

2022 - 2025 **Strategic Plan**

Blue Ridge Continuum of Care



Facilitated and Prepared by:
Council of Community Services
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Introduction

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

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

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

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

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

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

Vision

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



Guiding Principles

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



Prioritization of the Most Vulnerable People

Our limited resources are directed first to individuals and families who are the most vulnerable and in need of assistance.



Low-barrier

The CES process does not screen out people for assistance because of perceived barriers to housing or services. Barriers could include but are not limited to conditions such as income or drug addiction set as eligibility requirements.



Housing First Orientation

The process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.



Person-Centered

Every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participates in their own housing plan. Participants should be made aware of their options and offered choices whenever possible.



Standardized Access and Assessment

All people in the Blue Ridge can easily access the system and are assessed using a universal assessment tool.



Inclusive

Through its No Wrong Door Approach, the coordinated entry process for the Blue Ridge CoC includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, survivors of domestic violence, persons with mental illness, LGBTQ persons, and disabled persons.



Informed by Local Planning

The Blue Ridge Continuum of Care and its governing body, the Blue Ridge Interagency Advisory Council on Homelessness, engage in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually.

Who We Are

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

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

Permanent Housing Interventions

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

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

Community Coordination and System Development

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

Coordinated Homeless Intake and Access

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

Data

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

System Metrics

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

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

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

Community Engagement Summary

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

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

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

Common themes from these two groups included:

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

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

Common themes from these conversations included:

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

The Community Engagement Report is included with this document.

Strategic Goals and Outcomes

Community Engagement

To build community awareness and support for our homeless response system

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

Coordinated System

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

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

Data & Performance

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

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

Housing Stability

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

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