

Application to DHCD Submitted through CAMS

City of Roanoke

Roanoke City & County/Salem CoC 2022-2024 HSNH

Application ID: 93303072022091549
Application Status: Incomplete
Program Name: HSNH 2022-24 Application
Organization Name: City of Roanoke
Organization Address: 339 Salem Avenue
Roanoke, VA 24016-3611
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Project Name: Roanoke City & County/Salem CoC 2022-2024 HSNH
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Project Location: 339 Salem Avenue SW
Roanoke, VA 24016-3611

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: \$853,958.00

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	\$59,233.00	\$0.00	\$59,233.00
Centralized or Coordinated Assessment/Entry	\$59,233.00	\$0.00	\$59,233.00
Targeted Prevention	\$199,065.00	\$0.00	\$199,065.00
Targeted Prevention	\$199,065.00	\$0.00	\$199,065.00
Emergency Shelter Operations	\$98,183.00	\$0.00	\$98,183.00
Emergency Shelter Operations	\$98,183.00	\$0.00	\$98,183.00
Rapid Re-housing	\$137,500.00	\$0.00	\$137,500.00
Rapid Re-housing	\$137,500.00	\$0.00	\$137,500.00
CoC Planning	\$49,398.00	\$0.00	\$49,398.00
CoC Planning	\$49,398.00	\$0.00	\$49,398.00
HMIS	\$16,828.00	\$0.00	\$16,828.00
HMIS	\$16,828.00	\$0.00	\$16,828.00
Administration	\$14,641.00	\$0.00	\$14,641.00
Administration	\$14,641.00	\$0.00	\$14,641.00
Total VHSP Funding Request	\$574,848.00	\$0.00	\$574,848.00
HOPWA	\$279,110.00	\$0.00	\$279,110.00
HOPWA	\$279,110.00	\$0.00	\$279,110.00
Total:	\$853,958.00	\$0.00	\$853,958.00

Budget Narrative:

Coordinated Entry– City of Roanoke: \$59,233 Homelessness Prevention – Council of Community Services: \$199,065 Shelter Operations – ARCH Roanoke - \$55,933, TAP - \$42,250: totaling \$98,183 CoC/LPG Planning– City of Roanoke: \$49,398 Rapid Re-Housing – Council of Community Services: \$137,500 HMIS – Council of Community Services: \$16,828 HOPWA – Council of Community Services: \$279,110

Questions and Responses:

1. Part I Community Analysis and Processes

1. Using PIT and other homeless data, detail who is experiencing or at risk of experiencing homelessness in your CoC/LPG.

Answer:

On January 27, 2021, 250 people were experiencing homelessness in the Roanoke Region. A majority, 95.2%, (238) were staying in emergency shelters, and 4.8% (12) were in unsheltered locations. Fourteen percent (35) of people experiencing homelessness were children under the age of 18, 84.4% (211) were over the age of 24, and 1.2 percent (3) were between the ages of 18 and 24.

Between 2020 and 2021, the number of people experiencing homelessness in the Blue Ridge Continuum of Care decreased by 9.4% (276 in 2020 and 250 in 2021). Homelessness decreased among people staying in unsheltered locations by 60.0%. (30 in 2020 and 12 in 2021). A trend of decreasing numbers since 2012 in our CoC shows that homelessness has decreased by 55.4% (561 in 2012 and 250 in 2021).

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There were 186 people experiencing homelessness in adult-only households, accounting for 74.4% percent of the homeless population. Most (97.9%) were over the age of 24. Two percent were between 18 and 24 (4). There were 52 people in families with children experiencing homelessness, representing 20.8 percent of the homeless population. Of people in families with children, 67.3 percent (35) were under the age of 18, 32.7 percent were over 24, and none were between the ages of 18 and 24.

Between 2020 and 2021, homelessness among individuals decreased by 7.0 percent. Homelessness among people in families with children counted on a single night decreased by 17.5% between 2020 (63) and 2021 (52). The number of homeless family households decreased by 29.2% between 2020 (24) and 2021 (17).

In January 2021, 27 veterans were experiencing homelessness, representing a decrease of 10.0% over 2020 (30). All 27 veterans were homeless in households without children, seven were chronically homeless and two were unsheltered.

There were 56 individuals with chronic patterns of homelessness on our 2021 Point-in-Time Count night. There were no chronically homeless families with children. Chronic homelessness increased by 27.3 percent between 2020 (44) and 2021 (56), but has decreased by 62.4 percent since 2012 (149).

There were 3 unaccompanied homeless youth between the ages of 18 and 24 counted in January 2021 (all were sheltered). There were no individuals parenting youth households.

As the above data indicates, homelessness in the Roanoke Region decreased in 2021, as measured through the annual Point-in-Time (PIT) Count. The total count of 250 individuals in January 2021 was a decrease (9.4%) over the 276 counted in January 2020. Progress continues to be made in the Roanoke Region in reducing family and youth homelessness. The number of homeless families decreased 29.2% in 2021 over 2020; the number of homeless children under 18 decreased 5.4%; the number of homeless youth between 18 and 24 decreased by 75%. This progress, however, was offset by an increase in the number of individuals experiencing chronic homelessness, which increased 27.3% in 2021.

In fiscal year 2020-2021, 1,888 households requested rental assistance or homelessness prevention services through our community's Coordinated Entry process. Our community's targeted homelessness prevention project served 98 of these households, or 5% of the total number of households requesting services. The households not served through targeted homelessness prevention were connected to the Virginia Rent Relief Program and other available community resources. The majority of these households served through our prevention programs were families (55%), with the remaining 45% identifying as individuals/single adult households. Sixty-nine percent (69%) of individuals served through our targeted prevention programs identified as Black/African American, thirty percent (30%) identified as White and one percent (1%) identified as Asian or Asian-American. Over half (56%) of households served were in rental units and facing an eviction, while thirty-two percent (32%) 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, seventy-three percent (73%) of individuals entering our emergency shelter system came from "doubled up" or hotel/motel living situations, while 17% 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. 2. Detail the CoC/LPG's Crisis Response System from outreach to permanent housing placement including the service providers for each activity.

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 individuals can access emergency shelter services through the Roanoke Rescue Mission, ARCH Services' Trust House, 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 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 experiencing a housing 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 through objective scoring on our common assessment tool, the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). Rapid re-housing services are provided by the Council of Community and Total Action for Progress. Permanent supportive housing services are provided ARCH Services, 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.

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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. Detail the methodology for determining gaps within the system.

Answer:

Our CoC has identified existing gaps within our Crisis Response System this operating year. One gap includes the lack of housing resources that are available to meet the need in our community. These resources include the need for additional permanent supportive housing vouchers and rapid rehousing services. We have identified these gaps through our bi-weekly Housing Placement Team meetings as well as through review of HMIS data, which quantifies the gap between need and currently available resources.

As of March 18, 2022, our community has 40 individuals on our chronically homeless by-name list who have had contact with a homeless services provider in the last 60 days. Currently, all of the slots in our non-Veteran permanent supportive housing (PSH) programs available to serve these individuals are full. We have a 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. More detail on our work to fill this resource gap is provided in the response to Question #4.

Similar to PSH, in the 2020-2021 program year, our HMIS data indicates there were 419 households that were identified as needing a rapid re-housing intervention, as evidenced by our standardized community assessment. These households scored between 4 and 7 on the VI-SPDAT, our community's targeted range for rapid re-housing services. Because of a lack of resources, only 188 of these households (45%) received this intervention. Additional funding would not only guarantee the much needed financial assistance for numerous households in our community, but would also increase staff capacity to provide more intensive housing navigation services to this population.

Another gap that has been identified within our crisis response system is a lack of long-term housing stability case management services, which has historically led to poor performance around housing retention in our community. Our FY 2021 system performance measures indicate that 27% of households that were housed in our community two years prior had a return to homelessness within the subsequent two years. While this is a 3% decrease in the number of returns over our FY 2020 performance, it is still higher than the 25% return rate recorded in FY 2019. We have attributed these relatively frequent return rates to a lack of longer-term, housing-focused case management services. In response to this data, all of our community's emergency shelter programs now offer housing stability case management services as a component of the continuum of services provided to households exiting their emergency shelter programs.

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 planning process. Our recent transition to a new HMIS software platform presents an opportunity for us to coordinate this system refinement work with the enhanced capabilities of our new software system. Additional detail on our work to refine our Coordinated Entry process is also provided in the response to Question #4.

4. 4. What is your CoC/LPG doing to address these gaps/needs?

Answer:

Response to Gap in PSH Resources

In an effort to fill the gap in Permanent Supportive Housing (PSH) resources needed to adequately respond to chronic homelessness, our community has implemented a homeless preference with our local Public Housing Authority (PHA) to prioritize Housing Choice, Mainstream and Emergency Housing Vouchers to households exiting literal homelessness.

Referrals to these prioritized vouchers were implemented as part of our community's Coordinated Entry process in December 2020. Our community set the threshold for voucher referrals to be individuals scoring a 4 or above on our common assessment tool (VI-SPDAT) who also have a total household income at or below 30% of the Area Median Income. Chronically homeless households are prioritized within this targeted population. Since this process was

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implemented in December 2020, 184 households have been referred to our PHA for vouchers, with 29 of these households being housed as of March 21, 2022.

While these prioritized vouchers have been a critical resource for our community, we have identified a significant need for additional housing navigation services to provide more intensive housing search assistance and support for individuals to successfully utilize the vouchers. More detail on our work to fill this gap is included below.

Response to Gap in Housing Navigation and RRH Services

Sixty-two percent (62%) of our community's voucher referrals have come through our street outreach teams for unsheltered individuals. To fill the housing navigation gap noted above, our community's primary street outreach provider, the City of Roanoke's Homeless Assistance Team, has developed partnerships with multiple mental health support agencies that provide mental health skill building services for individuals receiving Medicaid benefits. These agencies have been a critical component of our response to unsheltered homelessness by assisting clients in searching for and applying for housing units; however, to qualify for these services, individuals must have a history of mental health hospitalizations and be eligible for Medicaid benefits. As a result, there is a gap in services for individuals who do not have a history of mental health hospitalizations and for those who do not qualify for Medicaid benefits.

To fill this gap, the Council of Community Services (CCS) is hiring a RRH Housing Navigator using ESG-CV Entitlement funds from the City of Roanoke. We are requesting additional RRH funds through the Virginia Housing Trust Fund as part of this application to continue funding this Housing Navigator position once the City ESG-CV money expires in September 2022. Continuing to provide this service past the expiration of CARES Act funding will be critical in our work to respond effectively to chronic and unsheltered homelessness. Additional Housing Trust Fund resources will also allow our community to increase our capacity in providing financial assistance for more clients transitioning back into permanent housing with RRH assistance.

Additionally, our street outreach team is hiring two new case managers using ESG-CV funds from the City of Roanoke. Funding through the City's General Fund has been requested to fund these positions past the expiration of CARES Act resources. These new outreach staff, couple with the new Housing Navigator position at CCS, will allow our community to provide much more robust housing search and navigation services for individuals exiting homelessness, particularly for those experiencing unsheltered and chronic homelessness.

Addressing the Gap in Housing Stability Case Management

In response to our system performance data around returns to homelessness mentioned previously, all of our community's emergency shelter programs have implemented housing stability case management services.

Our community's largest shelter, the Roanoke Rescue Mission, hired a housing stability case manager in 2021 to assist clients in locating housing and in providing case management services to assist clients with stabilizing successfully once housed. As a result of these services being implemented, returns to homelessness for individuals exiting to permanent housing from emergency shelter decreased in our community by 2% in FY 2021 (27%) from FY 2020 (29%). We will continue to prioritize this service as a community in order to build on the progress already being made.

As mentioned above, our community's street outreach team has developed partnerships with mental health support agencies to help fill this housing stability case management gap for individuals being housed directly from the streets. These agencies are providing on-going support to help unsheltered individuals stabilize in permanent housing in addition to the housing search assistance they provide. This service provides another tool in our community efforts to reduce returns to homelessness. As a result, the percentage of households returning to homelessness after being housed through our street outreach programs decreased by 4% from FY 2020 (37%) to FY 2021 (33%).

Coordinated Entry Refinement

As previously stated, enhancing our coordinated entry process has been identified as a priority for our community in an effort to ensure our system continues to most effectively and efficiently meet the needs of individuals in our service system.

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Our community is working with the Corporation for Supportive Housing to conduct a full evaluation of our current system and to engage stakeholders to plan and implement system enhancements. We are utilizing HUD's Coordinated Entry Self-Assessment and HUD's Coordinated Entry Management and Data Guide to conduct our system evaluation. We have identified a broad group of 30 community stakeholders that will be meeting regularly over the next several months to drive this evaluation and refinement process.

The end result of this work will be the development of an ideal system map, to include enhancements to our current system, which will then be translated into an HMIS workflow. Because our community recently transitioned to a new HMIS software platform, we are using this opportunity to implement an efficient and effective workflow in HMIS that will allow us to ensure our resources are continuing to be targeted effectively and to use data to measure service gaps in new and innovative ways, while meeting HUD data collection requirements.

5. Describe in detail 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. 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 Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), our community's common assessment tool, at all entry points. Points of entry include Central Intake, 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. Central Intake also places households in need of emergency shelter services into beds at ARCH Services' Trust House. 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 VI-SPDAT 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 using the VI-SPDAT and ensure individuals are placed on our community's by-name lists for case conferencing and housing matching through our Housing Placement Teams.

Referrals to emergency shelter services are provided through our community's street outreach teams, Central Intake and 2-1-1 VIRGINIA as outlined above. Referrals to housing services are conducted by our outreach teams and through case managers at our emergency shelter projects once households have been assessed using the VI-SPDAT. These

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housing referrals are coordinated through our Housing Placement Teams by case conferencing our by-name lists. Households are matched to housing resources by the Housing Placement Teams in accordance with our community's prioritization policies.

Homelessness prevention referrals are coordinated through Central Intake. Households at-risk of homelessness are assessed through Central Intake and referred to 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 by 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 to ensure individuals living with HIV/AIDS have access to our community's 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 individuals who self-disclose as living with HIV/AIDS are identified as members of households seeking traditional homelessness prevention resources. Referrals are also made to the HOPWA program by homeless service providers for individuals who respond affirmatively to the question, "if there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you" on the VI-SPDAT.

6. 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 detailed in question #1? 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. These prioritization criteria were developed to align with State and Federal goals to end homelessness among the prioritized sub-populations. As previously stated, our prevention targeting criteria were developed using local data on households entering our emergency shelter system, as detailed in question #1.

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.
- 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.

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 homeless episode in the past are prioritized for services within each

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tier.

If a household is experiencing literal homelessness, then they are screened and prioritized using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT and Family-VI-SPDAT prioritizes households based on vulnerability across five components:

- History of housing and homelessness
- Risks
- Socialization and daily functioning
- Wellness – including chronic health conditions, substance usage, mental illness, and trauma and (e) family unit (if applicable).

The following represents a uniform assessment and housing prioritization process that is used across the Blue Ridge CoC for matching individuals and families with interventions:

VI-SPDAT or F-VI-SPDAT Score at or above 8:

- Singles: referred to permanent supportive housing (PSH) programs
- Families: referred to PSH or medium-term Rapid Re-Housing (RRH)

VI-SPDAT or F-VI-SPDAT Score between 4-7:

- Singles: referred to RRH
- Families: referred to short & medium-term RRH

VI-SPDAT or F-VI-SPDAT Score below 4:

- Singles: self-resolve or connected to community supports
- Families: self-resolve or connected to community supports

Prioritization for rapid re-housing services is coordinated in alignment with our community's CES policies and procedures. Individuals and families with a score between 4 and 8 on the VI-SPDAT are referred for rapid re-housing services. Households that are referred for rapid re-housing are prioritized based on the following criteria (only go to the next level as needed to break a tie between two or more households):

First Priority: Non-Chronic Youth Scoring 4-8

1. Veteran (not eligible for VA-RRH)
2. VI-SPDAT Score
3. Length of Homelessness

Second Priority: Non-Chronic Families Scoring 4-8

1. Veteran (not eligible for VA-RRH)

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2. VI-SPDAT Score

3. Length of Homelessness

Third Priority: Non-Chronic Singles Scoring 4-8

1. Veteran (not eligible for VA-RRH)

2. VI-SPDAT Score

3. Length of Homelessness

In an effort to ensure all populations have access to housing resources, rapid re-housing slots are assigned through our Housing Placement Teams to singles and families using the prioritization process outlined above. Available funding governs the number of families and individuals served through rapid re-housing.

Individuals and families that score an 8 or above on the VI-SPDAT and who are chronically homeless are referred for permanent supportive housing and are prioritized based on the following criteria (only go to the next level as needed to break a tie between two or more households):

- 1) Chronically homeless individuals and families with the longest history of homelessness and most severe service needs (those with highest VI-SPDAT score).
- 2) Chronically homeless individuals and families with longest current episode of homelessness (to be used as a tie breaker for those in category 1 with the same VI-SPDAT score).
- 3) All other chronically homeless individuals and families.
- 4) If no chronically homeless individual or family is identified, follow the order of priority for beds not dedicated or prioritized for chronically homeless.

Bed placements at ARCH's emergency shelter are coordinated through the City of Roanoke's Central Intake program as part of our coordinated entry system. Individuals seeking emergency shelter through ARCH are assessed by Central Intake staff and prioritized for placements based on vulnerability. The most vulnerable individuals (those staying outside, families with children, youth and LGBTQ individuals) receive priority and are placed as openings are available. Because households 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 shelter at the Mission.

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7. 7. How is the length of financial and supportive service provision 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. 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 Lead Case 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 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 Community Housing Resource Center Director and/or Lead Case Manager to ensure compliance with program guidelines and to ensure project funds are maximized.

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 have been reviewed and approved by the CoC.

8.

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8. 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:

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 include 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 in our CoC. 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. ARCH Roanoke provides low barrier shelter to individuals, families and Veterans 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.

Harder to serve clients throughout our CoC's service area are prioritized and are case conferenced through our bi-weekly Housing Placement Team meetings and are matched to housing resources throughout our CoC in 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:

ARCH Roanoke is a low barrier shelter for unaccompanied youth, single adults, families, men, women and LGBTQ+ individuals. 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 barriers. 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 the VI-SPDAT.

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 projects and to Housing Choice, Mainstream and Emergency Housing Voucher programs.

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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 the LanguageLine to assist non-English speaking individuals. LanguageLine 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 the City of Roanoke, the Council of Community Services, ARCH Roanoke 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 impairment. 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 shelter, 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. ARCH Roanoke, 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. We have also instituted an "alert" system in our Homeless Management Information System (HMIS) to locate harder to serve individuals. This alert system has allowed us to connect hard to serve individuals with openings in our permanent supportive housing projects and to voucher programs operated by our public housing authority.

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9. 9. Does the CoC/LPG have any requirements for assistance that could serve as a barrier to 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 serve as a barrier. 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 annual site visits coordinated by our CoC Chair and conducted by our planning entity. 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 access, the Prohibition Against Involuntary Family Separation, as well as Equal Access and Prohibited Inquiries. Our governing board reviews and updates its policies regarding low barrier service access regularly. Best practice models are reviewed by our CoC Lead and planning entity to ensure our community is taking advantage of lessons learned from other high performing communities, and that we are utilizing those lessons 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.
10. 10. 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?

Answer:

There are barriers that exist in our community that make it difficult for households to access services or obtain permanent housing. Two of the primary barriers include the lack of affordable housing and landlord screenings. Our CoC is working to address these barriers to reduce the impact on households exiting homelessness.

Landlord screenings are a 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

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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, if they are required by landlords.

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.

Another community barrier identified by the CoC is the lack of affordable housing. The lack of affordable housing has increased the risk of many households in our community in experiencing homelessness and has made it more difficult to house low income individuals who enter our system. To address this lack of affordable housing, the CoC has partnered with affordable housing providers such as Restoration Housing, the Roanoke Redevelopment and Housing Authority (RRHA), Total Action for Progress (TAP) and others who operate tax credit properties with units that are available to low income households. Restoration Housing develops affordable rental properties in our region for the benefit of limited-income families and individuals. One of Restoration Housing's recent projects was a partnership with ARCH Roanoke that created four Permanent Supportive Housing units for previously homeless individuals. Two of these four units meet Americans with Disability Act (ADA) standards and provide accessible housing for individuals with disabilities.

The CoC has worked with the RRHA to implement a homeless preference for its Housing Choice and Mainstream Voucher programs. CoC partners can now submit applications for these voucher programs for individuals experiencing homelessness at any time, regardless of the status of the public application process. Referrals to these prioritized vouchers are incorporated into our community's Coordinated Entry process. Our community's prioritization criteria for these vouchers programs were established through a subcommittee of the Continuum of Care (CoC) and were approved by the full membership of the CoC. Our local Housing Authority recently received 26 Emergency Housing Vouchers (EHVs) through the American Rescue Plan Act. These 26 EHVs have been incorporated into our existing Coordinated Entry process for voucher referrals, with the Housing Authority only accepting referrals set through our Coordinated Entry process. As of March 22, 2022, our community has "leased up" 21 of our 26 (80.77%) Emergency Housing Vouchers, the second highest percentage of leased up vouchers in the state.

In addition to these partnerships, our CoC Chair served on an advisory committee, through the Roanoke Valley-Alleghany Regional Commission (RVARC), that provided input and oversight of a comprehensive housing study in our region. The housing study, which was released by the RVARC in September 2021, highlighted the urgent need for a significant increase in the number of affordable units for low and extremely low income households in our region. According to the study, there is a deficit of 3,569 affordable housing units for extremely low income households in the City of Roanoke. This urgent need for additional units that was documented in the study has resulted in the RVARC receiving a \$2 million grant from Housing Virginia to develop 24 affordable housing units.

Additionally, a private developer has used the need identified in the study to secure Low Income Housing Tax Credit (LIHTC) funding to develop more than 200 units of affordable housing in Roanoke County. This new housing development will be on our community's public transportation route, making it accessible to individuals exiting homelessness who have transportation barriers. The developer worked with our CoC Chair in drafting the LIHTC funding proposal to implement a partnership where individuals exiting homelessness, who have secured a housing voucher through our Coordinated Entry process, will be prioritized for units once the project is operational.

Our CoC is also working with the City of Roanoke's HUD Community Resources Department to develop a plan to allocate the \$2.4 million received by our community through the HOME-ARPA program. This planning effort is utilizing our HMIS, Point-in-Time Count and Housing Inventory Count data to assess the service and housing needs of individuals experiencing homelessness in our community. The RVARC housing study is also being used to evaluate the gaps in our community's affordable housing stock. Data from our homeless services system and our regional housing study will be analyzed to develop a comprehensive needs assessment to set priorities to include in a public Request for Proposals that will be released by the City in late 2022. The needs assessment will also be used to prepare our community's allocation plan of the HOME-ARPA funding that will be submitted to HUD. It is anticipated that this

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allocation plan will result in additional affordable housing units being developed in our community that will prioritize units for individuals exiting homelessness. Further, the needs assessment will be used by our community to pursue other housing development partnerships to continue working to fill affordable housing gap.

11. 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, 2019 – December 31, 2019). 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 10 general meetings in calendar year 2021.

Total Action for Progress (TAP): 100% participation rate. TAP attended 10 of the 10 CoC general meetings in 2021.

Family Promise of Greater Roanoke: 100% participation rate. Family Promise attended 10 of the 10 CoC general meetings in 2021.

Roanoke Redevelopment & Housing Authority (RRHA): 10% participation rate. The RRHA attended 1 of the 10 CoC general meetings in 2021.

City of Roanoke (CoC Lead): 100% participation rate. As CoC Lead, the City of Roanoke convened and facilitated all 10 of the CoC general meetings in 2021.

Council of Community Services: 100% participation rate. The Council of Community Services attended all 10 of the CoC general meetings in 2021.

Blue Ridge Independent Living Center: 50% participation rate. The Blue Ridge Independent Living Center participated in 5 of the 10 CoC general meetings in 2021.

ARCH Roanoke: 70% participation rate. ARCH Roanoke participated in 7 of the 10 CoC general meetings in 2021.

Roanoke Rescue Mission: 80% participation rate. The Roanoke Rescue Mission participated in 8 of the 10 CoC general meetings in 2021.

Blue Ridge Behavioral Healthcare: 80% participation rate. Blue Ridge Behavioral Healthcare participated in 8 of the 10 CoC general meetings in 2021.

Salem VA Medical Center: 70% participation rate. The Salem VA Medical Center participated in 7 of the 10 CoC general meetings in 2021.

Safehome Systems: 30% participation rate. Safehome Systems participated in 3 of the 10 CoC general meetings in 2021.

Salvation Army: 80% participation rate. The Salvation Army participated in 8 of the 10 CoC general meetings in 2021.

Roanoke Area Ministries (RAM): 90% participation rate. RAM participated in 9 of the 10 CoC general meetings in 2021.

Goodwill Industries of the Valleys: 40% participation rate. Goodwill participated in 4 of the 10 CoC general meetings in 2021.

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Roanoke Area Ministries (RAM): 90% participation rate. RAM participated in 9 of the 10 CoC general meetings in 2021.

Embrace Healthy Solutions (EHS): 60% participation rate. EHS participated in 6 of the 10 CoC general meetings in 2021. EHS is a local mental health support agency.

Virginia Harm Reduction Coalition: 30% participation rate. The Virginia Harm Reduction Coalition participated in 3 of the 10 CoC general meetings in 2021.

United Way of Roanoke Valley: 10% participation rate. The United Way participated in 1 of the 10 CoC general meetings in 2021.

In addition to general meetings, the CoC also holds bi-weekly case conferencing meetings and meetings of the HMIS Data Quality and Coordinated Entry committees. 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

Freedom First Credit Union

City of Roanoke

Roanoke County

City of Salem

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

Carillion Clinic

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

Scott Hill Retirement Community

The CoC and the Blue Ridge Interagency Council on Homelessness work together to engage stakeholders and increase participation in community meetings and coordination activities. The Chair of the CoC schedules face-to-face meetings with 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.

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12. 12. Has your CoC/LPG examined its programs and systems for racial disparities? What was the result of this examination and what is the CoC/LPG doing with this information? Detail the actions taken or underway to address the disparities (if applicable)?

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 five 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 61 and 77% of the total number of individuals receiving homelessness prevention services.

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. Because our community is transitioning to a new HMIS software platform, we have not yet been able to conduct our 2021 system performance analysis by race. In 2020, the average length of time homeless for African-Americans in our system was 67 days. The average length of homelessness for White individuals was also 67 days. Similarly, in 2018, 43.4% of African-Americans who exited to permanent housing destinations two years prior, had a subsequent return to homelessness at some point over the subsequent two years. The return to homelessness rate for White individuals over this same period was 39.9%

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, the decrease in homelessness among African-American individuals decreased (-17%) at a much greater percentage compared to the decrease among White individuals (-4.5%) as measured through our 2021 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 to be proactive 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 as part of our annual homelessness symposium. 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.

13. 13. List the proposed projects for VHSP and HOPWA funding.

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Answer:

Coordinated Entry – City of Roanoke: \$59,233. The City of Roanoke is requesting \$59,233 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: \$199,065. 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 Central Intake referrals, will be the targeted prevention service provider.

Shelter Operations – total community request: \$98,183; ARCH Roanoke - \$55,933 and Total Action for Progress (TAP) Domestic Violence Services (DVS) – \$42,250.

ARCH Roanoke is applying for \$55,933 through two categories: security and case management. In the security category, funding is requested to cover overnight shelter staff that provides safety and security of clients, staff, and the facility. In the category of case management, funding is requested for the salary of the Program Director for Case Management Support who works directly with shelter staff to ensure clients are assisted with obtaining permanent housing.

TAP-DVS is requesting \$42,250 in emergency shelter funding for survivors of domestic violence. Services provided are scattered-site emergency shelter stays, which will utilize area hotels to relocate families who are homeless due to fleeing domestic violence. Supportive services, provided as in-kind match (a portion of staff time funded through Family Violence Prevention and Services Act), will include comprehensive, trauma-informed case management, emergency food, and housing search/stability services. VHSP-funded activities estimate weekly cost of \$550 for shelter units, and \$100 for emergency food assistance for those residing in emergency shelter for a total of 65 weeks (an estimated 13 weeks per participant for five participants).

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: \$137,500. 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 the VI-SPDAT at entry by all emergency shelter and street outreach providers for rapid re-housing and permanent supportive housing services. 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: \$16,828. The CCS, in its role as the Blue Ridge Continuum of Care (BRCoC) HMIS Lead, seeks to maintain quality data on the homeless individuals and families who reside in our coverage area in order to best plan, prepare for, 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.

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HOPWA – Council of Community Services: \$279,110. 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, we were 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.

14. 14. 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 achieved via use of 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 implemented a threshold review process to provide an objective way to evaluate potential new applicants. This process also ensures the organization considering to pursue 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
- 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)
- 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 projects 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

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becoming high performing organizations. Discussions are regularly held to ensure alignment of community programs with existing CoC priorities. Organizational performance is monitored to verify reported client outcomes and sound financial management on an annual basis.

In the event that awarded funding is less than requested, the BRICH ranking and review committee meets to make final determinations on how awarded funding 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.

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

15. 15. 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. On-site project monitoring activities have not been conducted during the COVID-19 pandemic; however, monitoring visits will be re-activated in the 2022-2023 program year.

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.

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

1. For each direct service proposed grantee, 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' Community Housing Resource Center (CHRC) 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, no additional eligibility criteria have been 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. These processes all align with Housing First principles.

ARCH Roanoke

ARCH Roanoke's policies and procedures supports the CoC's Housing First philosophy and provides equal access into shelter to all households. Individuals and families have complete access to shelter services and do not have to demonstrate sobriety, completion of any type of medical, mental, or substance abuse treatment, nor are they required to receive case management services. ARCH believes that this is the most effective and expeditious approach to rehousing chronically homeless persons and families from shelter and into permanent, sustainable housing, which is a key component and the needed foundation for pursuing other health and service goals. The Housing First model is written into our Policies and Procedures Manual for all shelter and housing programs.

Total Action for Progress (TAP)

Domestic violence situations demand an especially timely and pro-active approach to the Housing First model. For families homeless due to fleeing domestic violence, finding safe housing is paramount. Staff work to ensure survivors' safety within emergency shelter, in accordance with their safety needs. For some participants, the area's traditional emergency shelters may not be appropriately safe. The emergency shelter provided through the 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.

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, conduct housing matching services and coordinate referrals to community projects.

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17. 2. 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' Community Housing Resource Center (CHRC) 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. The CHRC does not require participants to provide birth certificates, photo ID's, or participate in case management in order to receive services.

ARCH Roanoke

ARCH utilizes a Housing First approach in all programs, including services offered through their low barrier shelter, Trust House. All bed placements are coordinated through Central Intake. Once in shelter, a comprehensive intake packet is completed and entered into HMIS. There are no document requirements such as birth certificates, photo IDs or proofs of residency. There are also no service participation requirements. The only requirement to enter in to shelter is that the individual cannot be on the sex offender registry. This is due to the close proximity that individuals have to children and other vulnerable populations entering the shelter with their families. This helps to ensure the safety of all shelter residents. If an individual is on the sex offender registry, they are referred to the Rescue Mission who is able to accommodate with shelter beds for this population.

Total Action for Progress (TAP)

TAP-DVS requires those seeking emergency housing to be homeless due to domestic violence. Those seeking services who are not survivors of domestic violence will be referred to appropriate resources, such as the Community Housing Resource Center, Homeless Assistance Team, and others. TAP-DVS does not require those seeking services to have identification documents, meet residency or service participation requirements in order to access shelter.

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, 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.

18. 3. For each proposed grantee, does your agency have the capacity to administer the requested funding? Will project activities be ready to begin on July 1? 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 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 (CDBG), HOME Investment Partnerships Program (HOME), Lead Hazard Control, and Emergency Solutions Grants (ESG), as well as funding for 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

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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, segregation between financial controls and grant 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 organizations of both the City and its partners. These practices are subjected to annual external auditing and comply with A-133 standards. Additional processes are in place to ensure efficient monitoring, compliant procurement and expenses meeting local, state and federal guidelines. The City acts as a leader within the community serving as fiscal agent for numerous organizations.

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.

ARCH Roanoke

ARCH has the capacity to effectively manage the requested funding, as best evidenced by many prior years of VHSP funding at similar levels. The Finance Director manages the finance department. The Executive Director provides oversight to the Finance Director, and both report monthly to the board of directors and its finance committee. ARCH has comprehensive, board-approved fiscal policies and procedures. An annual audit is commissioned with an independent firm to evaluate the agencies compliance with law, internal procedures, and generally-accepted accounting principles (USGAAP).

ARCH's project activities will be ready to begin July 1, as this funding request is for continuation of activities currently funded by VHSP. Presently, all staff positions are filled.

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, 2021.

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 the Emergency Solutions Grant and the Housing Opportunities for Persons with AIDS program as well as the Virginia Homeless Solutions Programs that are all funded through the Virginia Department of Housing & Community Development. CHRC staff have extensive experience in developing collaborative efforts among area homeless service providers to maximize the impact of these resources in our community. Moreover, 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 organizations.

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 VHSP activities would begin immediately if funded. 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.

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19. 4. For each proposed grantee, discuss the capacity of your organization to implement VHSP or HOPWA-funded activities. Include 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 thirteen years of experience working with human and social services agencies, with more than eleven 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 a long attendance record at numerous 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 provides direct services for the coordinated entry program and has a Bachelor's Degree from Radford University with more than five years of experience in low barrier homeless service delivery. The Specialist has had extensive training on topics including Housing First principles, implicit bias, diversity and inclusion, diversion techniques, trauma-informed care, motivational interviewing, and confidentiality.

Council of Community Services

The Council of Community Services' 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 a current MSW student at Radford University, has 3 years of experience working directly with individuals experiencing homelessness, with 1 year of experience managing federal and state-funded homeless service projects, including HMIS administration. The Director has participated in numerous training events sponsored by local, state, and federal agencies, including trauma-informed care, harm reduction, and case management best practices. The Director oversees CHRC's Housing Coordinators and directly supervises the HMIS team. He is assisted by the Lead Case Manager who provides direct supervision of the Housing Coordinators.

The Lead Case 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.

CHRC Housing Coordinators provide direct services through 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. Coordinators receive training facilitated through the Virginia Housing Alliance on motivational interviewing techniques, trauma-informed care, and critical time intervention. Additionally, the HOPWA Coordinator has completed training through the Ryan White Case Management Summit, in which training topics included aging with HIV/AIDS, motivational interviewing, substance use, HIV fundamentals and nutrition, and behavioral health.

The HMIS Administrator actively participates in various trainings to ensure data quality and data standards are met, to improve community training and engagement, and to ensure our community remains at the forefront of data innovation and utilization. The HMIS Administrator has attended trainings hosted by our HMIS software 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 permanent supportive housing bed coverage. Moreover, our region is one of the few in the nation to have our local Veterans Affairs Medical Center using HMIS to track our HUD-VASH program.

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The Council also now employs an HMIS Data Specialist who has 10 years of experience in research design and data analysis. The Data Specialist is assisting our community in better interpreting, visualizing, and maximizing our data for better service prioritization. After implementing a new HMIS software system in October 2021, the Director of Homeless Services, HMIS Administrator and the Data Specialist have all received training in system configuration for the new Clarity software system and will be leveraging the system's capabilities to improve our Coordinated Entry process and overall system performance.

ARCH Roanoke

ARCH maintains a staff training regimen to continually improve service delivery. All direct service employees funded through VHSP have completed training in Housing First and low barrier principles, confidentiality, human rights, person-centered care, implicit bias and cultural competencies. ARCH Roanoke's VHSP funding has supported our Emergency Shelter Operations in the areas of Security and Essential Services – Case Management and Administrative Costs. The following is a list of applicable certificates of training for direct program staff:

- Social Work Associates degree in Human Services
- Trauma informed care
- Crisis Intervention Training
- VA training updated annually
- HUD seminars on low barrier shelter best practices

Total Action for Progress (TAP)

TAP-DVS provide medium- and long-term scattered-site housing through the US Department of Justice's Office on Violence Against Women (OVW) Transitional Housing grant, which was successfully renewed for the 2022-2023 program year. TAP-DVS staff have also used American Rescue Plan Act (ARPA) funds to provide emergency shelter in a similar manner as the proposed project. The collective experience providing shelter services in accordance with the standards of the OVW Transitional Housing grant program requirements will provide the program with the capacity to begin administering services immediately and effectively without the hire of new staff, or implementation of new training curricula. Currently, all DVS staff members are trained to provide services under the Trauma Informed Care model.

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20. 5. 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 Services' Community Housing Resource Center. 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 the term "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, "Community Housing Resource Center", 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 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. Further, Ryan White client codes are used on check request documents and other correspondence with the Council of Community Services' Finance Department. Full names are never used outside of Community Housing Resource Center HOPWA case work staff. Client medical status is protected and upheld with the utmost privacy protections both internally and with external third parties.

21. 6. Proposed HOPWA-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 or utility 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.

22. 7. 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 your 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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23. Proposed Grantees (HTF - HRG BONUS)

HTF-HRG will be awarded to eligible RRH and PSH projects as a bonus based on this application for funding. Projects will be selected based on the CoC/LPG's need for funding and performance. In the narrative section below, detail each eligible proposed projects using the following format: Organization Name, Project Type (RRH or PSH), Funding Request (total amount), Total number of households to be served, Brief description of proposed project including proposed activities.

Answer:

Organization Name: Council of Community Services

Project Type: Rapid Re-Housing (RRH)

Funding Request: \$203,610

Total number of households to be served: 35

The RRH project will provide housing start-up costs, a short-term rental subsidy, housing location and service coordination services and case management to families experiencing literal homelessness. Financial assistance and services will be provided based on individual household need to include assistance with first month's rent, security deposit, utility deposit, rental assistance, assistance in locating housing and general housing stability service coordination.

Financial assistance will be paid to third party vendors only (i.e. landlords and utility providers) to enable clients to successfully exit homelessness. In 2020-2021, CCS served 15 households with HTF financial assistance and case management and would like to increase that number to 35 households in the 2022-2023 grant year. The Council is also currently carrying out activities as part of a HTF-funded planning project to assess the needs of the recovery and substance use disorder (SUD) population. We plan to target a portion of our HTF assistance to individuals experiencing homelessness who are in recovery or dealing with substance use disorder, as this sub-population is a demonstrated need in our community. The client-centered survey being conducted through the HTF planning project is intended to assess the housing and service needs of this group and lead to more targeted service delivery.

The Council of Community Services will employ a new RRH Housing Coordinator beginning in April 2022 using ESG-CV Entitlement funds to meet the needs of our unsheltered and SUD populations in navigating housing placements. These ESG-CV funds will expire in September 2022, so we are seeking additional funding from the HTF so this position can continue to meet the needs of our community beyond the expiration of the CARES Act resources. We are also shifting approximately \$50,000 of our RRH funding from the VHSP request to this Housing Trust Fund request to accommodate a new VHSP funding request from Total Action for Progress, who is seeking to replace expiring CARES Act funding to continue providing scattered-site shelter for victims of domestic violence. This funding shift means we would be serving an additional 10-15 RRH clients through the Housing Trust Fund; thus, the large increase in our HTF request for the 2022-2023 budget cycle.

Attachments: