

Application to DHCD Submitted through CAMS

City of Roanoke

Roanoke City & County/Salem CoC 2024-2026 HSNH

Application ID: 109402272024141559
Application Status: Incomplete
Program Name: HSNH 2024-26 Application
Organization Name: City of Roanoke
Organization Address: 339 Salem Avenue
Roanoke, VA 24016
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Project Name: Roanoke City & County/Salem CoC 2024-2026 HSNH
Project Contact Name: Matt Crookshank
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Project Location: 1 South Jefferson Street
Roanoke, VA 24011-1303

Project Service Area: Alleghany County, Botetourt County, Craig County, Roanoke County, Covington City, Roanoke City, Salem City, Clifton Forge Town, Vinton Town

Total Requested Amount: \$912,060.00

Required Annual Audit Status: Pending Review

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Budget Information:

Cost/Activity Category	DHCD Request	Other Funding	Total
Outreach	\$0.00	\$0.00	\$0.00
Centralized or Coordinated Assessment/Entry	\$62,195.00	\$0.00	\$62,195.00
Centralized or Coordinated Assessment/Entry	\$62,195.00	\$0.00	\$62,195.00
Targeted Prevention	\$204,065.00	\$0.00	\$204,065.00
Targeted Prevention	\$204,065.00	\$0.00	\$204,065.00
Emergency Shelter Operations	\$96,422.00	\$0.00	\$96,422.00
Emergency Shelter Operations	\$96,422.00	\$0.00	\$96,422.00
Rapid Re-housing	\$142,500.00	\$0.00	\$142,500.00
Rapid Re-housing	\$142,500.00	\$0.00	\$142,500.00
CoC Planning	\$49,398.00	\$0.00	\$49,398.00
CoC Planning	\$49,398.00	\$0.00	\$49,398.00
HMIS	\$17,328.00	\$0.00	\$17,328.00
HMIS	\$17,328.00	\$0.00	\$17,328.00
Administration	\$16,791.00	\$0.00	\$16,791.00
Administration	\$16,791.00	\$0.00	\$16,791.00
Total VHSP Funding Request	\$588,699.00	\$0.00	\$588,699.00
HOPWA	\$323,361.00	\$0.00	\$323,361.00
HOPWA	\$323,361.00	\$0.00	\$323,361.00
Total:	\$912,060.00	\$0.00	\$912,060.00

Budget Narrative:

Coordinated Entry– City of Roanoke: \$62,195 Homelessness Prevention – Council of Community Services: \$204,065
Emergency Shelter Operations – TAP: \$96,422 CoC/LPG Planning– City of Roanoke: \$49,398 Rapid Re-Housing – Council of Community Services: \$142,500 HMIS – Council of Community Services: \$17,328 HOPWA – Council of Community Services: \$323,361

Questions and Responses:

1. Part I Community Analysis and Processes

1. Based on data from PIT Counts, HMIS/HGIS, and other data sources, who is experiencing or at risk of experiencing homelessness or at risk of homelessness in the CoC/LPG? Include details regarding target population demographics, increases/decreases, and/or those who are especially vulnerable in the service area.

Answer:

2023 Winter Point-in-Time Count Data

On January 25, 2023, 334 people were experiencing homelessness in the Roanoke Region. A majority, 88.9% (297) were staying in emergency shelters, and 11.1% (37) were in unsheltered locations. Sixteen percent (53) of people experiencing homelessness were children under the age of 18, 78.7% (263) were over the age of 24, and 5.4 percent (18) were between the ages of 18 and 24.

Between 2022 and 2023, the number of people experiencing homelessness in the Blue Ridge Continuum of Care increased by 54.6% (216 in 2022 and 334 in 2023). This is the first increase in our community's PIT Count since the

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beginning of the COVID-19 pandemic and the largest single year increase since we have been conducting the Count in 2009. Even with this significant increase in 2023, homelessness in the Roanoke Region has decreased by 40.5% since 2012 (561 in 2012 and 334 in 2023).

Homelessness decreased among people staying in unsheltered locations in 2023 by 2.6%. (38 in 2022 and 37 in 2023).

There were 245 people experiencing homelessness in adult-only households, accounting for 73.4% percent of the homeless population.

Between 2022 and 2023, homelessness among individuals increased by 31.7 percent. Homelessness among people in families with children counted on a single night increased by 196.7% between 2022 (30) and 2023 (89).

On January 25, 2023, 30 veterans were experiencing homelessness, representing an increase of 57.9% over 2022 (19). All 30 veterans were homeless in households without children, eleven were chronically homeless and four were unsheltered.

There were 55 individuals with chronic patterns of homelessness on our 2023 Point-in-Time Count night. There was one chronically homeless family with children. Chronic homelessness increased by 46.2 percent between 2022 (39) and 2023 (57), but has decreased by 61.7 percent since 2012 (149).

There were 18 unaccompanied homeless youth between the ages of 18 and 24 counted in January 2023 (one was unsheltered). There were two homeless youth in parenting youth households.

This year's 54.6% increase in homelessness is the largest single-year increase in our region since data began being reported to HUD in 2009. Our community has continued to struggle with significant structural challenges related to the ongoing fallout from the COVID-19 pandemic and the lack of affordable housing. Inflation, rising rental costs, the expiration of eviction protections, and pandemic-related benefit expansions have created tremendous pressures on low-income populations in our community. It has become increasingly difficult for those with limited resources to meet their most basic needs and maintain stable housing.

At-Risk Data

In fiscal year 2022-2023, 2,538 households requested rental assistance or homelessness prevention services through our community's Coordinated Entry process. This number is a 34% increase in the number of requests received last fiscal year. Our community's targeted homelessness prevention projects served 74 of these households, or 3% of the total number of households requesting services. The households not served with targeted homelessness prevention services were connected to other available community resources or were assisted with problem-solving conversations and/or diversion techniques to self-resolve their crisis.

The majority of these households served through our prevention programs were families (55%), with the remaining 45% identifying as individuals/single adult households. Sixty-eight percent (68%) of individuals served through our targeted prevention programs identified as Black/African American, twenty-six percent (26%) identified as White. More than two-thirds (71%) of individuals served were in rental units and facing an eviction, while thirty-two percent (16%) were "doubled up" with family or friends.

Because our community is typically not able to serve all households that qualify for homelessness prevention services, we have utilized data from individuals entering our emergency shelter system to develop prioritization policies to target our limited resources. In the most recently completed fiscal year, forty-two percent (42%) of individuals entering our emergency shelter system came from "doubled up" or hotel/motel living situations, while 23% came from their own rental units. Our community's prioritization policies for homelessness prevention services align with this data, making it more likely that the prevention intervention we provide is preventing an actual episode of homelessness. Further, households that have a history of homelessness are prioritized for services in each "targeted" category, making it even more likely that our services are having an impact on reducing the number of individuals entering our system.

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2. Describe in detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement. Include how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

Answer:

As part of our crisis response system, our community has three street outreach providers, the City of Roanoke's Homeless Assistance Team (HAT), Blue Ridge Behavioral Healthcare's PATH project and the Salem VA Medical Center's street outreach team. These outreach teams work to triage individuals experiencing unsheltered homelessness by meeting their basic needs, providing food, blankets, transportation assistance and other critical services. Through consistent engagement, individualized service plans are developed and clients are referred to community resources including emergency shelter and are connected to employment, mainstream benefits and permanent housing. Individuals are assessed using our community's common assessment tool. Once assessed, individuals are placed on our community's by-name lists and are prioritized for housing resources in accordance with our community's prioritization policies.

Unsheltered households access services through regular, consistent street outreach conducted by the abovementioned programs in the field. The City of Roanoke's Homeless Assistance Team also holds office walk-in hours for unsheltered individuals in the mornings from 8am – 12pm, Monday through Friday. Blue Ridge Behavioral Healthcare's PATH program holds walk-in hours at the HAT Offices from 8am – 12pm on Mondays and Tuesday, for households in need of mental health services.

Unsheltered households can access emergency shelter services through the Roanoke Rescue Mission, Family Promise of Greater Roanoke, the Salvation Army's Turning Point, Safeshome Systems and Total Action for Progress' (TAP) Domestic Violence Services (DVS) program. Individuals in crisis coming from permanent housing situations can also access these emergency shelter programs for services. The Roanoke Rescue Mission provides access to emergency shelter services 24 hours per day. Individuals receiving shelter services at all of our providers are assessed using our community's common assessment tool and are placed on our by-name lists and prioritized for housing resources in accordance with our community's prioritization policies.

Households that are housed but experiencing a crisis are triaged by Central Intake. These households are assessed for homelessness prevention resources, engaged in diversion conversations and/or referred to emergency shelter services, depending on individual circumstances. Households in crisis can access Central Intake by phone or walk-in during normal business hours. 2-1-1 VIRGINIA provides referrals to emergency shelter and other crisis services after hours and on weekends.

Permanent housing services for individuals exiting homelessness are provided through rapid re-housing and permanent supportive housing interventions in our community. Individuals are matched to these interventions based on level of service need determined through objective scoring on our locally-developed common assessment tool, the Coordinated Entry-Vulnerability Assessment Tool (CE-VAT). Rapid re-housing services are provided by the Council of Community Services and Total Action for Progress. Permanent supportive housing services are provided by Commonwealth Catholic Charities, the Salem VA Medical Center and Blue Ridge Behavioral Healthcare.

Referrals to housing resources are coordinated through our community's Housing Placement Teams. The Housing Placement Teams are a broad group of community stakeholders that meet twice per month to case conference individuals on our by-name lists, ensuring individuals are document-ready and are provided the services needed to navigate the housing placement process. Households are matched to rapid rehousing and permanent supportive housing resources, as openings are available, through our community case conferencing process.

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3. 3. Identify where gaps exist within the CoC/LPG Crisis Response System to include access to services via coordinated entry and capacity of necessary service interventions such as shelter, prevention, and rapid rehousing. What is the CoC/LPG doing to address these gaps?

Answer:

Our CoC has identified several service gaps within our Crisis Response System this operating year. One significant gap is the increase in the number of individuals experiencing unsheltered homelessness in our community. Unsheltered homelessness has increased by 153% since 2019, as measured through our Winter Point-in-Time Count. As a result of this increase, our CoC worked with the City of Roanoke to access ARPA funds to increase the capacity of the City's Homeless Assistance Team (HAT). HAT hired two additional full-time case managers in January 2023 to meet the increasing needs of our unsheltered population. As a result of these additional street outreach services, 220 individuals were permanently housed from unsheltered homelessness in 2023, a significant increase over the 98 individuals from this population housed the previous year.

In addition to increasing our street outreach capacity, HAT has also begun partnering with the Roanoke Redevelopment and Housing Authority to conduct onsite intake appointments and voucher briefings at the HAT offices twice per month. These onsite services have decreased missed appointment rates and increased the number of unsheltered individuals with transportation barriers in accessing these critical resources.

Another gap in our service system is the lack of housing resources, primarily long-term rental assistance and permanent supportive housing resources that are available to meet the need in our community. As of March 20, 2023, our community has 103 individuals on our chronically homeless by-name list who have had contact with a homeless services provider in the last 60 days. There are currently 12 slots available in our non-Veteran permanent supportive housing programs to serve these individuals. We have a much greater need for PSH resources than the current capacity of our service system. In an effort to fill this gap, our community has implemented a homeless preference with our local Public Housing Authority (PHA) to prioritize Housing Choice and Mainstream Vouchers to households exiting homelessness. Our CoC has also implemented a Memorandum of Understanding with our local PHA to ensure our Emergency Housing Voucher slots are filled through the CoC's Coordinated Entry System and to ensure those most in need (literally homeless households with income below 30% of the Area Median Income) are targeted for these resources.

Our CoC has also partnered with local Medicaid-funded mental health-skilled building agencies to ensure clients accessing Housing Choice, Mainstream and Emergency Housing Vouchers who qualify for skill-building services receive supportive services similar to those households receiving permanent supportive housing. The homeless preference established with our PHA, coupled with the partnerships established with mental health skill-building agencies, have acted as de-facto permanent supportive housing services to help meet the needs of individuals experiencing chronic homelessness in our community. As a result of these efforts, 116 individuals exited homelessness to a permanent housing destination utilizing a housing voucher in 2023. This number comprises 51% of the total number of individuals who exited homelessness to any type of permanent housing destination last year.

Our community has also identified the need for a more robust coordinated entry process that is fully integrated into our Homeless Management Information System. The need to enhance our Coordinated Entry process has been identified as a priority in our current strategic plan. We have worked with a HUD-assigned technical assistance provider over the last 12 months to undergo a comprehensive evaluation and refinement of our Coordinated Entry process. As part of this process, regular stakeholder meetings were held with community partners to evaluate each of the core components of our system (ie Access, Assessment, Prioritization and Referral). Our CoC developed a work plan for refinements and we implementing changes to make our system more efficient. Refinements that have been made include replacing our previous common assessment tool (VI-SPDAT) with a new, locally-developed assessment, the Coordinated Entry-Vulnerability Assessment Tool (CE-VAT). We have also implemented a new comprehensive workflow in our Homeless Management Information System that incorporates our new, customized assessment and scoring tool, a new Coordinated Entry project enrollment process, customized reports to generate a comprehensive by-name list for case conferencing and resource matching, and a centralized referral process to openings in our housing projects. The new referral process allows us to track denials, reasons for denials and successful placements. We have also created custom reports to better monitor and evaluate our system on an ongoing basis to identify service gaps, delays and/or inefficiencies.

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Each of our community access points have been training on the new Coordinated Entry workflow and have been using our new assessment tool since August 2023. We are currently in the process of evaluating the new assessment in order to revise our prioritization policies for rapid rehousing and permanent supportive housing placements. Openings in these projects are currently being filled through community case conferencing with priority given to those with the highest CE-VAT scores. More formal prioritization policies will be developed once we have conducted a more comprehensive evaluation of the data from our implemented refinements.

4. Describe the CoC/LPG's coordinated entry process to include: how households access services (phone, walk-in, etc.), after-hours access for emergency services, and how referrals are made. If applicable, how is HOPWA included in the coordinated entry process?

Answer:

The City of Roanoke administers the local coordinated entry system in partnership with the CoC. As outlined in the attached Homeless Services Flow Chart, our system is a hybrid of centralized intake and coordinated entry, representing a No Wrong Door approach to assist families and individuals who are homeless or at imminent risk of becoming homeless. The Coordinated Entry process is a tool designed to ensure that homeless persons and persons at risk of homelessness are matched to resources to ensure homelessness in our community is rare, brief and one-time.

Our coordinated system allows households to access services through street outreach, Central Intake (CI) and/or emergency shelters. Its design facilitates immediate access to temporary housing and is strengthened by shared data in our Homeless Management Information System (HMIS) and through the use of the Coordinated Entry – Vulnerability Assessment Tool (CE-VAT), our community's common assessment tool, at all entry points. Points of entry include Central Intake, our street outreach programs and emergency shelter providers.

Central Intake, operated by the City of Roanoke, is a centralized access point for individuals and families at-risk of homelessness to be assessed and referred to homelessness prevention resources in our community. Central Intake staff also make referrals to our community's emergency shelter and street outreach programs for households in need of emergency resources. These services can be accessed at Central Intake both by phone and through walk-in hours, Monday-Friday from 8am to 5pm. 2-1-1 VIRGINIA operates as our community's after-hours resource for individuals in need of crisis services, including emergency shelter.

Our community's street outreach teams canvass the entire geographic area of our CoC to ensure households experiencing unsheltered homelessness have access to our broader service system. These teams, operated by the City of Roanoke, Blue Ridge Behavioral Healthcare, and the Salem VA Medical Center, conduct CE-VAT assessments both in the field and through walk-in hours, from 8am to noon daily at physical office locations. Joint outreach sweeps are conducted by the City's Homeless Assistance Team (HAT) and Blue Ridge Behavioral Healthcare's (BRBH) PATH project once per week. BRBH's PATH worker holds office hours at the HAT offices twice per week to ensure outreach efforts are coordinated and that unsheltered individuals have access to critical mental health and other wraparound services.

Households can access our emergency shelters through Central Intake during normal business hours, or through 2-1-1 VIRGINIA after hours and on weekends. Households in crisis who are seeking emergency shelter are welcomed at the Roanoke Rescue Mission during the day, and on nights and weekends. Households accessing our system through emergency shelter are assigned a case manager who assists the household in navigating the path back into permanent housing. These case managers assess the household's housing needs using the CE-VAT and ensure individuals are placed on our community's by-name lists for case conferencing. Matches to housing resources (both rapid rehousing and permanent supportive housing) are case conferenced through bi-weekly meetings our community's Housing Placement Teams. Referrals to these housing resources are coordinated centrally through Central Intake, based on matches made through community case conferencing.

Referrals to emergency shelter services are provided through our community's street outreach teams, Central Intake and 2-1-1 VIRGINIA, as outlined above.

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Homelessness prevention referrals are coordinated through Central Intake. Households at-risk of homelessness are assessed through Central Intake and referred to targeted prevention resources based on their level of risk. Households at imminent risk of homelessness (will be homeless within 14 days) are referred to our targeted homelessness prevention resources operated by the Council of Community Services' Community Housing Resource Center. Households who do not meet the imminent risk threshold are referred by Central Intake to alternative community resources, including programs funded provided the City of Roanoke, faith-based partners and community foundations.

HOPWA services are integrated into our CoC's coordinated entry process. As the current HOPWA grantee, Council of Community Services staff attend the regular meetings of our community's Housing Placement Teams to ensure HOPWA resources are leveraged with all of our other housing resources. This ensures individuals living with HIV/AIDS have access to our community's complete portfolio of housing interventions. Central Intake, the first door for individuals accessing our CoC's prevention and diversion system, makes referrals to the HOPWA program if households self-disclose that a member of the household is living with HIV/AIDS. Referrals are also made to the HOPWA program by homeless service providers for individuals who respond affirmatively to the question, "have you or someone in your household ever been diagnosed with HIV/AIDS" on the CE-VAT.

5. Describe the CoC/LPG's coordinated entry system's prioritization process for prevention assistance, emergency shelter placement, and permanent housing placement. How were these prioritization criteria developed? Were these criteria informed by the communities' needs? If applicable, include any DHCD-funded HOPWA services in this discussion.

Answer:

Our Coordinated Entry System (CES) is a community-wide process for facilitating access to all resources for households experiencing homelessness or at-risk of homelessness. Our CES Policies and Procedures, that were developed and approved by the CoC, outline our prioritization processes, ensures households in our homeless response system have equitable, coordinated and timely access to housing resources in a person-centered approach that preserves choice and dignity.

Targeted Prevention

These prioritization criteria were developed to align with State and Federal goals to end homelessness. Our prevention targeting criteria were developed using local data on households entering our emergency shelter system. Our data revealed that households that are "doubled up" with family or friends and those in hotel/motel situations are most likely to experience literal homelessness. The prevention targeting policies below reflect the need to ensure these households are prioritized for resources first, in an effort to ensure the intervention is preventing an actual episode of literal homelessness.

Households meeting the minimum eligibility requirements outlined in in our CoC's targeted homelessness prevention standards are prioritized for services based on the level of risk each household faces in experiencing homelessness. Households are placed in the following categories and are served through each tier as funding allows.

- Tier 1: households at "imminent" risk of homelessness are defined as those staying with family or friends who must vacate the unit within 14 days or those that have been to court and have an eviction scheduled within ten days or the household is residing in housing that has been condemned by a housing official and the unit must be vacated within ten days or the household is living in a hotel/motel and must vacate within 14 days.
- Tier 2: "high risk" households are defined as those that have a pending court date for an eviction documented through an unlawful detainer. High risk households fall into the tier two category and are served as funding allows after all households in the first-tier category have been served.

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- Tier 3: the lowest tiered category are “at-risk” households that are defined as those with a five day pay or quit notice issued by the landlord, but with no scheduled court date. These households meet the minimum requirements for service but are only served if funding remains after all households in the first and second tier priorities have been served. Households in this tier are not eligible for ESG or VHSP-funded services; however, they may be served with other, local funding sources.

Only households falling into the Tier 1 priority are served through our community's Virginia Homeless Solutions Program targeted prevention resources. Households that have experienced a literal homeless episode in the past are prioritized for services within each tier.

Assessment for Those Literally Homeless

If a household is experiencing literal homelessness, then they are screened and prioritized using the Coordinated Entry-Vulnerability Assessment Tool (CE-VAT). The CE-VAT prioritizes households based on vulnerability across six components:

- Miscellaneous Vulnerability (households with children, those fleeing domestic violence, seniors, unaccompanied youth)
- Housing Status and Homeless History
- Employment and Income
- Mental Health and Substance Use
- Physical Health
- Housing Loss Due to Sexual Orientation/Gender Identity

Rapid Rehousing

Rapid Rehousing slots are filled through our community case conferencing committees. Suggested referrals are brought to the committee by community partners for consideration and approval or denial.

Referrals are reviewed and approved through consensus of the group. If consensus is not reached, a formal vote is held to approve or deny the suggested referral. CE-VAT score and length of homelessness are the primary factors considered by case conferencing committees when evaluating referrals. Those with the highest CE-VAT score and longest lengths of homelessness are prioritized for services.

Permanent Supportive Housing

Similar to Rapid Rehousing, Permanent Supportive Housing slots are filled through our CoC's case conferencing committees. Suggested referrals of chronically homeless individuals are brought to the committee by community partners for consideration and approval or denial.

Referrals are reviewed and approved through consensus of the group. If consensus is not reached, a formal vote is held to approve or deny the suggested referral. CE-VAT score and length of homelessness are the primary factors considered by case conferencing committees when evaluating referrals. Those with the highest CE-VAT score and longest lengths of homelessness are prioritized for services.

If no chronically homeless household is identified, the order of priority for beds not dedicated or prioritized for chronically homeless is followed.

Emergency Shelter Placement

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Because households in our community can access emergency shelter services at the Roanoke Rescue Mission without considerations to space limitations, there are no prioritization policies in place for individuals seeking emergency shelter.

Households seeking emergency shelter for victims of domestic violence through Total Action for Progress (TAP) are screened through TAP's domestic violence hotline and prioritized for shelter services based on the severity of the safety needs of the household.

6. 6. How is the length of financial and supportive services for households in Rapid Rehousing and Targeted Prevention determined? Is the process determined at the CoC/LPG level or by the individual service provider(s)?

Answer:

Rapid Re-Housing

Through the Council of Community Services' Housing Coordinator, each household rapid re-housing services is offered housing location, case management, housing start-up cost assistance and a short-term rental subsidy. All services are needs-based with the minimum amount of assistance necessary for the household to achieve stability in the short-term being provided. Housing-focused case management services is also provided. Each family's needs are assessed and a household budget analysis is conducted. Referrals are made to existing community resources to assist the household in achieving long term stability.

Rental subsidies are set as time-limited and declining – providing the most incentive for households to increase income and achieve self-sufficiency quickly. The subsidy period is set for an average of three months, but services are tailored to meet individual household needs. For example, a family that achieves self-sufficiency in one or two months would not be provided a full three--month subsidy. Conversely, if a household is not able to achieve stability within three months, a re-certification for service eligibility will be completed to provide longer term services to best meet the household's needs. If a household has existing income, financial assistance will be provided according to the following standards:

- First 3 months – CCS pays 100% of rent & utilities to contribute to housing stability
- Second 3 months – after confirming 30% AMI, CCS pays 70%, client pays 30%
- Third 3 months – after confirming 30% AMI, CCS pays 50%, client pays 50%
- After and additional re-certifications – after confirming 30% AMI, CCS pays 25%, client pays 75%.
- At recertification, if a client continues to have zero income, 100% financial assistance can continue if the client can provide documentation of attempts at gaining employment or increasing their income.
- ***At each 3-month recertification, the client must provide documentation of continuing financial need which the housing coordinator will add to the client file.***
- To promote serving as many households as possible, CCS caps all financial assistance at \$12,000 per household in a given FY. Each household's level of need will be evaluated individually. Any assistance above \$12,000 must be approved by the Director of Homeless Services and Homeless Services Manager through a case conference.

This needs-based approach maximizes the impact of limited resources while meeting the individualized needs of participants. Re-certifications are completed every three months, with the total length of assistance not exceeding 24 months. All re-certifications for services are approved by the Director of the Community Housing Resource Center and/or the Homeless Services Manager to ensure compliance with program guidelines and to ensure project funds are maximized.

Targeted Prevention

Through the Council of Community Services' homelessness prevention Housing Coordinator, payments towards rental arrears, security deposits, and/or start up move-in costs are determined on a case-by-case basis. Participants receive enough financial assistance to either prevent a formal eviction or to assist with moving into a new sustainable housing

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unit. Similar to rapid re-housing, services are tailored to meet individual household needs, with the minimum amount of financial and supportive services being provided for the households to stabilize in the short term.

At intake, an assessment of the minimum amount of financial assistance needed for the household to maintain or obtain stable housing is conducted. This initial financial assistance is provided to triage the household in housing while the client is connected to community supports for long-term stability. Also at intake, each household's needs are assessed and a budget analysis is completed. The Housing Coordinator works with each household to develop a housing stability plan with mutually identified goals and action steps. Referrals are made to existing community resources to assist the household in achieving long-term stability.

If more than one month of services are provided, the Housing Coordinator meets with the household at least once per month to ensure services are being implemented appropriately. Once the initial financial assistance expires, the Housing Coordinator follows up with the households to determine other services that may be needed for long term stability. If no other services are needed, the household is discharged from the program. If additional services are needed, the Housing Coordinator may provide additional financial assistance and supportive services if it is necessary for the household to maintain housing. All extensions of services are approved by the Director of Homeless Services and/or Homeless Services Manager to ensure compliance with program guidelines and to ensure project funds are maximized.

Similar to the RRH financial assistance policies, homelessness prevention subsidies are set as time-limited and declining – providing the most incentive for households to increase income and achieve self-sufficiency quickly. Prevention assistance uses the same declining assistance scale as listed above.

These processes are included in our community's service standards for homelessness prevention and rapid re-housing programs and are included in our Coordinated Entry policies and procedures. The service standards and CES policies and procedures were written and approved by the CoC.

7. 7. Are homeless assistance services available to the entire community? Include how the CoC/LPG ensures services for: 1. Households located in all areas of the CoC/LPG service area; 2. Singles/families, men/women, and the following harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth; 3. Households with accessibility concerns including language and mobility; 4. Households with limited or no personal phone or internet access.

Answer:

How our CoC ensures services for:

1. Households located in all areas of the CoC/LPG service area:

All homeless service project types are available to households located in all areas of our Continuum of Care. The City of Roanoke's Homeless Assistance Team (HAT) provides street outreach services to all localities included in our Continuum of Care service area, which includes the counties of Alleghany, Botetourt, Craig, Roanoke and the cities of Covington, Roanoke and Salem. All of our community's emergency shelters accept individuals from all localities. Safehome Systems is located in the rural community of Alleghany County, providing shelter for victims and survivors of domestic violence in the most outlying areas of the CoC. Individuals who need transportation from Alleghany County are transported by Safehome or Department of Social Services staff to shelters and other services in Roanoke. Total Action for Progress' (TAP) Domestic Violence Services (DVS) provides low barrier shelter to individuals and families coming from all localities in the CoC's catchment area.

Homelessness prevention services are also available throughout our CoC's service area. The Council of Community Services partners with Total Action for Progress (TAP) to provide prevention services to clients living in Alleghany County and the City of Covington through TAP's office in Covington.

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Households throughout our CoC's service area are case conferenced through our bi-weekly Housing Placement Team meetings and are matched to housing resources through these meetings. Placements in all of our CoC's rapid re-housing and permanent supportive housing projects are made through our Housing Placement Teams.

2. Singles/families, men/women, and harder to serve populations: sex offenders, large families, medically fragile, LGBTQ+, unaccompanied youth:

Total Action for Progress (TAP) operates low barrier emergency shelter services for victims of domestic violence, which includes sex offenders, large families, those medically fragile, LGBTQ+ individuals and unaccompanied youth. The Roanoke Rescue Mission provide emergency shelter to singles, families, men and women. The Rescue Mission provides shelter to sex offenders, and to the medically fragile through its respite program and medical clinic. Family Promise of Greater Roanoke provides shelter to families with children and pregnant women. All of our community's emergency shelters also serve large families.

Our CoC's homelessness prevention, rapid re-housing and permanent supportive housing projects all follow Housing First principles and serve singles, families, men and women, regardless of the barriers households may face. Our housing programs serve harder to serve populations in accordance with our community prioritization policies, including large families, sex offenders, unaccompanied youth and LGBTQ+ individuals. Medically fragile individuals are prioritized for housing resources through our use of our Coordinated Entry-Vulnerability Assessment Tool (CE-VAT). Households receive points on the assessment tool if they have lost housing as a result of their sexual orientation and/or gender identity, which prioritizes these households for housing resources in our community.

Our CoC has partnered with the Transgender Assistance Program of Virginia to provide education to our homeless service providers around LGBTQ+ issues. Staff from the Transgender Assistance has met with our emergency shelter providers to review program policies and procedures to ensure culturally competent services are being provided. All of our emergency shelters allow individuals to stay in programs that align with their gender identity.

The City of Roanoke's Homeless Assistance Team (HAT) and Blue Ridge Behavioral Healthcare's PATH program provide street outreach services to our community's harder to serve populations who are experiencing unsheltered homelessness. These outreach teams conduct outreach activities in all localities of our Continuum of Care each week, on a rotating basis. These teams also work to locate our hardest to serve individuals to connect them to housing openings in our permanent supportive housing and rapid rehousing projects, and to Housing Choice, Mainstream and Emergency Housing Voucher programs.

3. Households with accessibility concerns including language and mobility

Bi-lingual staff at the City of Roanoke's Homeless Assistance Team (HAT) assist Spanish-speaking clients with accessing services. Other programs in the CoC, including Central Intake, utilize services from a third party vendor, the Language Line, to assist non-English speaking individuals with accessing resources. Language Line services are available 24 hours per day, 365 days per year and offer interpretation services in 249 languages. Programs also use Google Translate to serve individuals with language barriers. Google Translate is a free service that offers interpretation services in 100 languages.

All housing and homeless service programs, including those operated by the City of Roanoke, the Council of Community Services and Total Action for Progress (TAP), are fully compliant with Americans with Disability Act (ADA) requirements. These programs also contract with American Sign Language interpreting services to serve individuals with hearing impairments. Intake forms and other program information is available in both English and Spanish.

4. Households with limited or no personal phone or internet access.

Our community's emergency shelters, street outreach and homelessness prevention projects hold walk-in hours to make services accessible to households with limited or no personal phone or internet access. TAP, the Roanoke Rescue Mission, the City of Roanoke's Homeless Assistance Team and Family Promise of Greater Roanoke all have phone and computer access available on-site for program participants. Our community has also instituted an "alert

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system” in our Homeless Management Information System (HMIS) to locate harder to serve individuals. This alert system has allowed us to better connect hard to serve individuals with openings in our permanent supportive housing and rapid rehousing projects, and to voucher programs operated by our public housing authority.

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8. 8. Does the CoC/LPG have any requirements to access services (i.e. birth certificate or photo ID, residency requirement)? What is the purpose of the requirements and what efforts does the CoC/LPG make to assist households in need of services that do not or cannot meet these requirements?

Answer:

Our CoC has not implemented any unnecessary requirements to access services that could act as a barrier to services. Programs do not require clients to obtain birth certificates, photo IDs or prove residency in order to access services. Low barrier policies are included in our Coordinated Entry policies and procedures and are further supported by implementation of the Housing First model by all of our community's VHSP, CoC and ESG-funded providers. Our CoC's governing board, the Blue Ridge Interagency Council on Homelessness (BRICH), has adopted the policy of denying funding to agencies that do not follow Housing First principles. Agency compliance is monitored as part of community project review process. Technical assistance is provided to organizations with noted deficiencies to ensure community policies are understood and followed.

As our community works toward the goal of ending homelessness, the CoC will continue to provide training for agency directors and service providers on Housing First principles, harm reduction, low barrier service access, the Prohibition Against Involuntary Family Separation, as well as Equal Access and Prohibited Inquiries. Our governing board reviews and updates our policies regarding low barrier service access regularly. Best practice models are reviewed by our CoC Lead and planning entity to ensure our CoC is implementing best practices learned from other high performing communities to improve our service system.

Our planning entity reviews and updates our program/project monitoring tools to ensure our programs continue to operate in accordance with low barrier and Housing First principles as outlined by HUD and DHCD.

Below are the guiding principles of our CoC's Coordinated Entry System that demonstrate our alignment with low barrier service access.

- **Prioritization of the Most Vulnerable People.** The CoC's limited resources are directed first to individuals and families who are the most vulnerable and in need of assistance.
 - **Low-barrier and Easily Accessible.** 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, sobriety or criminal history set as eligibility requirements.
 - **Housing First Orientation.** The CES 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.
 - **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 persons with disabilities.
9. 9. Are there any existing barriers in the community that would prevent a household from accessing services or permanent housing? What is the CoC/LPG doing to address these barriers?

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Answer:

The most significant barrier in our community preventing households from accessing permanent housing is the lack of affordable housing units. The Roanoke Valley-Alleghany Regional Commission conducted a comprehensive regional housing study in 2020 that found a shortage of 3,500 affordable rental units in the City of Roanoke and a 5,000 unit shortage in the region. This shortage of affordable housing makes it more difficult for low income households to afford rent, if they are housed, which impacts inflow into our homeless services system, and it makes it more difficult for households exiting homelessness to locate affordable units. In an effort to address this gap, our CoC has conducted presentation to City leaders to bring attention to the issue. Our CoC Chair presented to City of Roanoke departmental directors in the Fall of 2022. The CoC and community partners conducted town hall events throughout 2023 to inform the community about our homeless response system and to highlight the need for action in addressing our affordable housing crisis.

As a result of these efforts, the City of Roanoke Planning Department drafted a comprehensive set of text amendments to its zoning code to reverse exclusionary zoning practices and to open development to more housing types throughout the City's zoning districts. The intent of the zoning changes is to remove barriers to the development of multi-unit residential dwelling units to help address the shortage of housing in the community. City of Roanoke planning staff made multiple presentations to the CoC and the CoC governing board on the proposed changes. The CoC governing board made a statement of support for the zoning amendment public hearings at the March 11, 2024 City Planning Commission meeting and at the March 18, 2024 Roanoke City Council meeting. The zoning amendments passed City Council on a 5-2 vote at its March 18th meeting. Roanoke is now one of three localities in the State to reverse exclusionary zoning practices. These changes will help remove policy barriers which have contributed to our affordable housing crisis that has been building for decades.

In addition to advocating for zoning reform, the CoC has also worked closely with the City of Roanoke in developing the allocation plan for use of its HOME-ARP and ARPA funds targeted to homeless response in an effort to address the shortage of affordable housing in the region. The City set aside \$5 million of its ARPA allocation from the US Treasury Department for homelessness response and received \$2.4 million from HUD through HOME-ARP funding. These funding sources were combined to create a comprehensive strategy for homeless response based on needs and service gaps identified by the CoC. More than 80% of the combined \$7.4 million in funds will be used to develop 50 units of affordable rental housing targeted to individuals exiting homelessness. Partnerships with permanent supportive housing providers will ensure 30 of the scattered site units will be used for permanent supportive housing services. The remaining 20 units will be used for individuals being housed utilizing vouchers obtained through our local PHA.

Landlord screenings are another barrier frequently experienced by clients in our community. Landlords often screen out clients who have criminal backgrounds, prior evictions or lack of income. Documentation requirements set by landlords are also often a barrier. Our CoC has created a shared housing database that includes landlords who do not screen out individuals with criminal histories or evictions. This database is shared with providers on a private page of the CoC website and is updated regularly as additional landlord partnerships are developed. Housing navigators in our system conduct regular outreach to landlords to build partnerships, with a focus on bringing on new partners to accommodate clients with these barriers. Navigators also assist clients in obtaining birth certificates, state IDs and Social Security cards by providing transportation and paying the fees necessary to obtain these documents.

In addition to these partnerships with housing providers, navigators use rent negotiation techniques to lower rents for low income households whenever possible. These negotiated lower rents can reduce housing cost burdens for limited income families. Double security deposits are also used to incentivize and mitigate the risk to landlords in housing high barrier households. ARPA funds obtained by the CoC from the City of Roanoke are being used to pay double security deposits and other move-in costs for hard to serve and high barrier households.

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10. 10. Identify membership of the CoC/LPG (list the nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, law enforcement, etc. that participate in the CoC/LPG). For each entity listed, provide their participation rate in CoC/LPG general meetings over the past calendar year (January 1, 2023 – December 31, 2023). If applicable, what efforts are being made by the CoC/LPG to recruit new members and/or increase participation of existing members?

Answer:

Below is the list of CoC members, with each organization's participation rate. The CoC held 6 general meetings in calendar year 2023.

American Red Cross: 33% participation rate. The American Red Cross participated in 2 of the 6 CoC general meetings in 2023.

Blue Ridge Behavioral Healthcare: 67% participation rate. Blue Ridge Behavioral Healthcare participated in 4 of the 6 CoC general meetings in 2023.

Blue Ridge Independent Living Center: 33% participation rate. The Blue Ridge Independent Living Center participated in 2 of the 6 CoC general meetings in 2023.

Bradley Free Clinic: 17% participation rate. Bradley Free Clinic participated in 1 of the 6 CoC general meetings in 2023.

City of Roanoke (CoC Lead): 100% participation rate. As CoC Lead, the City of Roanoke convened and facilitated all 6 of the CoC general meetings in 2023.

Commonwealth Catholic Charities: 50% participation rate. Commonwealth Catholic Charities participated in 3 of the 6 CoC general meetings in 2023.

Council of Community Services: 100% participation rate. The Council of Community Services attended all 6 of the CoC general meetings in 2023.

Family Promise of Greater Roanoke: 83% participation rate. Family Promise of Greater Roanoke attended 5 of the 6 CoC general meetings in 2023.

Greater Roanoke Workforce Development Board: 17% participation rate. The Greater Roanoke Workforce Development Board participated in 1 of the 6 CoC general meetings in 2023.

Legal Aid Society of Roanoke Valley: 83% participation rate. The Legal Aid Society of Roanoke Valley attended 5 of the 6 CoC general meetings in 2023.

Roanoke Area Ministries (RAM): 83% participation rate. RAM participated in 5 of the 6 CoC general meetings in 2023.

Roanoke City and Alleghany Health Districts: 67% participation rate. The Roanoke City and Alleghany Health Districts participated in 4 of the 6 CoC general meetings in 2023.

Roanoke City Public Schools: 17% participation rate. Roanoke City Public Schools participated in 1 of the 6 CoC general meetings in 2023.

Roanoke Redevelopment & Housing Authority (RRHA): 33% participation rate. The RRHA attended 2 of the 6 CoC general meetings in 2023.

Roanoke Rescue Mission: 67% participation rate. The Roanoke Rescue Mission participated in 4 of the 6 CoC general meetings in 2023.

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Roanoke Valley Greenway Commission: 50% participation rate. The Roanoke Valley Greenway Commission participated in 3 of the 6 CoC general meetings in 2023.

Salem VA Medical Center: 33% participation rate. The Salem VA Medical Center participated in 2 of the 6 CoC general meetings in 2023.

Salvation Army: 50% participation rate. The Salvation Army participated in 3 of the 6 CoC general meetings in 2023.

Total Action for Progress (TAP): 100% participation rate. TAP attended all 6 of the CoC general meetings in 2023.

The Least of The Ministry (TLOT): 67% participation rate. TLOT participated in 4 of the 6 CoC general meetings in 2023.

Virginia Harm Reduction Coalition: 33% participation rate. The Virginia Harm Reduction Coalition participated in 2 of the 6 CoC general meetings in 2023.

In addition to general meetings, the CoC also holds three bi-weekly meetings to case conference high need and priority populations in our service system. Work groups assigned to goal areas of our strategic plan also meet bi-monthly. These groups include our Coordinated Entry Committee, our HMIS Steering Committee, our Community Engagement Committee and our Housing Stability Committee.

All of the above organizations are also regular participants in these additional community planning and service coordination meetings. The Blue Ridge Interagency Advisory Council on Homelessness (BRICH) is the CoC's governing body and includes representation from police departments, local government, non-profit partners, businesses, financial institutions, higher education, school systems and local hospitals. The full BRICH membership list is included below.

Roanoke City Police Department

Radford University-Carilion

City of Roanoke

Roanoke County

Total Action for Progress (TAP)

Salvation Army

Salem VA Medical Center

Blue Ridge Behavioral Healthcare

Blue Ridge Independent Living Center

Church Women United

Restoration Housing

Roanoke Valley-Alleghany Regional Commission

Greene Memorial United Methodist Church

Roanoke Valley-Alleghany Health District

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Roanoke Rescue Mission

Roanoke City Public Schools

Virginia Career Works – Blue Ridge Region

The CoC and the Blue Ridge Interagency Council on Homelessness work together to engage new stakeholders and increase participation in community meetings and coordination activities. The Chair of the CoC schedules face-to-face meetings with new stakeholders and agencies with low meeting participation rates to provide updates, ensure that services are well-coordinated across the community and to encourage increased meeting attendance.

The Chairs of the BRICH and CoC regularly review BRICH and CoC membership to identify potential stakeholder gaps. These individuals then reach out to organizations to fill any identified gaps to ensure that our planning committees represent a broad cross section of stakeholder groups in the region. This process strengthens our system's ability to coordinate services and more effectively serve individuals experiencing and at-risk of homelessness in our community. As a result of these efforts, seven new organizations joined the CoC in 2023. These new members include the American Red Cross, Bradley Free Clinic, Commonwealth Catholic Charities, the Greater Roanoke Workforce Development Board, Roanoke City Public Schools, the Roanoke Valley Greenway Commission and The Least of These Ministry. These organizations joined later in the 2023 calendar year, which explains the low participation rates of these new members.

11. 11. How does the CoC/LPG examine its programs and systems for racial disparities? Detail any disparities, how changes that have been put in place to ensure those disparities are not perpetuated, and who participated in the process.

Answer:

Each year since 2016 our CoC has analyzed data from three data sets: our Point-in-Time (PIT) Count, the annual count of individuals experiencing literal homelessness in our community, and system performance metrics by race to determine whether disparities exist within our programs and systems. Data from our PIT Counts and annual counts of individuals experiencing homelessness have consistently shown that people of color are over-represented in our system, as a comparison to the racial make-up of the localities in our CoC. People of color are about two and a half times more likely to experience homelessness than white individuals. African-Americans have comprised between 30 and 38% of both our annual count and PIT count each year since 2016, while representing only about 14% of the overall population of our CoC service area, according to US Census data.

The CoC has also examined individuals served through our CoC's housing and homelessness prevention programs by race to determine if disparities exist in these programs. Results of this analysis have shown that over the past seven years, our programs are serving individuals of color equitably as a reflection of the representation of these populations in our shelter system. African-Americans have represented between 39 and 48% of the total number of individuals served in our rapid re-housing and permanent supportive housing (PSH) projects each year since 2016. These numbers are consistent with the over-representation of people of color in our homeless system, compared to the broader population in our CoC's service area.

People of color have made up an even higher percentage of the individuals served through our community's homelessness prevention programs. Since 2016, African-Americans and individuals of multiple races have made up between 59 and 77% of the total number of individuals receiving homelessness prevention services.

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System performance metrics have shown that people of color in our service system are not experiencing longer lengths of homelessness or significantly higher rates of returns to homelessness than White individuals. In calendar year 2023, the average length of time homeless for African-Americans in our system was 35.6 days. The average length of homelessness for White individuals was also 35.6 days. Similarly, in 2023, 21.6% of African-Americans who exited to permanent housing destinations two years prior, had a return to homelessness at some point over the subsequent two years. The return to homelessness rate for White individuals over this same period was 23.6%

Even though people of color are much more likely to experience homelessness in our community, we are encouraged that our service system that moves individuals back into permanent housing and that works to prevent individuals from entering our system, are providing more equitable services. Further, recent increases in homelessness among African-American individuals increased at a lower percentage (+50.0%) at a lower percentage compared to the increase among White individuals (+73.3%) as measured through our 2023 Winter Point-in-Time Count. We are continuing to review and monitor these data sets annually to determine whether action is needed to correct any racial disparities that may emerge in our system.

Our CoC has worked proactively to ensure our service system functions equitably with regards to race. We conduct annual trainings for front line staff on implicit bias and cultural competency through our Homeless Educators Linking Providers (HELPS) Committee. Several years ago, our CoC brought in the Executive Director of the Center for Social Innovation (CSI) to facilitate a community conversation around racial equity and the disparities that exist in homeless services systems. The CSI presented information on its work through the Supporting Partnerships for Anti-Racist Communities (SPARC) initiative as part of this community conversation. The CSI Executive Director also met individually with leadership at CoC partner agencies to discuss actions that can be taken within organizations to impact racial equity.

Our annual analysis of CoC project and system performance data by race is shared with our CoC governing board and planning committee each year to ensure this work remains a centerpiece of our system planning and data review processes.

12. Discuss the process to determine service providers included in this application. Provide details on any providers who were not selected to be included in this application, including the reason they were not included.

Answer:

Upon release of the DHCD-HSNH funding application, notification was communicated by the CoC Chair to all CoC members through posting to the CoC website, social media and through meetings of the full CoC membership. Notification to the broader public was made through the CoC public website hosted by the Council of Community Services and through an email blast through Nonprofit Roanoke that reached 3,224 contacts at local non-profit organizations and other regional stakeholders. All interested parties were invited to the table to participate in the funding opportunity via these public announcements.

Through this year's application process, our community utilized a threshold review process to provide an objective way to evaluate potential new applicants. This process also ensures the organization considering pursuing funding understands the requirements and expectations associated with administering HSNH grants. This threshold review process evaluates new applicants based on the following criteria:

- The scope of the project under consideration to ensure alignment with CoC priorities
- The agency's experience implementing similar projects
- The agency's experience managing state and federal grants

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- If the agency is faith-based, the proposed project's ability to comply with DHCD's prohibition against engaging in inherently religious activities
- The agency's ability and willingness to participate in our community's Homeless Management Information System (HMIS) (or a comparable database for domestic violence providers) and in our Coordinated Entry System
- The agency's history of coordinating services with the Blue Ridge Continuum of Care, including meeting participation rates
- Outstanding monitoring findings
- The organization's ability to implement the project in alignment with Housing First principles
- The organization's ability to contribute matching funds

Agencies requesting renewal funding, and those passing the threshold review process outlined above, submit an executive summary of their proposed project to the Blue Ridge Interagency Council on Homelessness' (BRICH) ranking and review committee. The BRICH is our CoC's governing board and makes final funding decisions for the CoC. The BRICH reviews each project proposal and ranks the requests based on the criteria below. The ranking and review committee also makes the final determination on which projects to include in our community application.

- The project's alignment with meeting community need
- The project's alignment with Housing First principles
- Organizational capacity
- The organization's ability to contribute matching funds
- Relevant trainings and certifications completed for project staff
- Outstanding monitoring findings
- Project's alignment with HUD and DHCD priorities as well as the outcomes stated in the CoC Strategic Plan
- Program's contribution to reducing the overall number of homeless households in the CoC

Our approach is to fund high performing agencies and to provide technical assistance to aide other programs in becoming high performing organizations. Discussions are held through meetings of our governing board to ensure alignment of community programs with existing CoC priorities.

In the event that awarded funding is less than requested, the BRICH ranking and review committee meets to make final determinations on how awarded funds will be distributed. This determination is made based on the ranking of projects and in consideration of adequate funding being available to meet the broad spectrum of service needs in the community. The review and ranking committee takes all funding sources coming into the community into consideration when determining how to allocate our CoC's HSNH resources.

All applicants were approved for inclusion in this year's application and met the above CoC requirements associated with adherence to CoC policies, organizational capacity, performance history and contributions to our system's overall performance.

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13. 13. Describe the level of oversight the CoC/LPG has over the implementation of VHSP- and HOPWA-funded project activities by the service providers. Has the CoC/LPG adopted a formal monitoring process to ensure quality of program service provision and adherence to HSNH and program-specific guidelines? How does the CoC/LPG regularly review the expenditure rates of each service provider to ensure grant funds are used in a timely and efficient manner?

Answer:

The CoC oversees the implementation of VHSP and HOPWA-funded project activities by service providers through annual project monitoring visits to ensure quality service provision and adherence to HSNH and program-specific guidelines. This formal monitoring process is delegated to the CoC Lead and planning entity and overseen by the CoC governing board as outlined in our CoC's governance charter. Results of these monitoring activities are used by the CoC's ranking committee when ranking projects as part of the HUD CoC and DHCD HSNH application processes. Project monitoring results are also used by the CoC when determining the projects eligible for inclusion in the community's VHSP application. Projects with noted deficiencies are provided technical assistance by the CoC Lead and planning entity in developing a corrective action plan and in implementing programmatic changes to adhere to local, state and federal policy requirements.

The CoC reviews VHSP, ESG and HUD CoC project spending monthly to ensure funds are spent and used in a timely and efficient manner. VHSP, ESG and HUD CoC-funded agencies submit monthly project spending reports to the planning entity. The planning entity maintains a comprehensive spreadsheet of project spending. The CoC evaluates expenditure rates and takes action by assisting grantees with grant extension or reallocation requests, by implementing solutions to increase rates of spending and by providing other forms of technical assistance that may be needed.

The CoC provides further oversight of homeless service projects, including those funded with VHSP and HOPWA resources, by monitoring the data quality of projects in the Homeless Management Information System (HMIS) to ensure community standards around timeliness, completeness and accuracy are met. The HMIS Lead provides monthly data quality reports to agency directors and provides technical assistance with data clean up. These data quality reports are presented at monthly meetings of the HMIS data quality committee. This oversight of our community's HMIS data quality ensures that community reports, including those submitted to DHCD, are complete and accurate.

14. Part II + III Proposed Grantees (VHSP and HOPWA)

1. List the proposed grantees and project types for VHSP and HOPWA funding.

Answer:

Coordinated Entry – City of Roanoke: \$64,061. The City of Roanoke is requesting \$64,061 to operate our community's coordinated entry system. This project provides central access and coordinated referrals for our homeless response system, manages our community's by-name lists and assists with matching individuals with housing opportunities. The project also facilitates client navigation through the broader community service system.

Homelessness Prevention – Council of Community Services: \$204,065.00. These resources will provide targeted homelessness prevention services and will be coordinated through our community's Coordinated Entry process as outlined in the Blue Ridge Continuum of Care Homeless Services Flow Chart. The Council of Community Services' Community Housing Resource Center (CHRC), through referrals from Central Intake, will be the targeted prevention service provider.

Shelter Operations – Total Action for Progress (TAP) Domestic Violence Services (DVS) – \$100,950. TAP-DVS is requesting \$100,950 in emergency shelter funding for survivors of domestic violence. Services provided are scattered-site emergency shelter stays to relocate families who are homeless due to fleeing domestic violence. In the past three years, TAP has seen a significant increase in people escaping violence related to domestic violence and/or intimate partner violence. For the past three years, TAP has served nearly 80 individuals (men, women, and children) with emergency shelter annually. VHSP funding will help TAP-DVS continue to meet this rising community need.

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CoC/LPG Planning – City of Roanoke: \$49,398. As the lead entity, the City of Roanoke is also applying for CoC planning funds to provide a seamless community-wide planning process to improve service coordination, conduct project evaluation and monitoring activities, assist in writing CoC funding applications, provide training related to Housing First and low barrier service provision, and VHSP compliance requirements. This on-going planning process increases collaboration and cohesiveness among providers, improves system performance and positions the CoC to be competitive for funding opportunities locally and at the state and federal levels.

Rapid Re-Housing – Council of Community Services: \$142,500.00. Funds will be integrated directly into our community's existing emergency crisis response system. As part of that coordinated structure, households entering our homeless service system are screened and assessed using our community's common assessment tool, the CE-VAT, at entry into all of our emergency shelter and street outreach projects. Households are then matched through community case conferencing into openings in our rapid rehousing and permanent supportive housing projects.

Service coordination and stabilization services will be provided by CHRC staff to place households in housing and to stabilize households once housed.

Rental subsidy payments will be designed as short-term and declining in order to promote quick movement towards self-sufficiency, and to maximize resources. Service provision will be needs-based, providing the minimum assistance necessary for the household to achieve stability. Clients in need of longer-term services can be re-certified if additional assistance is necessary for the household to maintain housing.

HMIS – Council of Community Services: \$17,328. The Council of Community Services, in its role as the Blue Ridge Continuum of Care HMIS Lead, seeks to maintain quality data on the homeless individuals and families who reside in our coverage area in order to best plan and respond to homelessness in our region. Our goal is to support the work of all the other homeless providers so that they can provide quality services, easily request funding for their agencies, and better understand the needs of the population they are serving. We also help the members of the BRCoC to maintain quality data according to the standards set forth by the US Department of Housing and Urban Development (HUD). Funds requested will enable us to pay the monthly service fees for our use of the HMIS software platform, Clarity, and provide training for our 3 HMIS team members.

HOPWA – Council of Community Services: \$323,361. CCS is requesting HOPWA funding to provide housing services to low income individuals living with HIV/AIDS. The CCS HOPWA program seeks to utilize Short-Term Rent, Mortgage, and Utility Assistance (STRMU), Tenet-Based Rental Assistance (TBRA), and Permanent Housing Placement (PHP) funds to meet the housing needs of individuals and families living with HIV/AIDS in our community. We have served the residents of the Blue Ridge Continuum of Care (BRCoC) since 2011, covering the counties of Alleghany, Botetourt, Craig, and Roanoke, and the cities of Covington, Roanoke and Salem. In 2021, CCS was asked to cover the additional counties of Bland, Craig, Floyd, and Giles. Based on the current caseload of our housing coordinator and contacts made with potential clients, we are requesting additional TBRA and PHP funds in order to better serve our expanded coverage area and prevent HIV+ individuals from experiencing homelessness.

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15. 2. For each proposed project listed, including HOPWA, describe in detail how the organization implements a Housing First approach. Include specific examples of how the organization implements a Housing First approach such as organizational or programmatic policies, procedures, guidelines, etc.

Answer:

Council of Community Services

The Council of Community Services' Homeless Services Department operates three direct service programs included in this application: rapid re-housing, targeted homelessness prevention and HOPWA. Eligibility for all three projects has been established based on the Virginia Homeless and Special Needs Housing guidelines, with no additional eligibility criteria being set. Access to services is not contingent on sobriety, minimum income requirements, engagement with treatment, criminal record, or other unnecessary conditions. The rapid re-housing and targeted homelessness prevention projects operate in alignment with our community's Coordinated Entry policies and procedures. These projects accept referrals through our case conferencing committees, prioritizing and targeting resources based on our community's prioritization policies. Once clients are enrolled in one of our housing programs, our housing search process emphasizes client choice in both their service plans and housing locations. CCS' internal Harm Reduction program is leveraged to connect clients with substance use resources to ensure safety. Length of service in projects is tailored to each household's level of vulnerability and need for housing ongoing stability services. These processes all align with Housing First principles.

Total Action for Progress (TAP)

TAP Domestic Violence Services provides emergency shelter based on a household's safety needs. Domestic violence situations demand an especially timely and proactive approach to the Housing First model. For families homeless due to domestic violence, finding safe housing is paramount. Staff work to ensure survivors' safety within temporary/emergency housing in accordance with their safety needs. For some participants, the area's traditional emergency shelters may not be appropriately safe. TAP's emergency shelter services provided through proposed VHSP activities forms the best link between survivors homeless due to domestic violence and stable housing. This is true whether they exit to permanent housing immediately or to transitional housing through other resources, such as TAP-DVS' OVW-funded Transitional Housing program. The proposed activities are in alignment with the Housing First model due to the safety aspect alone. Each survivor's individual need(s) are taken into consideration when safety planning. Based on the model of safety and need, as well as voluntary services, survivors are empowered with choices that best suit their necessities while taking into account all safety planning needs.

City of Roanoke

As the grantee carrying out coordinated entry activities for our community, the City of Roanoke operates in accordance with the policies, procedures and guiding principles outlined in our community's Coordinated Entry System (CES) policies and procedures. Guiding principles included in our CES policies and procedures include the prioritization of services for the most vulnerable people, low barrier and easily accessible services, Housing First system orientation and person-centered care. These principles are implemented in the day-to-day activities of City staff as they maintain our community's by-name lists and facilitate community case conferencing, conduct housing matching services, and coordinate referrals to community projects. No documentation or service participation requirements are in place for clients moving through our community's coordinated entry process.

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16. 3. For each direct service proposed grantee, does the organization as a whole or specific program for which funding is requested have any rules or requirements for assistance that could act as a barrier to services (i.e. birth certificate or photo ID, residency requirement, participation requirement)? What is the purpose of the requirement(s) and what efforts does the organization make to assist households in need of services that do not or cannot meet the requirement(s)?

Answer:

Council of Community Services

The Council of Community Services' Homeless Services Department implements Housing First principles in its rapid re-housing, targeted homelessness prevention, and HOPWA projects. The eligibility criteria for these projects are set by Virginia Homeless and Special Needs Housing guidelines; no additional eligibility criteria have been set. CCS does not require applicants to provide birth certificates, photo ID's, or participate in case management in order to receive services.

Total Action for Progress (TAP)

TAP's emergency shelter project does not have additional rules or requirements regarding emergency shelter for survivors beyond the fact that the household must be homeless due to fleeing domestic violence. In a trauma-informed approach, we attempt to remove as many barriers to services as possible. Many of our families that are escaping violence or abuse leave without identification and other critical documents. While agency staff make every effort to help survivors obtain new copies of their documentation, TAP-DVS does not require such documentation to enter emergency shelter.

TAP Domestic Violence Services operates on a voluntary services model, meaning each survivor has the ultimate right to self-determination. This also means that survivors can benefit from an entire buffet of services or, choose just one item depending on their needs. Follow-up services to obtain documents fall under this category, and households are encouraged to follow through on such opportunities, as they increase affordable housing options upon program exit.

City of Roanoke

As the grantee carrying out coordinated entry activities for our community, the City of Roanoke operates in accordance with the policies, procedures and guiding principles outlined in our community's Coordinated Entry System (CES) policies and procedures. Guiding principles included in our CES policies and procedures include the prioritization of services for the most vulnerable people, low barrier and easily accessible services, Housing First system orientation and person-centered care. These principles are implemented in the day-to-day activities of City staff as they maintain our community's by-name lists, facilitate community case conferencing, conduct housing matching services, and coordinate referrals to community projects. No documentation or service participation requirements are in place for clients moving through our community's coordinated entry process.

17. 4. For each proposed grantee, does the agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? If not, please detail an expected timeline for activities to begin. If any portion of the funding request is to pay for a new staff position, how will the agency ensure position is filled in a timely manner?

Answer:

City of Roanoke

The City of Roanoke has substantial experience managing grants. The current operating budget for grants

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administered by the City is in excess of \$24.5 million including federal, state, and third party grants and the related local match funding. The City's Department of Finance employs staff with grants management experience and provides fiscal oversight of the requested funding. The City serves as the recipient of HUD CoC, Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Lead Hazard Control, and Emergency Solutions Grant (ESG) funds, as well as funding from numerous other grants including through the Department of Justice, State Homeland Security, and the Commonwealth of Virginia. Evidence of the successful management of these programs is available in the City's Annual Financial Report, which is made public at www.roanokeva.gov. The City maintains fiscal oversight by providing internal audits, monthly monitoring of spending, segregation between financial controls and grants management, as well as additional controls for financial reimbursements with several additional layers of fiscal oversight.

The City's Finance Department complies with generally accepted accounting practices and establishes reimbursement practices based on the guidelines provided by overseeing grants managed internally by the City and those of its community partners. These practices are subjected to annual external auditing and comply with A-133 standards. Additional processes are in place to ensure efficient monitoring, procurement compliance and ensuring expenses meet local, state and federal guidelines.

The City of Roanoke's project activities will be ready to begin on July 1. The request is for continuation funding and will not pay for a new staff position.

Council of Community Services

The Council of Community Services (CCS) has 60 years of experience managing grants. The operating budget for CCS is over six million dollars, with the majority of those funds secured through grants. CCS is governed by a volunteer Board of Directors. Members include executives from the business community, local non-profits, and local government. Administrative staff have extensive experience in organizational leadership and non-profit management. Additionally, the CCS Finance Department has financial policies and procedures set and monitored by the Finance Committee of the Board of Directors. The Council received a clean unqualified opinion from Anderson and Reed, a Certified Public Accounting firm, with no material deficiencies in its most recent audit, completed for the fiscal year ending June 30, 2023.

In 2009, the Council was funded to launch the Community Housing Resource Center (CHRC) to coordinate homeless services in the community and implement the Homelessness Prevention and Rapid Re-Housing Program (HPRP). Since the expiration of the HPRP in 2012, the CHRC has effectively implemented and managed multiple targeted homelessness prevention and rapid re-housing programs. These include funding from the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) administered by the City of Roanoke. CCS also manages funds overseen by the Virginia Department of Housing and Community Development including the Housing Opportunities for Persons with AIDS (HOPWA), the Virginia Homeless Solutions Program (VHSP), and the Virginia Housing Trust Fund (HTF). CCS staff have extensive experience in developing collaborative efforts among area homeless service providers to maximize the impact of these resources in our community.

Further, CCS has been operating as the HMIS Lead Agency since 2007. CCS has grown the HMIS implementation so that the Roanoke region now has 100% emergency shelter and permanent supportive housing bed and unit coverage. All organizations using HMIS are able to do so at no cost to the participating organizations.

In addition to the regular oversight of the prevention, RRH, HOPWA, and HMIS projects, over the last four years CCS has taken on multiple additional grant-funded projects. These projects included a CHERP- and ESG-CV-funded housing case management program for a non-congregate COVID shelter program from 2020-2021, a CHERP-funded COVID-isolation shelter from 2021-2022, and temporary oversight of the HUD-CoC-funded PSH program in 2023. CCS has also managed additional funding from CDBG-CV, ESG-CV, and VDH that temporarily expanded our prevention and RRH programs from 2020-2023.

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CCS' project activities will be ready to begin July 1, as this funding request is for continuation of services funded by VHSP. This request is not to fund a new position; therefore, the agency does not anticipate any staffing concerns.

Total Action for Progress (TAP)

TAP's Director of Housing & Human Services, Stacey Sheppard has managed multiple grants and funding sources during her eight year tenure with the organization. Additionally, her expertise in victim services with nearly 21 years of prior law enforcement experience aids in safety planning and in assisting those seeking services. TAP also has a stand-alone finance department that maintains spending records and ensures fiscal responsibility standards are met. Proposed activities are already underway, as the project is currently receiving DHCD VHSP funding to perform the same activities. Project activities will be ready to begin July 1.

18. 5. For each proposed grantee, discuss the capacity of the organization to implement VHSP or HOPWA-funded activities. Provide a list of the applicable certificates of training for direct program staff.

Answer:

City of Roanoke

The Human Services Administrator for the City of Roanoke provides leadership for the CoC and directly supervises the Coordinated Entry program. He has over seventeen years of experience working with human and social services agencies, with more than thirteen years of leadership experience addressing homelessness in the Roanoke Valley. The Administrator holds a Bachelor of Arts degree from the University of Virginia and has attended numerous best practice conferences and training events sponsored by local, state and federal agencies. The Administrator has traveled to high performing communities to learn best practices in service delivery, system design, and CoC planning and governance structures. Communities visited include Cincinnati, Ohio; Atlanta, Georgia; Virginia Beach, Norfolk, and Fredericksburg, Virginia. Lessons learned on these visits have been applied in our community to improve our programs and to make our overall system more efficient and effective. The City's Intake Specialist I provides direct services for the coordinated entry program and has a Bachelor's Degree in Administration of Justice with seven years of experience in low barrier homeless service delivery. The Specialist has extensive training on topics including Housing First principles, harm reduction, implicit bias, diversity and inclusion, diversion techniques, trauma-informed care, motivational interviewing, and confidentiality.

Council of Community Services

CCS has effectively implemented and managed multiple targeted homelessness prevention and rapid re-housing programs to include funding from the Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) managed by the City of Roanoke. CCS also manages funds overseen by the Virginia Department of Housing and Community Development including the Housing Opportunities for Persons with AIDS (HOPWA), the Virginia Homeless Solutions Program (VHSP), and the Virginia Housing Trust Fund (HTF).

The CCS Director of Homeless Services manages the rapid re-housing, targeted homeless prevention, HOPWA, and HMIS projects. The Director, a graduate of the College of William & Mary with a degree in economics and Radford University with an MSW, has 5 years of experience working directly with individuals experiencing homelessness, with 4 years of experience managing federal and state-funded homeless service projects, including HMIS administration. Over the last few years, the Director has participated in numerous training events sponsored by local, state, and federal agencies, including trauma-informed care, harm reduction, and case management. His MSW coursework included training in motivational interviewing & other counselling interventions, community assessments, policy practice, and research & data collection. The Director oversees the program's Housing Coordinators and directly supervises the HMIS staff team. He is assisted by the Homeless Services Manager who provides direct supervision of the Housing Coordinators. The HS Manager, a graduate of James Madison University with a degree in Sociology and Criminal Justice, has extensive case management experience with emphases in mental health and housing, human rights, substance abuse, motivational interviewing, harm reduction, and HUD Housing Quality Standards inspections.

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All Housing Coordinators provide direct services on behalf of the targeted homelessness prevention, rapid re-housing, and HOPWA projects. All Housing Coordinators have obtained multiple training credits on fair housing and are HUD certified lead-based paint visual assessors. The Housing Coordinator onboarding process includes housing case management training through the “ESG Onboarding Toolkit,” “CPD Income Eligibility Calculator and Income Limits,” and the “Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers” modules (all found at the HUDEXCHANGE.info). Coordinators receive training facilitated through the Virginia Housing Alliance on motivational interviewing techniques, trauma-informed care, and critical time intervention. Additionally, the HOPWA Coordinator participates annually in the Ryan White Case Management Summit, in which training topics included aging with HIV/AIDS, motivational interviewing and substance use, HIV and nutrition, and behavioral health

The HMIS project is staffed by the Director and the HMIS Data Administrator who both serve as System Administrators. The Data Administrator has a BS in Computer Science from Binghamton University and had held multiple positions as a software engineer. The HMIS Administrator has attended trainings hosted by our HMIS vendor and participates in monthly webinars hosted by HUD. The Administrator has also participated in National Human Services Data Consortium conferences. This multi-day event focuses on the best use of information technology to manage human services. Because of this ongoing professional development, our HMIS implementation now has 100% emergency shelter and PSH bed coverage. Moreover, our region is one of the few in the nation to have our local Veterans Affairs using HMIS to track our HUD-VASH program. The Director successfully completed the HUD Data Analytics course during the Fall 2023 delivery to improve his data interpretation and presentation skills.

Total Action for Progress (TAP)

TAP’s Finance Department administers other state, federal, and locally funded programs similar in scope and nature, and possesses the capacity to properly administer grant funds, provide reports, and manage program activities. TAP currently operates a successful VHSP-funded project and has for the previous two years. TAP’s Housing and Human Services Director Stacey Sheppard has overseen project activities, and will ensure the project continues its operation effectively during the transition from FY 24 to FY 25.

19. 6. For fiscal agents and service coordinators only, detail the sub-contracted agencies that will be administering the VHSP- or HOPWA-funded activity(s). Include a discussion of their capacity to carry out the project in adherence with HSNH and program-specific guidelines. How will the agency monitor the funded activities provided by the sub-contracted agencies?

Answer:

No agencies in our community are requesting funding as fiscal agents or service coordinators.

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20. 7. Proposed HOPWA-providers only, what safeguards and provisions are in place to protect clients' HIV/AIDS statuses from landlords and other third parties?

Answer:

The HIV/AIDS statuses of clients are protected from landlords and other third parties in several ways. First, the visibility of all HOPWA client data entered into the Homeless Management Information System (HMIS) is locked down from users outside the HOPWA-providing agency. Project enrollments and all associated demographic and health information for HOPWA clients is only visible to HOPWA case workers at the Council of Community. Data visibility at the Council of Community Services is granted on a need-to-know basis with only HOPWA case workers having access to HOPWA client data in the HMIS.

Second, "HOPWA" or "Housing Opportunities for Persons with AIDS" is not included on any correspondence with landlords or other third parties. Financial payments to landlords include "Housing Assistance" with the client address or utility account number in the memo line of checks paid by the program on behalf of clients. Landlord agreements and other paperwork sent to landlords only include the program name, "Council of Community Services", or the term "housing assistance". The acronym, "HOPWA", that may indirectly disclose the medical statuses of clients is never used on any third party correspondence.

Third, hard copy HOPWA client files are kept in a separate, locked file cabinet, separated from other program files, with only HOPWA case workers needing access to these files having access to them. The HOPWA file cabinets have separate keys with only HOPWA staff having keys to access these client files. Finally, Ryan White client codes (first and third letter of client's first name, first and third letter of client's last name, client's date of birth and client's gender code) are placed on the labeling field of each hard copy HOPWA client file. Full names are never used to label client files.

Finally, Ryan White client codes (first and third letter of client's first name, first and third letter of client's last name, client's date of birth and client's gender code) are used on check request documents and other correspondence with the Council of Community Services' Finance Department. Full names are never used outside of Homeless Services HOPWA case work staff. Client medical status is protected and upheld with the utmost privacy protections, both internally and with external third parties.

21. 8. Proposed HOWPA-providers only, detail the other funding sources the agency has access to for housing individuals with HIV/AIDS and which community services are leveraged for HOPWA project participants.

Answer:

The Council of Community Services (CCS) operates the HOPWA project for our community. In addition to HOPWA, CCS operates a Drop-In Center program that provides case management, patient navigation, and Ryan White services for those living with HIV/AIDS and/or Hepatitis C. Households needing HOPWA services are often referred to the Drop-In Center to receive these additional services. CCS' HOPWA and Ryan White programs often coordinate services in order to maximize the impact of resources households can access. For example, Ryan White funding may be used to pay for a household's rental deposit and first month's rent, while HOPWA funding may be used to assist with rent, utility, and arrears payments on an emergency basis.

Additionally, HOPWA services are also closely coordinated with other HIV service providers including the Roanoke City and Alleghany Health Districts; the Carilion Infectious Diseases, Tropical Medicine & International Travel Clinic; and the Carilion Infectious Disease Clinic's System Navigator program. Referrals to and from the local health departments and the Carilion Infectious Disease Clinic are frequent. Services are closely coordinated with these partners on an ongoing basis.

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Attachments:

CoC/LPG Governance Charter/By-Laws

BlueRidgeCoCGovernanceCharter41202243800432024122643.pdf

CoC/LPG HMIS Policies and Procedures

BLUERIDGECOCHMISPOLICIESANDPROCEDURESAPPROVEDOCTOBER202342202430750.pdf

Year One Request: proposed grantees and activities (DHCD document)

HSNHYearOneRequest20242025Roanoke432024122712.xlsx