



# Blue Ridge Continuum of Care 2019–2021 Strategic Plan

Business Plan Update



Blue Ridge  
Continuum of Care  
*A Place to Call Home*

# Introduction

The Blue Ridge Continuum of Care is the region's local planning group working to end homelessness. The Blue Ridge Interagency Council on Homelessness (BRICH) is the HUD designated decision-making group and oversight board of the Blue Ridge Continuum of Care. This leadership group includes twenty-one members drawn from the general public, local governments, mental health agencies, state and federal programs, nonprofit organizations, businesses, and colleges/universities throughout the Roanoke Region, including a formerly homeless representative. The BRICH serves as the facilitator and coordinator of our community's efforts to prevent, treat, and end homelessness.

As the designated board for the CoC geographic area – the counties of Alleghany, Botetourt, Craig, Roanoke, and the cities of Covington, Roanoke, and Salem – the BRICH ensures that the CoC develops a three-year strategic plan and an annual business plan that provides a road map for improving our service system's performance. The Plan helps ensure that homelessness in our communities is rare, brief, and one-time.

This document was developed through multiple planning sessions by the BRICH and members of the CoC in consultation with the City of Roanoke, the designated CoC collaborative applicant for HUD funding. The Plan sets the overarching goal of becoming a HUD-designated High Performing Community by December 31, 2021. Annual performance targets, with high impact strategies and action items to focus our efforts in fulfilling this goal have been developed. High impact strategies (referred to in this document as System Goals) that have been identified include:

- Enhancing Coordinated Entry
- Improving Our Response to Domestic Violence Victims
- Strengthening Housing-Focused Practices
- Scaling Permanent Housing Interventions
- Evaluating System Performance
- Improving Our Response to Youth Homelessness

## VISION

A community where homelessness is rare, brief and a one-time occurrence.

## MISSION

Work to end the cycle of homelessness in the Blue Ridge CoC through interagency collaboration, effective allocation of resources, increased access to immediate services, and development of new strategies. Using the community's Coordinated Entry System (CES) as a point of contact, we will identify the service and housing needs of people who experience a housing crisis and create solutions needed to ensure that homelessness is rare, brief and a one-time occurrence.

To meet the performance standards associated with the High Performing Community designation by December 31, 2021, our community must:

- 1) Decrease the mean length of homelessness to fewer than 20 days; or reduce the mean length of episodes of homelessness by at least 10 percent from the preceding federal fiscal year.

*And*

- 2) Reduce the percentage of individuals and families returning to homelessness within 2 years to less than 5 percent; or decrease the number of individuals and families returning to homelessness within 2 years by at least 20 percent from the preceding federal fiscal year.

Our community is one of 70 US communities working with the technical assistance provider Community Solutions through the Built for Zero initiative to improve our service system by adopting proven best practices, deploying existing resources more efficiently, and using real-time data to improve performance. The action planning and project execution work being done through the Built for Zero initiative aligns with and builds on the goals and support strategies outlined in this Strategic Plan.

We are one of five communities nationally who are working with the Center for Social Innovation through its Supporting Partnerships for Anti-Racism Communities (SPARC) project to analyze Homeless Management Information System (HMIS) and Coordinated Entry data for potential racial disparities in assessments and housing placements. This data analysis will allow us to identify potential racial biases inherent in our assessment and housing placement process and to make adjustments to our system if disparities are identified.



# 2021 Plan Update

## **COVID-19 Pandemic**

The work of the Blue Ridge Continuum of Care's homeless services system encountered unprecedented challenges in 2020 that continued into 2021. The COVID-19 pandemic created a need for safe space for the community's most vulnerable members to safely distance away from others outside of congregate living environments. Individuals experiencing homelessness who contracted COVID-19 needed isolation space to recover. Homeless neighbors who experienced COVID-19-related symptoms, or had been exposed to others who were sick, needed space to quarantine while awaiting test results. Local hospitals needed to keep beds open and available for those experiencing severe illness, and not used as default isolation space for those experiencing homelessness. These were all challenges faced by the Blue Ridge Continuum of Care in early 2020. Homeless service systems were not designed to solve these issues. No "best practices" existed for keeping unhoused individuals safe from a virus that thrives in congregate environments. Connecting individuals to the ultimate solution, housing, was nearly impossible amid prolonged shutdowns.

Local leaders from the homeless services system engaged with leaders from other systems to devise solutions to these unique challenges. Collaboration with local departments of emergency management, the public health department, and hospital systems led to the creative repurposing of one of the community's emergency shelters, TRUST House, as a COVID isolation facility. Additionally, the Blue Ridge Continuum of Care implemented a non-congregate emergency shelter for high-risk, unsheltered individuals. Total Action for Progress (TAP) provided similar non-congregate shelter services for homeless Veterans.

Referrals to the isolation and non-congregate shelter programs were coordinated through the City of Roanoke's Central Intake program, providing a streamlined access point for the community's shelters, hospitals, and emergency rooms. Homelessness was verified using the community's Homeless Management Information System. The community's existing systems were adapted to respond to this new challenge.

Though the pandemic caused the community to see an increase in the length of time homeless, the homeless system maintained health and safety standards while caring for these individuals.

# Our High Performing Community Benchmarks

To reach our three year goal of becoming a HUD designated High Performing Community, members of the Blue Ridge Interagency Council on Homelessness and the Blue Ridge Continuum of Care analyzed data from our homeless management information system during strategic planning sessions to determine where we are currently and set benchmarks for each of the next three years as follows:

## Benchmarks by Year to Become a High Performing Community

	2019 Goal	2019 Actual	2020 Goal	2020 Actual	2021 Goal	2021 Year-to-Date
<b>Length of time persons remain homeless</b>	29 days	56 days	25 days	102 days	20 days	94 days
<b>Extent persons who exit homelessness return to homelessness</b>	11%	23.1%	8%	25.9%	5%	27%
<b>Number of homeless persons</b>	301	319	286	273	272	250
<b>Employment and income growth for homeless persons in CoC projects</b>	70%	58.8%	75%	20%	80%	40%
<b>Number of persons who become homeless for the first time</b>	1,505	398	1,430	166	1,359	371
<b>Placement from street outreach and retention of permanent housing</b>	20%	13.1%	23%	20.5%	21%	28%



# The Crisis Response System

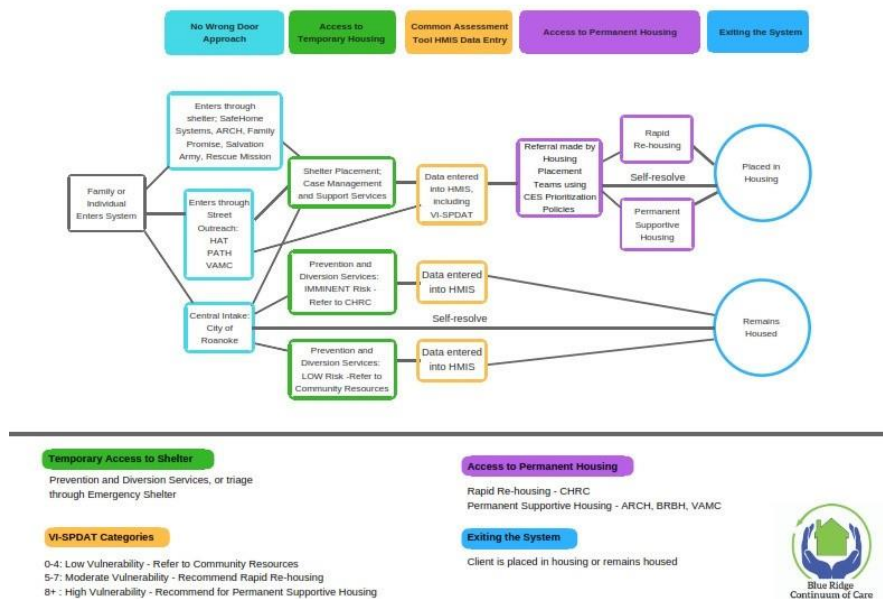
The Blue Ridge Continuum of Care and its governance body, the Blue Ridge Interagency Council on Homelessness, in alignment with the U.S. Department of Housing and Urban Development, Virginia Department of Housing and Community Development and local priorities, planned and in 2017 implemented a community wide **Crisis Response System** to make homelessness in our region rare, brief and a one-time occurrence.

Our homeless crisis response system responds to the immediacy and urgency of homelessness and is intended to ensure everyone has a safe and appropriate place to live. Our system facilitates access to all resources designated for homeless individuals and families. It identifies and assesses needs in a transparent and consistent way, and refers clients to the most appropriate service strategy or housing intervention. Our crisis response system is designed to ensure that our limited resources are allocated to achieve the most effective results. It combines centralized intake with multiple community based access points.

All access points utilize a common assessment tool and methodology thus creating a No Wrong Door approach that functions as a community-wide coordinated entry system for everyone who is experiencing or at risk of becoming homeless. The system ensures that people experiencing homelessness have equitable, coordinated and timely access to housing resources in a person-centered approach that preserves choice and dignity.

Our homeless crisis response system prioritizes providing people with housing first and then offers additional supports and voluntary services as needed. This evidence based, national best practice approach yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.

Blue Ridge Continuum of Care Homeless Services Flow Chart



## Guiding Principles

**The Crisis Response System throughout our geographic area is governed by the following guiding principles:**

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- **Prioritization of the Most Vulnerable People.** Our limited resources are directed first to individuals and families who are the most vulnerable and in need of assistance.
- **Low-barrier.** The CES process does not screen out people for assistance because of perceived barriers to housing or services. Barriers could include, but are not limited to, conditions such as income or drug addiction set as eligibility requirements.
- **Housing First Orientation.** The process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered.** Every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Participants should be made aware of their options and offered choice whenever possible.
- **Standardized Access and Assessment.** All people in the Blue Ridge can easily access the system and are assessed using a universal assessment tool, either the Vulnerability Index Service Prioritization Decision Assistance Tool for individuals (VI- SPDAT) or the family version of the assessment, the F-VI-SPDAT.
- **Inclusive.** Through its No Wrong Door Approach, the coordinated entry process for the Blue Ridge CoC includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, survivors of domestic violence, and persons with mental illness, LGBTQ persons, and disabled persons.
- **Informed by Local Planning.** The Blue Ridge Continuum of Care and its governing body, the Blue Ridge Interagency Advisory Council on Homelessness, engage in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually.





## System Goals for the Next Three Years

There are six primary goals in our work supporting our community Crisis Response System. Each goal contains strategies, actions, timelines and accountability links to parts of the system.

### Goal 1

**Enhanced Coordinated Entry** that prioritizes vulnerable households; right sizes assistance with need; incorporates diversion practices and has links to effective outreach.

### Goal 2

**Improved Response to Domestic Violence** through effective partnerships with domestic violence shelters and providers.

### Goal 3

**Strengthened Housing –Focused Practices** through housing focused case management; policies and procedures to promote housing stability and housing navigation

### Goal 4

**Scale Permanent Housing Interventions** through recruitment of private landlords, leveraging mainstream housing and services; reallocating resources to effective practices and building rapid re-housing capacity

### Goal 5

**Performance Evaluation** that uses Homeless Management Information System data analysis to reallocate resources based on performance of component parts of the system

### Goal 6

**Improve Response to Youth Homelessness** through coordination of youth serving organizations and development of tools targeted to youth



# Progress on the Strategic Plan

With three year goals and yearly performance benchmarks in place, members of the Blue Ridge Interagency Council on Homelessness and Blue Ridge Continuum of Care developed the following strategies and actions to achieve each of the above stated goals.

## Goal One: ENHANCED COORDINATED ENTRY

### Strategies to Fulfill Goal:

- 1.1 Prioritize Vulnerable Households
- 1.2 Right-size Assistance
- 1.3 Incorporate Diversion Practices
- 1.4 Link to Effective Outreach and In-reach

### Actions in Support of Strategies

### Progress

Invite additional community partners to increase SOAR/SSI applications	One additional SOAR-certified staff person added at CCS; new recruitment/certification efforts underway
Create an interactive website or mobile application for Coordinated Entry	Online forms for general housing/homelessness assistance added to website
Implement new By-Name List (BNL) HMIS report to better capture all individuals entering our system based on HMIS enrollments	Complete
Implement diversion strategies through frontline staff and all shelters (strategy ex: flexible dollars for motels, family pay, etc.)	
Expand shelter bed placements through Central Intake to better centralise diversion practices	
Enhance existing outreach strategy by making services more accessible to clients by conducting field intakes (e.g.: streets, day centers, etc.)	New HMIS platform will allow for on-site intakes
Engage employment services to participate in community partnerships (strengthen current partnerships with employment services)	Engaged with employment services to provide information about CoC and services at quarterly presentations; Implemented streamlined referral process to a single point of contact at the Virginia Career Works Center.



Develop partnerships with BRICH, Carilion, Bradley Free Clinic, and Mental Health America to line mental health services (incorporate staff at BNL meetings)	Partnership with Bradley Free Clinic allowed COVID hotel shelter participants to obtain mental health services; Rescue Mission outreach providing mental health services to clients in the field through the Fralin Clinic staff; Rescue Mission Fralin Clinic staff participating in unsheltered BNL case conferencing meetings.
Implement rental assistance/prevention portal on CoC website	Complete
Implement prioritization policy and coordinate referral process for Emergency Housing Vouchers	Complete
Update Coordinated Entry policies to include Emergency Housing Voucher policies/process	In-progress

## Goal Two: IMPROVE RESPONSE TO DOMESTIC VIOLENCE

### Strategies to Fulfill Goal:

#### 2.1 Partner with Domestic Violence Shelters and Providers

Actions in Support of Strategies	Progress
HMIS work with domestic violence service providers and the Roanoke Valley Violence Prevention Council	In-progress
Redefine domestic violence to include intimate partner and family violence (community-wide) to increase identification	Complete
Connect domestic violence victims with wraparound services	In-progress
Improve first responder and law enforcement response to domestic violence	In-progress
Community-wide definition of “imminent danger” for DV placement (Turning Point)	Complete?
Individuals/families who become homeless due to DV receive housing and ongoing funds to assist in maintaining housing, 6-24 months	Implementation of a transitional housing program for individuals fleeing domestic violence by TAP DVS.

## Goal Three: STRENGTHEN HOUSING-FOCUSED PRACTICES

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### Strategies to Fulfill Goal:

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#### 3.1 Housing Focused Case Management

#### 3.2 Policies and Procedures to Promote Housing Stability

#### 3.3 Housing Navigation

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Actions in Support of Strategies	Progress
Create and implement a continuous community-wide person-centered treatment plan for housing that identifies risk, needs, and barriers	Complete
Increase communication with landlords about the benefits and barriers of housing the most vulnerable	
Educate community about the housing first model through a series of quarterly presentations and neighborhood meetings	Presentations for neighborhood groups, employment partners, and others completed
Expand marketing of homeless services and annual homelessness conference	Creation of CoC partners Facebook group and page; Increased social media posts
Work with City of Roanoke officials to present the annual Point-in-Time report and most recent business plan	Winter 2019, 2020, and 2021, and Summer 2019 and 2021 Point-in Time reports shared with City officials
Provide a series of workshops for case managers to increase utilization of best practices	HELPS group combined with Roanoke Area Emergency Service Providers group to offer shared networking and training monthly
CoC leadership to attend two best practice trainings to ensure local system aligns with nationally recognized best practices	Virtual conferences attended during COVID

## Goal Four: SCALE PERMANENT HOUSING INTERVENTIONS

### Strategies to Fulfill Goal:

- 4.1 Recruit Private Landlords
- 4.2 Leverage Mainstream Housing and Services
- 4.3 Reallocation Resources
- 4.4 Build Rapid Re-Housing Capacity

Actions in Support of Strategies	Progress
A bi-annual update of shared database of landlords	In-progress
Onboard additional organizations to increase CoC participation to strengthen CoC partnerships and leveraging of resources	Updated onboarding in process
Partner with Drop-In Center to determine ways to utilize harm reduction funding for homeless clients	Began discussion with Drop-In Center
Apply for additional Rapid Re-Housing funding through the State Housing Trust Fund	Complete
Work with Roanoke Redevelopment and Housing Authority to institute homeless preference for individuals “moving on” from PSH projects	Complete
Develop community-wide policy for PSH criteria	Complete
Pursue additional donated shared housing opportunities for veterans and chronic homeless	In-progress?
Work with City HUD Community Resources Department to utilize American Rescue Plan funding to meet needs of crisis response system (i.e. affordable housing development, etc.)	In-progress
Increase capacity to provide community-level housing navigation and permanent housing stability case management services	In-progress; CCS to hire two new Housing Navigator positions
Develop coordinated referral process with Roanoke Redevelopment and Housing Authority for homeless preference Housing Choice Vouchers or mainstream voucher access	Complete
Develop prioritization policy and coordinated referral process for Emergency Housing Voucher implementation	Complete
Expand Rapid Re-Housing Resources through Community Housing Resource Center (Virginia Housing Trust Fund)	Complete; will allow case manager supervisor position
Expand prevention/rental assistance resources	Complete; on website

## Goal Five: PERFORMANCE EVALUATION

### Strategies to Fulfill Goal:

**5.1 Utilize HMIS data to develop system performance policies and procedures**

**5.2 Increase organizations participating in HMIS**

**5.3 Use HMIS data analysis to reallocate resources based on performance**

Actions in Support of Strategies	Progress
Collect data to report return on investment on prevention/housing to monthly BRICH meetings	
Redefine “other” destination reporting choice for better predictive power	
Plan and conduct annual Point-in-Time (PIT) count and collection of Housing Inventory Count (HIC) data. Review publications and guidance prior to completion of the counts, update forms, and collect data from service providers. Include improves categorization of reasons for homelessness.	Complete: Winter and Summer 2019 Winter 2020 Winter and Summer 2021
Conduct annual focus group meeting to assess the performance of the crisis response system and to identify needed enhancements	In-progress
Conduct and annual monitoring review for CoC and ESG-funded projects to include agency site visits, random case file review, and analysis of overall project performance	In-progress; on-hold due to COVID
Collect monthly information from HUD and ESG-funded agencies to include data quality, timely HUD APR submissions, and timely spending of project funds	Ongoing; complete
Work with CoC Lead to incorporate outcome data into the project ranking process	Ongoing; complete
Implement HUD-VASH data entry in HMIS	Complete
Implement RAM House data entry in HMIS	Complete
Participate in SPARC (Supporting Partnership and Anti-Racism Committee) Initiative with the Center for Social Innovation to identify potential racial disparities in our local CES	Complete; Updated intake survey will be in new HMIS platform
Report monthly progress on achieving performance benchmarks to BRICH and CoC	Ongoing
Agencies added to HMIS (TAP Youth, VA Harm Reduction Center)	Complete

## Goal Six: IMPROVE RESPONSE TO YOUTH HOMELESSNESS

### Strategies to Fulfill Goal:

**6.1 Facilitate coordination of youth serving organizations**

**6.2 Develop tools and materials targeted to youth**

Actions in Support of Strategies	Progress
Define youth in its varying subsets: unaccompanied, 18-24 year old, in school under age 18, youth head of household	Complete
Explore implementation of youth-specific VI-SPDAT (or lower threshold of VI-SPDAT score for youth to receive services) and develop youth specific guidelines for services	Community chose not to implement
Youth-specific Specialists and Community-based Outreach Workers hired at New Day Center	New Day Center not in operation; researching alternatives
Identify youth services providers and create a youth focused taskforce to include youth input	Ongoing
Streamlined access to community-based job placement and educational resources through collaborative partnerships and mentors	Ongoing
Conduct analysis of HMIS youth data	
Conduct youth-specific needs assessment to determine service needs of local homeless youth	
Pursue funding for new youth-specific housing resources	
Integrate Youth Action Board into CoC structure for feedback and service design in all CoC activities addressing youth homelessness	

## How This Plan Was Developed

Over a two month period, the Council of Community Services facilitated a series of strategic planning sessions for the Blue Ridge Continuum of Care (BRCoC), the region's local planning group working to end homelessness and the Blue Ridge Interagency Council on Homelessness (BRICH), the HUD designated decision-making group and oversight board of the Blue Ridge Continuum of Care. The BRICH consists of twenty-one members drawn from the general public, local governments, mental health agencies, state and federal programs, nonprofit organizations, businesses, and colleges/universities throughout the Roanoke Region, including a formerly homeless representative. The BRCoC is composed of agencies and organizations that provide services to the homeless population in the region.

This document was developed as a result of the multiple planning sessions by the BRICH and members of the BRCoC in consultation with the City of Roanoke, the designated CoC collaborative applicant for HUD funding. The plan was refined and written by a designated committee of the BRCoC. Layout and design of the plan was completed by the Council of Community Services, the lead planning agency for the Continuum of Care.

Update provided by CoC Lead and CoC Planning Agency.

## Additional Local Resources

[Blue Ridge Interagency Council on Homelessness webpage](#)

[Blue Ridge Continuum of Care website](#)

[Blue Ridge Continuum of Care Facebook page](#)



# Blue Ridge Continuum of Care 2019 – 2021 Strategic Plan

Business Plan Update

August 2021

[www.endhomelessnessblueridge.org](http://www.endhomelessnessblueridge.org)

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