would align well and could help support these regional efforts?
 - a. DHCD: Will likely be looking for leveraging of available local resources when assessing applications for state funding. Reasonable mix of committed sources – HOME-ARP likely won't fund everything, so have you found other sources too (ex: tax bonding, LIHTC, etc)? What is the mix of units relative to the area and the need (size of units)? Could also prioritize projects that are ready to go, since they will likely need to get money out the door quickly (projects already in the pipeline that could tweak unit mix will be very attractive).
 - i. Not necessarily last in for all funding, but this will likely be the case for HOME-ARP, since they will want to be sure they can get the dollars out in time.
 - b. DBHDS: They will look at choice, both regarding where people live and what kind of services they get (not requiring services, etc), housing first. Unit alignment is a challenge – data shows that need for PSH is highest for single adults, so we need units that are 1bedrooms. Also don't want to see high concentrations of people with disabilities in a certain setting. 100% PSH models are great and needed, but DBHDS is less interested and able to commit resources there because of integration needs.
 - i. Tax Credit Services: DBHDS put out an RFP last year and 3 nonprofits are under contract, working with certain tax credit developers. When tax credit units come online, these service providers provide the services in those units. They are very early in this program but interested to see how it works and continuing with that.
- 3) Is there anything else you would like to tell us about your priorities or the opportunities and challenges you are seeing in increasing PSH in the Richmond region or Virginia generally?
- 4) Are there ways your agencies already coordinate around pipeline?
 - a. Local jurisdictions reach out to state partners on a project-by-project basis for resources, but nothing on a regular basis
 - b. State partners: DHCD has seen a big change in the past year or so where there is more money available, so they haven't had to be as territorial. The challenge is more trying to

get money out the door and not seeing projects ready for it (which is a flip from the past).

Dictation

Interview guide:

1) Will you each tell us briefly about your agency priorities and resources related to serving the HOME-ARP qualifying population? *[Trying to get at basic that PSH is a priority and that they have some funds]*

DHCD: Trust Fund, HOME-ARP, HOME

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Chloe-20 million thru HOME-ARP DHCD for development -separate application-program design by June

Abby- you know for Virginia Housing and Jill prompt me with other questions if I go too far off course but I think that you know priority wise for Virginia Housing one thing that's sort of top of mind for everybody right now is our vouchers and in particular transitioning some of them to project based vouchers to make it a little bit easier for folks who are trying to find somewhere to live so I would say that that's a top of mind priority and then also really trying to increase utilization of the preference units which are targeted for special populations Umm so we're doing that in conjunction with the HCB and DBHDS to make sure that those preference units you know that folks who who need them aren't or competing in the regular market for those units but get a jump start to get access to those units

Kristin- so many of you are familiar but so the Commonwealth has been under a settlement agreement with the federal Department of Justice related to folks with developmental disabilities it's very comprehensive it's been going on for a number of years essentially the Commonwealth the Department of Justice imports found that we haven't provided opportunities for people to live in integrated settings in the community with the supports they need and so a small part of that is needing the opportunity to within housing their own and obviously supportive housing is where we go when we talk about addressing that requirement so you know right now we have to ensure that at least 10% of the settlement agreement population is living independently by the end of the year another requirement is that we demonstrate to the court that even if the settlement agreement end this year which we're hopeful about that we have built the community capacity and the resource commitments to continue to be able to offer those opportunities to individuals so we have concrete numbers target population of adults with developmental disabilities who live in housing of their own with the services and supports that they choose additionally in our new strategic plan we are hoping to meet 60% of the need for permanent supportive housing for individuals with serious mental illness we've got new need data coming out this month and of interest to you all we can break that down high locality so that we've got some numbers to go along with that need but but concretely those are the two elements in our strategic plan that relate to housing

Chloe- OK we are one of the partner agencies working with Kristen demas etcetera to improve housing opportunities for folks covered under that settlement agreement and the way that our program has been structured is that we provide a scoring preference so our competitive twice annual applications are on a 100 point scale and five points are allocated towards projects which provide qualified PSH units and for that DHCD is looking for a subset of units within a development we have a rough guideline of a minimum of one unit but up to about 8-5 to 8% depending on the size of the building that we like to see targeted and then our populations include folks exiting chronic homelessness ID or SSI and then we look for the developer to have an MO U with an agency for referrals so not all of our projects are lightech projects and so we have sort of this outside requirement because we honestly don't have the ongoing compliance capacity that Virginia housing has had to do that like five day referral process with DHS and So what we request is for the developer to have an MOU with some agency that can do a form of placement or referral so that they have a place to go to fill those units in a timely manner that that five point preference is one portion of it and then we also have a financial incentive where we allow for additional financial resources to go towards projects that have those qualified PSH units in them and so that can be up to about \$400,000 and for reference as of right now the maximum or word or additional financial resources to go towards projects that have those qualified PSH units in them and so that can be up to about \$400,000 and for reference as of right now the maximum award of our competitive 2.42 point 5 for a project that is including those PSH units I will say with the caveat that we are this spring doing some input sessions for a new HUD con plan which is our five year guidance and it is likely that there will be some changes to the structure of that based on the feedback that we've gotten from developers about placing individuals into those units sort of the general unit mix that they're trying to accomplish with rytec deals so there's a few nuances and I anticipate that we will continue to have a points and financial incentive for that but I don't the structure is likely to change Umm and it's possible to change significantly because DHCD on hold none of our none of our competitive applications are scored the same way so my application is a maximum of 100 points we score a whole point only we have that homeless and special needs housing group that also also awards Virginia Housing Trust fund dollars scores up to 102 points and goes to the 10th of a point CDBG project score up to 300 there's just like no rhyme or reason so not only are we going to be responding to developers in the structure but I think generally there will be some like level setting across the agency in terms of scoring structure so that like 5% points and \$400,000 is likely to shift but I don't I won't know for a few months what that will look like

Jill-related that if that does shift when would or probably will shift when would that change kind of be implemented

Chloe-so our fund plan will be for next fiscal year so at the earliest it would be like literally starting July 1 2023 but the application cycles that it would affect would be like August September of 23 and later and those changes would likely be rolling to some extent so it's likely that fiscal year 24 so that July 123 through June 3024 would have a small shift and then we'd have an additional shift in future years the primary changes will be that our what we report to HUD because when you complete a con plan and just speaking very generally because I don't know what everyone's experience level is a complaint is the five year HUD plan and then you also have an annual action plan and within that there are very broad strokes about how you score and when you award and how you Pierce state or other matching funds to the federal funds and TH CD has chosen to be very specific with that like \$700,000 cap unless you do PSH and then it's \$900,000 like I can't award \$701,000 because you've been very specific to HUD and so

the overall goal of the changes with the add reporting is just to meet the the actual requirements of HUD and then to be very general with all other references so that we can make incremental changes over the next several years that are more responsive to developer needs if we exit the settlement agreement and then we do see a change in unit utilization or desire for PSH then we can bump up the you know we can like juice the carrot a little bit more and we're right now we can we're very fixed in what we can do so the biggest change will be that the HUD documentation for fiscal year 24 will be exactly what HUD wants and nothing extra and then we will be able to do incremental changes overtime so the I think the biggest difference will be for fall 23 applications and that would probably be the timeline for home art being released as well just from a capacity standpoint by fall I mean after July that we would be able to award more home ARP into a project because home air P is more flexible in what it can reimburse or what eligible expenses exist and then we would also be able to increase state funding according to state priorities which would allow us to award more funds into a project more easily

Abby- seven is project based rental assistance plan at least for now is that we'll primarily be focused in Northern Virginia so I'm not sure that it will be applicable to this group but subject to change because you know the the grant was written before I was at Virginia housing several years ago and so obviously the whole world was different than it was when the grant was originally written but that is the plan for now but that will be about 150 vouchers so it's possible that those will end up in other places throughout the state as well we don't have like a stand up date for that program at the moment either so just kind of you know toggling back and forth with HUD and until we get there 811 the PVC Graham I don't know anything about unfortunately so I can't answer your questions but I can than I do about that and what was the third thing was 811 PDC and one other thing the you know the capacity building grants I know I feel like there's been discussions about changing somewhat the structure of those but like how they're available for organizations to build capacity to do permanent supportive housing or not yeah so I mean as they exist currently you can see if you go to the Virginia housing website you could pull up like the guidebook for the capacity building grant and we're actually about to go into our input sessions internally to review all of all of that so that you know it can eventually make its way up the the chain to see if there are any changes but or just that the beginning like those are just starting now so as they currently exist as you know your best bet for the time being and all of the information is on the website thanks Amy is there are there any resources that we've missed from you all that we've been talked that you guys are either you have on the street or planning on or thinking about putting on the street recently that you think would help support PSH new inventory development is really what we're talking about in the Richmond area to meet the need yeah you said you talked to the CSB so they might have mentioned that they have some what time today

Kristin-Yeah you know we have new play projects one of the one of a few to point to we also got some dedicated trust fund resources I'm looking at Eric's name from Eric from probably speaking greater detail than I can that have been invested in Prince William County for capital so we're interested that the challenge is like you know this is not what our agency does and it reminds me that when I talk about what our office does obviously I'm talking about our office and the resources we administer we talked a lot about rental assistance but we operated disability service organization so we leverage lots of services out there which will be part of the puzzle that you're trying to put together when you talk about

supportive housing so I just didn't want to fail to mention that we're we're working with the entire public service system to that end but yeah so we've done it you know I don't feel like we have a smooth mechanism for that so the way that new clay worked out was pretty idiosyncratic but but you know certainly open to conversations great thanks well so my next big question is you know so we're you know what's important for us and jurisdictional partners generally you know if they invest their home Mart dollars and it's regional it'll be putting in so each jurisdiction has an allocation of homework funds so the idea is that they're all investing but they wanted to build a regional approach to in terms of the strategy at least and and potentially fund multiple projects together that kind of idea and concept what's important for us to know about how our projects or these projects funded through hallmark regionally can access the state resources they would need to to really make it work right umm so you know timeline on

2) What would be important for us to know if projects funded for PSH through local HOME-ARP funds were to try and access your funding or partner with your funded networks? Do you have specific timelines? What makes a potential project eligible and competitive? What are you looking for? Do you have specific resources you think would align well and could help support these regional efforts?

Chloe- so I can speak to DHCD generally we don't have program design for home arp yet but I'm basically operating from the assumption that home art funding even from localities and the state won't be enough to to get it done so we will likely have a prioritization tool based around surveys of the state and this is something that Amy petrell would be the primary contact for because I didn't do the needs assessment portion of our allocation plan but the allocation plan should be available on hud's website now that it's been approved and so that needs assessment is there and will show sort of the general train of thought and I don't know fully how it will be implemented but I know one thing that DHCD is considering is that there are you know in Richmond metro region for example because there are three contiguous localities that all have their own home art funding their own home CDBG funding Richmond has theoretically the city Housing Trust fund dollars that are available they make available through the city budget we are taking into consideration sort of the available resources um in an area broadly speaking versus in some more rural parts of the state there is also an analysis being completed or was in the needs assessment and again sort of the the impact of that to how we view applications is still being discussed but there are areas where if we're looking at mitigating risks of homelessness there are areas where there are simply not units available and so we need to put more money towards standing up units and there's also areas where there are units and there's just that mismatch that Christian often talks about between sort of what type of housing is available where is it located in reference to services or school systems for transportation networks that sort of thing so those will sort of come into play but broadly speaking what we are going to be looking for is a project that has a reasonable mix of committed sources so you know is your request for home air refunding we can quite literally cover 100% of a home arc eligible unit but is the developer or does the development leverage other sources so are they taking advantage of the tax bonding that's available are they lightech projects what is the mix of units sort of relative to the area so thinking in Richmond you know PSH is primarily studio or one bedrooms but we do have an ongoing issue in the region with you know families being very unstably housed and so something that we might look for is you know a building that has hallmark funding that is

targeted towards like a two or three bedroom unit even though it might not be ideal for PSH purposes it does address a need that exists in the area generally our competitive scoring is the the big pieces are developer capacity so experience partners even if you know we've had some some successful projects come through where a service provider or a CSB is involved but they partner with a very experienced developer so one of the risks with home therapy is that there is sort of the big Cliff right like we have a few years to expensive funding but then once that clip happens there is no kicking the can down the road like if I award a project home funding and then it takes them a little bit of time I can always use a later year of home funding nobody's favorite to do that but it's possible and with home air P we're very cognizant of the fact that development takes a while so even if I were to release an application today I'm not expecting to see those units until January of 26 probably and if we're not releasing an application until this summer or the fall or next spring and we want to have more than one round potentially that puts us very close to the expenditure cut off so if it's possible that a project has sort of already had an allocation of lightech funding or you know just has a little bit of a gap where they just need a casual one or \$2 million right then being able to identify as localities projects that are sort of already in the pipeline but might be able to tweak their unit mix to fit in some home arapy funding I think is going to be the most attractive to me and my scoring Team because there is that hard cut off is very soon like it puts a rock in my stomach to think about projects that are just now applying for lightech in 2023 and then truly will have you know a 36 month time frame where I need to get the check written and into the project so that I think is the biggest thing is sort of reviewing the projects that are in the pipeline and sort of the partners that are already involved and then possibly just tweaking something that exists I would anticipate that our scoring metrics are pretty similar with the possible calibration of sort of an impact index or something of that nature but that I think is almost worth less attention because if you're looking at these particular localities like you can't all you've got is those localities so you can't change the zip code of the project necessarily but you can sort of find something that is well positioned for other funding and I think that that will bode well for implementation and homework you're muted Jill thanks for your comments focused on home art but I would imagine this project would go in for Shi as well so anything to flag there I mean I think it's very it sounds very similar development capacity readiness you guys are kind of lasting usually we're typically last in that is becoming less and less true it's less and less true that we're last in I think for home ark we would be very reticent not to be one of the last committed funding sources just because we do have that hard stop so I think that would be the big difference in terms of leveraging other state funding I think you know there are there are projects that already have awards or planning on coming in for awards and as you're evaluating projects for regional home ARPA funding looking at like what were those projects that got a partial award in the spring of 2022 because sort of where we're falling now is that the amount of state funding is far outpacing the federal funds and developers are still sort of trying to find that sweet spot so if you have a project that scores well for state funding and just has a whole because they can't bring up that federal score enough to be competitive um because we just can only you know we might find three projects with federal dollars but 23 projects with state dollars because of the amount of resources that we have and I think that that this could be a good way to fill the hole and also sort of leverage leverage the localities desires because you get to say like hey I know you can't get those home dollars but did you want to get these home dollars and this is what you need to do for it but I think you know our scoring our scoring is relatively public it's you know locality need developer capacity project readiness so I don't I think the developers in the region Virginia supportive housing better housing coalition mark Dana like all of those folks that you're likely to encounter are pretty familiar with what our scoring metric is I think the same

will be true for lightech as well they're sort of they're already well designed to sort of complement each other and it's a matter of finding the correct units and the unit mix for bringing in home art but your private developers are going to be the ones likely to guide you all in the process that's often what they do for us or they they say here's how our projects are looking now and we adjust scoring can we like where can the need be met from the state partner side thanks

Kristin- you know I was thinking that I can't I don't think I can answer this question the same way that Chloe does because if we post a funding opportunity it's like there's not a standard cycle you'd have to look on the state procurement system make sure you're seeing the notifications that go up typically but I guess like what what I think might be helpful is for me to talk about the people's peace and some of the values because that's going to be really important and you're working with SH you've probably already heard all of this stuff but choice is a central value so people choose where they live right we don't place people people choose what services they receive or if they receive services so we you know work to set up these service partnerships and make services of the kind in nature and with the orientation that people want services but they aren't required and then you know we can tell you a lot about who needs supportive housing but this issue of unit alignment we we definitely see elsewhere with units that are developed for this purpose so for permit supportive housing you're largely going to see single adults unaccompanied by children and so the data showing is this reflected there inclusion is an integration are important and so again from our agencies perspective we don't want high concentrations of people with particular disabilities in a certain housing setting and so I know probably you're looking at 100% supportive housing models and that's you know great and needed in many communities but they might be of less interest to our agency and less we might be less able to commit resources depending on how those details play out there are high concentrations of people with serious mental illness developmental disabilities that would be of concern to us because again we've got this we all have this federal mandate around integration yeah one thing i forgot to umm i know we have 11 minutes left but the the tax credits. Tax credit sources rfp last year, 3 non-profits that abby was talking about the people who are able to access those units that we have a services contract now for some of those units with these various service providers who are making their very early so I'm just getting their boots on the ground but we're interested to see how that works and if it's successful doing more of that it's something to keep an eye on OK well so we have 9 minutes just want to this is kind of a a question that's not in in my guide CSH folks but i'm curious

like coordinate around pipeline development like from a state and local capacity so you know DC Virginia housing you know in other jurisdictions I've seen you kind of regularly scheduled conversations between state and local housing and community development departments to monitor pipeline and projects that you're jointly funding is there anything in place like that or you know it it it strikes me that that might be useful in terms of thinking about what projects are coming through the pipeline and how how they get funded from both from all sources state and local is that something you guys already do or do it more ad hoc less formal and and it and and I'm bringing this up even more from the regional perspective that that's even more of a thing to help coordinate right when these regions are I think you know just to put it out there from a homework we have we don't know of any other jurisdictions that

are working together to do their homework and acknowledging that homelessness is regional so we think it's pretty special what they've done and it's hard too so you know thinking that could even necessitate a higher level of coordination between the state and local partners stop there thoughts Julian there's nothing that goes on now that has that kind of coordination yeah we are on our end we reach out to our state partners on specific projects right like probably like Dan and Chesterfield we will work especially if there's a development recapitalizing their property we will work with them because at most cases it'll involve tax credits and they have to come through us for or being processed so we will coordinate but not on a regular basis it's on a project by project basis but I think you make a good point and I guess I'm putting yeah Chloe housing and maybe I know that might not be you specifically Abby but is that something that there's openness around especially as these regional partners are working to engage with each other and coordinate you know across jurisdictions I'll save her DHCD one of the big changes that we've seen over the last year or so is that I mean there just has not been so much money before right like projects were slightly less expensive but there was less money and I think there is more being territorial about label my projects what I find is this and we have the sort of the opposite problem where like this fiscal year I have \$165 million on to get out the door and I am a little nervous that there aren't projects ready for it right so one of the big changes I think is for DHCD our input sessions have typically been very formulaic and this year those will be very different we have new appointed leadership but also Sandra Powell isn't our new work I guess she's been here just over a year senior deputy director over our division that is the CDBG home National Housing trust fund and then state funding sources and this has been something that she and I have talked quite a bit about it is sort of changing the way we do input sessions and even if it is still through the like HUD blessed formula of an input session making a point to invite regional partners and talk through more specific questions around like these are the problems that we're seeing what do you regional partners what do developers other applicants see as the answers to them that I think the the format of those input sessions will start looking very different starting with this spring and there has been more more like project based things like I'm meeting with Eric and a couple of other folks in that department the Henrico finance department to talk through some housing programs and sort of how they compare well with what the state already does and just the next couple of weeks which is really exciting but we are also a DHCD sort of shifting the alignment of departments and so there will be in the next quarter or so a position that is specific for sort of offering that technical assistance so right now you know if you're a locality and you think OK well probably we need to do a CDBG application so then the developer of this site can do some housing applications there's not a good place to go to get that kind of technical assistance you sort of have to meet with multiple departments and so we are working to sort of develop out what that looks like at the state level and then the ultimate goal of that is to have a more regional basis we're like someone from that team can go out to southwest Virginia and meet with like the big 10 the little 10 something 10 there's a group of housing agencies that are really small I always use the wrong descriptor but there's ten of them and sort of talk through here is everything that we can offer what are you looking at now what are you looking at in 36 months sort of how do we weave that together so I think from a from a DHCD perspective that will be something that is slow to change because it's a big ship to ship the direction of but it's something that you I think I'm very interested in ara is our new associate director for homeless services and she came from balance of state and so she's familiar with having to weave together you know it's not just one locality it's all of these localities and how they touch each other so I think that's something that we'll be shifting and if there are ideas from Chesterfield Henrico Richmond city from y'all your meaning CSH it's just still still space is big on my screen I think that like we

would be really interested in sort of hearing what other people think of as like the best practices or what they've seen work or what they've seen really not work in terms of flushing all of that out yeah I'm imagining I'm familiar with this one jurisdiction that you know is you know provides home local trust fund dollars of course that that's good leveraged a lot with the state and so there's regular coordination calls where they actually discuss projects in the pipeline both like ones that are initial concept it might need pre development and you know and I think like the state has more pre development I'm assuming than locally that's usually true so you know how how it's coordinated how's their how they're the funders throughout the development process can kind of rally around a pipe building the pipeline and having projects in the queue moving forward and then addressing if they if a project gets into some sort of challenge that all funders are on the same page to address to help work through those and with the the shared goal of of row first quality pipeline that gets that's turning out units consistently and that's broader than PSH I just want to throw out there and this whole mark project but feels like if there's more interest working regionally around addressing housing needs that there's and there's so much basis in this area I think for it that would be a suggestion of how to that maybe it's a monthly call you know where where you're discussing pipeline and working through issues on regional basis

3) Is there anything else you would like to tell us about your priorities or the opportunities and challenges you are seeing in increasing PSH in the Richmond region or Virginia generally?

Dan: One small thing sometimes what makes it hard for local jurisdiction to access state funds is the time frames that go into it like you have to apply for let's say Virginia housing money for pre development 3-4 months in advance of something and sometimes we don't even have that kind of lead time because we haven't done a lot of the due diligence that we have to do locally and I understand it takes a long time for applications for money to be processed but sometimes I think that hampers a local government's ability to access you know state funds is just how the cycles how the cycles work

yeah just curious Richmond isn't here but are they part of this regional planning they are can I ask who in that office is it's for which office it is Cheryl Hampton is doing the HOME-ARP plan for the city right

I would just say go ahead sorry

Jessica: Chloe I think it would be great for as you all are developing like your program design as you're talking about for homework it sounds like you know we're going to be a couple months few months behind you but we should probably coordinate on that so I'm going to say we should have a call at some point in the next few months yeah I will say it is unlikely that anyone will be moving slower than us yeah and the program design piece like we have not even started and I've asked our policy shop for help with like writing a general memo to give my team sort of sort of the broad strokes so we can piece it out but we haven't seen that yet so there's still is there still is time for y'all to catch up sounds good that we don't have as of right now the associate director of this sort of coordinating that process is out on leave until mid all of this week and all of next week and part of the week after so it would be like late January at the earliest and I do not have that schedule but once I have that schedule I'm happy to send it sort of like our general framework of what we think the time frame will be over to Jill and then maybe she

could disseminate it and we can figure out if there's a way to bring all three localities in to at least part of that process

Chloe: I will be honest that we are in the middle of one of those very slow moving approval processes right now that Dan was talking about so I am I have not thought much about homework in a couple months because you've been in the weeds of another application cycle but hopefully that will be concluding and then we'll be back on the train that sounds good next three or four weeks sounds good

Jessica: no rush we'll just we'll be in touch that sounds good thanks

Jill:OK all right well any other last comments or questions OK thank you

Name2	Organization	Email Address	Please select the descri	Purchase or D	Tenant-Based Rental As	Supportive Services	Acquisition, Rehabilitati	What are the priority ne	How can coordination e	Do you have any other f
Martha (Marty) Shephar	Henrico County - Henric	she04@henrico.us	PSH Provider ;Organizati	3	4	2		Affordable rental 5 housing		
										Permanent supportive housing is the long-term answer and best practice. However, we cannot overlook the immediate needs of those facing or experiencing homelessness today. As the area's healthcare for the homeless grantee, we are exploring best practices co-locating healthcare services, support services and housing (shelter and transitional). We have seen large urban areas find great success with this model.
Anita Bennett	Daily Planet Health Servi	abennett@dailyplanetva	Healthcare for the Home	4	3	3		long-term affordable housing, short-term immediate shelter options or transitional housing	Formal partnerships with local government, Co-locating support services and housing	
										Agreed with a lot of what was said during today's call. Staffing for shelter remains a huge issue and we are seeing that in our emergency shelter as well. Funding to help provide competitive pay and more staff to help manage the increased mental health needs of the program participants we are seeing is among our greatest need. Additionally, being able to provide more training for staff would be helpful. Specifically, helping our housing-focused case managers to obtain the Housing Counsellor Certificate would be beneficial.
Lexie Haglund	CARITAS	lhaglund@caritasva.org	Shelter Provider;	3	4	2		More affordable housing options and/or bridge housing/short-term housing options to support people as they transition to PSH, prevention services for those at-risk of homelessness, follow up and wrap around services for people once they are housed to help them understand things like budgeting, paying bills, taking care of an		1 apartment, etc.,

Veronica Reid	Independent	veronica.reid.mpa@gmail.com	Community Member ;Advocate	5	5	4	Affordable and long-term housing opportunities.	Inform funders about the importance of partnership (it takes time and money). Address barriers with holistic approach.	Please work also on developing flexibility to overcome barriers, and work on salaries that allow workers to remain in the jobs and develop long-term solutions
Kelly King Horne	Homeward	kkhorne@homewardva.org	Continuum of Care; Advocates	2	1	4	Permanent supportive housing (with this funding source)	Additional funding would enable an expansion of services and an increase to scope to cover other populations and other services	This is a unique funding opportunity and investing in a new facility-based PSH project will have the largest impact on our community's ability to respond to the crisis of homelessness.
Katie Chlan	Richmond Behavioral Health	katie.chlan@rbha.org	PSH Provider ;Organization	3	1	3	Individuals experiencing chronic homelessness (especially those with a SMI) and accessible, affordable rental housing	more education across all provider types regarding the numbers of individuals in each priority group, as well as the cost that these groups are to the system.	the community has been "saturated" with TBRA, but there is not enough housing to utilize for these vouchers (either due to tenant barriers, rent of unit, or refusal to work with a voucher) - more TBRA will not help until the housing stock catches up with the number of vouchers available
Nancy Kunkel, Board Sec RISC (representing 22 municipalities)		norkunkel@gmail.com	Community Organizing Committee	1	1	5	Need new Permanent Supportive Housing units to of deeply affordable housing to serve people with the longest histories of homelessness.	Through the Continuum of Care the region is well poised to work together to provide better support	This use of these funds will make a big difference to the region's terrible lack of housing for our most vulnerable neighbors

							of people released from jail or prison in the metro Richmond area are released without safe, stable housing, and thus no secure base from which to build a new life and break out of the cycle of poverty and incarceration. So many of my clients cycle through jails, hospitals, temporary hotel stays arranged by probation or crisis orgs, and street-level homelessness. So many of my clients are blocked from the Continuum of Care's resources like rapid rehousing and permanent supportive housing because they can't even get off the waitlist for emergency shelter. They are	Coordination will improve naturally with greater capacity. Capacity (e.g., housing units/beds, flexible funding for rental assistance, supportive services staff) is the prerequisite for effective and sustained collaboration.	impacted people are disproportionately represented among the homeless population. Resources must go to the lowest segment of the housing stability continuum; it's a matter of racial justice. I know housing affects virtually all working class people these days, but our solutions must be equitable and not sacrifice the most disadvantaged populations (e.g., homeless, incarcerated) who have the least voice in the political process writ large.. Affordable housing cannot be built to the exclusion of those who aren't even empowered / in the position to gain access to it because
Ben Wong	OAR of Richmond	bwong@oarric.org	Reentry Agency;	5	4	4	3		
Matt Scaoarro	Better Housing Coalition	m.scaparro@betterhous	Landlord-Management C	4	5	5	5		

HOME-ARP Feedback Form

HOME-ARP allocation plan feedback for Chesterfield, Henrico, and Richmond.

* Required

1. Name *

2. Organization *

3. Email Address *

4. Please select the description that best identifies the group or organization you are representing. Please select all that apply. *

- ☐ PSH Provider
- ☐ RRH Provider
- ☐ Shelter Provider
- ☐ Prevention Provider
- ☐ Public Housing Agency
- ☐ Veterans Provider
- ☐ Organization that addresses fair housing, civil rights, or the needs of persons with disabilities
- ☐ Domestic Violence Provider
- ☐ Community Member
- ☐ Other

Rate the following Eligible Activities in order of need:

Eligible Activities include:

- Production or Preservation of Affordable Housing
- Tenant-Based Rental Assistance (TBRA)
- Supportive Services, including services defined at 24 CFR 578.53(e), Homeless Prevention Services, and Housing Counseling
- Purchase and Development of Non-Congregate Shelter. These structures can remain in use as non-congregate shelter or can be converted to: 1) emergency shelter under the Emergency Solutions Grants (ESG) Program; 2) permanent housing under the Continuum of Care (CoC) Program; or 3) affordable housing under the HOME Program

5. Purchase or Development of Non-Congregate Shelter *

1	2	3	4	5
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6. Tenant-Based Rental Assistance *

1	2	3	4	5
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7. Supportive Services *

1	2	3	4	5
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8. Acquisition, Rehabilitation and Construction of Affordable Housing *

1	2	3	4	5
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Qualifying Populations

- Homeless, as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a));
- At-risk of homelessness, as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(1));
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined by the Secretary;
- In other populations where providing supportive services or assistance under section 212(a) of the Act (42 U.S.C. 12742(a)) would prevent the family's homelessness or would serve those with the greatest risk of housing instability;

9. What are the priority needs for the qualifying populations in the region?

10. How can coordination efforts be improved region-wide to better support eligible HOME-ARP populations?

11. Do you have any other feedback/suggestion you would like to share?

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Row #	Year	Proj. Type	Organization Name	HMIS Org ID	Use HMI S-comparable	Project Name	HMIS Proj ID	Geo Code	HMIS-Participating	Inventor y Type	Bed Type	Target Pop.	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Veteran Beds HH w/ Children	Youth Beds HH w/ Children	CH Beds HH w/ Children	Veteran Beds HH w/o Children	Youth Beds HH w/o Children	CH Beds HH w/o Children	CH Beds HH w/ only Children	PIT Count	Total Beds	Utilization Rate	Last Update On	
542031	2022	ES	CARITAS	7		CARITAS: Single Men’s Emergency Shelter Case Management DHCD/VHSP Richmond & Henrico ESG-CV	2033	511308	Yes	C	Facility-based beds	NA	0	0	36	0	0	0	0	0	0			33	36	92%	5/5/2022 17:28	
542033	2022	ES	CARITAS	7		CARITAS: Single Women’s Emergency Shelter Case Management DHCD/VHSP, Richmond & Henrico ESG-CV	2034	511308	Yes	C	Facility-based beds	NA	0	0	28	0	0	0	0		0	0			27	28	96%	5/5/2022 17:42
542175	2022	ES	Commonwealth Catholic Charities	677		Commonwealth Catholic Charities: COVID Positive Isolation Shelter	2042	511308	Yes	C	Voucher beds	NA	0	0	2	0	0	0	0		0	0			2	2	100%	4/26/2022 16:30
542508	2022	ES	Commonwealth Catholic Charities	677		Commonwealth Catholic Charities: Inclement weather Emergency Shelter	2044	511308	Yes	C	Facility-based beds	NA	0	0	0	0	0	0	0		0	0			135	135	100%	5/5/2022 17:57
542510	2022	ES	Commonwealth Catholic Charities	677		Commonwealth Catholic Charities: NCS Days Inn CHERP	2032	511308	Yes	C	Facility-based beds	NA	192	66	41	0	0	0	0		0	0			235	233	101%	5/5/2022 17:59
526586	2022	PSH	Commonwealth Catholic Charities	677		TBRA	1574	511308	Yes	C		HIV	4	1	42	0	0	0	0	0	0	0	0	46	46	100%	5/3/2022 16:10	
526557	2022	TH	Daily Planet	12		DP GPD - Safe Haven	1206	511308	Yes	C		NA	0	0	13	0	0	0		13	0			8	13	62%	5/5/2022 17:32	
526592	2022	ES	Daily Planet	12		DP Greater Richmond Medical Respite	968	511308	Yes	C	Facility-based beds	NA	0	0	10	0	0	0	0	0	0			8	10	80%	5/5/2022 17:45	
526565	2022	SH	Daily Planet	12		DP HCHV/SH	1207	511308	Yes	C		NA			6	0			6	6	0			4	6	67%	4/26/2022 16:39	
526555	2022	SH	Daily Planet	12		DP Safe Haven	654	511308	Yes	C		NA			3	0				0	0			1	3	33%	5/5/2022 17:24	
526566	2022	RRH	Flagler	758		Flagler Community	404	511308	Yes	C		NA	2	1	8	0	0	0	0	0	0			10	10	100%	5/3/2022 4:03	
526578	2022	RRH	Flagler	758		Flagler youth rapid rehousing	1508	511308	Yes	C		NA	0	0	2	0	0	0	0	0	2			2	2	100%	5/3/2022 4:04	
567386	2022	RRH	Flagler	758		Flagler: Henrico Rapid Rehousing Henrico ESG-CV	1435	511308	Yes	C		NA	2	1	4	0	0	0	0	0	0			6	6	100%	5/3/2022 4:04	
526612	2022	RRH	Flagler	758		Flagler: Richmond Fostering Futures Rapid	1834	511308	Yes	C		NA	0	0	1	0	0	0	0	0	0			1	1	100%	5/3/2022 4:05	
568079	2022	PSH	Flagler	758		Flagler: Richmond Virginia Housing Trust PSH	2007	511308	Yes	C		NA	0	0	1	0	0	0	0	0	0	1	0	1	1	100%	5/5/2022 17:16	
526581	2022	RRH	Flagler	758		Richmond Rapid Rehousing DHCD/VHSP	1421	511308	Yes	C		NA	2	1	8	0	0	0	0	0	0			10	10	100%	5/3/2022 4:06	
526558	2022	ES	Goochland Free Clinic and Family Services	1655		Goochland Free Clinic/The Knight Owl	1655	519075	No	C	Facility-based beds	DV	4	1	2	0	0	0	0	0	0			6	6	100%	4/26/2022 16:56	
526597	2022	OPH	Greater Richmond Continuum of Care	738		HandUp Community Resource Center: TIP	1756	511308	Yes	C		NA	0	0	14	0	0	0	0	14	0			14	14	100%	5/3/2022 15:53	
526579	2022	ES	Hanover Safe Place	1657		HSP emergency shelter	1657	511308	No	C	Facility-based beds	DV	5	3	0	0	0	0	0	0	0			5	5	100%	5/5/2022 17:46	
526569	2022	RRH	Hanover Safe Place	1657		HSP rapid rehousing	1701	511308	No	C		DV	5	2	2	0	0	0	0	0	0			7	7	100%	4/29/2022 4:30	
526585	2022	RRH	HomeAgain	8		DHCD/VHSP RRH	1219	511308	Yes	C		NA	0	0	11	0	0	0	0	0	0			11	11	100%	5/3/2022 14:57	
568070	2022	RRH	HomeAgain	8		HA ESG RRH City	1245	511308	Yes	C		NA	0	0	3	0	0	0	0	0	0			3	3	100%	5/3/2022 14:51	
526553	2022	ES	HomeAgain	8		HA Espigh family emergency	28	511308	Yes	C	Facility-based beds	NA	31	7	0	0	0	0	0	0	0			27	31	87%	4/26/2022 16:33	
526567	2022	RRH	HomeAgain	8		HA family rapid rehousing	1948	511308	Yes	C		NA	2	1	11	0	0	0	0	0	0			13	13	100%	5/3/2022 14:42	
526595	2022	RRH	HomeAgain	8		HA Henrico RRH ESG	1826	511308	Yes	C		NA	2	1	4	0	0	0	0	0	0			6	6	100%	5/3/2022 14:58	
526547	2022	ES	HomeAgain	8		HA Men's Emergency	33	511308	Yes	C	Facility-based beds	NA	0	0	20	0	0	0	0	0	0			20	20	100%	4/29/2022 4:58	
526591	2022	PSH	HomeAgain	8		HA PSH (HUD)	1276	511308	Yes	C		NA	45	16	3	0	0	0	45	0	0	0	0	48	48	100%	5/3/2022 15:05	
568012	2022	RRH	HomeAgain	8		HomeAgain: Family Rapid Rehousing HUD	1096	511308	Yes	C		NA	12	3	11	0	0	0	0	0	0			23	23	100%	5/3/2022 14:53	
526610	2022	TH	HomeAgain	8		HomeAgain: Veterans Transitional Program Non-GPD	1991	511308	Yes	C		NA	0	0	8	0				8	0			7	8	88%	5/5/2022 17:31	
526584	2022	RRH	HomeAgain	8		Housing Trust Fund Richmond RRH	1624	511308	Yes	C		NA	2	1	2	0	0	0	0	0	0			4	4	100%	5/3/2022 14:54	
568072	2022	RRH	HomeAgain	8		Housing Trust Fund state rapid rehousing	1554	511308	Yes	C		NA	0	0	6	0	0	0	0	0	0			6	6	100%	5/5/2022 17:28	
566257	2022	RRH	Homeward	2		Homeward: EHV Rapid Rehousing CHERP	2047	511308	Yes	C		NA	60	11	12	0	0	0	0	0	0			72	72	100%	4/27/2022 19:53	

526583	2022	RRH	Housing Families First	3		HFF ESG Richmond	1611	511308	Yes	C		NA	10	3	0	0	0	0	0	0	0	10	10	100%	5/5/2022 17:27		
526574	2022	RRH	Housing Families First	3		HFF HUD rapid rehousing	1436	511308	Yes	C		NA	19	6	0	0	0	0	0	0	0	19	19	100%	4/29/2022 1:55		
526562	2022	RRH	Housing Families First	3		HFF rapid rehousing (internal money)	1252	511308	Yes	C		NA	20	6	0	0	0	0	0	0	0	20	20	100%	4/29/2022 1:42		
526561	2022	RRH	Housing Families First	3		HFF VHSP rapid rehousing	1413	511308	Yes	C		NA	18	5	0	0	0	0	0	0	0	18	18	100%	4/29/2022 1:50		
526614	2022	RRH	Housing Families First	3		Housing Families First: Rapid Rehousing Henrico ESG-CV	1943	511308	Yes	C		NA	4	1	0	0	0	0	0	0	0	4	4	100%	5/5/2022 17:27		
526570	2022	SH	Liberation Family Services	1342		LFS GPD beds	1343	511308	Yes	C		NA			14	0				14	0	10	14	71%	4/26/2022 16:43		
526593	2022	SH	Liberation Family Services	1342		LFS GPD beds (19)	1841	511308	Yes	C		NA			12	0				12	0	5	12	42%	5/5/2022 17:30		
526601	2022	SH	Liberation Family Services	1342		LFS GPD beds 21 C	1980	511308	Yes	C		NA			12	0				12	0	8	12	67%	5/5/2022 17:29		
565462	2022	ES	Moments of Hope	1811		Moments of Hope hotels/motels	1812	511308	No	C	Voucher beds	NA	2	1	15	0	0	0	0	0	0	17	17	100%	4/29/2022 4:34		
526546	2022	PSH	Richmond Behavioral Health Authority	360		RBHA PSH beds	1557	511308	Yes	C		NA	0	0	16	0	0	0	0	0	0	16	0	14	16	88%	4/29/2022 4:48
565463	2022	TH	Richmond Behavioral Health Authority	360		RBHA- Residential Support for Homeless Families Transitional Housing(CDBG)	2061	511308	Yes	C		NA	10	2	0	0	0	0	0	0	0	7	10	70%	4/29/2022 4:46		
526568	2022	TH	Safe Harbor	1658		Safe Harbor (transitional - buildings 1 and 2)	1659	511308	No	C		DV	3	1	1	0	0	0	0	0	0	4	4	100%	4/29/2022 4:37		
526564	2022	ES	Safe Harbor	1658		Safe Harbor emergency shelter	1658	519087	No	C	Other beds	DV	3	1	1	0	0	0	0	0	0	5	4	125%	4/26/2022 16:58		
526590	2022	ES	Safe Harbor	1658		Safe Harbor for trafficking survivors (ES)	1814	511308	No	C	Other beds	DV	2	1	1	0	0	0	0	0	0	3	3	100%	4/26/2022 16:58		
526552	2022	ES	The Salvation Army	11		SA family emergency shelter	742	511308	Yes	C	Facility-based beds	NA	17	4	0	0	0	0	0	0	0	16	17	94%	4/29/2022 4:53		
526571	2022	ES	The Salvation Army	11		SA singles emergency shelter	471	511308	Yes	C	Facility-based beds	NA	0	0	33	0	0	0	0	0	0	16	33	48%	4/29/2022 4:54		
526615	2022	PSH	VA/Richmond Redevelopment and Housing Authority + Virginia Housing Development Authority	785		VASH Richmond	1754	511308	No	C		NA	124	46	313	0	113	0	0	0	311	0	0	437	437	100%	4/29/2022 2:07
526598	2022	ES	Virginia Home for Boys and Girls	1924		VHBG: Pride Place Emergency Shelter ESG-CV	1926	511308	Yes	C	Voucher beds	NA	0	0	4	0	0	0	0	0	0	3	4	75%	4/29/2022 4:36		
526559	2022	PSH	Virginia Supportive Housing	4		Richmond Homelink PSH	1182	511308	Yes	C		NA	0	0	90	0	0	0	0	0	90	0	90	100	90	111%	4/29/2022 3:26
526588	2022	PSH	Virginia Supportive Housing	4		Richmond Housing First 1	1031	511308	Yes	C		NA	0	0	36	0	0	0	0	0	0	36	0	32	36	89%	4/29/2022 3:26
526589	2022	PSH	Virginia Supportive Housing	4		Richmond Housing First 2	1445	511308	Yes	C		NA	0	0	12	0	0	0	0	0	0	12	0	12	12	100%	4/29/2022 3:28
526587	2022	PSH	Virginia Supportive Housing	4		Richmond Housing First 3	842	511308	Yes	C		NA	0	0	66	0	0	0	0	0	0	66	0	82	66	124%	4/29/2022 3:31
526573	2022	PSH	Virginia Supportive Housing	4		VSH Dfind	969	511308	Yes	C		NA	8	2	3	0	0	0	0	0	0	0	11	11	100%	4/29/2022 3:20	
526556	2022	OPH	Virginia Supportive Housing	4		VSH FINDS	17	511308	Yes	C		NA	9	2	4	0	0	0	0	0	0	13	13	100%	5/3/2022 15:55		
526572	2022	OPH	Virginia Supportive Housing	4		VSH New Clay SRO	316	511308	Yes	C		NA	0	0	30	0	0	0	0	0	0	30	30	100%	5/3/2022 15:54		
526550	2022	OPH	Virginia Supportive Housing	4		VSH South Richmond	315	511308	Yes	C		NA	0	0	38	0	0	0	0	0	0	38	38	100%	4/29/2022 4:22		
526560	2022	RRH	Virginia Supportive Housing	4		VSH SSVF	1346	511308	Yes	C		NA	8	3	22	0	8	0	0	22	0	30	30	100%	4/29/2022 3:58		
526549	2022	PSH	Virginia Supportive Housing	4		VSH Veteran's Apartments	1032	511308	Yes	C		NA	0	0	4	0	0	0	0	0	4	0	0	4	4	100%	4/29/2022 3:34
													Sum : 627	Sum : 200	Sum : 1041	Sum : 0	Sum : 121	Sum : 0	Sum : 45	Sum : 506	Sum : 2	Sum : 221	Sum : 0	Sum : 1769			

2022 Point-in-Time Count VA-500 Richmond/Henrico, Chesterfield, Hanover Counties CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	82	3	0	85
Total Number of persons (Adults & Children)	249	10	0	259
Number of Persons (under age 18)	139	5	0	144
Number of Persons (18 - 24)	23	1	0	24
Number of Persons (over age 24)	87	4	0	91

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	145	6	0	151
Male	101	4	0	105
Gender that is not singularly 'Female' or 'Male'	2	0	0	2
Questioning	0	0	0	0
Transgender	1	0	0	1

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latin(a)(o)(x)	230	10	0	240
Hispanic/Latin(a)(o)(x)	19	0	0	19

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous	1	0	0	1
Asian or Asian American	2	0	0	2
Black, African American, or African	179	10	0	189

Native Hawaiian or Pacific Islander	1	0
White	44	0
Multiple Races	22	0

0	1
0	44
0	22

Chronically Homeless (adults and children)	Sheltered	
	Emergency	Transitional
Total number of households	14	
Total number of persons	40	

Unsheltered	Total
0	14
0	40

2022 Point-in-Time Count VA-500 Richmond/Henrico, Chesterfield, Hanover Counties CoC

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	0	0	0	0	0
Total Number of children (under age 18)	0	0	0	0	0

Gender (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	0	0
Male	0	0	0	0	0
Gender that is not singularly 'Female' or 'Male'	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0

Ethnicity (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	0	0	0	0	0
Hispanic/Latin(a)(o)(x)	0	0	0	0	0

Race (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	0	0	0	0	0
Asian or Asian American	0	0	0	0	0
Black, African American, or African	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
White	0	0	0	0	0

Multiple Races	0	0	0	0	0
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Chronically Homeless (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	0

2022 Point-in-Time Count VA-500 Richmond/Henrico, Chesterfield, Hanover Counties CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	299	16	28	85	428
Total Number of persons (Adults)	309	16	28	85	438
Number of Persons (18 - 24)	13	0	0	30	43
Number of Persons (over age 24)	296	16	28	55	395

Gender (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	79	2	1	21	103
Male	226	14	27	64	331
Gender that is not singularly 'Female' or 'Male'	2	0	0	0	2
Questioning	0	0	0	0	0
Transgender	2	0	0	0	2

Ethnicity (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	301	16	27	80	424
Hispanic/Latin(a)(o)(x)	8	0	1	5	14

Race (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	5	0	0	1	6
Asian or Asian American	0	0	0	1	1
Black, African American, or African	206	11	22	38	277

Native Hawaiian or Pacific Islander	0	0	0	0	0
White	83	5	6	41	135
Multiple Races	15	0	0	4	19

Chronically Homeless (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	154		5	23	182

Date of PIT Count: 1/26/2022

Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	381	19	28	85	513
Total Number of Persons	558	26	28	85	697
Number of Children (under age 18)	139	5	0	0	144
Number of Persons (18 to 24)	36	1	0	30	67
Number of Persons (over age 24)	383	20	28	55	486

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	224	8	1	21	254
Male	327	18	27	64	436
Gender that is not singularly 'Female' or 'Male'	4	0	0	0	4
Questioning	0	0	0	0	0
Transgender	3	0	0	0	3

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	531	26	27	80	664
Hispanic/Latin(a)(o)(x)	27	0	1	5	33

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	6	0	0	1	7
Asian or Asian American	2	0	0	1	3
Black, African American, or African	385	21	22	38	466

Native Hawaiian or Pacific Islander	1	0	0	0	1
White	127	5	6	41	179
Multiple Races	37	0	0	4	41

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	194		5	23	222



Together, we can end homelessness

Homeward: 2022 Gaps Analysis

Along with the rest of the country, the Greater Richmond Continuum of Care (GRCoC) is situated in a time of potential evictions, rising rents, inflation, low rental market vacancy rates, and a decrease in affordable housing. It has also been suggested that the release of inmates from Virginia prisons could create an influx of people needing housing in the Richmond area. Recent news reports highlight the difficulties faced by residents of the Greater Richmond area:

- Virginia's pandemic-related eviction protections will expire at the end of June (<https://www.nbc12.com/2022/04/06/eviction-tsunami-housing-advocates-fear-eviction-surge-after-va-pandemic-protections-end-june-30/>).
- Rental rates are up 21% in the Richmond metro area (<https://www.nbc12.com/2022/03/10/whats-behind-rapid-rise-rent-richmond/>).
- Inflation is at a 40 year high (<https://www.washingtonpost.com/business/2022/05/11/april-cpi-federal-reserve/>).
- The Richmond metro area has the second lowest rental vacancy rate (among large metro areas) in the country, at just 1.1% (<https://ipropertymanagement.com/research/rental-vacancy-rate#local-rental-vacancy-rates>).
- Citizens struggle to find affordable housing in such a tight, landlord-friendly market (<https://www.wtvr.com/problem-solvers/this-resource-is-helping-virginians-struggling-with-affordable-housing>).
- The Joint Legislative Audit and Review Commission (JLARC) estimates that the Richmond area needs 35,000 affordable rental units to meet the demands of its residents (<https://www.wtvr.com/news/local-news/study-thousands-of-virginian-families-struggle-with-affordable-housing>).
- The Virginia Department of Corrections has indicated that some inmates are expected to become homeless upon release July 1 (<https://www.wric.com/news/virginia-news/vadoc-expects-immediate-surge-of-inmate-early-releases-under-new-policy/>).

Throughout the pandemic, homeless service providers worked tirelessly to follow health guidelines while maintaining a commitment to addressing the urgent needs of people who had lost their housing. In this past year, almost 6000 people seeking services or encountered on the street were identified through the Homeless Connection Line and coordinated outreach. An infusion of pandemic-related funding allowed for the opening of temporary and non-congregate shelters (i.e., hotel rooms) that enabled providers to serve numbers of people similar to pre-pandemic levels.

How we decide to address the challenge of assisting people on the path from homelessness to permanent housing has implications for both service providers and clients. At the forefront of these conversations must be the topic of affordable housing. As COVID-related resources are ending, the additional beds made available for people experiencing homelessness have closed, and clients are staying in shelters twice as long as they did pre-COVID. We know that permanent housing programs such as rapid rehousing, housing vouchers, and permanent supportive housing effectively end homelessness for clients. Some clients require additional services in order to remain housed; for



example, it may be helpful for clients who receive Emergency Housing Vouchers (EHVs) to have access to assistance with the required annual recertification and other needs.

During client input sessions conducted by Homeward in October 2021, the most common need expressed by clients to end their homelessness was ongoing rental assistance, such as that provided through rapid rehousing, housing vouchers and permanent supportive housing. Housing affordability was identified as the most common barrier to permanent housing, and multiple participants stated that the increase in rents in the region made it unlikely that they could afford housing long-term without rental assistance.

This gaps analysis examines the current structure of the homeless services system within the Greater Richmond Continuum of Care and identifies the needs of people accessing the system. It is based solely on providers that use the Homeward Community Information System (HCIS). It does not include:

- Domestic violence/sexual violence providers, which are prohibited by the Violence Against Women’s Act from participating in a Homeless Management Information System like HCIS.
- A small motel-based emergency shelter program that does not follow community standards or participate in coordinated entry.
- A large number of PSH beds funded through Veterans’ Affairs Supportive Housing (VASH) and the Department of Behavioral Health and Disability Services (DBHDS).

Annual numbers for the period of April 1, 2021 – March 31, 2022, are provided, with an emphasis on:

- The coordinated entry system [CE; including both the Homeless Connection Line (HCL) clients who are literally homeless, along with clients contacted by street outreach (SO) projects]
- The shelter system [including emergency shelter (ES), transitional housing (TH), and Safe Haven (SH) projects]
- Permanent housing options [including rapid rehousing (RRH), Permanent Supportive Housing (PSH), and Other Permanent Housing (OPH)].

When reviewing the statistics provided in this report, please note the primary two periods that are examined. The most recent time period – from April 1, 2021 – March 31, 2022 – is referred to as the “pandemic” year or time period. The second time period – from April 1, 2019 – March 31, 2020 – is referred to as the “pre-pandemic” year or time period and used for comparison with the pandemic year.

Connections to mainstream resources, regional information, older adults, racial equity, and considerations coming out of the pandemic are also described.

Coordinated entry

Through engagement with clients, the Homeless Connection Line and street outreach providers (collectively referred to as coordinated entry) are able to collect and document information about the

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client's experience of homelessness, offer mainstream resources, and help connect clients with shelter and permanent housing through a community prioritization process.

Coordinated entry numbers provide a sense of the demand for homeless services. Between April 1, 2021 – March 31, 2022, coordinated entry providers encountered a total of 5965 people, with 2021 people staying in a place not meant for habitation, including 1702 single adults and 317 people in families (approximately 96 households). It is helpful to note that in the pre-pandemic year, 6538 people were encountered by coordinated entry providers, with 1940 people staying in a place not meant for habitation, including 1564 single adults and 375 people in families (approximately 110 households).

In the midst of a national/local housing crisis, there doesn't appear to be dramatically greater demand for services. In fact, there was an 8.8% decrease in the number of people who had contact with the coordinated entry system.

The shelter system

During the pandemic year, shelter providers served 2993 people, including 1872 single adults and 1121 people in families (341 households). Almost one fourth (23.7%) of single adults and two thirds (63.4%) of people in families exited to non-homeless destinations or were transferred to a case-managed shelter. These rates are lower than expected due to staffing capacity issues that resulted in a large number of clients, particularly single adults, leaving programs to unknown destinations. In addition, the high volume of clients and the physical layout of some temporary shelters (that don't lend themselves as well to knowing when people are leaving) contributed to this issue. It is likely that some of them were able to connect with housing resources or friends and family who could assist them and left without talking to someone about their plans.

Entries into shelter reflect how many people are able to access the system. Excluding shelters that have ended due to the season or funding, which tended to serve large volumes of people, approximately 76 people entered traditional shelter each month. Exits from the shelter system open up space for new people to enter and are similar to entry numbers – approximately 80 people exited traditional shelter each month. These similar numbers between entries and exits may reflect some efficiency within our system in filling beds amidst of a great deal of change that included programs opening and closing, transfers between emergency shelters, and utilization issues due to COVID.

During the pandemic year, the community served around the same number of clients (3111 people, including 2526 single adults and 584 people in 180 households), representing just a 3.8% decrease in the overall number of clients from pre-pandemic numbers. However, the difference between single adults and people in families is dramatic, with a 25.9% decrease in single adults served and a 92.0% increase in the number of people in families.

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One success during the pandemic was the fact that in the midst of a challenging housing market, the community managed to serve around the same number of clients. Additional beds and resources, along with staff commitment to meeting the urgent need, allowed this. However, now that pandemic-related resources are winding down, should we expect additional people in need of services to call the HCL or connect with outreach providers?

If the shelter system continues to function as it is now, our community does not have the capacity to serve the people who need it. In the year prior to the pandemic, the average length of stay in shelter for people who exited was 22 days. In the past year, it was 42 days. The median length of stay quadrupled, going from 4 days to 16. What we can determine from the average is that the capacity of the traditional shelter system (in terms of the number of clients who can be served) has effectively been cut in half. During this time, many traditional shelter providers reduced their capacity in order to increase distance between beds to ensure social distancing to ensure the safety of people they served.

There are several ways to increase the capacity of shelter providers:

- Continue to advocate for affordable housing resources (including funding and incentives to build or offer housing affordable to people making under 30% of the Area Median Income); the availability of such housing would enable clients to exit shelter more quickly to stable locations
- Increase partnerships with landlords to help increase exits to permanent housing
- Consider how to balance resources between single adults and people in families; this is a complicated issue that should take into account the fact that single adults are more likely to become chronically homeless over time and tend to be older, as well as the impact of homelessness on children and families
- Reduce lengths of stay by increasing staffing/operational support to help connect people to housing (e.g., a housing navigator position) more quickly
- Ensure that all GRCoC emergency shelters are fully funded to provide adequate staffing to support client safety and exits to permanent housing
- Obtain additional flexible funding to divert people from homelessness and help them move into permanent housing
- Create additional year round beds to meet the immediate crisis of homelessness to allow for quicker access to shelter and reduce unsheltered homelessness (the need for this is estimated to be approximately 200 beds, with a focus on single adults); any additional beds should follow community-developed emergency shelter standards, use coordinated entry, participate in HCIS, respect client confidentiality, and have housing-focused services

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Permanent housing – RRH/PSH/OPH

Targeted permanent housing programs stably and permanently end homelessness for the majority of clients they serve. The GRCoC provides referrals for RRH and PSH projects within the Continuum of Care. Beds in PSH projects, which serve clients for long periods of time, do not open up very often (30 openings a year would be typical). Between April 1, 2021 – March 31, 2022, 1553 clients were served in permanent housing projects (RRH, PSH, and OPH). Exits to permanent destinations were high for both single adults and for people in families, with 78% exiting to permanent destinations.

In terms of how many people who need PSH and would be eligible for it, this number has previously been estimated at 350 units. Rapid rehousing is often paired with shelter, and if we assume that about 30% of people served in shelter need rapid rehousing support to exit to housing, we would need to create (in addition to what we already have) the opportunity for approximately 100 more families and 400 more single individuals to participate.

There are several ways to increase the capacity of permanent housing providers, some of which were also noted related to shelter capacity:

- Continue to advocate for permanent housing resources (i.e., RRH, PSH, and OPH); the availability of such housing would enable clients to exit shelter more quickly to stable locations
- Increase partnerships with landlords to help increase exits to permanent housing
- Increase staffing/operational support to help connect people to housing (e.g., a housing navigator position) more quickly
- Ensure that rapid rehousing, which has fewer requirements for clients than other permanent housing options (i.e., OPH/PSH), is available to a larger number of clients, with a focus on rapid rehousing for single adults
- Apply what is learned by the shared housing workgroup in order to expand typical community-supported options for exiting homelessness
- Obtain additional flexible funding to divert people from homelessness and help them move into permanent housing
- Explore innovative ways to help clients obtain permanent housing

Connection with other systems/mainstream resources

Homelessness is a complex issue, and the homeless services system is not the only system needed to address the crisis of homelessness. Employment, healthcare, mental health, age, and substance use all have connections to solving homelessness for individuals and families.

Brief descriptive information is provided below that highlights the need for connection with these systems of care among clients served during the pandemic year.

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Noting that people may have multiple conditions, the table below shows self-reported disability status among single adult and adults in families served in shelter:

Condition	Single adults	Adults in families
Mental health disability	51.8%	43.9%
Alcohol use disorder	5.9%	0.6%
Drug use disorder	7.4%	3.9%
Both alcohol and drug use disorder	8.5%	0.6%
Chronic health condition	35.5%	25.6%
HIV/AIDS	2.7%	0.0%
Developmental disability	7.4%	4.9%
Physical disability	28.5%	9.2%

Among all adults, 13.4% reported having earned income. Among all people served, 78.3% reported that they had Medicaid coverage. Just over one quarter (25.4%) were age 55+.

Homelessness as a regional issue; older adults; racial disparities

The majority of services and shelter are located in the City of Richmond. Although to some it may appear that homelessness is a City problem, data on where people had their last permanent residence reveals that this is not the case. The table below provides information on people of specific ages, races, and family composition by locality to show how homelessness affects our region between April 1, 2021 – March 31, 2022.

Projects include the Homeless Connection Line, emergency shelter, transitional housing, Safe Haven, rapid rehousing, street outreach, permanent supportive housing, and other permanent housing. The overall sample size for individuals is 8175 in 5616 households. Missing data affects the totals with 11.6% missing data for locality. There is minimal missing data for age, race, and household composition, and this is reflected in the differing sample sizes per demographic category. Percentages are calculated on all clients with non-missing information and provided by locality/area – this means that for each demographic (i.e., age, race, household composition), the totals add up to around 100.0% for each locality (any small discrepancies are due to rounding).

Both the raw numbers of people and the percentages are helpful to consider by locality and overall. These numbers are helpful in considering how homelessness affects people of different ages, races, and household compositions. The preponderance of a certain group or just the sheer number may both be calls to action, particularly within the GRCoC. Age categories reflect ages of particular interest, specifically youth and older adults. Race is broken down simply as Black/African American, White, and another race. This is due to the small sample sizes among other races, combined with the fact that the

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numbers are broken down further by locality. Household compositions are simply adults in households without children and families with children.

Age (N = 7230)							
	Richmond (N = 4261)	Henrico (N = 909)	Chesterfield (N = 546)	Hanover (N = 107)	Other in CoC (N = 89)	Other VA (N = 868)	Outside VA (N = 450)
Children under 18	1019(23.9%)	237(26.1%)	124(22.7%)	23(21.5%)	17(19.1%)	164(18.9%)	101(22.4%)
18-24	358(8.4%)	98(10.2%)	79(14.5%)	15(14.0%)	6(6.7%)	64(7.4%)	31(6.9%)
25-54	1974(43.9%)	437(48.1%)	263(48.2%)	47(43.9%)	60(67.4%)	463(63.3%)	230(51.1%)
55+	1010(23.7%)	142(15.6%)	80(14.7%)	22(20.6%)	6(6.7%)	177(20.4%)	88(19.6%)
Race (N = 7211)							
	Richmond (N = 4250)	Henrico (N = 906)	Chesterfield (N = 543)	Hanover (N = 107)	Other in CoC (N = 88)	Other VA (N = 869)	Outside VA (N = 448)
Black/AA	3519(82.8%)	658(72.6%)	276(50.8%)	27(25.2%)	36(40.9%)	491(56.5%)	304(67.9%)
White	523(12.3%)	192(21.2%)	205(37.8%)	65(60.7%)	37(42.0%)	295(33.9%)	106(23.7%)
Another race	208(4.9%)	56(6.2%)	62(11.4%)	15(14.0%)	15(17.0%)	83(9.6%)	38(8.5%)
Household composition (N = 7220)							
	Richmond (N = 4256)	Henrico (N = 905)	Chesterfield (N = 545)	Hanover (N = 107)	Other in CoC (N = 89)	Other VA (N = 868)	Outside VA (N = 450)
Family with kids	1699(39.9%)	413(45.6%)	219(40.2%)	48(44.9%)	33(37.1%)	288(33.2%)	160(35.6%)
Adults not accompanied by children	2557(60.1%)	492(54.4%)	326(59.8%)	59(55.1%)	56(62.9%)	580(66.8%)	290(66.4%)

Highlights of this data include:

- Overall, 21.3% of people experiencing homelessness with the GRCoC are older adults aged 55+. Meetings conducted by Homeless Management Information (HMIS) staff with service providers have included discussions of the increased needs of clients through the pandemic. Part of the increased needs have to do with the fact that clients who were older or who had serious health conditions were prioritized for shelter beds.
- Over three quarters (76.6%) of those from the GRCoC, which includes the City of Richmond, along with Henrico, Chesterfield, Hanover, New Kent, Powhatan, Charles City, and Goochland counties, identify themselves as Black/African American. While the Richmond Metropolitan Statistical Area (MSA) does not entirely match the geography of the GRCoC, Richmond, Henrico,

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and Chesterfield make up 79% of the population. Among this group, 30.0% of residents are Black/African American (around 57.0% are White) (<https://www.grpva.com/data-reports/regional-demographics/>). Based on population alone, people who are Black/African American are greatly overrepresented. Poverty rates do not explain this difference; though poverty rates are approximately twice as high for people who are Black/African American than for Whites, these rates do not account for the racial differences in homelessness, with people who are Black/African American experiencing homelessness at a rate around twice of what would be expected.

- Within the GRCoC, the majority of clients (59.1%) continue to be adults unaccompanied by children.

Considerations coming out of pandemic

The pandemic greatly affected community funding and resources available. Non-congregate shelter (NCS) allowed the GRCoC to provide hotel rooms to a large number of people and serve a similar number of people as the system did pre-pandemic. NCS projects have now closed, and funding to pay for these beds is not anticipated to be available again.

Areas in which the homeless services community might focus on include:

- Strengthening ties to mainstream resources (e.g., employment, MEDICAID, healthcare providers)
- Advocating for affordable housing resources (e.g., construction of new units, public housing vouchers)
- Ensuring that GRCoC homeless service providers have adequate operational and programmatic funding to support critical services as shared in this report
- Partnering with agencies that address the needs of older adults
- Continuing to examine racial equity in our systems of care and determine how to mitigate the disparate flow of people who are Black/African American into the homeless services system
- Engaging with Richmond City and surrounding localities to address homelessness as an issue that crosses geographical boundaries

In addition to the pandemic and inflation, the backdrop within our community includes issues with evictions and affordable housing, with unprecedented increases in rental rates. The drop in available beds and continuing issues with the housing market suggest that things will get worse if the lack of housing is not addressed on a systemic level. Making the connection between affordable housing and people who have lost their housing will enable our community to continue having a meaningful impact on the lives of people we serve.

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Agency Name: YWCA Women's Advocacy Program (RVA)
Report Period: 7/1/21 - 6/30/22
Date Report Run: 07/12/2022

Hotline Calls	Agency	Count
Primary Agency		
	YWCA Women's Advocacy Program (RVA)	1,442
All Direct Calls		1,442
All Calls Where Agency as Listed as Secondary		23

The remaining data in this report is only for records where the agency is listed as "primary agency"

Services Provided Via:	Service	Count
	Phone	1,302
	Email	2
	Text/Chat	8
	U.S. Mail	0

DEMOGRAPHICS OF CALLER					
Gender:	Male	93	Race/Ethnicity.: NOTE: The demographics reported here count the number of times each box was checked, which includes people who may have identified as multiracial. This means the numbers here may be higher than the actual number of people served.	African American/Black	741
	Female	1,330		Asian	25
	Transgender Male to Female (identifies as female)	11		Caucasian	428
	Transgender Female to Male (identifies as male)	2		Latino(a)/Hispanic	125
	Other	6		Native Hawaiian/Pacific Islander	6
				Native American/Native Alaskan	16
Approximate Age:				Other/Unknown	147

Approximate Age of the Victim at Earliest Victimization	18-24	214		
	25-39	809		
	40-59	369		
	>59	36		
	<18	959		
	18-24	101		
	25-39	266		
	40-59	104		
	>59	12		
	Locality of Residency (City, County, College/University, Military Base, or Out-of State):			
			Henrico Co.	409
			Richmond	795
Is it a rural area?			Yes	10
			No	735
			N/A	697
Does the caller identify as a person with a disability?			Yes	133
			No	241
			N/A	1,068
If yes, is the disability a result of the domestic and/or sexual violence?			Yes	14
			No	66
			N/A	1,362
Does the person identify as an immigrant/refugee/asylum seeker?			Yes	33
			No	198
			N/A	1,211
Does the person identify as a person with limited English Proficiency?			Yes	35
			No	252
			N/A	1,155
Is any household member a dependent of, active, or retired military? (for data collected prior to 12/31/2015)			N/A	1,442

Is the person a veteran (either active duty or retired/discharged)? (for data collected after 1/1/2016)	Yes	6
	No	205
	N/A	1,231
Has the caller used your program services before? (for data collected prior to 12/31/2015)	N/A	1,442
Is this the first time this person has contacted your agency this fiscal year? (for data collected after 1/1/2016)	Yes	1,093
	No	349
Is the caller eligible for TANF (Temporary Assistance to Needy Families)?	Yes	32
	No	113
	N/A	1,297
Does the victim report concerns for children who have been exposed to the violence?	Yes	106
	No	108
	N/A	1,228
Is the person enrolled in college?	Yes	10
	No	123
	N/A	1,309
Does the person identify as Lesbian, Gay, Bisexual, or Queer?	Yes	19
	No	114
	N/A	1,309
Does the person report any current medical or health related needs, including pregnancy?	Yes	44
	No	134
	N/A	1,264
Does the person identify as deaf or hard of hearing?	No	190
	N/A	1,252
Does the person identify as homeless?	Yes	110
	No	235
	N/A	1,097
Is this person currently incarcerated	Yes	16
	No	346
	N/A	1,080

How did the caller learn about your program services?

Attorney/legal aid	6
Church/Religious Institution	5
College/University	5
Court	20
DSS	8
Domestic Violence Program	17
Internet	124
Law Enforcement	277
Magistrates	4
Media-TV	1
Medical Services/Hospital	94
Mental Health/Counselors	51
National Hotline	34
Other	360
Public Awareness - Agency	36
Public Awareness - Other	11
Relatives/Friends	88
School (K-12)	3
Self	218
Sexual Assault Crisis Center	2
Social Media	3
Unknown	64
Victim/Witness Program	6
Virginia Statewide Hotline	5

PRESENTING SEXUAL VIOLENCE

Description of Person Receiving Services:

**Type of Sexual
Violence
Experienced:**

Victim	337
Family/Friend of Victim	2
Parent/Guardian of Victim	4
None of the Above	1,099

Adult - Sexual Violence	306
Adult - Sexual Violence as a Child	16
Child/Youth - Sexual Violence/Abuse	21
None of the Above	1,099

Perpetrator Information on Presenting Sexual Violence Experience:

Gender:

Male	281
Female	10
Other	7

Approximate Age:

11-20	10
21-30	47
31-40	60
41-50	15
51-60	9
61-70	3
71-80	1

Race/Ethnicity.:

NOTE: The demographics reported here count the number of times each box was checked, which includes people who may have identified as multiracial.

African American/Black	43
Asian	1
Caucasian	25
Latino(a)/Hispanic	16
Native Hawaiian/Pacific Islander	0
Native American/Native Alaskan	0
Other/Unknown	160

Relationship to the Victim:

Acquaintance	41
Caretaker (non-family)	1

Cohabiting Partner/Spouse (including ex's)	182
Correctional Facility Staff	12
Dating Partner (including ex's)	30
Extended Family	14
Inmate in a Correctional Facility	5
Other Household Member	8
Parent	8
Stepparent/Parent's Dating Partner	3
Stranger	19
Unknown/Other	31

PRESENTING DOMESTIC VIOLENCE

Description of Person Receiving Services:

Victim	1,258
Family/Friend of Victim	8
Parent/Guardian of Victim	4
Allied Professional	3
None of the Above	169

Type of Domestic Violence Experienced:

Adult - Domestic Violence	1,248
Adult - Domestic Violence as a Child	15
Child/Youth - Domestic Violence/Abuse	6
Child/Youth - Exposed to Domestic Violence	2
Teen Dating Violence	2
None of the Above	169

Perpetrator Information on Presenting Domestic Violence Experience:

Gender:

Male	955
Female	75
Transgender Female to Male	1

Race/Ethnicity:

NOTE: The demographics reported here count the number of times each box was checked,

African American/Black	200
Asian	4
Caucasian	86

(identifies as male)	
Other	6

which includes people who may have identified as multiracial.

Latino(a)/Hispanic	41
Native Hawaiian/Pacific Islander	1
Native American/Native Alaskan	1
Other/Unknown	545

Approximate Age:

11-20	14
21-30	153
31-40	147
41-50	59
51-60	34
61-70	21
71-80	3

Relationship to the Victim:

Acquaintance	5
Caretaker (non-family)	2
Cohabiting Partner/Spouse (including ex's)	1,096
Correctional Facility Staff	1
Dating Partner (including ex's)	127
Extended Family	3
Other Household Member	2
Parent	8
Stepparent/Parent's Dating Partner	2
Stranger	1
Unknown/Other	31

OTHER PRESENTING EXPERIENCE

Description of Person Receiving Services:

Type of Other Presenting Experience

Victim	583
--------	-----

Adult Physical Assault	263
------------------------	-----

Family/Friend of Victim	4
Parent/Guardian of Victim	3

Arson	0
Bullying (Verbal, Cyber, or Physical)	239
Burglary	4
Child Pornography	0
DUI/DWI Incidents	0
Elder Abuse or Neglect	1
Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other	0
Homeless	161
Human Trafficking: Labor	6
Human Trafficking: Sex	15
Identity Theft/Fraud/Financial Crime	0
Kidnapping (non-custodial)	0
Kidnapping (custodial)	1
Mass Violence (domestic/international)	0
Other Vehicular Victimization (e.g., Hit and Run)	2
Robbery	18
Sexual Violence with Multiple Perpetrators	21
Stalking/Harassment	249
Survivors of Homicide Victims	0
Terrorism (domestic/international)	0
No violence experienced	277

RISK ASSESSMENT FOR PRESENTING VIOLENCE			
	SV	DV	None
1) If perpetrator is a former partner/spouse, is the separation recent?	109	673	759
2) Has the perpetrator stalked the victim?	94	570	856
3) Has the perpetrator used a weapon, or an object as a weapon against the victim?	70	443	993
4) Has the perpetrator threatened to use or used a firearm against the victim?	54	341	1098
5) Has the perpetrator made threats of suicide and/or homicide?	105	703	726
6) Has the perpetrator blocked or obstructed the victim's breathing?	104	630	798
7) Has the perpetrator hurt or threatened the victim's children?	26	154	1286
8) Has the perpetrator hurt or threatened to harm a person or pet (other than children) the victim cares for?	21	189	1252

9) Has the perpetrator destroyed or threatened to destroy the victim's property?	88	611	823
10) If dependent upon the perpetrator, has the perpetrator kept you from getting help with a personal need, such as eating, bathing, toileting, or access to medications?	36	178	1260
11) Is the victim pregnant?	9	36	1403
12) Has the perpetrator tampered with or attempted to tamper with the victim's birth control?	14	36	1404
13) Has the perpetrator forced or attempted to force the victim to become pregnant or to terminate a pregnancy?	42	93	1336
14) Has the perpetrator pressured or forced the victim to do things sexually that they are not comfortable with?	213	270	1079

As a result of the violence, did the victim:

	SV	DV	None
1) Sustain physical injuries requiring emergency medical attention?	90	498	924
2) Miss time from work or school?	24	129	1304
3) Experience a loss of income and/or financial security?	24	178	1260
4) Become homeless?	54	281	1156
5) Have to relocate?	114	610	816
6) Consider Suicide?	31	78	1355

If the victim is a child/youth:

	SV	DV	None
1) The child lacks a protective adult.	0	2	1440
2) The child/youth cannot identify other trusted adults.	0	1	1441

Risk Assessment Cont.

Helping to identify a trusted adult	No 1,442
Providing telephone numbers to call in an emergency	No 1,442
Providing information to parent to give to child	No 1,442
No opportunity to address with child	No 1,442

Services Provided

	SV	DV	Other
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Accommodation Services (TTY, Language Line, Interpreter)	4	5	1
Arranged Emergency Transportation	1	5	1
Assistance Seeking Family Planning Services	0	0	0
Assistance with Victim Compensation	0	0	0
Counseling/Support	114	374	17
Criminal Justice Information/Support	12	53	8
Crisis Intervention	47	202	23
Emergency Financial Assistance	1	5	2
Emergency Housing/Shelter	24	81	9
Immigration Assistance	1	3	1
Information about Victim Rights	15	55	19
Information and Referral	228	1,099	61
Other Advocacy	98	450	24
Safety Planning, including Legal Protections	126	656	33

Emergency Housing/Shelter Services

Did the victim request shelter/emergency housing services?	Yes	569
	No	697
If yes, was shelter/emergency housing provided/arranged/offered?	Yes	124
	No	310
If shelter/emergency housing was NOT provided?		
Reason:	Shelter Full	3
	Outside Area	11
	Does not meet criteria	275

REFERRALS PROVIDED (Check all that apply)

	SV	DV	Other
Another Sexual and/or Domestic Violence Agency	88	286	21
College/University Services	0	0	0
Disability Service	0	1	0
Employment Services	4	9	5
Faith Community Services	7	11	6
Health Care/Medical Services	3	13	0

Homelessness Services	36	132	27
Immigration Services	2	5	1
Legal Services	29	175	15
Mental Health Services	33	95	15
Military Services	0	0	0
Other Community Services	81	420	26
Other Services within your Program	167	869	40
Social Services	4	24	2

BRIEF SATISFACTION SURVEY

Did the caller receive the information requested?	Yes	1,333
	No	1
	N/A	108
Did the caller report the information and/or support received as helpful	Yes	1,318
	No	6
	N/A	118

Number of Advocacy Contacts Made on Behalf of Caller: 1,259

Number of Hours of Service Provided: 1,217

Chesterfield Henrico RVA

HOME-ARP

Allocation Planning Process



CSH Works to Advance Housing Solutions That....



Maximize public resources



Build strong, healthy communities



Improve lives of vulnerable people





Meet the CSH Team

Jillian Fox

Director, Mid Atlantic

Liam Hudson

Senior Program Manager, Mid Atlantic

Shiri Yadlin

Senior Program Manager, Mid Atlantic

Acknowledgments

CHESTERFIELD
COUNTY VIRGINIA



Henrico County
VIRGINIA

CITY OF
**RICHMOND,
VIRGINIA**

In collaboration with:

Homeward VA

&

Virginia Community Voice



Agenda

1. HOME-ARP Overview
2. Needs Assessment
3. HOME-ARP Planning Process and Timeline



HOME-ARP Overview



Terms to Know

HOME

The HOME Investment Partnerships Program (HOME) provides grants to states and localities that fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people.

American Rescue Plan (ARP)

The American Rescue Plan Act is a \$1.9 trillion coronavirus rescue package designed to facilitate the United States' recovery from the devastating economic and health effects of the COVID-19 pandemic.

Qualifying Populations/ (QPs)

Any individual or family who meets the eligibility criteria to receive HOME-ARP assistance or services

Participating Jurisdictions/ (PJs)

States, large cities and urban counties, consortia, Native tribes and territories which served as recipients of HOME-ARP allocations (funding)

About HOME-ARP

On **March 11, 2021**, President Biden signed ARP into law, which **provided over \$1.9 trillion in relief** to address the continued impact of the COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses.

Congress appropriated **\$5 billion in ARP funds to be administered through the HOME** program to support eligible populations

About HOME-ARP

- HOME-ARP is a resource to create affordable housing and services for people who are experiencing or are at risk of experiencing homelessness
- HOME-ARP is one of two American Rescue Plan programs specifically designed to support homelessness-related solutions
- Stakeholder consultations and public participation are critical components of the HOME-ARP planning and scoping process. Allocation plans will not be accepted if consultations or public participation requirements are bypassed

HOME-ARP-Eligible Populations

Experiencing literal Homelessness

At risk of Homelessness

Fleeing, or attempting to flee,
domestic violence, dating violence,
sexual assault, stalking, or human
trafficking-as defined by HUD

Other populations where providing
supportive services or assistance
would prevent the family's
homelessness or would serve those
with the greatest risk of housing
instability

HOME-ARP-Eligible Activities

Development and Support of
Affordable Housing

Tenant-based Rental Assistance

Provision of Supportive Services

Acquisition and Development of Non-
Congregate Shelter Units

HOME-ARP Planning Process

Prior to deploying HOME-ARP funds, PJs must:



HOME-ARP Needs Assessment

To fulfill the requirements of the Needs Assessment PJs must:

Evaluate the size and demographic composition of qualifying populations

Assess the unmet needs of the identified populations

Identify any gaps within its current shelter and housing inventory as well as the service delivery system

Include a narrative description that:

- Identifies the characteristics of housing associated with instability and an increased risk of homelessness;
- Identifies the PJ's priority needs for qualifying populations;
 - Explains how the PJ determined the level of need and gaps in its shelter and housing inventory and service delivery systems.

HOME-ARP

Consultation Requirements

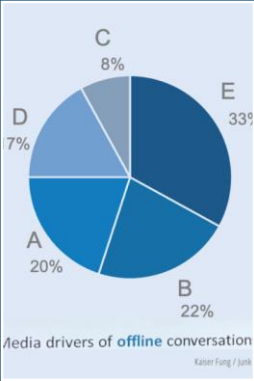
During the
**planning
process**, PJs
are required
to consult
with:

- The CoC;
- Homeless service providers;
- Domestic violence service providers;
- Veterans' groups;
- Public housing agencies (PHAs);
- Public agencies that address the needs of the qualifying populations;
- Public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities

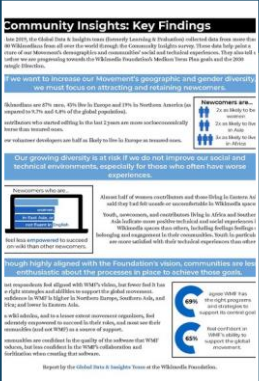
HOME-ARP Allocation Plans

The HOME-ARP allocation plan must describe how the PJ will use HOME-ARP funds to address the needs of HOME-ARP qualifying populations.

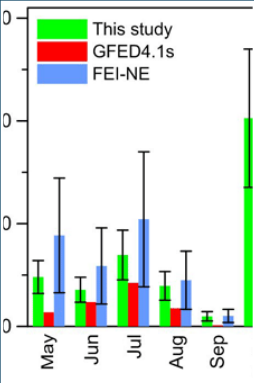
HOME-ARP Allocation Plans Cont.



An assessment of gaps in housing and shelter inventory, homeless assistance and services, and homelessness prevention service delivery system



A summary of the planned use of HOME-ARP funds for eligible activities based on the unmet needs of the qualifying populations



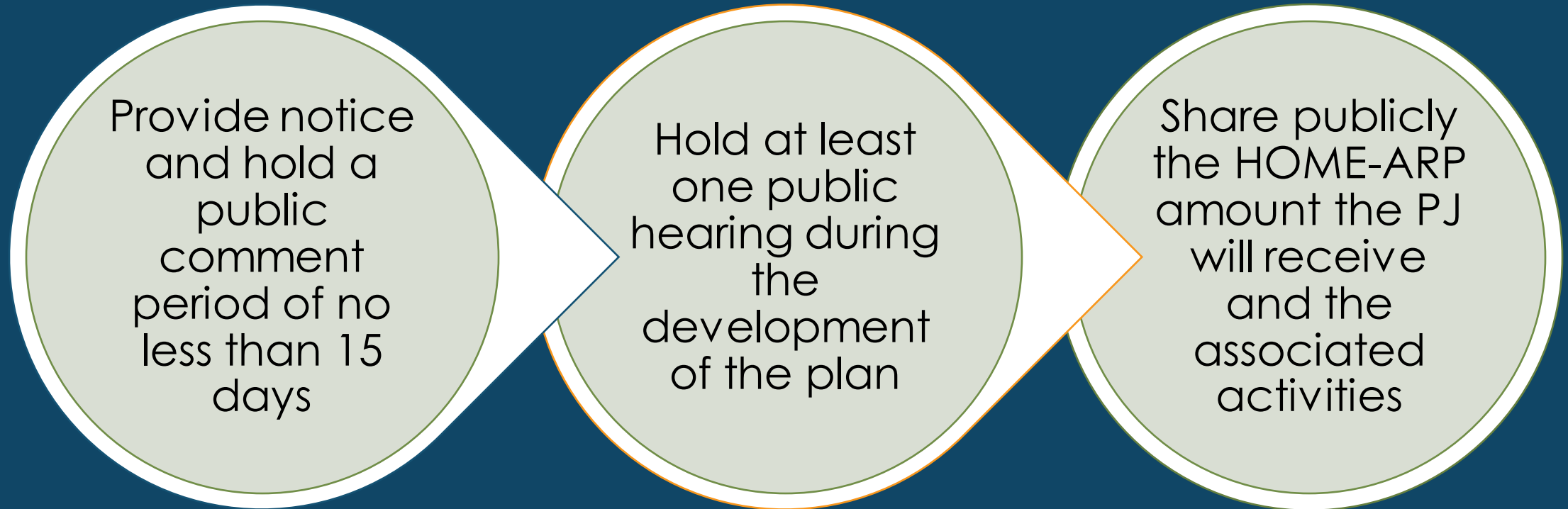
An estimate of the number of housing units for qualifying populations the PJ will produce or preserve with its HOME-ARP allocation



A description of any preferences for individuals and families in a particular qualifying population or a segment of a qualifying population

HOME-ARP

Public Participation Process



Needs Assessment & Gap Analysis



Needs Assessment & Gap Analysis – Key Questions

1. Who is experiencing homelessness or at risk of homelessness in the Chesterfield/Richmond/Henrico?
2. What resources exist to serve this population?
- 3. What are the unmet needs and gaps in serving this population?**

Who is experiencing homelessness?

Greater Richmond CoC
(Chesterfield, Richmond, Henrico,
Hanover)

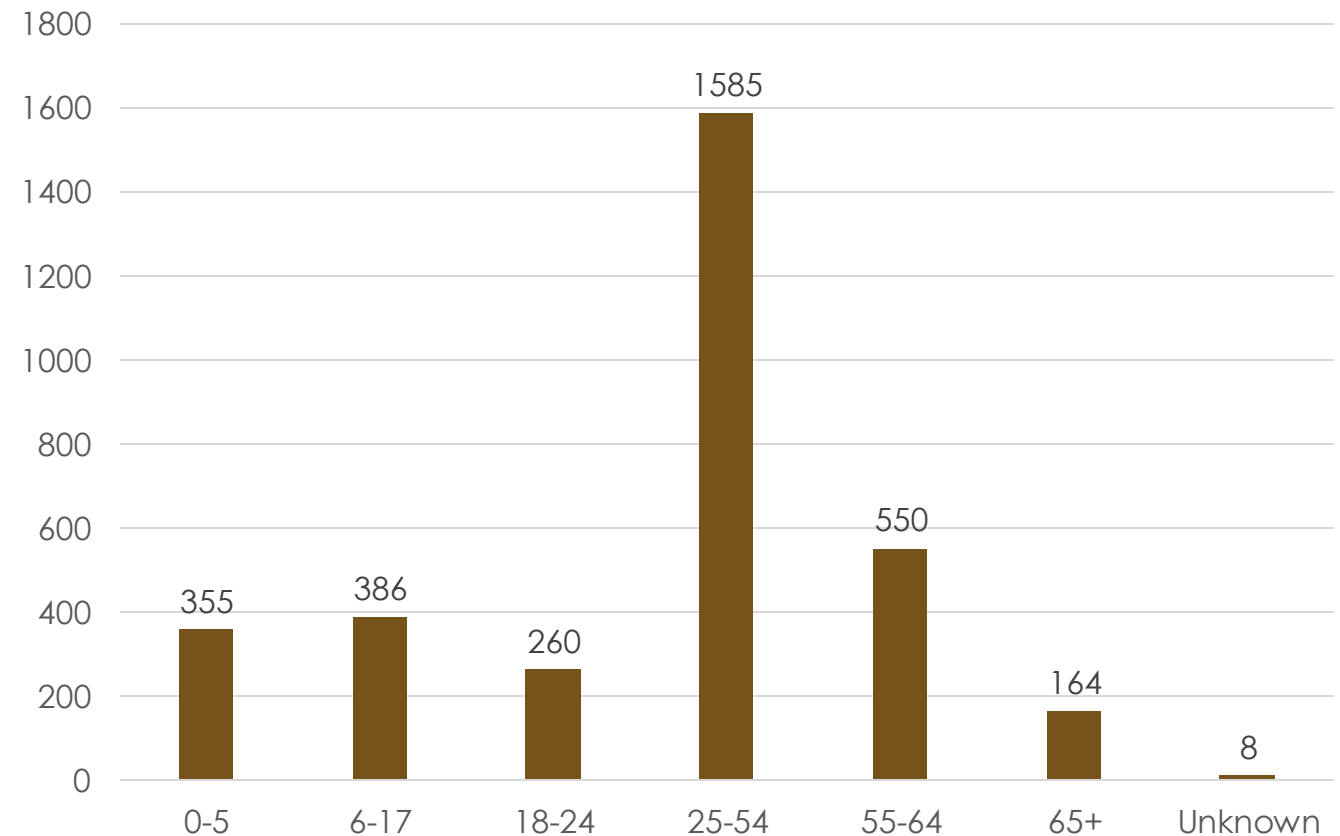
Total:

- 2,477 Households served in shelters & transitional housing
- 3,308 people

By Household Type:

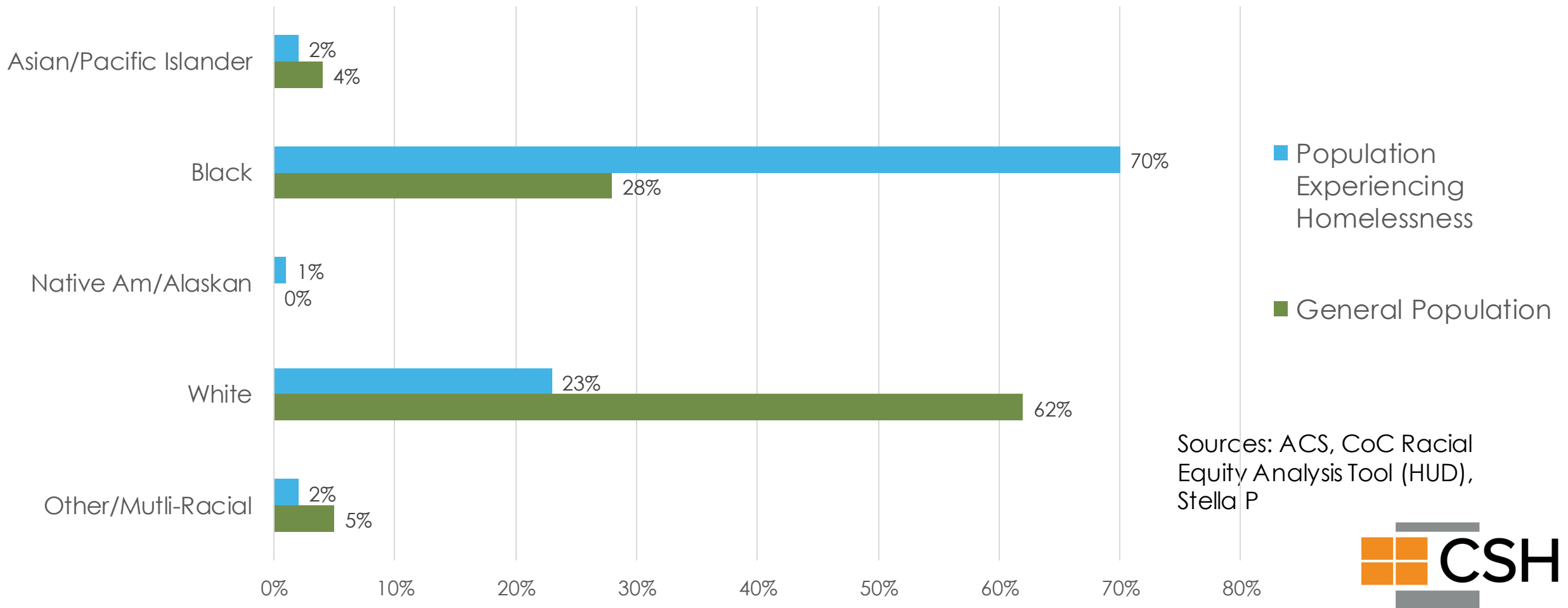
- 2,060 Adult Only Households (2,124 people in those households)
- 410 Households with Children (1,278 people in those households)

Age of All Persons Experiencing Homelessness



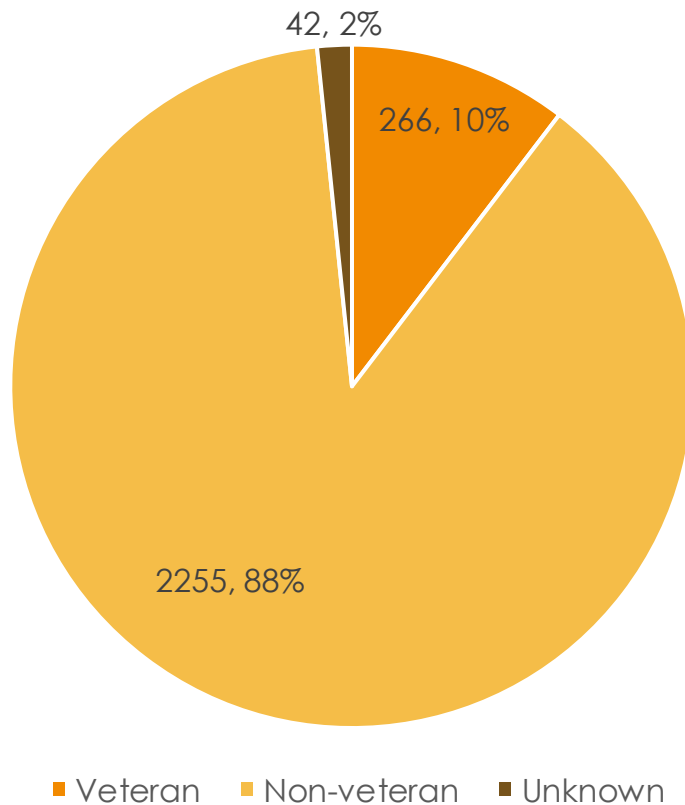
Who is experiencing homelessness?

Racial Demographics of Population Experiencing Homelessness vs.
Racial Demographics of General Population

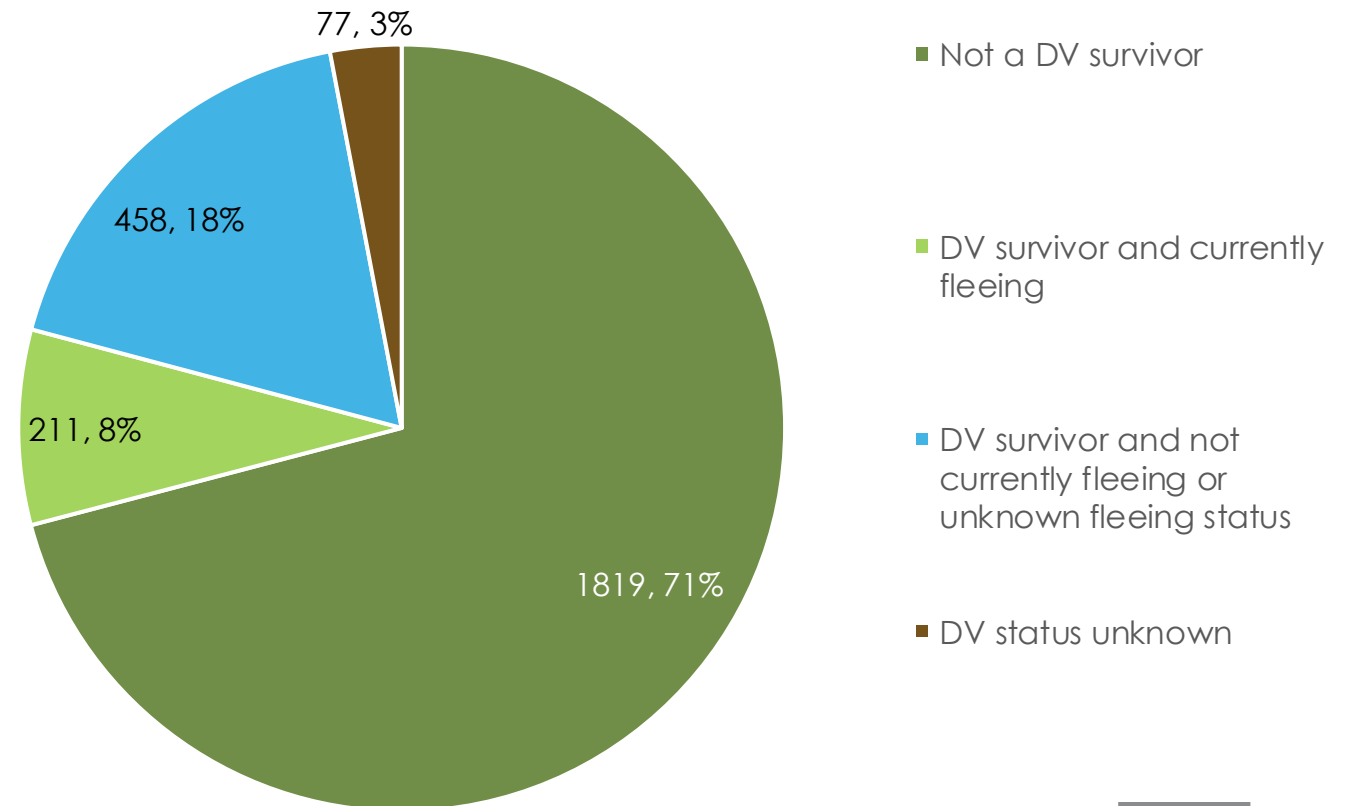


Who is experiencing homelessness?

Veteran Status of People Experiencing Homelessness



Domestic Violence Status of People Experiencing Homelessness



Who is at risk of homelessness?

	Chesterfield County	Henrico County	Richmond City
Total Renter Households	30,275	47,975	51,805
Renters with at least 1 housing problem	14,135 (47%)	22,120 (46%)	27,060 (52%)
ELI Renter Households (Income <30% AMI)	4,810	9,160	18,355
ELI Renter Households with at least 1 housing problem	4,125 (88%)	7,465 (81%)	13,855 (75%)
VLI Renter Households (Income 30% - 50% AMI)	5,590	8,100	9,305
VLI Renter Households with at least 1 housing problem	4,820 (86%)	7,025 (87%)	3,535 (37%)

Source: CHAS 2015-2019

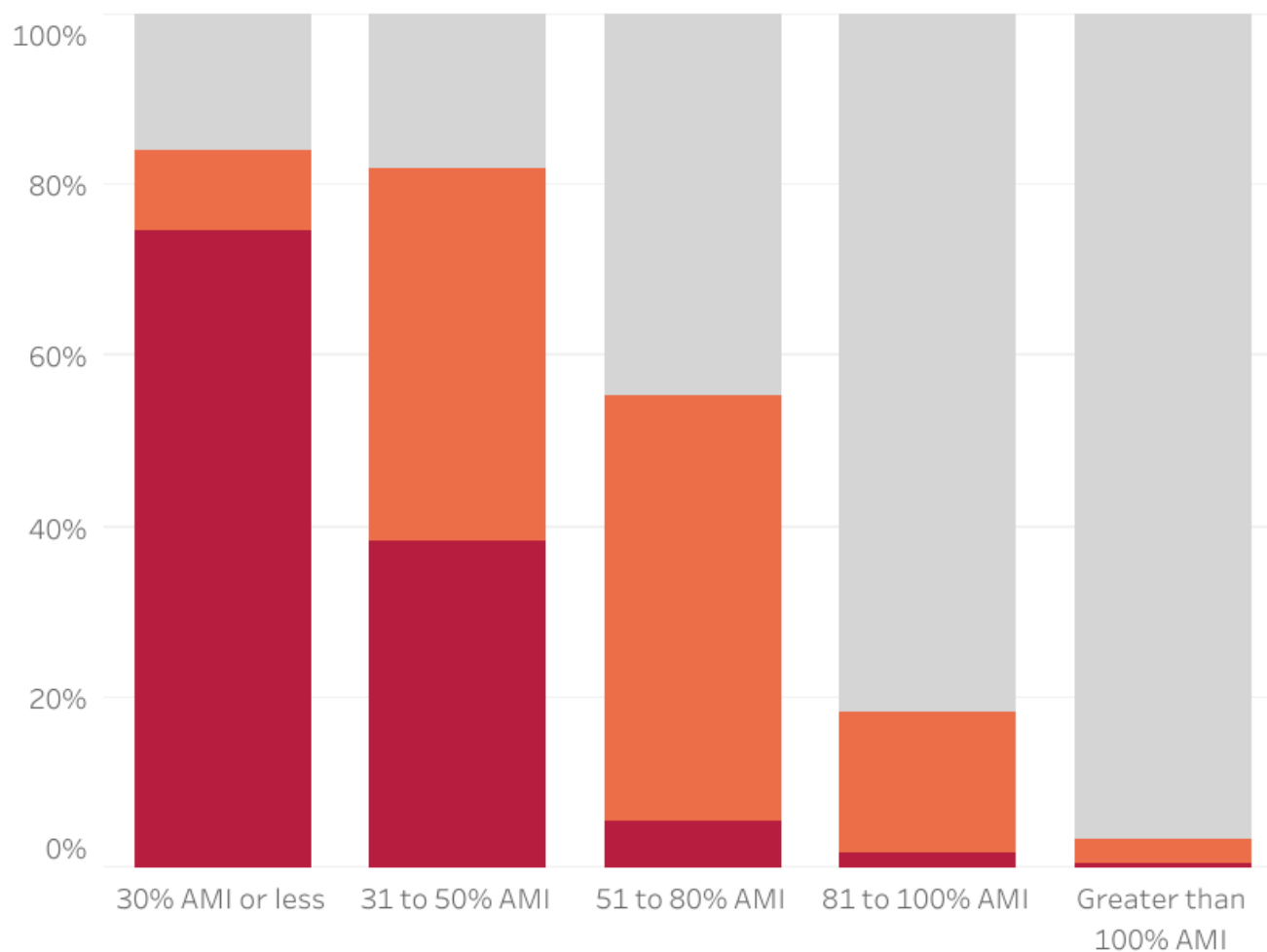
Who is at risk of homelessness?

RICHMOND CBSA

Cost Burden –
paying more than
30% of income
toward housing
costs

Severe Cost Burden
– paying more than
50% of income
toward housing
costs

Cost burden by household income



Select CBSA:
Richmond, VA

Select year:
2018

Select tenure:
Renter

Cost burden

- Not cost-burdened (<30%)
- Cost-burdened (30 to 50%)
- Severely cost-burdened (>50%)

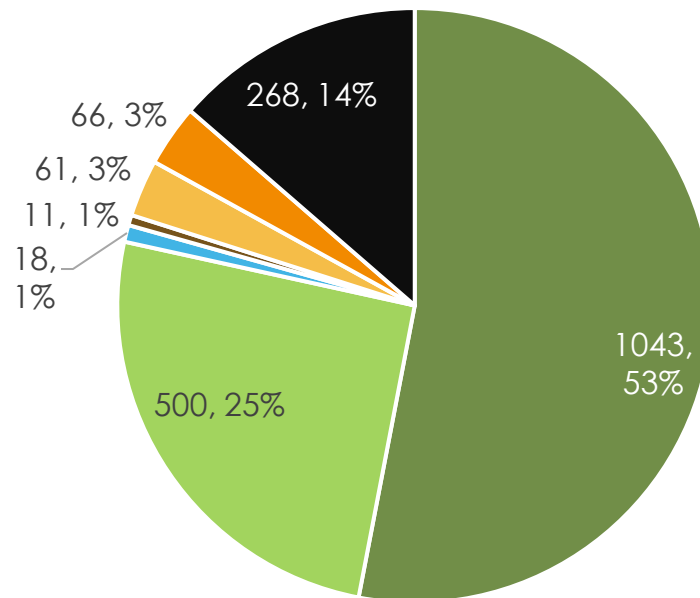


Source: HUD, Comprehensive Housing Affordability Strategy, 2012-2018 5-year estimates, Table 7.

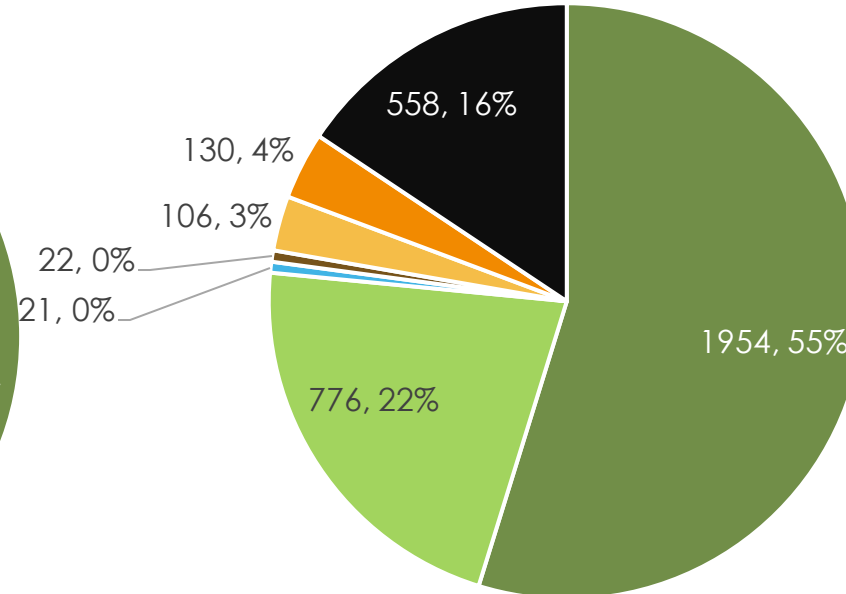
Who is at risk of homelessness?

Race/Ethnicity of callers to Housing Resource Line

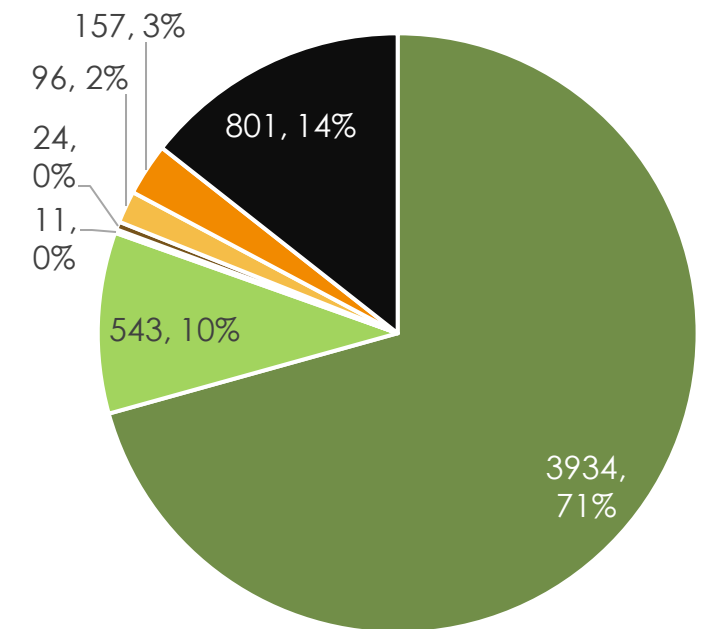
Chesterfield



Henrico



Richmond

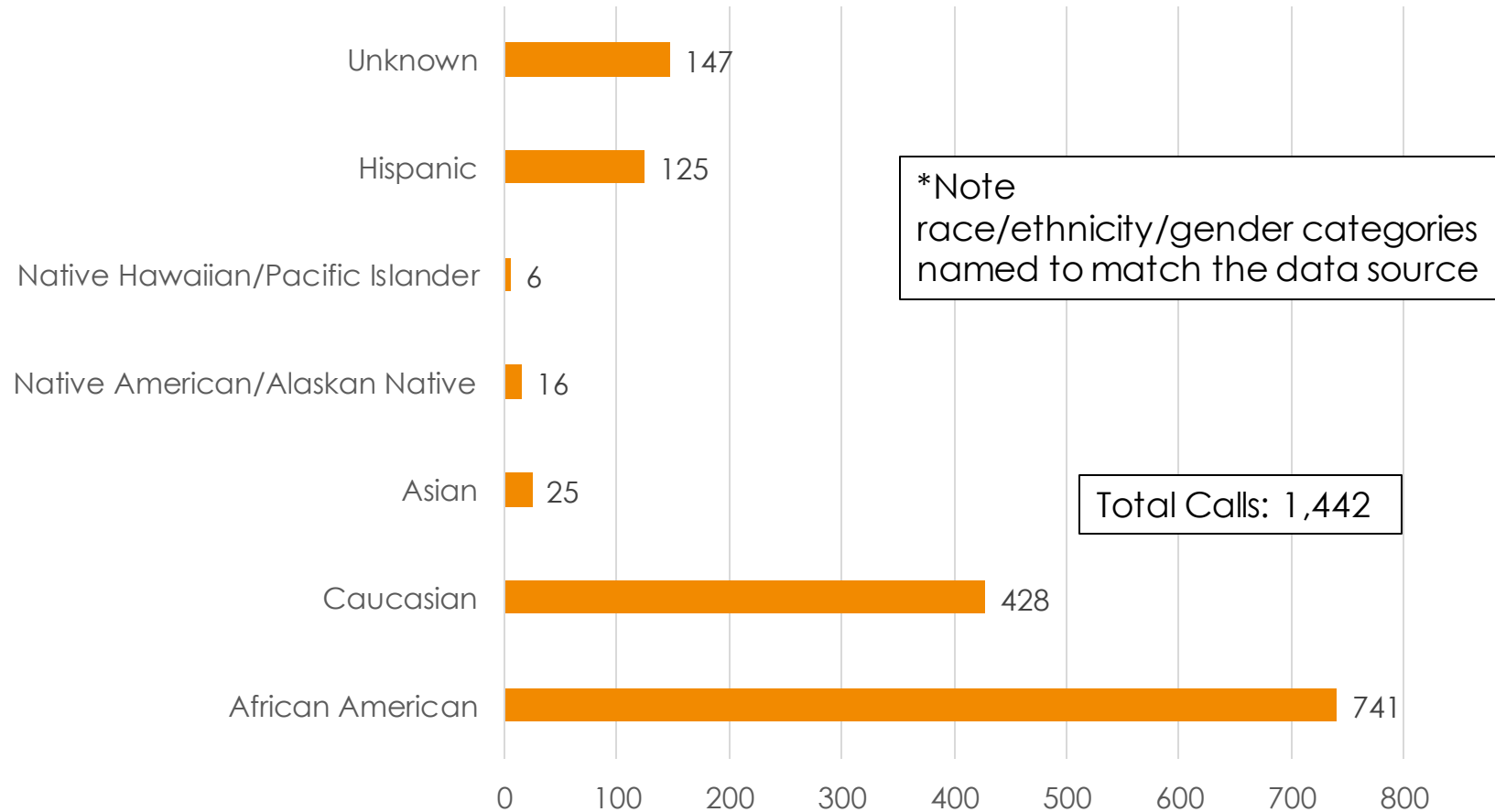


Source: Housing Resource Line

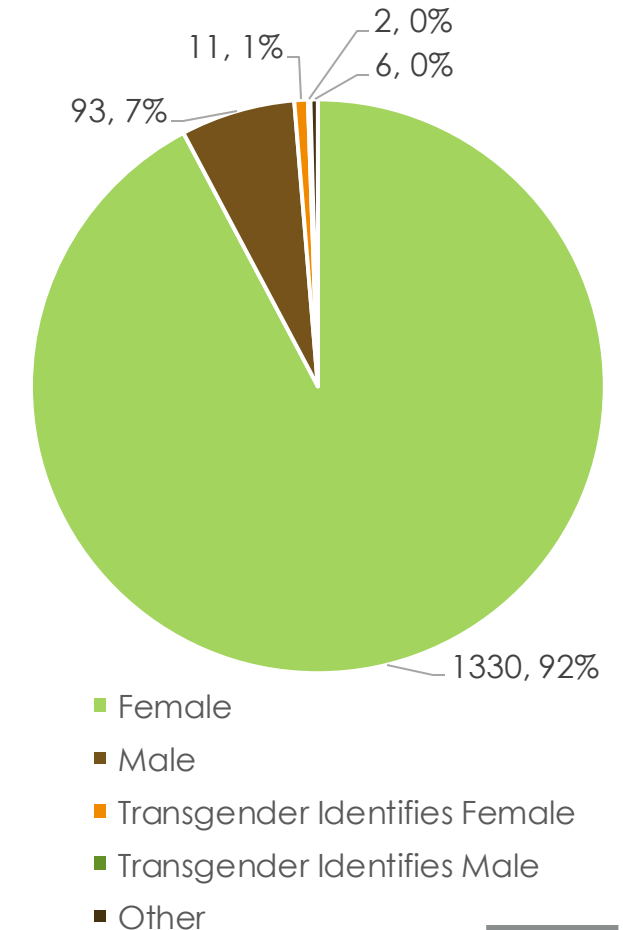
- Black
- White
- Asian
- Am Indian/Alsk Nat.
- Latino
- Multi-Racial
- Undisclosed

Who is experiencing/fleeing domestic violence?

Race of Callers to Hotline



Gender of Callers to Hotline



Takeaways – who is experiencing/at risk of homelessness?

- Significant racial disparities in population experiencing homelessness
- Adult Only HHs are experiencing homelessness more than HHs with children, and are homeless for longer
- 25% of people experiencing homelessness have some history with domestic violence
- Cost burden and affordability are a challenge across all income bands, especially extremely low-income households
- People experiencing homelessness have median income at 3% AMI
 - Median income for HHs with income is 12% AMI
- Summary: Highest Need QPs are 1 & 2 (people experiencing homelessness and people at risk of homelessness)

What resources exist to serve these populations?

Emergency Shelter

449 total beds
256 family (84 units)
193 single adult

Rapid Re-Housing

285 total beds
168 family (46 units)
107 single adult
2 unaccompanied Youth
8 single adult veteran
22 veteran families

Other Permanent Housing

109 total beds
9 family (2 units)
86 single adult
14 veteran

Transitional Housing

56 total beds
13 family
22 single adult
21 veteran

Safe Haven

91 total beds
47 single adult
44veteran

Public Housing

3,499 units (Richmond Only)

Sources: 2022 Housing Inventory
Count, CART (HUD)

* No non-congregate shelter
remains in the region

Permanent Supportive Housing

1,393 total beds
181 family (65 units)
586 single adult
405 single adult veteran
133 veteran families
221 chronically homeless single adults

Vouchers

Tenant-Based

2,697 – Richmond
1,150 – Chesterfield
1,857 – Henrico

Project-Based

3,294 – Richmond
317 – Chesterfield
2,252 – Henrico

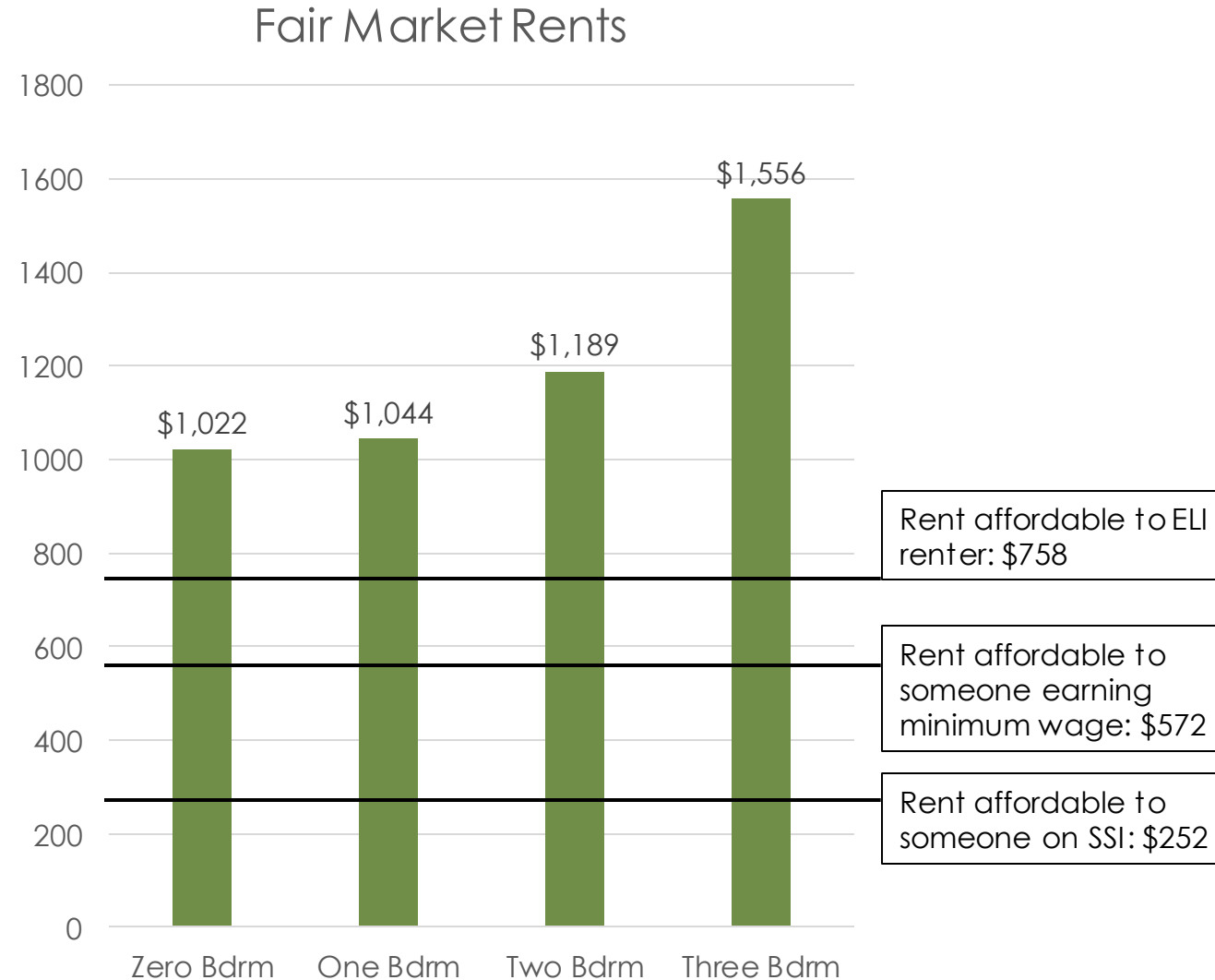
What are the gaps & unmet needs?

	# Available Annually	Annual Need	Gap
PSH (Families)	0	85	85
PSH (Individuals)	26	1041	1015
RRH (Families)	24	144	120
RRH (Individuals)	71	1013	932

Permanent Supportive Housing (PSH) – Deeply affordable housing with voluntary, tenant-centered wrap-around supportive services to end long-term homelessness and help residents use housing as a platform to thrive. This is a permanent housing intervention.

Rapid Re-Housing (RRH) – Time limited rental assistance with lighter-touch case management to help stabilize households that have fallen into homelessness

What are the gaps and unmet needs?



Source: NLIHC Gap Report & Out of Reach Report

What are the gaps and unmet needs?

	Chesterfield Co.	Henrico Co.	Richmond City
ELI Renters	4,810	9,160	18,355
Affordable & Available Homes	2,301	4,003	11,725
GAP	2,509	5,157	6,630

Source: CHAS, PUMS

For every 100 ELI renter HHs, there are

- 48 homes affordable and available in Chesterfield
- 44 homes affordable and available in Henrico
- 64 homes affordable and available in Richmond

Source: NLIHC Gap Report & Out of Reach Report

Takeaways – Gaps Analysis & Needs Assessment

- High utilization of emergency shelter, longer lengths of stay vs. pre-pandemic periods. Some concern of overwhelmed shelter resources.
- Significant PSH need, more for Adult Only HHs rather than HHs with Children
 - RRH need – depends upon availability of affordable housing units, and there is a significant gap in availability of these units
- Significant need for affordable housing for lowest-income renters and few resources to assist them

What do you think?

1. How do these data points compare to what you see on the ground? Do these conclusions resonate with you?
2. What other resources do you know of that we didn't include here?
3. What gaps or needs do you see?
4. Which of the eligible activities do you think will make the biggest difference?

HOME-ARP Planning Timeline

Date	Activity
11/14/2022	Community Webinar 1-2pm
12/1/2022	Listening Session - Homeless Services Providers 12-2pm
12/1/2022	Listening Session - Community Partners 3-5pm
12/6/2022	Listening Session - Persons w/ Lived Experience 6-8pm (HYBRID)
January (date tbd)	Public Hearing
Late January (dates tbd)	Public Comment Period
February (date tbd)	Plan Submission to HUD

Get Involved!!

Attend a Listening Session:

12/1	Listening Session- Homeless Services Providers 12-2pm
12/1	Listening Session- Community Partners 3-5pm
12/6	Listening Session- Persons in Qualified Population 6-8pm

Submit your suggestions in the HOME-
ARP survey by scanning below:



Or by visiting this link:

<https://forms.office.com/r/ZvEhPODDkR>

THANK YOU!



stay connected



csh.org



Follow-Up and Survey Link

Liam Hudson <liam.hudson@csh.org>

Thu 08-Dec-22 1:29 PM

To: believersoftranquility@gmail.com <believersoftranquility@gmail.com>

Hello again, Dr. Simmons,

I hope your appointment went well. Thank you for your willingness to review and potentially provide feedback on the Chesterfield, Henrico, Richmond HOME-ARP plan. I am attaching a few resources which will give you some information on the planning process, the needs we have identified in the area, and the eligible activities. If you have any questions upon your review, please don't hesitate to reach out to me. Please [click here](#) to provide feedback via the survey.

Additionally, I would like to take you up on the offer to help us engage with the shelter providers. Flo and I would like to conduct in-person surveys with individuals at both the men's and the women's shelter. We have the capacity to survey and provide compensation for 12 men and 8 women. Do you know the best way to go about doing this? We were thinking of trying to meet them as they were lining up to enter the shelter but are interested in knowing your thoughts.

Thank you in advance for your time, guidance and for the work you are doing. I look forward to coordinating with you further in this work.

Kindly,
Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

Re: Survey

Kelly King Horne <kkhorne@homewardva.org>

Tue 27-Dec-22 2:20 PM

To: Liam Hudson <liam.hudson@csh.org>

Thanks!

Kelly King Horne
Homeward

On Dec 27, 2022, at 2:18 PM, Liam Hudson <liam.hudson@csh.org> wrote:

Hi Kelly,

Thank you for your time and input today. Here is the survey link if anyone would like to share additional feedback:

<https://forms.office.com/r/ZvEhPODDkR>

Thanks, and happy New Year!

Kindly,
Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

Re: HOME-ARP planning (Richmond, Henrico, Chesterfield VA)

Liam Hudson <liam.hudson@csh.org>

Thu 01-Dec-22 2:25 PM

To: Cory Richardson-Lauve <crl@vhbg.org>

Great! I'm glad you were able to attend. Take care!

From: Cory Richardson-Lauve <crl@vhbg.org>

Sent: Thursday, December 1, 2022 2:24 PM

To: Liam Hudson <liam.hudson@csh.org>

Subject: RE: HOME-ARP planning (Richmond, Henrico, Chesterfield VA)

Thank you! I was at the 12pm listening session which I thought was very productive and educational. Will look forward to seeing how our community comes together with this.

Appreciate the response,

Cory

From: Liam Hudson <liam.hudson@csh.org>

Sent: Thursday, December 1, 2022 2:17 PM

To: Cory Richardson-Lauve <crl@vhbg.org>

Subject: Re: HOME-ARP planning (Richmond, Henrico, Chesterfield VA)

Hey Cory!

Thanks for reaching out. I am attaching the PowerPoint to this email.

Unfortunately, CSH will not have any access to progress made once our suggestions have been given to the jurisdictional partners at the end of the month-(ish). I have given your contact information to them for you to be added to their lists.

I can say that we are currently holding listening sessions ([our next one is at 3pm today if you're available](#)), and that we have a [survey](#) to gather community response. Please fill one out if you'd like to add any input/feedback for the plan.

Thanks again and take care!

From: Cory Richardson-Lauve <crl@vhbg.org>

Sent: Wednesday, November 30, 2022 12:26 PM

To: Liam Hudson <liam.hudson@csh.org>

Subject: HOME-ARP planning (Richmond, Henrico, Chesterfield VA)

Hello! Was able to view the recorded webinar regarding data, very informative. Was wondering if there is a fact sheet, and/or a copy of the Powerpoint available.

Also, would like to be added to your mailing list for information about the plan's progress. crl@vhbg.org

Thank you!



An affirming place to live, learn, and work.

Cory Richardson-Lauve

Vice President of Programs

Pronouns: she/her

Inclusion Ambassador

8716 West Broad St

Henrico, VA 23294

P: 804.270.6566 ext 1140

F: 804.934.9013

crl@vhbg.org VHBG.org

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Listening Session TODAY!

Liam Hudson <liam.hudson@csh.org>

Thu 01-Dec-22 10:02 AM

To: Liam Hudson <liam.hudson@csh.org>

Bcc: par092@henrico.us <par092@henrico.us>;bro102@henrico.us <bro102@henrico.us>;lum11@henrico.us <lum11@henrico.us>;woo099@henrico.us <woo099@henrico.us>;tot05@henrico.us <tot05@henrico.us>;she04@henrico.us <she04@henrico.us>;sch24@henrico.us <sch24@henrico.us>;lhabernathey@henrico.k12.va.us <lhabernathey@henrico.k12.va.us>

Hi there-

You have been recommended by a community partner to participate in a HOME-ARP Listening Session!

You are invited to attend a listening session for the HOME-ARP allocation plan for Chesterfield, Henrico, and Richmond. In this listening session we will ask you to provide feedback and suggestions on the use of HOME-ARP funds to help determine which of the eligible activities are most needed in the region. Your feedback will help jurisdictional partners better meet the needs of the qualified populations to be served through HOME-ARP funds.

To get ready for the sessions do these things:

- **Review these fact sheets:** [HOME-ARP Fact Sheets | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)
- **Start thinking about these questions:**
 - a. What are some of the greatest needs in the region for serving the population of people experiencing homelessness and housing insecurity?
 - b. Are the available resources accessible? How so/not? What could make them more accessible?
 - c. Which of the eligible activities do you think will make the biggest difference in reducing homelessness in the region?

Listening session 2: Community Partners

Who: Non homeless service providers who work with people experiencing or at risk of homelessness, including fair housing organizations, civil and disability rights organizations, health providers, veterans' groups, housing developers, etc.

When: TODAY, December 1, 2022, 3-5pm

Registration Link: <https://vacommunityvoice.networkforgood.com/events/50551-community-partners-arp-listening-session>

We know this is short notice, so if you are unable to attend, please consider completing this survey to provide your feedback on how to best meet the needs of individuals experiencing homelessness in our region:

<https://forms.office.com/r/ZvEhP0DDkR>

Thank you for your time and participation!

Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

Re: Qualified Population Listening Session Updates

Liam Hudson <liam.hudson@csh.org>

Fri 09-Dec-22 12:12 PM

To: Thayer, Rachael <THA006@henrico.us>; Jillian Fox <jillian.fox@csh.org>

Cc: Sagara, Jessica <sagaraj@chesterfield.gov>; Kaufman, Cara <KAU006@henrico.us>; Leabough, Eric <lea06@henrico.us>; Sacks, David <sac01@henrico.us>; cohend@chesterfield.gov <cohend@chesterfield.gov>

Hi Rachael,

Thank you for your quick response. Please see more details on your questions below.

- a. How are we obtaining the \$40 gift cards and how are they being paid for?
 - i. The gift cards are to align with CSH's policy to compensate all individuals with lived experience for the contributions to the work we are doing. They are part of CSH's subcontract with VACV and are included in their overall contract budget. VACV will handle the actual procurement of the gift cards and document recipient information based on their internal policies and procedures. If you need more information about their process, I am happy to take any specific questions to VACV.
- b. Regarding the schedule for the stakeholder interviews, when you say end of week, do you mean by COB today?
 - i. Yes, I know it is on her agenda for Jillian to send you all the stakeholder interview plan today, though it is not expected that you all provide feedback today. I have looped her in to confirm or provide any updates.
- c. For the Regional Recommendation Meeting, will we be receiving the slides and information in advance so we can review and come prepared with questions? How far in advance will we be receiving the slides?
 - i. Yes, we will send all information including the slides by 01/10.

Please let me know if you need additional details or have any further questions.

Thank you,
Liam

From: Thayer, Rachael <THA006@henrico.us>

Sent: Friday, December 9, 2022 8:19 AM

To: Liam Hudson <liam.hudson@csh.org>

Cc: Sagara, Jessica <sagaraj@chesterfield.gov>; Kaufman, Cara <KAU006@henrico.us>; Leabough, Eric <lea06@henrico.us>; Sacks, David <sac01@henrico.us>; cohend@chesterfield.gov <cohend@chesterfield.gov>

Subject: RE: Qualified Population Listening Session Updates

Liam,

Henrico is okay moving forward with this approach, though we do have some questions regarding a few of the specifics you laid out in your email.

1. How are we obtaining the \$40 gift cards and how are they being paid for?
2. Regarding the schedule for the stakeholder interviews, when you say end of week, do you mean by COB today?
3. For the Regional Recommendation Meeting, will we be receiving the slides and information in advance so we can review and come prepared with questions? How far in advance will we be receiving the slides?

Thank you,
Rachael B. Thayer
HOME Program Manager
Department of Community Revitalization
Henrico County
804.501.7614

From: Liam Hudson <liam.hudson@csh.org>

Sent: Thursday, December 8, 2022 5:06 PM

To: Sagara, Jessica <sagaraj@chesterfield.gov>; Thayer, Rachael <THA006@henrico.us>; Kaufman, Cara <KAU006@henrico.us>; Leabough, Eric <lea06@henrico.us>; Sacks, David <sac01@henrico.us>; cohend@chesterfield.gov

Subject: Qualified Population Listening Session Updates

Good afternoon,

I am reaching out to let you all know that our hybrid Listening Session for members of the Qualified Population was not attended by anyone within the intended audience despite direct outreach and community marketing efforts. We did, however, receive great feedback from a community partner that if we would like meaningful engagement with the population, we should go to them. Therefore, I would like to propose an alternative solution to engaging and soliciting feedback from the Qualified Population.

The same community partner mentioned above has agreed to help us engage with persons entering the the temporary men's shelter located at 1901 Wall Street; operated by United Nations Church and the temporary women's shelter at 2807 Hull Street; operated by RVA Sister's Keeper. CSH and VACV would use the time allotted for the Listening Session to gather feedback via detailed survey and comment section which we would work with individuals one-by-one to complete. We would collect survey responses for up to twenty (20) individuals (12 men, 8 women) who would then be compensated for their time via a \$40 gift card. Utilizing this strategy will help us more quickly establish rapport with the individuals and therefore aide in collecting more tangible/direct feedback.

Additionally, this will be a helpful approach to meeting the deliverable for multiple reasons:

- According to the StellaP data analyzed in the Needs and Gaps Assessment process there were 1958 single adult households experiencing homelessness recorded with adult men comprising sixty percent (60%) of the total population (1548 individuals), therefore men will comprise more of the

targeted survey population. By utilizing single adults shelters we would be able to collect direct feedback from the most frequent utilizers of the homelessness system.

- The listening sessions with homeless services providers and the session with community partners both highlighted the need for supportive housing and comprehensive service integration, however, it was also highlighted that there is a gap in shelter utilizers and other housing resource utilizers. Engaging directly with persons currently in shelter could potentially help us identify barriers and contributions to the gaps more efficiently.
- The data collected during this approach would be immediately available via an Excel spreadsheet which would help compensate for the feedback summarization time lost in having to change approaches.

If the outreach suggestion is approved by you all, both CSH and VACV are willing to move forward with coordinating and executing all details within the parameters of our existing contracts and budgets. Additionally, CSH agrees to keep all partners informed of outreach dates, results, and provide the initial feedback gathered to all partners via Excel workbook within 48 business hours of the session.

In order for us to move quickly on this opportunity, please let us know if you all are comfortable moving forward no later than COB tomorrow (12/9).

An updated timeline pending the changes are approved is as follows:

- 12/12/2022-12/15/2022 (4-6 pm) (actual date pending approval by PJs)- CSH/VACV conduct in person survey with QP
- 12/15/2022-12/19/2022- PJs receive Excel sheet with QP survey data
- 01/12/2023 (2-5pm)-HOME-ARP Regional Recommendation meeting (all appendix items and feedback summaries will be provided)

Additionally, Jillian will be sending you the proposed plan for the stakeholder interviews this week and will be asking for your review, feedback and in some cases direct email introductions to stakeholders

Thank you all for your consideration and please let me know if you all have questions or would like additional information.

Respectfully,


Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

HOME-ARP Allocation Listening Session is this week!

Dana Kiernan <admin@vacommunityvoice.org>

Mon 28-Nov-22 9:30 AM

To: Liam Hudson <liam.hudson@csh.org>

 Image

Reminder: the Community Partners Listening Session is this week!

Liam,

We're looking forward to seeing you on **Thursday, December 1, at 3:00pm** so you can provide your input into the HOME-ARP allocation plan for Chesterfield, Henrico, and Richmond. **Zoom info is below.**

In this listening session we will ask you to provide feedback and suggestions on the use of HOME-ARP funds to help determine which of the eligible activities (preservation/development of rental housing, tenant-based rental assistance, supportive services, non-congregate shelter) are most needed in the region. Your feedback will help jurisdictional partners better meet the needs of the qualified populations to be served through HOME-ARP funds.

[HOME-ARP%20COMMUNITY%20WEBINAR%2011.14.2022.mp4]There's still time to watch this brief data webinar, and please continue thinking about the following questions:

1. What are some of the greatest needs in the region for serving the population of people experiencing homelessness and housing insecurity?
2. Are the available resources accessible? How so/not? What could make them more accessible?
3. Which of the eligible activities do you think will make the biggest difference in reducing homelessness in the region?

Please reach out to Liam Hudson at liam.hudson@csh.org should you have any programmatic questions, and please reach out to Dana Kiernan at dana@vacommunityvoice.org should you have any other questions or concerns.

See you soon!

-Dana

Dana Kiernan
Data and Research Assistant
Virginia Community Voice
Pronouns: She / Her / Hers
dana@vacommunityvoice.org
804-223-4138

Join the Zoom

Meeting ID: 890 1313 3490
Passcode: 943805

Virginia Community Voice
P.O. Box 26972
Richmond, VA 23261
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HOME-ARP Allocation Listening Session is this week!

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[HOME-ARP%20COMMUNITY%20WEBINAR%2011.14.2022.mp4]There's still time to watch this brief data webinar, and please continue thinking about the following questions:

1. What are some of the greatest needs in the region for serving the population of people experiencing homelessness and housing insecurity?
2. Are the available resources accessible? How so/not? What could make them more accessible?
3. Which of the eligible activities do you think will make the biggest difference in reducing homelessness in the region?

Please reach out to Liam Hudson at liam.hudson@csh.org should you have any programmatic questions, and please reach out to Dana Kiernan at dana@vacommunityvoice.org should you have any other questions or concerns.

See you soon!

-Dana

Dana Kiernan
Data and Research Assistant
Virginia Community Voice
Pronouns: She / Her / Hers
dana@vacommunityvoice.org
804-223-4138

Join the Zoom

Meeting ID: 890 1313 3490
Passcode: 943805

Virginia Community Voice
P.O. Box 26972
Richmond, VA 23261
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HOME-ARP Community Overview Webinar Invitation

Liam Hudson <liam.hudson@csh.org>

Mon 07-Nov-22 3:38 PM

To: Liam Hudson <liam.hudson@csh.org>

Cc: Jillian Fox <jillian.fox@csh.org>

Bcc: Shiri Yadlin (she/her) <shiri.yadlin@csh.org>; Florencia Fuensalida <florencia@vacommunityvoice.org>; Dana Kiernan <dana@vacommunityvoice.org>; Sagara, Jessica <sagaraj@chesterfield.gov>; chuasa@chesterfield.gov <ChuaSa@chesterfield.gov>; Margot Ackermann <mackermann@homewardva.org>; Kelly King Horne <kkhorne@homewardva.org>; mrogers@homewardva.org <mrogers@homewardva.org>; cohend@chesterfield.gov <cohend@chesterfield.gov>; kau006@henrico.us <kau006@henrico.us>; jpatterson@caritasva.org <jpatterson@caritasva.org>; Thayer, Rachael <THA006@henrico.us>; Leabough, Eric <lea06@henrico.us>; Sacks, David <sac01@henrico.us>; hyun@actsrva.org <hyun@actsrva.org>; whpoarch@actsrva.org <whpoarch@actsrva.org>; Tyler_Agee@bshsi.org <Tyler_Agee@bshsi.org>; rogersk@chesterfield.gov <rogersk@chesterfield.gov>; ltissiere@ywcarichmond.org <ltissiere@ywcarichmond.org>; rmurthy@ywcarichmond.org <rmurthy@ywcarichmond.org>; Sherrill.Hampton@richmondgov.com <Sherrill.Hampton@richmondgov.com>; Christine.Elwell@cccova.org <Christine.Elwell@cccova.org>; robert@creditrestorationinstitute.com <robert@creditrestorationinstitute.com>; abennett@dailyplanetva.org <abennett@dailyplanetva.org>; tgarrett@dailyplanetva.org <tgarrett@dailyplanetva.org>; saweckerly@cfrichmond.org <saweckerly@cfrichmond.org>; mcanaday@focusedoutreachrichmond.org <mcanaday@focusedoutreachrichmond.org>; vvasquez@goochlandcares.org <vvasquez@goochlandcares.org>; dtaylor@handupresource.com <dtaylor@handupresource.com>; mrnusbaum@hanovercounty.gov <mrnusbaum@hanovercounty.gov>; vpmhsp@gmail.com <vpmhsp@gmail.com>; mherbert@homeagainrichmond.org <mherbert@homeagainrichmond.org>; beth@housingfamiliesfirst.org <beth@housingfamiliesfirst.org>; cindy@housingfamiliesfirst.org <cindy@housingfamiliesfirst.org>; fjohnson@lvsrva.org <fjohnson@lvsrva.org>; sdimick@oarric.org <sdimick@oarric.org>; jburton@pharva.com <jburton@pharva.com>; Katie.Chlan@rbha.org <Katie.Chlan@rbha.org>; kenyatta.green@rrha.com <kenyatta.green@rrha.com>; eholmes@sjvmail.net <eholmes@sjvmail.net>; Stephen.Batsche@uss.salvationarmy.org <Stephen.Batsche@uss.salvationarmy.org>; doddl@yourunitedway.org <doddl@yourunitedway.org>; irene.zolotorofe@vcuhealth.org <irene.zolotorofe@vcuhealth.org>; dav113@henrico.us <dav113@henrico.us>

Hello,

You are invited to attend the HOME-ARP Community Overview Webinar for Chesterfield, Henrico, and Richmond. This webinar will provide a brief overview of the HOME-ARP program, introduce information found in the regional gap analysis, and discuss the next steps in the planning process. Please share this registration link with interested community partners in your provider and homelessness services networks.

When: Nov 14, 2022 01:00 PM Eastern Time (US and Canada)

Register in advance for this meeting:

https://csh-org.zoom.us/join/tZltdemqpluH9dGcGxStrMAdw58_Fiq1pQS

After registering, you will receive a confirmation email containing information about joining the meeting.

Please direct all questions and any access issues to Liam Hudson at liam.hudson@csh.org.

Respectfully,

Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

You Are Invited!

Liam Hudson <liam.hudson@csh.org>

Mon 21-Nov-22 9:33 AM

To: Liam Hudson <liam.hudson@csh.org>

Cc: Jillian Fox <jillian.fox@csh.org>

Bcc: ageorge@homeofva.org <ageorge@homeofva.org>; mjefferson@homeofva.org
<mjefferson@homeofva.org>; mrogers@homewardva.org
<mrogers@homewardva.org>; chuasa@chesterfield.gov <ChuaSa@chesterfield.gov>; Leabough, Eric
<lea06@henrico.us>; PennJ@chesterfield.gov
<PennJ@chesterfield.gov>; Scousin@virginiasupportivehousing.org
<Scousin@virginiasupportivehousing.org>; Sherrill.Hampton@rva.gov
<Sherrill.Hampton@rva.gov>; stunner@dailyplanetva.org
<stunner@dailyplanetva.org>; annettevcousins@gmail.com
<annettevcousins@gmail.com>; janderson@virginiasupportivehousing.org
<janderson@virginiasupportivehousing.org>; eholmes@sjvmail.net
<eholmes@sjvmail.net>; katie.chlan@rbha.org <katie.chlan@rbha.org>; sgilbert@homewardva.org
<sgilbert@homewardva.org>; whpoarch@actsrva.org <whpoarch@actsrva.org>; jpatterson@caritasva.org
<jpatterson@caritasva.org>; Jjohnson@homewardva.org
<Jjohnson@homewardva.org>; mzingraff@virginiasupportivehousing.org
<mzingraff@virginiasupportivehousing.org>; fmotteler@virginiasupportivehousing.org
<fmotteler@virginiasupportivehousing.org>; srhodes@ywcarichmond.org <srhodes@ywcarichmond.org>

YOU ARE INVITED!

You are invited to attend a listening session for the HOME-ARP allocation plan for Chesterfield, Henrico, and Richmond. In this listening session we will ask you to provide feedback and suggestions on the use of HOME-ARP funds to help determine which of the eligible activities are most needed in the region. Your feedback will help jurisdictional partners better meet the needs of the qualified populations to be served through HOME-ARP funds.

To get ready for the sessions do these things:

- **Watch this webinar:**
[HOME-ARP COMUNITY WEBINAR 11.14.2022.mp4](#)
- **Review these fact sheets:** [HOME-ARP Fact Sheets | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)
- **Start thinking about these questions:**
 - a. What are some of the greatest needs in the region for serving the population of people experiencing homelessness and housing insecurity?
 - b. Are the available resources accessible? How so/not? What could make them more accessible?
 - c. Which of the eligible activities do you think will make the biggest difference in reducing homelessness in the region?

Sign up for the session that best reflects your role in the community. Not sure? Reach out and ask us (liam.hudson@csh.org).

Listening session 1: Homeless Service Providers

Who: Homeless Service Providers – organizations providing outreach, emergency shelter, rapid rehousing, permanent supportive housing, and other services aimed to address the housing and services needs for people experiencing homelessness.

When: December 1, 2022, 12-2pm

Registration Link: <https://vacommunityvoice.networkforgood.com/events/50339-homeless-service-providers-arp-listening-session>

Listening session 2: Community Partners

Who: Non homeless service providers who work with people experiencing or at risk of homelessness, including fair housing organizations, civil and disability rights organizations, health providers, veterans' groups, housing developers, etc.

When: December 1, 2022, 3-5pm

Registration Link: <https://vacommunityvoice.networkforgood.com/events/50551-community-partners-arp-listening-session>

We look forward to seeing you there!

Your Input is Needed for the Regional HOME-ARP Allocation Plan

Dana Kiernan <admin@vacommunityvoice.org>

Mon 21-Nov-22 9:40 AM

To: Liam Hudson <liam.hudson@csh.org>

 Image

You are invited to attend a listening session for the HOME-ARP allocation plan for Chesterfield, Henrico, & Richmond!

In this listening session we will ask you to provide feedback and suggestions on the use of HOME-ARP funds to help determine which of the eligible activities (preservation/development of rental housing, tenant-based rental assistance, supportive services, non-congregate shelter) are most needed in the region. Your feedback will help jurisdictional partners better meet the needs of the qualified populations to be served through HOME-ARP funds.

There are **two** listening sessions – Sign up for the session that best reflects your role in the community. Not sure? Reach out and ask Liam Hudson (liam.hudson@csh.org).

Listening session 1: Homeless Service Providers

Who: Homeless Service Providers – organizations providing outreach, emergency shelter, rapid rehousing, permanent supportive housing, and other services aimed to address the housing and services needs for people experiencing homelessness.

When: Thursday, December 1, 2022, 12–2pm

[Registration Link for Homeless Service Providers](#)

Listening session 2: Community Partners

Who: Non homeless service providers who work with people experiencing or who are at risk of homelessness, including fair housing organizations, civil and disability rights organizations, health providers, veterans' groups, housing developers, etc.

When: Thursday, December 1, 2022, 3–5pm

[Registration Link for Community Partners](#)

To get ready for sessions, please do the following:

[HOME-ARP%20COMMUNITY%20WEBINAR%2011.14.2022.mp4] Watch this brief data webinar

- Start thinking about these questions:
 1. What are some of the greatest needs in the region for serving the population of people experiencing homelessness and housing insecurity?
 2. Are the available resources accessible? How so/not? What could make them more accessible?

3. Which of the eligible activities do you think will make the biggest difference in reducing homelessness in the region?

Please feel free to forward this invitation to your networks!

Who is Virginia Community Voice?

Virginia Community Voice is a community engagement organization located on the Southside of Richmond. VACV is hosting the listening sessions as a partner with the Corporation for Supportive Housing as a neutral party who will not receive HOME-ARP funding. If you have any questions please contact Dana Kiernan (dana@vacommunityvoice.org) or Florencia Fuensalida (florencia@vacommunityvoice.org)

Virginia Community Voice
P.O. Box 26972
Richmond, VA 23261
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OUR MISSION

Equipping neighbors in historically marginalized communities to realize ***their vision*** for their neighborhoods and preparing institutions to respond effectively.

Virginia Community Voice is a 501c3 nonprofit organization
www.vacommunityvoice.org

Qualified Population Survey

Liam Hudson <liam.hudson@csh.org>

Thu 05-Jan-23 2:00 PM

To: srhodes@ywcarichmond.org <srhodes@ywcarichmond.org>

Hi Katie,

Happy New Year! I hope you are feeling better and have had some restful time away.

I am reaching out to share the [HOME-ARP Qualified Population](#) survey. We created this survey in order to receive feedback from persons seeking shelter and conducted 14 in-person surveys with persons currently (at time of survey) in shelter. However, after receiving feedback from our interviews, we had the idea that it may be helpful to also get input from persons seeking/in supportive housing currently as well. I wanted to share this with you in case you know of anyone who would like to participate, or you feel should be included.

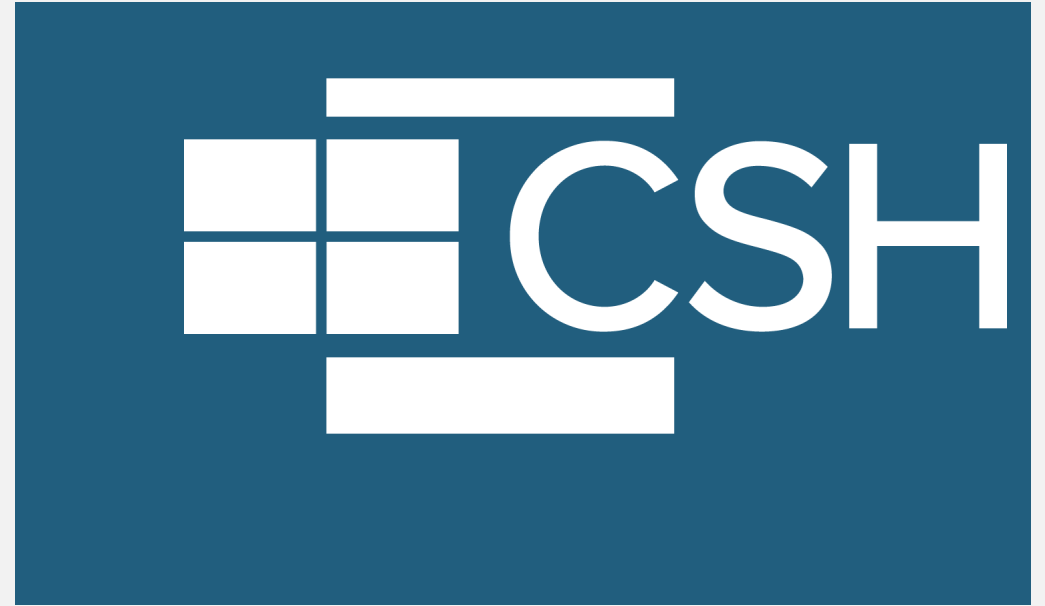
We will be accepting responses until 11:59pm on 01/09. I know it's super short notice, so no worries if you don't know of anyone-just wanted to float your way. Please reach out with any questions or concerns.

Thanks, and take care!

Kindly,
Liam Hudson (he/him)
Senior Program Manager
CSH
Cell: (734) 882-3153

Chesterfield County

HOME-ARP Allocation Plan
Public Hearing Presentation
2/9/2023



Agenda

1. HOME-ARP Program Overview
2. Chesterfield's Draft Allocation Plan Overview
3. Questions and Comments
4. Next Steps



HOME-ARP Program Overview



About HOME-ARP

On **March 11, 2021**, President Biden signed ARP into law, which **provided over \$1.9 trillion in relief** to address the continued impact of the COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses.

Congress appropriated **\$5 billion in ARP funds to be administered through the HOME** program to support eligible populations.

**Chesterfield County was allocated
\$2,124,036 in HOME-ARP funding.**

HOME-ARP- Qualifying Populations

**Experiencing literal Homelessness
(Living in shelter, outside, etc)**

**At risk of Homelessness
(Loss of permanent housing
imminent)**

**Fleeing, or attempting to flee,
domestic violence, dating
violence, sexual assault, stalking,
or human trafficking-as defined
by HUD**

**Other populations where
providing supportive services or
assistance would prevent the
family's homelessness or would
serve those with the greatest risk
of housing instability**

HOME-ARP-Eligible Activities

Development of Affordable Housing

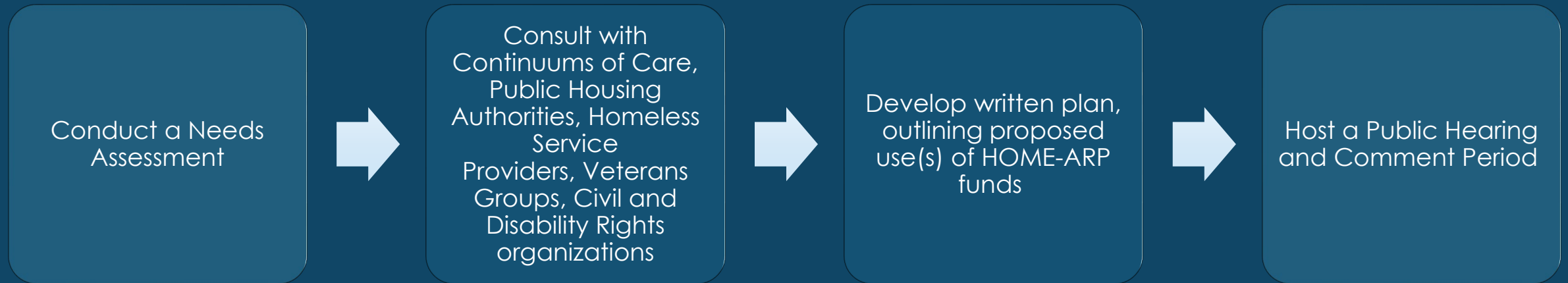
Tenant-based Rental Assistance

Provision of Supportive Services

Acquisition and Development of Non-Congregate Shelter Units

HOME-ARP Planning Process

Prior to deploying HOME-ARP funds, jurisdictions must:



Needs Assessment and Gaps Analysis



Needs Assessment Takeaways

- Significant racial disparities in population experiencing homelessness
- Adult Only Households are experiencing homelessness more than Households with children, and have higher chronicity rates
- 25% of people experiencing homelessness have some history with domestic violence, 8% of callers to DV hotline express current situation of homelessness
- Cost burden and affordability are a challenge across income bands, but especially <30% AMI
- People experiencing homelessness have median income at 3% AMI
 - Median income for Households with income is 12% AMI

Gap Analysis Takeaways

- High utilization of emergency shelter, longer lengths of stay than pre-pandemic years, concern about dwindling covid-specific resources and longer stay times overwhelming shelter
- Significant PSH need, more for Adult Only Households rather than Households with Children
 - Adult Only Households have higher chronicity rate, lower self-resolve rate
 - High need for Rapid Rehousing for Adult Only households, but Rapid Rehousing only works if there is affordable housing available
- Significant need for affordable housing for lowest-income renters and few resources to assist them

Summary of Needs & Gaps for QPs

Qualifying Population	Need and Gaps
Experiencing Homelessness	<ul style="list-style-type: none"> • Biggest segment of the QP is 1-person adult households experiencing long-term homelessness, many with disabling conditions, no income or income <15% AMI. • Significant gap in permanent housing affordable and accessible to this group • Smaller gap in shelter resources • This is the QP with the most significant housing and services needs
At Risk of Homelessness	<ul style="list-style-type: none"> • Very high rates of cost burden for ELI households • Existing housing supply for ELI households meets only 48% of need
Fleeing or Attempting to Flee Domestic Violence	<ul style="list-style-type: none"> • Difficult to measure size of population, small portion self-report situation of homelessness • No significant gap in resources identified that is distinct from other needs (general homelessness/affordable housing)
Other Populations at risk of housing instability	<ul style="list-style-type: none"> • High rates of cost burden for VLI households • Limited housing supply, but not as significant gap as for lower income households.

Consultation Process & Feedback



Consultation Process

Planning process
included:



12

Key-Stakeholder Group Interviews

2

Provider and Community Partner
Listening Sessions

9 Community Surveys

14 In-Person QP Surveys

Key Themes:

lack of resources
across homeless
system

bottleneck in shelters,
programs at full
capacity

permanent
supportive
housing

significant deficit in
affordable
housing,
especially deeply
affordable

coordination and
collaboration
across systems is
effective and must
continue/expand



"We have a **bottleneck** in the hotels because we can't find places to put people, so we spend way more on hotels than we expected."

"The lack of housing options is really limiting the **choice** of clients in our program."

"The majority of people asking for help are in the **lowest income bands**, looking for housing."

"We have need for emergency shelters but the pervasive need if we are going to solve this problem is affordable, accessible housing. **It has to be accessible for the folks who need it.**"

"I can't stress enough the **need for additional housing stock**, especially with **minimal barriers for rental**"

"I strongly agree with affordable housing, 130% of AMI have vouchers that people are struggling to use because there is nothing available, at this point **they have the vouchers but don't have the rental units.**"

Consultation Summary

Stakeholder Type	Feedback
Homeless Services Providers	<ul style="list-style-type: none">• Building / rehabbing affordable housing as both the biggest need and the eligible activity that will most impact folks experiencing homelessness;• A best practice would be a “one-stop-shop”;• Permanent Supportive Housing would positively impact those experiencing homelessness and free up capacity in other parts of the system
Community Partners	<ul style="list-style-type: none">• Building additional / rehabbing affordable housing units would make the biggest impact for our unhoused neighbors;• It's not just building affordable units but having supportive services integrated;• The pace of the needs that are coming in is overwhelming
Qualified Population	<ul style="list-style-type: none">• An immediate need for shelter and safety is not being met;• Getting housing is hard• Need for accessibility and safety of affordable housing;

HOME-ARP Allocation Strategy



High Level Plan

- Use the money to fund the development of new deeply affordable and supportive housing units
- Coordinate regionally to maximize impact
- Use existing housing hotlines (Housing Resource Line and Homeless Crisis Line) for referrals, and Coordinated Entry to make sure those most in need can access the resources

	Chesterfield	Percent of the Grant	Statutory Limit
Supportive Services			
Acquisition and Development of Non-Congregate Shelters			
Tenant Based Rental Assistance (TBRA)			
Development of Affordable Rental Housing	\$1,805,431		
Non-Profit Operating		0 %	5%
Non-Profit Capacity Building		0 %	5%
Administration and Planning*	\$318,605	15%	15%
Total HOME ARP Allocation	\$2,124,036		

***PJs are permitted to use 5% of their grant allocation for eligible administrative planning costs prior to approval of the Allocation Plan.** This 5% available before approval of the Allocation plan is included in the total 15% of the grant allowable for administrative and planning costs.

What Is PSH?

Permanent Supportive Housing (PSH) is **deeply affordable housing** with voluntary, tenant-centered wrap-around **supportive services** to **end** long-term **homelessness** and **help residents use housing as a platform to thrive.**

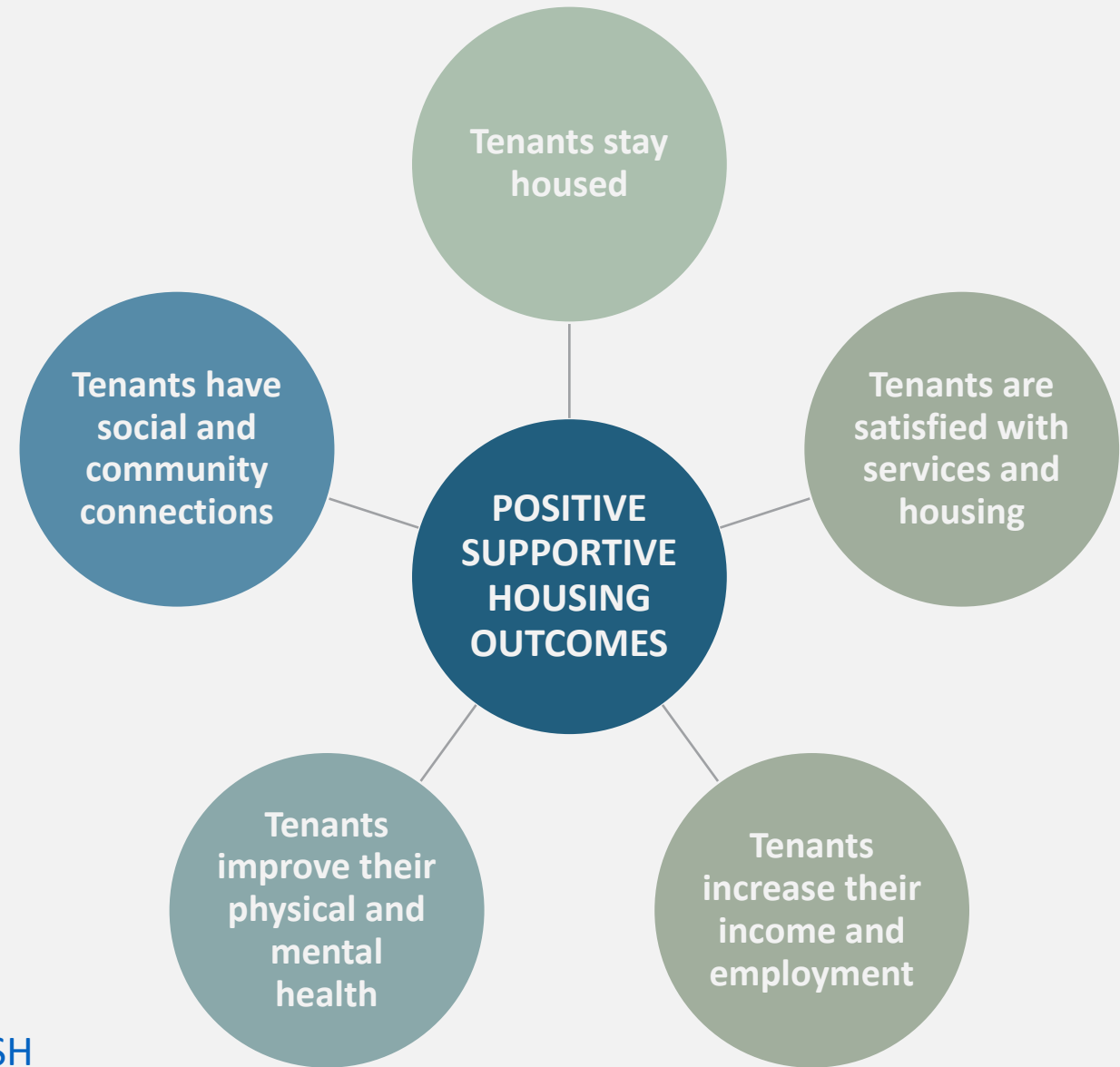


Why Permanent Supportive Housing?

Permanent Supportive Housing (PSH) is an **evidence-based** permanent housing intervention. It works.

Listening Session participants shared that additional **Permanent Supportive Housing** would positively impact those experiencing lengthy histories of homelessness and free up capacity in other parts of the system. **Many participants view PSH as a “huge priority” that would “enable long-term change.”**

Learn more at: [The Corporation for Supportive Housing - CSH](#)



How PSH Supports the Need

This intervention will positively impact the region by:

Meeting the Highest Need

Single adults experiencing Homelessness with complex and chronic medical conditions and extremely low incomes, have the **highest housing and services need in the region.**

PSH has been **proven to end the costly cycle of long-term homelessness and institutionalization.**

Addressing the Vulnerabilities

People experiencing homelessness in the community **have high barriers** to housing.

PSH addresses these barriers through a **wholistic, tenant centered housing and services intervention.**

Listening to the Community

The community, including service providers, homeless system partners, and members of the qualified populations all identified **PSH as the best use of HOME-ARP funds.**

Ensuring Quality - Recommendations

- **Ensure quality projects by incorporating national standards for supportive housing into program design, solicitations, monitoring, specifically:**
 - **Tenant driven planning and operations**
 - **Housing First and Harm Reduction**
 - **Trauma informed design and service delivery**
 - **Low barrier access and tenant selection criteria and selection**
 - **Coordination between property management and services, including eviction prevention**

See more at: [Standards-for-Quality-Supportive-Housing-Guidebook-2022.pdf \(csh.org\)](https://www.csh.org/sites/default/files/standards-for-quality-supportive-housing-guidebook-2022.pdf)

Questions? Comments?



Public Comments and Next Steps

- The draft HOME-ARP Allocation Plan is available for view on the Community Enhancement (CE) website at <https://www.chesterfield.gov/1223/Grants>
- The 30-day public comment period began on February 6th and will be open until Tuesday March 7th at 5pm.
 - Submit comments through online public comment form on the CE Website - <https://www.chesterfield.gov/1223/Grants>
- CE staff will submit the plan to HUD by the March 31st deadline. HUD has 45 days to review/approve the plan.
- Details regarding plan implementation will be posted on the CE website and shared with stakeholders.

Questions? Contact Jessica Sagara at SagaraJ@Chesterfield.gov or 804-751-2368

THANK YOU!



stay connected



csh.org



Entry ID	Date Submitted	First Name	Last Name	Email	Phone	Meeting Attendance	Public Comments
29	2023-02-07T13:49:37.981Z	Cathy	Ritter	edenvillagera@gmail.com	(540) 303-3676	Virtual (via Microsoft Teams)	<p>We are a non-profit interested in the funds to build an affordable housing community for the homeless in Chesterfield called Eden Village of Richmond, Inc. Those who have chronic illnesses and have been homeless over a year will have preference. The Eden Village model is a succesful model that started in Springfield Missouri and is spreading across the US with several others in their beginning stages. One in Wilmington, NC will be opening in the next few weeks.</p> <p>We are currently looking at land in Chesterfield in hopes of purchasing for our project. It will be 30-40 homes in a gated, secure entry neighborhood with a community center with offices for social services and coueseling, a kitchen and dining area, a laudromat and library. Residents will pay \$350/month rent which will include utilities. We will reach out to other organizations that work with the homeless to get references. Once one village is built others will be built in the surrounding Richmond Metro area.</p>
36	2023-03-07T13:15:37.635Z	Lindsey	Ladnier	lmladnier@gmail.com	(251) 605-3349		<p>While I appreciate the idea of affordable rental housing in general, I don't know if this will address homelessness in our area. Many homeless do not have jobs due to the lack of home address. Many are disabled and are not being hired due to ableism. Those homeless would not have money for rentals and this may encourage aggressive panhandling or even theft.</p> <p>We need to address the root of the problem and then transition these people back to society. The first two months of living in these homeless -focused housing should be rent-free studio apartment housing, with agreement to counseling. The counseling should be a service that helps address any issues that may prevent these people from working, such as disability support, addiction support, hygiene support, and job application support. Access to a soup kitchen during this time would also be helpful, with a cafeteria-style one on the property to be used similar to school lunch lines (others can purchase cafeteria food, while the new renters get two months free.) A classroom/office meeting room near the cafeteria would also be helpful for counseling meetings.</p> <p>After two months with counseling, those living there would be expected to pay an affordable rent, with options to two and three bedroom apartments. Volunteering at the soup kitchen or counseling service may provide a credit towards their rent, so even those who may not be working due to disability may find means to support themselves and help others.</p> <p>To save money, a motel may be purchased for the studio apartment portion and rooms retrofitted with a small kitchenette, as well as privacy fencing and gated entrance.</p>
37	2023-03-07T17:10:30.014Z	Sean	O'Brien	seanmobrien1998@gmail.com	(804) 236-6181		<p>The City of Richmond has a Healing Place. I would suggest opening up another one in Chesterfield or getting with CARITAS and seeing what ideas they have. I was once a resident of the Healing Place when I was 19 or 20 years old. At that time, I was in and out of jail and abandoned by my family. Today, I am 24 years old, I have a 3.9 GPA at Brightpoint Community College, and I have recently been accepted at VCU, waiting on JMU's response. A Chesterfield County judge chose to send me to the Healing Place rather than keep me in the HARP program. I restarted my life at the Healing Place and used it as a building block in my foundation towards my journey of success. My family says they always knew I would get my life together, but without an opportunity like the Healing Place I can't be so sure. We should be proactive about our homeless problem because desperation can motive people in a plethora of different ways, some good, but most are bad for our community.</p>
38	2023-03-07T18:17:45.507Z	Phyllis	Tessieri	prptessieri@gmail.com	(804) 677-7171		<p>Please proceed expeditiously with this program for affordable housing for the underserved populations of the homeless, the at risk for homelessness and the chronically ill. Affordable housing for the most vulnerable enhances the quality of life for the entire region. Yes, this has to be a regionally coordinated program because of the size and scope of the need. It also needs to be totally funded for units to be available expeditiously for those most in need. Mixed use projects with multiple funding sources can be brought online later.</p>