

New River Valley Housing Partnership  
**MEETING MINUTES**  
January 15, 2015

The New River Valley Housing Partnership met January 15, 2015 at 10 AM at the administrative offices of the Women's Resource Center in Radford, VA.

**Members in Attendance:**

<b>MEMBER</b>	<b>Organization</b>
Pat Brown	Women's Resource Center
Carol Johnson	NR Family shelter/TOH
Angie Roberts-Dobbins	Community Housing Partners
Lori Trail	NRVCS
Aline Brinkman	Project Hope
Katie Polidoro	Women's Resource Center
Vicky Collins	Radford DSS
Glenda Vest	NRCA
Bethany Panek	Women's Resource Center

**Agenda:**

- 1) Greetings/Introductions
- 2) Minutes from the November meeting were reviewed and needed a grammatical correction but otherwise approved as written.
  
- 3) 2015 Point in Time Count: Terry Smusz
  - January 28, 2015
  - See report attached
  
- 4) Other Business:
  - Carol Johnson was interested in update on Clayton Estates in Blacksburg. Angie agreed to talk with Janaka Casper about updates. Who is developer? What is going on? Angie will report back in February meeting.
  - Aaron Shoemaker from DHCD is the grant monitor and agreed to a pre-audit sit-down.
    - WRC as the lead applicant has to certify match to the grant. Pat asks how agencies may present their certification of match.
  - On-goings at DHCD
    - DHCD wants to be better positioned to compete for HUD funds
    - BOS operating as CoC to be more competitive

- SPDAT seems to be a diversion tool to determine if client needs shelter or Rapid Rehousing.
- Pushing trainings to eliminate vet homeless population by 2016
- DHCD holding input sessions for ESG SSG and HOPWA

5) There being no further business, the meeting adjourned.

**NEXT MEETING DATE AND TIME**

The next regularly scheduled meeting is February 19, 2015 at 10 AM, the Women's Resource Center's admin offices in Radford.

Minutes Recorded by:  
Angie Roberts-Dobbins

A handwritten signature in black ink, appearing to read "Angie Roberts-Dobbins". The signature is written in a cursive, somewhat stylized font.

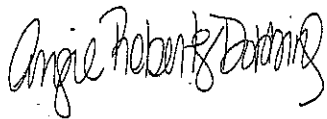
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- Pushing trainings to eliminate vet homeless population by 2016
- DHCD holding input sessions for ESG SSG and HOPWA

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**NEXT MEETING DATE AND TIME**

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Minutes Recorded by:  
Angie Roberts-Dobbins

A handwritten signature in black ink that reads "Angie Roberts-Dobbins". The signature is written in a cursive, flowing style.



New River Valley Housing Partnership  
**MEETING MINUTES**  
March 19, 2015

The New River Valley Housing Partnership met March 19, 2015 at 10 AM at the administrative offices of the Women's Resource Center in Radford, VA.

**Members in Attendance:**

<b>MEMBER</b>	<b>Organization</b>
Pat Brown	Women's Resource Center
Carol Johnson	NR Family shelter/TOH
Angie Roberts-Dobbins	Community Housing Partners
Katie Polidoro	Women's Resource Center
Ann Angert	NRCA
Bethany Panek	Women's Resource Center
Melanie Smith	TOH& Concerned Citizen
Lisa Yost	NRCA

**Agenda:**

- 1) Greetings/Introductions
- 2) February 2015 NRVHP meeting was cancelled due to inclement weather.
- 3) Minutes from the January meeting were reviewed and needed a correction in date but otherwise approved as written.
  
- 4) 2015 Point in Time Count: Terry Smusz
  - Ann Angert reported that the number of unhoused individuals was smaller than last year's numbers.
  - Terry will provide the report at the April Meeting
  
- 5) Other Business:
  - Steering Committee for the Balance of State is deciding on one assessment tool. Much debate about the 2 proposed instruments. HUD has not endorsed either. DHCD says must choose and use one. Steering Committee must vote on one. DHCD is pushing the VI SPDAT (Bethany shared the assessment, attached). DHCD is mandating reporting the housing of vets by the Housing Partnership grantees. DHCD has said they will attend more Housing Partnership meetings and will be doing more long term visits.
  - 10 Year Planning Committee hasn't formally met in a while. Jacob Paysour is working on obtaining a history of service organizations and potentially a logic model of what orgs are doing to serve the homeless population.

- Melanie discussed that the group working with ex-offenders are looking for an apartment to rent. Department of Corrections will pay \$750 which must include utilities.
  - Katie reported that there has not been a service coordination subcommittee for the Balance of State for several months.
  - Katie reported to the group that she will be leaving the WRC to go to work for Va Tech. Best of luck, Katie!
- 6) There being no further business, the meeting adjourned.

**NEXT MEETING DATE AND TIME**

The next regularly scheduled meeting is April 16, 2015 at 10 AM, the Women's Resource Center's admin offices in Radford.

Minutes Recorded by:  
Angie Roberts-Dobbins

A handwritten signature in black ink that reads "Angie Roberts-Dobbins". The signature is written in a cursive, flowing style.

**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

**GENERAL INFORMATION/CONSENT**

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER
Date	Time	Location
In what language do you feel best able to express yourself?		
First Name		Last Name
Nickname		Social Security Number
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO
If 60 years or older, then score 1.		Prescreen Score
<b>PRE-SCREEN GENERAL INFORMATION SUBTOTAL</b>		

**A. HISTORY OF HOUSING & HOMELESSNESS**

QUESTIONS			
	RESPONSE	REFUSED	Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			

**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

**B. RISKS**

**SCRIPT:** I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				RESPONSE	REFUSED	Prescreen Score	
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.							
3. In the past six months, how many times have you been to the emergency department/room?					<input type="checkbox"/>		
4. In the past six months, how many times have you had an interaction with the police?					<input type="checkbox"/>		
5. In the past six months, how many times have you been taken to the hospital in an ambulance?					<input type="checkbox"/>		
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?					<input type="checkbox"/>		
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?					<input type="checkbox"/>		
If YES to questions 8 or 9, then score 1.				<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
8. Have you been attacked or beaten up since becoming homeless?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.				<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN</i> "Shelter" in question 13, then score 1.				<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
11. Does anybody force or trick you to do things that you do not want to do?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)				<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>							





**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

**C. SOCIALIZATION & DAILY FUNCTIONS**

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				

**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

**D. WELLNESS**

**QUESTIONS**

If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
<b>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>				
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Substance Use</b>
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

<b>OBSERVATION ONLY – DO NOT ASK:</b> 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Mental Health</b>
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.</i>				<b>Tri-Morbidity</b>
If YES to question 49, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

**SCORING SUMMARY**

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.  If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.  If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
<b>PRE-SCREEN TOTAL</b>		

**100,000 HOMES**

For 100,000 homeless individuals and families

## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Single Adults

Finally I am going to ask you some questions to help us better understand homelessness and improve housing and support services.

I am going to read a list of causes of homelessness and then I'd like you to tell me which one you'd say is the main reason why you are homeless:	<input type="checkbox"/> Employment or financial reasons <input type="checkbox"/> Housing issues such as having to move out of your home <input type="checkbox"/> Medical or disability problems <input type="checkbox"/> Family problems <input type="checkbox"/> A natural or other type of disaster <input type="checkbox"/> Recent immigration <input type="checkbox"/> Something else: (SPECIFY) _____ <input type="checkbox"/> (REFUSED)
Which of the following best describes the length of time you were staying here prior to becoming homeless:	<input type="checkbox"/> 1 week or less <input type="checkbox"/> More than a week, but less than a month <input type="checkbox"/> Between 1 and 3 months <input type="checkbox"/> More than 3 months, but less than a year <input type="checkbox"/> One or more years <input type="checkbox"/> (REFUSED)
Which of the following best describes your current length of homelessness:	<input type="checkbox"/> 1 week or less <input type="checkbox"/> More than a week, but less than a month <input type="checkbox"/> Between 1 and 3 months <input type="checkbox"/> More than 3 months, but less than a year <input type="checkbox"/> One or more years <input type="checkbox"/> (REFUSED)
Which of the following best describes your race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Which of the following best describes your ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era did you serve in?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____

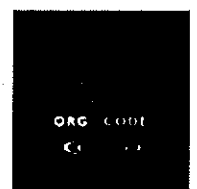
**100,000  
HOMES**

For 100,000 homeless  
individuals and families



**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
 Prescreen for Single Adults

Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused





New River Valley Housing Partnership  
**MEETING MINUTES**  
May 21, 2015

The New River Valley Housing Partnership met May 21, 2015 at 10 AM at the administrative offices of the Women's Resource Center in Radford, VA.

**Members in Attendance:**

<b>MEMBER</b>	<b>Organization</b>
Terry Smusz	New River Community Action
Aline Brinckman	Project Hope
Bethany Panek	Women's Resource Center
Glenda Vest	New River Community Action
Lisa Yost	New River Community Action
Pat Brown	Women's Resource Center
Carol Johnson	NR Family shelter/TOH

**Agenda:**

- 1) Greetings/Introductions
- 2) Review of DHCD Grant Proposal. The renewal documents were uploaded. It is level funding except for NRCA asking for additional Rapid Rehousing funds.
- 3) Funded programs should copy their match reports to Pat for certification
- 4) The July meeting will be cancelled.
- 5) The meeting adjourned around 11:00.

**NEXT MEETING DATE AND TIME**

The next regularly scheduled meeting is June 18, 2015 at 10 AM, the Women's Resource Center's admin offices in Radford.

Minutes Recorded by:

Pat Brown

Assistant note taker

# New River Valley Housing Partnership

## Meeting Minutes

Aug 20, 2015

The New River Valley Housing Partnership met August 20, 2015 at 10AM at the administrative offices of the Women's Resource Center.

MEMBER	ORGANIZATION
Bethany Panek	Women's Resource Center
Mary Beth Pulsifer	Women's Resource Center
Pat Brown	Women's Resource Center
Glenda Vest	New River Community Action
Ann Angert	New River Community Action
Lisa Yost	New River Community Action
Shannon Lowery	New River Community Action
Aline Brinckman	Project HOPE
Wendy E. Schleich	Community Housing Partners
Angie Roberts-Dobbins	Community Housing Partners
Carol Johnson	New River Family Shelter and To Our House

### AGENDA:

1. 10:00 am: Greetings/Introductions
  - o Angie Roberts-Dobbins shared that due to CHP expansion of services she would need to resign. Wendy E. Schleich will represent CHP at future meetings. Angie's resignation was reluctantly received.
  - o Ann Angert was appointed secretary.
  - o The Partnership will move all historical documents from the YAHOO website to <http://www.nrvhousingpartnership.com/>
2. Minutes from the June meeting will be circulated in the September meeting.
3. A COC training in Charlottesville on August 11, 2015 was attended by Pat Brown, Lisa Yost and Ann Angert. Attendees from other Balance of State planning organizations attended. The agenda covered, Fair Housing, the Virginia Coalitions VISTA opportunity, HMIS, and Veteran outreach trainings.
4. DHCD continues its drive to achieve Functional Zero, where those who become homeless are housed within 30 days of the event in the locality with a goal of Functional Zero for the chronically homeless



and veterans. Lisa Yost is reporting for the NRV Housing Partnership on two separate forms regarding this effort to Andriea Ukrop and Aaron Shoemaker.

5. Diversion Tool -The document is to be used to divert persons who are about to become homeless by those agencies in the NRV receiving DHCD . It is to be used prior to the Screening Tool.
  - Lisa Yost shared that the NRCA Housing Counselors have been trained on the use of the tool.
  - Carol Johnson shared the NR Family Shelter has implemented the tool.
  - Bethany Panek shared the WRC emergency shelter is using the tool and the WRC will be training their hotline volunteers and Cornerstone staff.
  
6. Housing Trust Fund Grant
  - Lisa Yost asked the Partnership to support an application by NRCA to support NRCA's reorganization process. The funds would be used in a 10/20 split: \$10,000 to aid in tracking time of NRCA Housing Counselors using the Diversion Tool and Assessments, and \$20,000 for Rapid Re-housing.
  - an Acclamation of support was provided by the Partnership
  
7. 10 year Plan to End Homelessness draft was distributed by Ann Angert. She asked members to review the document and provide comments. She shared that at the 10 Yr. Planning Committee meeting earlier in the month Aline Brinckman suggested adding an objective of Advocating for Supportive services to the Homeless and that transportation should be at the top of the list. The committee will finalize the plan and a work plan will be developed.
  
8. Other Business
  - Bethany Panek shared that the Pembroke Management Inc. will open its waiting lists to applicants for Section 8 housing vouchers. Applicants can apply at [vhda.apply4housing.com](http://vhda.apply4housing.com) on October 2, 2015 from 9 am to 4 pm. Aline Brinckman shared that Montgomery County Technology Department is at 1180 N. Franklin Street, Christiansburg VA, will provide computers for this effort. Programs with potential applicants should arrange for the customers to access this resource.
  - Aline Brinckman shared that Project Hope was asking community organizations to adopt High School Seniors (those without families) providing birthday presents, aid with graduation, assistance applying to college, and continued support through their first year of transition from high school to college. She reminded the group that the Seniors are very independent and are appreciative of assistance. Aline stated last year Project Hope had a case load of 180 families in Montgomery County and estimated that NRV wide there were 400 families who experienced homelessness during the school year.
  - Wendy Schleich shared that Meadowview in Pulaski partnered with the YMCA for a game day to aid students returning to school.
  - Lisa Yost stated NRCA would need a prevention counselor as Jeannie Curtis will be leaving.
  - Shannon Lowery shared Virginia CARES- an outreach to ex-offenders is expanding its services by hiring an employment specialist who will work building relationships with local employers, aid participants in finding jobs and support them in their efforts to remain employed. Virginia CARES serves and person convicted of a misdemeanor or felony in the State of Virginia.

- Carol Johnson shared that To Our House and the United Way of the NRV will have a fundraiser at Sinkland Farms on August 29<sup>th</sup> from 4 pm to 11 pm. Music and food will be available.

9. There being no further business the meeting was adjourned.

The next regularly scheduled meeting is October 15, 2015 at 10:00 am at the Women's Resource Center's administrative offices in Radford.

Minutes Recorded by: Ann Angert

*A. Angert*