

2022 - 2025 **Strategic Plan**

Blue Ridge Continuum of Care



Facilitated and Prepared by:
Council of Community Services
July 2022

Introduction

The Blue Ridge Continuum of Care is the region's local planning group working to end homelessness. The lead entity for the Blue Ridge Continuum of Care planning process is the Blue Ridge Interagency Council on Homelessness (BRICH). This leadership group includes twenty-one members, drawn from the general public, seven local governments, mental health programs, state and federal programs, nonprofit organizations, businesses, and colleges/universities throughout the Roanoke region, including a formerly homeless person. The BRICH serves as the facilitator and coordinator of our community's efforts to prevent, treat, and end homelessness. The BRICH ensures the planning, coordination, and implementation of an effective and efficient system-wide response to homelessness within the Roanoke region; promotes community-wide planning and commitment to the goal of ending homelessness; coordinates funding for efforts to rapidly rehouse homeless individuals and families; promotes access to and strategic use mainstream resources; optimizes self-sufficiency among persons experiencing homelessness, and analyzes community performance by data collection and measurement. BRICH oversees and coordinates the delivery of prevention and homeless services and the implementation of the strategic plan.

Though the Blue Ridge Continuum of Care has worked tirelessly to reduce homelessness over the last three years, homelessness remains an issue faced by many in the region. Our neighbors need safe, affordable housing. While we share in our celebrations for those who have become stably housed, we are a community that is committed to making a greater impact.

To make homelessness rare, brief, and nonrecurring, we need to provide people with what they need to gain housing stability quickly. This responsibility falls on local governments, nonprofit service providers, community members, and funders. There is a strong need to implement more effective, efficient programming to allow access to needed services.

The Blue Ridge Continuum of Care is committed to improving our service system by continuing to adopt and implement proven best practices, utilizing existing resources efficiently, and using data to improve our system's performance. The work is accomplished through the Built for Zero Initiative aligns with and builds on the goals and strategies outlined in this strategic plan.

Locally, we must work to prioritize those who are most vulnerable in our community while working with others at the local, state, and national levels to address the root causes of homelessness. Key to the success of the goal to end homelessness is the involvement of elected officials, residents, businesses, and the faith community.

This 2022 – 2025 strategic plan is community-wide and driven by an inclusive, growing Continuum of Care that will provide leadership in its implementation. The plan was developed using a collaborative, consensus-driven facilitation method resulting in over-arching goals, strategies, and actions tailored to the varied needs of all people, including veterans, youth, families, single adults, and the chronically homeless.

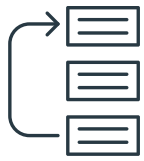
Vision

The Blue Ridge Interagency Council on Homelessness envisions all persons and families in the Cities of Covington, Roanoke, and Salem, and the Counties of Alleghany, Botetourt, Craig, and Roanoke to have a permanent, safe, decent, and affordable place to call home.



Guiding Principles

Our goals, strategies, and actions provide us with a framework. The following principles provide a foundation for our collective action over the next three years.



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 participates in their own housing plan. Participants should be made aware of their options and offered choices 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.



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, 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.

Who We Are

The System Map, located in the appendices, highlights the Blue Ridge Continuum of Care's housing and service provider's commitment to coordinate efforts and pool resources across the region. The HEARTH Act of 2009 transitioned communities away from the housing-ready model to a more housing-focused approach to homeless response. Housing First principles center on the following ideas:

- Homelessness is not a lifestyle – it is an emergency;
- Homelessness is first and foremost a housing crisis and should be treated as such;
- Housing is a right to which all are entitled;
- People experiencing homelessness should be returned and stabilized in permanent housing as quickly as possible – no matter the circumstances;
- Programs should not screen out based on substance use, mental health, or similar issues. These issues and others that contribute to homelessness are best addressed once the individual/family is housed.

Permanent Housing Interventions

In the Blue Ridge Continuum of Care, service providers have agreed to the Housing First principles and have implemented rapid rehousing (RRH) programs and permanent supportive housing (PSH). The RRH model provides financial assistance for move-in, short-term rental assistance, and case management services to help homeless households find rental housing and stabilize in their new homes.

Permanent Supportive Housing also provides rental assistance and case management for the most vulnerable, chronically homeless individuals. This assistance is not limited in time, and high-need consumers can remain in PSH units permanently if they choose. These two programs and emergency shelter complete a set of housing and service options to address housing instability for consumers of all backgrounds.

Community Coordination and System Development

The Blue Ridge Continuum of Care recognizes the importance of community collaboration and system development. The Crisis Response System map (Appendix C) shows how all programs are linked to providing immediate coordinated access to services, assessing for barriers to housing, and referral to services. The system is constructed to facilitate quick and effective access to permanent housing and supportive services in an effort to make homelessness rare, brief, and nonrecurring.

Coordinated Homeless Intake and Access

In the last several years, the BRCoC has made improvements to the coordinated homeless intake and access system, or coordinated entry. The CoC has implemented the By-Name case conferencing process for unsheltered individuals in the community. A multi-agency committee meets every other week to set housing plans with action-oriented next steps for each individual on the list. Individuals are case-connected to employment resources, rapid re-housing services, permanent supportive housing openings, and prioritized housing vouchers.

Data

The occurrence of homelessness is measured through two primary mechanisms, both required by HUD for all Continua of Care. The Homelessness Information Management System (HMIS) collects data on the needs of consenting individuals seeking homeless services and measures their progress towards stable housing and other outcomes. The BRCoC has designated the Council of Community Services to administer the local HMIS. The Point-in-Time (PIT) Count also provides counts of sheltered and unsheltered people experiencing homelessness on a single night. These counts are conducted twice a year, once in the winter and once in the summer. The BRCoC has established a PIT Committee that leads the planning, implementation, and presentation of data from the counts.

System Metrics

The Blue Ridge Interagency Council on Homelessness set the following HUD system metrics to monitor the BRCoC's performance throughout this plan:

- Length of time persons remain homeless
- Extent persons who exit homelessness return to homelessness
- Number of homeless persons
- Employment and income growth for homeless persons in CoC projects
- Number of persons who become homeless for the first time
- Placement from street outreach and retention of permanent housing

This data will be obtained from the HMIS platform quarterly and presented to the BRICH for monitoring purposes.

Community Engagement Summary

In the fall of 2021, the Blue Ridge Interagency Council of Homelessness (BRICH), made the decision to pursue strategic planning facilitated by the Council of Community Services. The implementation of a City of Roanoke ordinance in January 2022 to address homeless individuals sleeping on sidewalks sparked significant community interest in the issue. BRICH worked with the Council of Community Services to create a plan to engage internal and external partners.

Two surveys were administered throughout January and February 2022 – one for internal partners and one for external partners. The surveys were made available to stakeholders online and shared through BRICH and Continuum of Care (CoC) partners, as well as other community partners, including the United Way, the Roanoke Valley Collective Response, and local Chambers of Commerce. The survey links were open for six weeks and garnered a total of seventy-two responses.

In March of 2022, Council of Community Services staff facilitated a total of three focus groups to solicit feedback from individuals currently experiencing homelessness in the Roanoke Valley.

Common themes from these two groups included:

- Affordable housing options
- Transparency and Communication
- Funding for services
- Safe and supportive services

Additionally, three focus groups comprised of consumers were conducted at the RAM House day shelter and the Rescue Mission. Altogether, 33 individuals participated in the focus groups.

Common themes from these conversations included:

- There is a general lack of the following services:
 - Day shelters
 - Available restrooms during the hours the Rescue Mission is closed
 - Lockers to store personal belongings
 - Transportation to day shelters, training programs, etc.
- There is a strong sense of poor communication between service providers and clients
- Individuals experiencing homelessness want to feel safe and secure and also part of the community
- Mental health and substance use services are needed
- Many individuals need assistance obtaining identification to access services

The Community Engagement Report is included with this document.

Strategic Goals and Outcomes

Community Engagement

To build community awareness and support for our homeless response system

- Increase community awareness of the homeless response system, its purpose, and services
- Expand collaboration to increase access to affordable housing for persons at-risk of or experiencing homelessness
- Expand CoC membership
- Educate the local community on the homeless response system and its resources
- Collaborate with community and faith-based organizations to end homelessness
- Update BRICH governance charter, committees, and membership

Coordinated System

To enhance the existing homeless response system to ensure a streamlined process for accessing services and housing supports to reduce duplication and gaps in services

- Ensure Coordinated Entry is functional, meets standards, and service providers are educated about its purpose and how it operates
- Increase access to shelter
- Improve the quality of homeless services by incorporating ongoing client feedback into the coordination and provision of services
- Expand communication coordination between homeless response providers and community partners
- Increase knowledge of prevention and diversion strategies with homeless response staff

Data & Performance

To use data to guide decision-making, create performance benchmarks, and align resources and services with successful outcomes and proven strategies

- Use data to frame the narrative
- Establish a year-long PIT Committee
- Assess the performance of all programs and the overall system
- Improve data quality

Housing Stability

To increase housing stability for low-to-moderate income households that are homeless or at risk of becoming homeless

- Reduce evictions to prevent homelessness and returns to homelessness
- Increase housing-focused case management offered by all providers
- Increase access to affordable housing
- Increase consumer enrollment in mainstream benefits and workforce development opportunities

Appendices

Strategic Goal Area Action Plans

Blue Ridge Continuum of Care System Map

Community Engagement Report

CoC Committees

Community Engagement:

(updated June 2023)

To build community awareness and support for our homeless response system.

Outcomes:

1. Increase community awareness of the homeless response system, its purpose and services
2. Expand collaboration to increase access to affordable housing for persons at-risk of or experiencing homelessness (landlord network, churches, local government, business community, developers)
3. Expand CoC membership (encourage more general community, other service providers, other sectors)
4. Educate local community on the homeless response system and its resources
5. Collaborate with community and faith-based organizations to end homelessness

Action Steps	Person Responsible	Completion Date	Status
Determine audiences for messaging	Amanda/Alison/Marie	05/15/2023	Complete
Craft messages about CoC work for identified audiences	Amanda/Alison	06/30/2023	In progress
Develop "recruitment" materials to increase CoC membership	Matt/Marie/Alison	06/30/2023	
Create community presentation that members can use to educate	Amanda	06/30/2023	In progress
Develop dedicated page on HandsOn Blue Ridge for CoC volunteer opportunities	Alison	06/30/2023	In progress
Facts and Myths materials	Alison	02/28/2023	Complete
Develop "Calls to Action" as part of messaging campaigns for targeted audiences	Amanda/Alison	06/30/2023	Complete
Identify media partner for year-long campaign around Facts and Myths	Amanda/Alison	06/30/2023	

Coordinated System:

(updated June 2023)

To enhance the existing homeless response system to ensure a streamlined process for accessing services and housing supports to reduce duplication and gaps in services

Outcomes:

1. Ensure Coordinated Entry is functional, meets standards, and service providers are educated about its purpose and how it operates
2. Increase access to shelter
3. Improve the quality of homeless services
 - a. Ongoing client input
4. Expand communication coordination between homeless response providers and community partners
5. Increase knowledge of prevention and diversion strategies with homeless response staff

Action Steps	Person Responsible	Completion Date	Status
Identify hospital social worker and law enforcement to be part of the CE process	CE Workgroup	06/30/2023	
Determine current availability of access at current CE sites (hours, populations)	Matt	12/31/2022	Complete
Establish agreement with 211 Virginia to take after-hours/weekend/holiday and rural calls to refer and/or “pre-triage”	Matt/Alison	06/30/2023	
Identify and obtain funding vouchers for crisis rooms, especially in rural areas (transportation agreement with law enforcement?)	Matt/CE Workgroup	06/30/2023	
Understand and promote DV program eligibility and services	Matt	12/31/2022	Complete
Ensure equity of services (specifically for transgender and male clients)	CE Workgroup	Ongoing	
Identify barriers to access and develop strategies to address existing barriers	CE Workgroup	Ongoing	
Identify and address confidentiality issues	CE Workgroup /Brian/Ben	Ongoing	
Evaluate the timeline of shelter enrollment	Ben/Matt/CE Workgroup	Ongoing	

Understand transitional housing specific to DV (TAP)	CE Workgroup	06/30/2023	
Provide trauma-informed process training opportunities for (DV and non-DV) providers	CE Workgroup	06/30/2023	
Add DV processes to initial intake for all agencies and referral process	CE Workgroup/Ben	06/30/2023	In progress
Understand DV hotel network and how to refer clients into that network	Matt/CE Workgroup	06/30/2023	
Formalize TAP as the access and/or referral point for clients in the Alleghany County/Covington area	Matt	06/30/2023	
Determine if SafeHomes can/will serve as access point for DV population in Alleghany/Covington	Matt	06/30/2023	
Determine if Craig County DSS can/will serve as referral/access point for clients in Craig County	Matt	06/30/2023	
Identify if 211 (or other hotline) can serve as access point for rural areas	Matt/Alison	06/30/2023	
Determine if the Botetourt Resource Center can serve as access point for individuals in northern Botetourt County	Matt/Alison	06/30/2023	
Connect with group establishing emergency shelter in Alleghany County	Matt/Alison	06/30/2023	
Determine access to housing and supportive services in rural communities (TAP staff currently offer transports to the Rescue Mission for individuals in Alleghany/Covington who need emergency shelter.)	CE Workgroup	06/30/2023	
Evaluate capability of HAT and/or Central Intake offering on-site and/or remote assessment services through rural access points	Matt	06/30/2023	
Define CoC-wide grievance process and nondiscrimination policy to share with all CoC agencies/staff	CE Workgroup/Ben/ Matt/Brian	06/30/2023	
Monitor grievance process by soliciting client and agency feedback	CE Workgroup/Ben/ Matt/Brian	Ongoing	
Define language and create script for assessment partners	Ben/Brian	06/30/2023	Complete

Create a resource guide (starting with data in HMIS); update/review quarterly	Matt/Ben/Brian	06/30/2023	
Ensure privacy of client data and ensure clients understands	CE Workgroup/Ben	06/30/2023	Complete
Explore Learning Management System platforms	CE Workgroup	06/30/2023	
Create curriculum for training	CE Workgroup/ Brian/Ben	06/30/2023	Complete
Establish who will provide training, track and maintain training information	CE Workgroup	06/30/2023	Complete
Create overview trainings for CoC, HMIS, CES	CE Workgroup	06/30/2023	Complete
Define tiers of training need based on user roles (generalized vs. specialized)	CE Workgroup/ Ben/Brian	06/30/2023	Complete
Decide what additional information to collect during assessment (health, other services received/needed, etc)	CE Workgroup	06/30/2023	Complete
Evaluate VI-SPDAT and possibly design our own tool - research other communities	CE Workgroup	06/30/2023	Complete
Develop new, localized assessment to better measure vulnerability to replace the VI-SPDAT	CE Workgroup	06/30/2023	Complete
Develop new HMIS workflow to include CES project enrollment, assessment and referrals to prioritize resources and ensure HUD CES APR requirements are met.	CE Workgroup	06/30/2023	
Identify and train pilot access points on new CES assessment and HMIS workflow.	CE Workgroup	06/30/2023	Complete
Identify data points and reports needed for ongoing CES operations and monitoring/evaluation	Matt/CE Workgroup	06/30/2023	Complete

Create custom reports for ongoing operations and monitoring/evaluation	Ben/Brian/CE Workgroup	06/30/2023	
Implement CES workflow for prevention resources	CE Workgroup	06/30/2023	

Data & Performance: (Rename or Establish separate HMIS Steering/Governance Committee?)

(Updated June 2023)

To use data to guide decision-making, create performance benchmarks, and align resources and services with successful outcomes and proven strategies

Outcomes:

1. Use data to frame the narrative
 - a. PIT – planning and reporting, year-long
 - i. Establish year-long PIT Committee
2. Update project-level and system-level performance measures (?)
3. Assess the performance of all programs and the overall system
4. Improve data quality
5. *Establish HMIS Governance Committee*

Action Steps	Person Responsible	Completion Date	Status
Set goal areas for the committee and prioritize where to start.	Steering Committee	August 26, 2022	Done
Re-engage CoC Data Quality performance, evaluation, and training system.	Brian/Ben	April 5, 2023	Done
Address HMIS Capacity Issues – engaged agencies, automating tasks, finding additional funding.	Steering Committee	Ongoing	In process
Review and update HMIS Policy and Procedures – bring up to date with HUD data standards and Clarity HMIS system.	Brian/Hope	Ongoing	In process
Create more comprehensive HMIS page at endhomelessnessblueridge.org with access to forms and documentation that will support new and updated policies.	Brian/Hope/Ben	Ongoing	In process
PIT Planning and Reporting – Establish year-round PIT Committee. Start event planning earlier.	Steering Committee/Matt C.	Ongoing	In process
Review our Community Outcomes Report – Add standards for SO? More standards for RRH, PSH, Prevention than just housing outcomes? Etc.	Steering Committee	Ongoing	In process

Get a Community Outcomes Dashboard up and running and connected to BRCOC website.	Steering Committee	Ongoing	In process
Review HMIS funding opportunities.	Steering Committee	Ongoing	In process
Establish policy for new agency approval.	Steering Committee	Ongoing	In process
Review Release of Information policy and forms to update for new CE process.	Ben/Steering Committee	Ongoing	In process



BLUE RIDGE CONTINUUM OF CARE

ACCESS POINTS

for households facing a housing crisis

Coordinated Entry

(business hours)

City of Roanoke

Centralized Intake

(evenings & weekends)

2-1-1 Virginia

Council of Community Services

DV Hotline

(24/7)

TAP

DV Services

Homeless Outreach

Homeless Assistance Team

(HAT)

City of Roanoke

Homeless Prevention & Diversion

for households not already homeless or with other resources

Household retains housing or locates new housing (does not need shelter)

Emergency & Domestic Violence Shelter

for households already homeless or DV Victims

Household retains housing or locates new housing (does not need shelter)

Households with children, youth, & veterans

Unsheltered

for households unable to go to shelter

Chronically homeless households

Community-Based Housing

(Private rental housing, living with family, subsidized housing, etc.)

Rapid Re-Housing


(Short-term rental assistance and case management)

Supportive Housing

(Long-term rental assistance and case management)

The Blue Ridge Continuum of Care is committed to ending homelessness by coordinating and supporting agencies within the Cities of Roanoke, Salem, and Covington, and the Counties of Alleghany, Botetourt Craig, and Roanoke.

www.endhomelessnessblueridge.org



Blue Ridge Interagency Council on Homelessness Community Engagement Results

March 2022

PREPARED BY

Council of Community Services

Background

In the fall of 2021, the Blue Ridge Interagency Council of Homelessness (BRICH), made the decision to pursue strategic planning facilitated by the Council of Community Services. The implementation of a City of Roanoke ordinance in January 2022 to address homeless individuals sleeping on sidewalks sparked significant community interest in the issue. BRICH worked with the Council of Community Services to create a plan to engage internal and external partners.

Two surveys were administered throughout January and February 2022 – one for internal partners and one for external partners. The surveys were made available to stakeholders online and shared through BRICH and Continuum of Care (CoC) partners, as well as other community partners, including the United Way, the Roanoke Valley Collective Response, and local Chambers of Commerce. The survey links were kept open for six weeks and garnered a total of seventy-two responses.

In March of 2022, Council of Community Services staff facilitated a total of three focus groups to solicit feedback from individuals currently experiencing homelessness in the Roanoke Valley.

Summary of Survey Data

The internal stakeholder survey, sent to BRICH and CoC partners, received fourteen responses. This number of responses is low compared to the number of internal stakeholders in those groups. The low response rate is indicative of low engagement and knowledge of this system. In contrast, the external stakeholder survey received a total of fifty-eight responses.

Internal Stakeholder Survey Results

A summary of the question responses, highlighting the most frequently occurring themes for each question are below.

What does BRICH/CoC do well today?

- Forum for homelessness service providers (5)
- Point-in-Time count (4)
- Data collection (3)
- Meetings (regular and well attended) (2)
- Leadership around the issue of homelessness (2)
- Prioritize federal funding dollars for City (2)
- Communication, collaboration, advocacy (2)
- Coordinate emergency shelter programs (2)

What can BRICH/CoC do to improve?

- Address known challenges within the homeless response system/Transparency (6)
- Figure out the Coordinated Entry System/Central Intake (5)
- Address ongoing shelter issues - specifically barriers at the Rescue Mission and Turning Point (4)
- Advocacy for affordable housing and shelter funding (4)
- BRICH term limits (3)

- BRICH meetings need to be accessible to ALL in the CoC area - virtual meetings need to happen - this will address some of the attendance issues (3)
- Address the issue of individuals returning to homelessness/system (3)
- Review and remain updated on funded programs (3)
- Invite and encourage people with lived experience of homelessness (3)
- Meetings need to be more robust and address issues rather than updates/reports that could be emailed. (2)
- Add gaps in services to CoC agenda and funnel that information up to BRICH (2)

Where would you like to see BRICH/CoC in the next three to five years?

- Increased transparency (6)
- Emergency shelters operating as low-barrier (6)
- More affordable housing (5)
- Improved coordinated entry system (5)
- Dedicated office for housing at the City (4)
- Diverse, flexible funding (3)
- Effective case management practices in all agencies (3)
- Active subcommittees (3)
- Harm reduction strategies in place with all partners (3)
- Advocacy and publicity(2)
- Following the Housing First model (2)
- Recovery housing (2)
- Transitional housing (2)
- Partnering with businesses (2)

What attributes would help with this vision?

- Openness, Transparency (5)
- More focus on diversity and inclusion (4)
- More conversations about how to make change, less reporting out on programs (4)
- Focus on best practices (4)
- Hold BRICH members accountable for their level of engagement (4)
- Increase landlord relationships (3)
- Invite others to participate in BRICH and CoC - non-partners, funders, community stakeholders (3)
- Ability to demonstrate how homelessness affects us all (2)

What partnerships are important to this vision?

- Community partners - United Way, Carilion, Law enforcement, funders, local leaders, local government representatives, chambers of commerce (7)
- Those organizations that serve the homeless, but don't provide services - Goodwill, healthcare, mental health (5)
- Faith-based community (4)

- People with lived experience (4)
- Landlords/developers (4)
- Youth and LGBTQ+ (3)
- Media (2)

What are the obstacles that may hamper this vision?

- Lack of community buy-in and engagement (5)
- High barriers to services (4)
- Lack of accountability/transparency (4)
- Turnover (3)
- Poor communication (3)
- New vision is needed (3)
- Lack of partner engagement (3)
- No incentive to change (2)
- Lack of centralized services
- NIMBY-ism (2)
- Lack of leadership (2)

What is the motivation to undergo strategic planning?

- Current homeless response system not adequate (6)
- Get back on track with best practices (3)
- Important to success (2)
- A timeline to tackle existing and emerging issues is necessary (2)
- Serving our community effectively and efficiently (2)
- Community is ready and paying attention (2)

Why now?

- Sidewalk ordinance/high-level of visibility and interest (5)
- Effects from COVID evictions, Ramada closing, high rents/utilities (5)
- Landscape has changed (4)
- Issue is only getting worse whether we report on it or not (3)
- Recent monitoring shows concerns about coordinated entry and emergency shelters (2)

What impact does BRICH/CoC hope to achieve by planning?

- Identify gaps and barriers (4)
- Implement measurable solutions and track success (4)
- Engage leadership and partners (4)
- Improve system delivery (4)
- Share vision with community (3)
- Solve affordable housing crisis (2)

What are the consequences of not changing anything?

- Decreased participation and funding (3)
- Alienate people we are working to help (6)
- Lack of growth/ability to meet needs of community (5)
- Decreased participation and funding (3)
- Staff burnout (3)
- Discourage growth from business/industry/tourism (2)

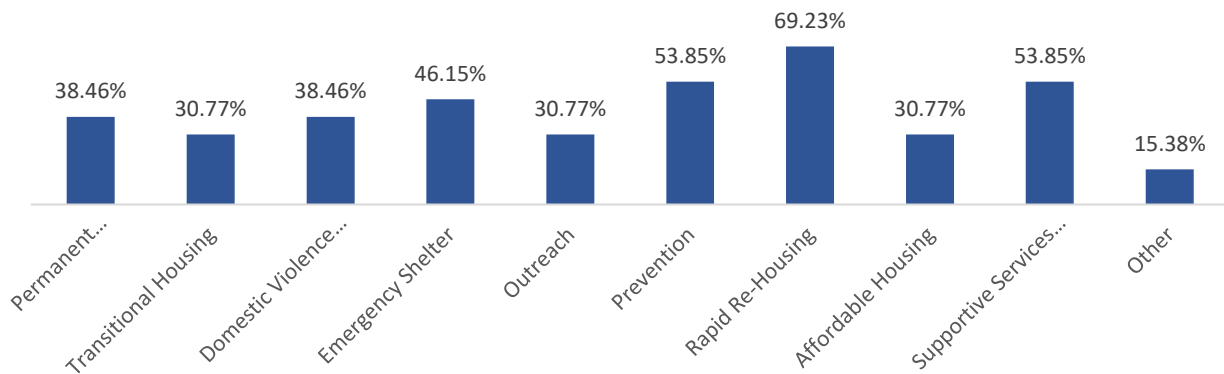
What resources are available to BRICH/CoC?

- Funding/Guidance from funders (4)
- Lived experience (3)
- Data (3)
- Best practices in other communities (3)
- Relationships - partners, city council, funders (3)
- Empty buildings (2)

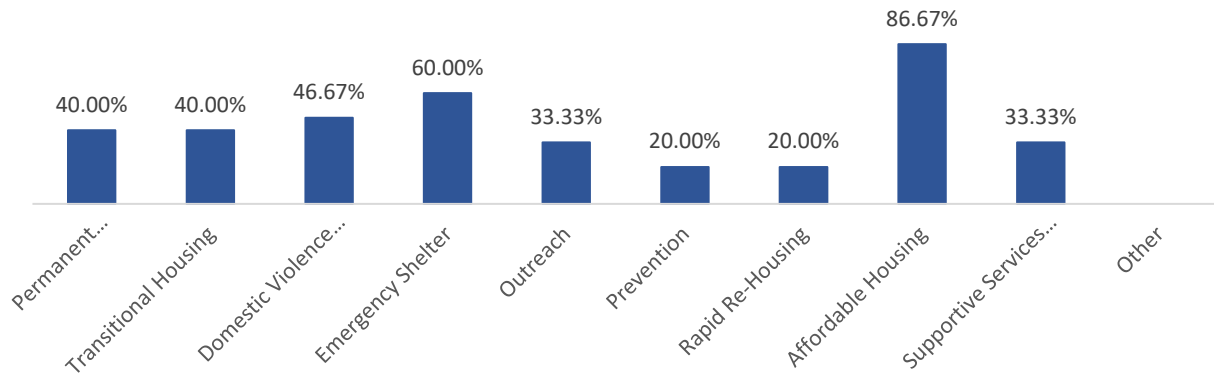
What can be done to avoid a worst-case scenario?

- Proactive/Open to change (5)
- Clarify roles and responsibilities for all/Use meeting time to update on committee work not report outs (4)
- Increase transparency (3)
- Increase communication (3)
- Increase diversity (2)
- Strong plan (2)

Which parts of the existing system serving homeless individuals/families work best?



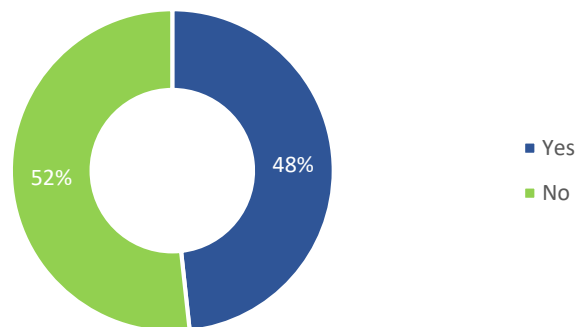
What parts of the existing system serving homeless individuals/families need the most expansion/improvement?



External Stakeholder Survey Results

A summary of the question responses, highlighting the most frequently occurring themes for each question are below.

Are you familiar with the work of the Blue Ridge Interagency Council on Homelessness and/or the Blue Ridge Continuum of Care?



What are the most important issues around homelessness in the Roanoke Valley?

- Affordable housing options (35)
- Mental and physical health and substance abuse (31)
- Supportive services/Connection and access to supportive services (29)
- Safe shelter (24)
- Job training/access to employment opportunities (22)
- Restroom facilities open around the clock, including access to showers (9)
- Day shelter capacity (8)
- Effect on businesses and property (7)

What does success around homelessness look like in the next three to five years?

- Significant increase in affordable housing units (really affordable by this population)/Tiny house villages (36)

- Deeper connections with resources and approaches to mental health/addiction (28)
- Adequate, safe, low-barrier shelter programs (28)
- Improved employment opportunities (20)
- Reduction in homeless overall (19)
- Other localities paying attention and not expecting the City to do all of the work (13)
- Development of a city-run shelter to fairly serve all individuals (17)
- Addressing chronically homeless so they don't repeat the cycle over and over (10)
- Easy entry into the system (8)
- Clearing out of encampments (6)
- Network of reliable landlords (5)
- Addressing chronically homeless so they don't repeat the cycle over and over (10)

What obstacles exist that prevent this success?

- Funding (37)
- Lack of addiction and mental health services (29)
- Lack of trust in homeless service providers (21)
- Religious vs non-religious approach to serving the population (14)
- Attitudes toward homeless (12)
- City needs to admit to the problem (12)
- Bias (11)
- Criminal records/bad credit/lack of income and other barriers to housing (8)
- Competition/turf wars between agencies (6)
- Some people don't want help (3)
- NIMBY-ism (3)
- Information silos/Lack of communication (3)
- Lack of knowledge of how people enter the system (4)

What partnerships/collaborations are important to this issue?

- Support services: harm reduction, education/job training, mental health/addiction services, financial assistance, pantries (27)
- City Council (22)
- Businesses (22)
- Landlords/neighborhood associations (18)
- Funders (local, regional, state) (17)
- Other local governments (16)
- Homeless individuals/individuals who have been homeless in the past (12)

What ideas do you have around improved service delivery?

- Centralized point for service delivery (23)
- Improved community engagement (21)
- City-run shelter (16)

- Outreach to homeless individuals (15)
- More collaboration between service providers (10)
- Advocacy at all levels (8)
- Best practices/model from other cities (8)
- New model of support (7)
- Identify actual gaps that exist (6)
- Improved physical accessibility to services (5)
- A DV shelter that reduces/eliminates barriers (4)

What are the consequences of not changing the response to the issue of homelessness?

- More individuals experiencing homelessness/repeating cycle of homelessness (22)
- Safety concerns/crime (11)
- Increase in encampments (12)
- Downtown vibrancy will fade; tourism and business will decrease (7)
- Escalating animosity between homeless and businesses (6)

What can be done to avoid a worst-case scenario around homelessness in the Roanoke Valley?

- Accessible, affordable, safe housing (29)
- Safe, adequate shelter/City-run shelter (24)
- More/more flexible funding (17)
- Support services that are accessible (14)
- Advocacy and community education (14)
- Stop criminalizing homelessness (13)
- Better communication between agencies, governments, businesses, etc. (13)
- Push from local governments for landlords to accept vouchers (9)
- Education of elected officials (11)
- More collaboration/partnerships (12)
- Push from local governments for landlords to accept vouchers (9)
- Coordinated strategy and funding to address root causes (8)

Summary of Focus Groups

The three focus groups were conducted at the Roanoke Area Ministries (RAM House) Day Shelter and the Rescue Mission. Altogether, 33 individuals participated in the focus groups which lasted approximately one-hour each. Focus group participants were provided with \$15 gift cards for their participation.

Common Themes from Focus Groups

- There is a general lack of the following services:
 - Day shelters
 - Restrooms available during the hours the Rescue Mission is closed
 - Lockers to store personal belongings
 - Transportation to day shelters, training programs, etc.

- There is a strong sense of poor communication between service providers and with clients
- Individuals experiencing homelessness want to feel safe and secure, and also part of the community
- Mental health and substance use services are needed
- Many individuals need assistance obtaining identification to access services

Demographics

33 individual participants

Age:

24 years of age or younger – 2

25 – 60 years of age – 22

Over 60 years of age – 9

Gender:

Male – 22

Female – 11

Trans/Other/Unknown – 0

Race:

Black – 18

White – 14

Asian – 1

Other/Unknown – 0

Ethnicity:

Hispanic – 1

Non-Hispanic – 32

Responses

1. What is the one thing that would have helped you most to prevent your becoming homeless?
 - Affordable housing
 - Supportive people
 - Substance use treatment
 - Transportation/Bus passes
 - Clothing for work
 - Work tools
 - Job training
 - Assisted living wasn't a good fit
 - Financial assistance
 - Affordable housing
 - Employment
 - Education
 - Incarceration/criminal history
 - Identification

- Lack of inspiration
- Physical health
- Mental health
- Substance Use/Alcoholism

2. What is the one thing you need most now to help you get a permanent place to live?

- Supportive people
- A place to be out of the cold until 9PM when the RM cold shelter opens
- A place to be from 5:45AM – 7:30AM (until breakfast is served)
- Jesus
- Storage/lockers
- Housing vouchers/landlords to accept vouchers
- Having disability approved
- Financial assistance
- Transportation
- Affordable housing options
- Employment
- Correct documentation
- Acceptance of criminal history
- Affordability

3. What is the number one service that you think everyone involved in ending homelessness always forgets about when they are developing strategies and programs that supposedly address your needs?

- Some of us are on probation
- We are humans
- It feels like people that are supposed to help go out of their way to make things harder, to hinder people. It is frustrating.
- We have vocational skills.
- Separate services by ages – an 18 year old doesn't have skills, etc. in common with 45, 50, 60 year olds
- Employment/Day labor
- Transportation
- How long it takes to get through the process
- Services don't communicate with each other
- It is hard to navigate automated systems
- Recognition that we are human
- Follow-up
- How long it takes to get help
- The lack of communication between services
- Lack of empathy/connection

4. What resources or services do you need most to help resolve your homelessness and move into permanent housing?

- Job training
- Financial assistance

- Mental health services
- Substance use services
- Fairness/equality in the services provided
- Housing vouchers
- Disability approval
- Payee services/ability to manage own money
- Identification
- Transportation
- Support systems
- Payee services
- Mental health services
- Help with legal status/citizenship
- Availability of appointments
- End of the pandemic
- Training – job training, basic life skills, computer
- Accessibility

5. What current services that are available in the Roanoke Valley do you find most beneficial to resolving your homelessness?

- DSS
- Food stamps
- Bus passes – need more; other cities (Richmond was mentioned) have given passes that last several months
- Identification replacement assistance
- Trolley
- Lockers at The Least of These
- Shelter (Rescue Mission)
- Housing Authority
- Mental health skill building and other mental health services
- Shelter
- Hygiene
- Food
- Clinic
- Resource Centers (VA Career Works)
- Blue Ridge Behavioral Healthcare

6. What resources or services in the community have you used/do you currently use?

- “Flagging”/panhandling
- Rescue Mission
- Lockers at The Least of These
- Food stamps
- Public library for computers/books
- Valley Metro
- Case workers
- Support Systems programs
- Fralin Clinic, including mental health counselor
- Chapel

- Virginia Career Works
- TAP
- Rescue Mission
- VA
- Library
- Blue Ridge Behavioral Healthcare

7. What gaps exist in the current service system?

- Transportation
- Mental health services
- Substance use services
- Day shelter options
- Services exist but there are gaps in what they provide
- It feels like a revolving door – get help from one, lose help from one
- Communication between service providers
- Knowledge of system by service providers
- Housing vouchers and placement
- Affordable housing
- Computer training
- Job training
- Transportation
- Employment services
- Lack of day shelter options
- Respite care
- Lockers

8. What changes to the current service system would you suggest to help you resolve your homelessness more quickly?

- Easier access – more/different hours
- More street outreach
- Transportation from Rescue Mission to temp agencies for daily work
- Income guidelines for vouchers
- Assistance locating housing – internet searches are scams/fake/misleading
- More frequent communication with case workers
- Better communication
- Overloaded caseworkers
- It's up to us

9. Have you ever stayed in an emergency shelter in Roanoke?

- a. Describe that experience; what went well, what could be improved.
- Traumatic
 - It is an unfit place to stay
 - Like cattle
 - Not humane
 - Dirty
 - Unsafe
 - Worse than jail

- Institution
- Forced Christian religious services/chapel
- Theft of personal belongings
- It is like a jungle
- If you leave for one night, you have to wait 14 days to be allowed to stay again.
- Lack of day shelters
- No access to restrooms during the day, especially at the times the Rescue Mission closes (7:30AM)
- Lack of volunteer opportunities accessible by walking
- Not enough staff/case workers
- Not enough communication/availability to meet with case workers/services; voicemail is always full and don't get calls back
- No transportation to day shelter/training opportunities from shelter
- Availability
- Transportation needs to be provided

10. If not in shelter/never used shelter, why?

a. What could shelters do differently so that you or others would choose to stay there?

- Freedom
- Safer than in the Mission
- Shelters need to allow us to stay; it's terrible to have to move around all day to stay warm or find what we need
- Hire more passionate and qualified people

11. What is the biggest challenge you face right now?

- Law enforcement harassment
- Identification replacement assistance
- Housing
- Hope
- A place out of the cold that doesn't treat us bad
- Transportation
- Finding housing that will accept voucher/obtaining a voucher
- Disability
- Finding affordable housing
- Financial assistance
- Depression
- Nowhere to go during the day; day shelters are too far for those with mobility issues
- Transportation
- Waiting lists for services
- Somewhere to go when the shelter is closed
- A phone; repair and replacement of phone
- Access to the internet
- Education
- Criminal records
- Security
- Safety

12. What is something you wish the Roanoke community / community leaders understood about experiencing homelessness?

- There is a lot of judgement of us.
- We are part of the community, too.
- We have rights
- There needs to be more coordination between the services
- The City needs a “Homeless Unit” that will help us
- Affordable housing
- We want to be treated like human beings
- Make things more convenient for us
- Roanoke feels like it is designed to hold you back
- “People like us will inherit the earth”
- It is expensive for us to just use the restroom during the day when we aren’t allowed in shelters – a \$2.50 cup of coffee every time we need to use the bathroom adds up.
- If you really care, come talk to us yourself. We never see any “leaders” willing to shake our hand or sit down for a conversation with us.
- We didn’t choose this
- The stigma that we are lazy and don’t want to work is wrong
- We don’t feel welcome
- We feel unwanted
- We don’t have a sense of belonging
- None of us thought we would be here
- We can’t do it alone – we need help
- We experience mistreatment
- There is nowhere for us to use the restroom
- Services we need are not always accessible to us
- We need more training options
- We have vouchers, but we don’t have anywhere to use them
- Leaders need to walk in our shoes
- Everyone deserves a second chance
- Leaders judge us
- Leaders have a lack of empathy
- We aren’t just an “eye sore”

13. What services are you currently using/have you used in the past?

- a. How do you access these services?
 - b. How did you learn about these services?
 - c. What are some challenges to accessing services in our community?
- Follow the crowd to services
 - Word of mouth
 - No explanation of what services are available, how to obtain them, why we have to do things, why we have to give certain information
 - If someone is asking for my SSN, they should be trustworthy and professional. Why do we have to give such personal information to everyone? They tell us not to give out our SSN, but then we have to give them to people at the Mission that may be part of the program themselves.
 - You have to find what you need on your own

- From other services
- Word of mouth
- Insurance/lack of insurance prevent access to services
- Limited time
- Transportation
- Word of mouth
- Morning announcements at the Rescue Mission

14. What does "home" mean to you?

- Safety
- Convenience
- Security
- Comfort
- Freedom
- Privacy
- Peace of mind
- A roof over my head
- Independence
- Security
- Safety
- Privacy
- Security
- Freedom
- Rest
- Safety
- ***"A light switch"***

15. What does permanent housing look like for you?

- My own space
- I can come and go as I please
- Roanoke needs 500 one-bedroom apartments that we can afford to live in
- More housing vouchers
- A big step
- A goal
- Self-esteem
- Not to give up
- Motivation
- Less stress
- I don't know
- Freedom

Blue Ridge CoC Standing Committees

Community Engagement

Works to increase public awareness and broaden support for implementing policies and programs aimed at ending homelessness. Will maintain a list of CoC members and work to increase membership through awareness efforts.

Members:

Marie Muddiman (Chair) - Family Promise
Amanda Holcomb - CCS
Alison Jorgensen - CCS
Joe Cobb - City of Roanoke
Leslie Clark - UWRV
Annette Lewis - TAP
Dawn Sandoval - The Lease of These
Jennifer Gobble - Project Support
Jo Nelson - TAP
Dave Prosser - Freedom First

Coordinated Entry

Works to improve the homeless response system by overseeing the implementation and improvement of coordinated entry for the CoC.

Members:

Matt Crookshank (Chair) - City of Roanoke
Alison Jorgensen - CCS
Stacey Sheppard - TAP
Paula Prince - BRICH
Karen Karney - BRILC
Toni McLawhorn - VCW
Karen Karney - BRILC
Kelli Mundy - Presbyterian Community Center

Monitoring & Evaluation

Reviews CoC funded (HUD or DHCD) projects through the BRICH approved standardized evaluation tool. The monitoring tool incorporates site visits, evaluation of outcomes, financial audits, and case files.

Members:

Matt Crookshank (Chair) - City of Roanoke
Hope Browning - City of Roanoke
Alison Jorgensen - CCS

Point-in-Time Committee

Plans and implements the annual Point-in-Time Count according to HUD guidelines while working closely with the HMIS Lead to prepare, organize, and submit the data to HUD.

Members:

Matt Crookshank - City of Roanoke
Hope Browning - City of Roanoke
Alison Jorgensen - CCS
Brian Burnette - CCS
Paula Prince - BRICH
Ben Bristoll - CCS
Judy Smith - RUC

Data & Performance

Works to ensure that the CoC meets its responsibilities regarding data collection, data sharing and privacy, data quality, implementation of new features, training and recruitment of new participating agencies.

Members:

Brian Burnette (Co-Chair) - CCS
Hope Brown (Co-Chair) - City of Roanoke
Ben Bristoll - CCS
Suzanne Cook - Rescue Mission
Sandy Peggins - Central Intake
Evelyn Jordan - TAP
Tanyia Jones - VAMC
Matt Crookshank - City of Roanoke

Housing Stability

Works to improve the homeless response system through developing program recommendations consistent with best practices in homeless assistance.

Members:

Amy Shirkey (Chair) - CCS
David Bustamente - RRHA
Malora Horn - RCPS
Marian DiPasquale - Family Promise
Keith Holland - City of Roanoke
Niles Comer - RVARC
Isabel Thornton - Restoration Housing
Lyn Relf - RRHA

Nominating

Works to ensure that the BRICH is comprised of individuals representing homeless or formerly homeless persons, homeless service provider organizations, partner organizations, and persons from each locality under the CoC.

Members:

Anne Marie Green - CCS
Annette Lewis - TAP
Lee Clark - Rescue Mission
Paula Prince - RUC

Training Committee

Ensures that funded and partner agencies have access to trainings required or recommended through HUD and DHCD.

Members:

Alison Jorgensen - CCS

Blue Ridge CoC Ad Hoc Committees

Policies & Procedures

Comprised of BRICH Members. Meets to review and update the CoC Policies & Procedures.

Members:

Paula Prince (BRICH)
Anne Marie Green (CCS)
Dave Prosser (Freedom First)

Blue Ridge CoC Working Groups

Community Case Review

Develops and reviews plans for individuals and families experiencing homelessness or at risk of homelessness to identify and secure services and supports that will lead to stable housing. Chronic/Veteran/Youth/Family/Unsheltered

Members:

Tanyia Jones - VAMC - Veteran
Matt Crookshank - City of Roanoke - All
Phil Anderson - ARCH - Veteran/Chronic
Paul Powell - VAMC - Veteran
Hannah Evans - BRBH - Chronic/Unsheltered
Amy Shirkey - CCS - All
Vickie Royer - TAP SSVF - Veteran
Alyssa Carpenter - ARCH - Veteran/Chronic
Heather Brush - CCS - All
Gekisha Smith - Rescue Mission - Chronic/Veteran/Youth/Family
Sandy Peggins - Central Intake - Youth/Family
Tamisha Johnson - HAT - All
Josh Guzman - HAT - All
Josh Worth - HAT - All
Amanda Zwart - HAT - All

Ranking & Review

Meets during the application period for both HUD and DHCD to review and approve project application submittal according to the review policy.

Members:

Keith Holland (City of Roanoke HUD Resources Office)
Paula Prince (BRICH Chair)
Malora Horn (Roanoke City Schools)
Annette Lewis (TAP)
Carol Tuning
Lee Clark (Rescue Mission)
Matthew W. (VDH)