

Blue Ridge Continuum of Care

FY 2026 Local Competition Selection Results

Ranking	Applicant	Project Name	Score	Application Type	Project Description	Accepted or Rejected	Requested Amount	Reduced?	Reallocated Funds
1	Council of Community Services*	HMIS	No scoring for HMIS project	Renewal	HMIS services for CoC	Accepted	\$352,208.00	No	\$0.00
2	City of Roanoke*	Central Intake - CAS - SSO	No scoring for CES project	Renewal	Central Intake/Coordinated Entry	Accepted	\$56,180.00	No	\$0.00
3	Commonwealth Catholic Charities	Healing Haven PSH	333	Renewal	Permanent Supportive Housing	Accepted	\$419,836.00	Yes	\$332,435.00
4	City of Roanoke	HAT Street Outreach - SSO	315	Renewal	SSO - Street Outreach	Accepted	\$160,370.00	No	\$0.00
5	City of Roanoke	HAT Expansion - Street Outreach - SSO	No scoring for new project	NEW/BONUS	Expand Street Outreach services	Accepted	\$233,630.00	No	\$0.00
6	Commonwealth Catholic Charities	Blue Ridge Transitional Housing	No scoring for new project	NEW/BONUS through Reallocation	New transitional housing project created through reallocation	Accepted	\$568,300.00	No	\$0.00
Not Ranked	City of Roanoke	CoC Planning Grant	No scoring for Planning grant	Renewal	CoC Planning activities	Accepted	\$144,688.00	No	N/A
		TOTAL Requested:					\$1,933,182.00		\$0.00

*HUD requires communities to have HMIS and CAS/CES in place.

**Projects Accepted for Submission with the
FY 2026 HUD Continuum of Care Consolidated
Application**



Summary of Applications

Applicant	Project Name	Project Type	Request Amount	Renewal or New Application
Council of Community Services	Homeless Management Information System	HMIS	\$352,208	Renewal
City of Roanoke	Coordinated Assessment System (CAS)	Supportive Services Only – Coordinated Entry	\$56,180	Renewal
Commonwealth Catholic Charities	Healing Haven	Permanent Supportive Housing	\$419,836	Renewal
City of Roanoke	Homeless Assistance Team (HAT)	Supportive Services Only – Street Outreach	\$160,370	Renewal
City of Roanoke	Homeless Assistance Team Expansion	Supportive Services Only – Street Outreach	\$233,630	New
Commonwealth Catholic Charities	Transitional Housing Project	Transitional Housing	\$566,300	New through Reallocation

- **City of Roanoke Homeless Assistance Team – Renewal Application (\$160,370)**

Project Description

The City of Roanoke serves as the grantee for the Homeless Assistance Team (HAT) renewal project. The project provides comprehensive street outreach services for our community. Street outreach involves engaging people experiencing unsheltered homelessness who are often disconnected from services and supports. These HUD funds are the primary funding source for the program, which enables our community to provide case management and outreach services to individuals experiencing unsheltered homelessness. Technological components of the program include the use of tablets and geotagging of interaction points with homeless clients. This helps ensure the program's efficiency and efficacy through encampment mapping and recording service interactions, which facilitate consistent follow-up and engagement. This technology also has a direct impact on

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the coordinated intake and referral process by enabling information to be entered into the Homeless Management Information System by staff in the field, in real-time.

HAT staff make referrals to shelter providers on a daily basis. Overnight shelter referrals are coordinated with the Roanoke Rescue Mission, Family Promise of Greater Roanoke and the Salvation Army's Turning Point. Referrals are also made to day shelter services at RAM House and The Least of These Ministry for shower services, laundry and meals. Employment referrals are made to TAP's "This Valley Works", Virginia CARES, Virginia Career Works and to day labor agencies. Transportation is provided for eligible persons by staff through direct transports and by providing bus passes for clients to attend medical and mental health appointments, and to search for employment and housing.

Outreach is conducted at RAM House and the Elmwood branch library on a daily basis. Each morning (9am – 12 noon), staff visit these locations to meet with clients. Afternoon outreach (1pm – 4pm) is dedicated to conducting transports, locating new encampment sites and engaging clients in the field at known camps. Using a "quadrant" system, staff sweep the City to determine if individuals may be residing outside in previously unknown encampments. On alternating afternoons, staff sweep the NE, NW, SE and SW sections of the City and respond to business and citizen requests. Staff also work with the Downtown Ambassador program, downtown businesses, library staff, the Police Department and Parks and Recreation staff to connect with clients encountered through these entities.

Staff make regular referrals to services at the Blue Ridge Independent Living Center, Blue Ridge Behavioral Healthcare, the City of Roanoke Health Department, the departments of Social Services, mental health skill-building agencies, and other organizations as necessary. A list of affordable housing resources are provided to clients and staff work closely with area landlords and the Roanoke Redevelopment and Housing Authority to assist clients in applying for and obtaining permanent housing. Staff provide direct transport to search for and assistance applying for units.

The program serves as the community's primary access point for unsheltered individuals in our Coordinated Entry System. Clients are assessed at intake using our community's common assessment tool and quickly placed on our by-name lists for case conferencing and housing resource matching. In addition to direct outreach services, HAT provides a variety of supportive services including purchasing of employment items, transportation, welcome home baskets, hygiene items and security deposit assistance. HAT also collaborates with local social services agencies to meet the outreach needs in Roanoke County, Salem, Vinton, Botetourt, Covington, Alleghany and Clifton Forge. The project serves all unsheltered populations including youth ages 18-24, victims of domestic violence, families with children, chronically homeless individuals, single adults and Veterans. The project has been thoroughly developed and the City is committed to continuing its operation.

In program year 2025-2026, the HAT program served 1,444 persons who were sleeping in their vehicles, under bridges or in other locations not meant for human habitation. This is a 9.9% increase over the number served in the previous operating year. This comprehensive street outreach program is a vital component of our community's response to unsheltered homelessness, helping ensure that this population is connected to services and housing solutions.

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- **Commonwealth Catholic Charities Healing Haven Permanent Supportive Housing – Renewal Application (\$419,836)**

Project Description

Commonwealth Catholic Charities (CCC) is proposing to renew its PSH project, Healing Haven, to provide permanent housing and supportive services for a total of 22 households experiencing chronic homelessness in the Blue Ridge CoC. CCC is currently serving 37 households in this project, but due to CoC reallocation, CCC is planning to reduce capacity to 22 units. Healing Haven provides decent, safe and affordable housing along with comprehensive, individualized supports for single adults who have a history of chronic homelessness and are living with disabilities. Units are master leased by CCC and subleased to program participants. CCC's case managers collaborate weekly with individuals to ensure long term stability in housing, maximize each program participant's participation in supportive services (mental health and/or behavioral health, substance abuse, income supports) and ensure that each participant has access to the supportive services necessary to graduate from the program and maintain their independence. The proposed staff to client ratio is 11:1. This PSH project aims to 1) secure permanent housing solutions for those experiencing chronic homelessness in the region, 2) provide intensive, housing-focused case management to increase independence and long term housing stability and 3) increase access to supportive resources to improve health and well being, while also reducing the use of emergency services, shelters, hospitals, and other crisis systems.

This project coordinates with the Blue Ridge Continuum of Care (CoC) Coordinated Entry System (CES) to identify, assess, and prioritize eligible individuals for placement into permanent housing. Once participants have been matched to the program, CCC's Case Managers review information available through CES, including existing community connections and participant-specific outreach strategies. Case Managers coordinate with existing service providers to conduct collaborative outreach and engagement, with a particular emphasis on individuals who are more difficult to engage due to complex needs or prolonged homelessness.

Following enrollment, Case Managers complete a comprehensive assessment of each participant's strengths, needs, and goals to develop an individualized, person-centered service plan that promotes housing stability, recovery, and increased independence. Services are strengths based, tailored to each participant and aimed at reducing trauma. Throughout program participation, Case Managers provide ongoing, housing-focused case management through regular in-home and community-based visits, crisis intervention, and coordination of community services using warm handoffs to ensure successful connections to providers. Participants receive assistance accessing medical, behavioral health, psychiatric, educational, vocational, and other essential supports, as well as assistance with benefits, transportation, budgeting, and independent living skills necessary to maintain stable housing.

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In addition to providing wrap around supportive services, Case Managers also assist participants with locating and securing permanent housing, as well as providing tenancy support to promote long-term housing retention. This includes landlord engagement, lease education, help resolving tenancy issues, addressing property concerns, developing repayment plans when needed, and helping participants understand their rights and responsibilities as tenants. As participants achieve greater stability, services gradually transition toward long-term independence. Case Managers support participants in strengthening natural supports, increasing self-sufficiency, and developing a sustainable plan for maintaining permanent housing following program completion.

CCC is requesting funding for master leasing a total of 22 units to PSH participants; supportive services for 1.5 FTE case managers, staff and client travel, as well as client moving expenses, application fees and utility deposits; operating costs for utility allowances, maintenance and damages; as well as administrative costs. Funding from Virginia Department of Housing and Community Development is used to leverage HUD funding included in this proposal by providing partial support for a part-time Peer Recovery Specialist and Lead Case Manager.

- **Council of Community Services Homeless Management Information System – Renewal Application (\$352,208)**

Project Description

The Council of Community Services (CCS) receives funding from HUD, the Virginia Department of Housing & Community Development, and the City of Roanoke to manage and coordinate an electronic information system for agencies in the community providing homeless services and other financial assistance. The Homeless Management Information System (HMIS) is a specialized relational database that tracks, collects, and reports data on homelessness and prevention services in the Continuum of Care that includes the counties of Allegany, Botetourt, Craig, and Roanoke, and the cities of Covington, Roanoke, and Salem. Data is used to improve coordination of shelter, prevention, permanent housing, and supportive services in order to strategically plan resource allocations and to document service gaps. Local organizations funded by HUD are required to participate in the use of the HMIS. Many other agencies in the Roanoke Valley providing homeless services are also participating voluntarily.

The system is used to generate HUD-required reports including Annual Progress Reports (APR), the Consolidated Annual Performance and Evaluation Report (CAPER), and the System Performance Measures (SPM). HMIS data is used for the annual sheltered Point-in-Time Count in the Blue Ridge CoC. The system provides participating agencies with real-time access to client data and reports. The HMIS System Administrator and the Director of Homeless Services based at CCS trains staff from participating agencies on the system's use and provides technical assistance and on-going support.

The HMIS is guided by a Steering Committee that published a policies and procedures manual that is updated annually. The Steering Committee formed the Data Quality & Evaluation Committee to examine data accuracy, review existing procedures and determine the steps necessary in maintaining high-level data quality. The Data Quality & Evaluation Committee published the

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community's comprehensive data quality management program that outlines community standards around timeliness, completeness, and accuracy of entry. Data quality is monitored at least quarterly using the HUD data quality framework and other reports.

- **City of Roanoke Coordinated Assessment System – Renewal Application (\$56,180)**

The City of Roanoke is requesting renewal funds to continue the operation of our Coordinated Assessment System, referred to as the Coordinated Entry System (CES), as the primary housing coordination mechanism to end homelessness in our region. There is a continued need for coordination among all service providers at the system level. Funding requested to support this project include staffing costs, office supplies (paper, pens, mailing supplies, stamps, ink, etc.), and expenses related to the administration of the grant. These funds will provide support for the continued refinement of our community's coordinated approach in responding to homelessness.

The CES makes it easy for individuals to access services and ensures that all clients are assessed and referred to services through same approach, regardless of point of entry. The program is person-centered, identifying and assessing client needs. Prioritization decisions align with our community's policies to effectively match resources to individuals accessing services, in all parts of our system. Prioritization policies match individuals with the resources best equipped to meet their individual needs, to include homelessness prevention, rapid rehousing, and permanent supportive housing.

Staffing costs associated with the project include facilitating bi-weekly meetings of our five case conferencing committees (Veteran, Chronically Homeless, Youth, Families and Unsheltered), updating the by-name lists for these priority populations, facilitating the matching of individuals to openings in our community's housing programs, ensuring housing referral paperwork is complete and accurate, managing the data collection requirements of the Coordinated Entry process, staffing the community's Central Intake phoneline, and conducting eligibility screenings for our community's targeted homelessness prevention resources.

Individuals can seek homeless services in-person through Central Intake's physical offices, by phone, or through the Continuum of Care's website. The program is co-located with our community's HUD CoC-funded street outreach program, the Homeless Assistance Team, which facilitates efficient connection of unsheltered individuals to our coordinated entry system.

- **City of Roanoke Homeless Assistance Team Expansion – New Application (\$233,630)**

Project Description

This funding request would expand the services provided under the City of Roanoke's Homeless Assistance Team (HAT) renewal application. The project would fund the two outreach worker positions currently funded by the City of Roanoke through American Rescue Plan Act (ARPA) funds. The ARPA funds expire at the end of 2026, which would leave a significant gap in outreach services

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in the community. The request will also fund one additional full-time outreach position that is not funded by the existing HAT grant.

The project would supplement and expand the activities of the HAT renewal grant by providing a stable funding source for these three positions, bringing the Team's staffing capacity to five full-time case managers. This funding request will also allow the City to increase the compensation of the five case manager positions from a job classification 10 to a classification 11 to allow the program to better recruit and retain high-quality staff. These position re-classifications would also align the outreach staff salaries with those of the City's Department of Social Services family services staff to create internal pay equity for our homeless services team. Additionally, one of the new positions will be transitioned to a Peer Recovery Outreach Specialist to facilitate connecting individuals suffering from substance use disorder to treatment and support. This peer-focused position will utilize evidence-based best practices to assist individuals in overcoming addiction barriers to obtain permanent housing and long-term stability.

These positions will allow the Team to continue conducting daily field outreach, lead coordination of the STAR partnership with Bradley Free Clinic's Hope Initiative, Blue Ridge Behavioral Healthcare and the Roanoke City Police Department in responding to reported encampments by providing compassionate, housing-focused services to our community's unsheltered population. The expanded staffing will also allow the project to continue holding consistent drop-in hours at the City of Roanoke's Department of Social Services offices, at The Least of These Ministry (TLOT) and at other community partner locations.

Individuals experiencing unsheltered homelessness (individuals sleeping in encampments and other places not meant for human habitation) will continue to be the primary target population of the program. Supportive services offered by the project will include the services provided by the existing HAT project. Participants will receive assistance with obtaining identification documents needed for employment and housing; transportation assistance to housing, medical and mental health appointments; purchasing of employer-required clothing and other necessary items when jobs are obtained; assessments and referrals to housing resources; security deposit assistance; reunification services; and referrals to employment, mental health, substance use disorder and other critical specialized services.

- **Commonwealth Catholic Charities Transitional Housing Project – New Application (\$566,300)**

Project Description

Commonwealth Catholic Charities (CCC) has operated Healing Haven, a HUD funded Permanent Supportive Housing (PSH) program with 41 scattered site units in the Blue Ridge Continuum of Care (BRCoC) since 2023. CCC now seeks to broaden its programs with a new Transitional Housing (TH) project. CCC is proposing to provide transitional housing for a total of 22 individuals experiencing homelessness in the Blue Ridge CoC, using a scattered site master leasing model, paired with intensive case management and supportive services. CCC's supportive housing programs provide decent, safe and affordable housing along with comprehensive and individualized supports for

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literally homeless households, many of whom have a history of chronic homelessness and are living with disabilities.

The proposed Transitional Housing project aims to 1) secure housing solutions for single adults experiencing homelessness in the region, 2) provide intensive, housing-focused case management to increase independence and long term housing stability and 3) increase access to supportive resources to improve health and well-being, while also reducing the use of emergency services, shelters, hospitals, and other crisis systems.

Referral Process

The proposed Transitional Housing project will work within the Blue Ridge CoC's (BRCoC) Coordinated Entry System (CES) to identify and receive eligible individuals for placement into transitional housing through the local By Name List (BNL). BRCoC has a multi-site assessment process whereby homeless individuals can present at a variety of locations and receive the same standardized assessment. Once the assessment is completed, literally homeless households are prioritized using the community-wide BNL via biweekly CES case conferencing meetings. CCC case management staff participate in these meetings to review eligible referrals, coordinate care, and assess each household's homeless history, eligibility, and any conditions that may affect housing stability. The group also considers relevant social history, including interpersonal violence, incarceration, dual diagnoses, and mental health hospitalization history, to help determine the most appropriate intervention.

CCC's Transitional Housing team will work closely with the local CES providers around client referrals. When program spots become available, CCC will obtain referrals from BRCoC CES, and coordinate with referring providers to arrange for an introduction and "warm handoff." CCC will then schedule an intake with the individual, which would typically take place in the community and in conjunction with the referring provider. This "warm handoff" helps ensure the person successfully engages with CCC so they can begin to work as quickly as possible on a housing plan.

Project Staffing

CCC is requesting funding for three (3) FTEs: one (1) full time program supervisor to oversee the case management team, provide clinical oversight, manage day-to-day operations, and oversee documentation and reporting requirements; 1.5 FTE case managers to oversee a caseload of 22 individuals in the transitional housing project; and 0.5 FTE Peer Recovery Specialist position. CCC's case managers will focus on recovery, independence, and stabilization in housing. They will provide assistance with service linkages, housing goals, community integration, and engaging with neighborhood resources. Participants will also receive support from a Supportive Housing Peer Recovery Specialist to identify recovery goals, develop service plans and collaborate with the housing case managers to facilitate positive engagement and recovery strategies.

The Program Supervisor will lead development and implementation of the new project, review referrals, track and support service requirements, and ensure all contract requirements are met. The

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Supervisor will oversee staff, support adherence to established best practices, and guide the development and implementation of service standards, goals, and objectives. This position will also help address participant and landlord concerns and serve as a liaison with partner agencies.

Additionally, a fractional Lead Case Manager (not included in this funding request) will facilitate lease negotiations, renewals, and help with documentation, compliance, and other regulatory requirements. They will also partner with the primary Case Manager and Peer Recovery Specialist to address tenancy issues, property concerns, and payment plans. The team will also receive support from the Supportive Housing Program Manager and Program Director, which are not included in this funding request.

Project Activities/Support Services

Similar to CCC's Healing Haven program, the proposed Transitional Housing program will follow a scattered site master lease model, and CCC will sublease units to program participants. CCC maintains extensive relationships with landlords in the community, many of whom own multiple properties and prioritize vacancies for CCC's housing programs. Housing-focused case management includes reviewing leases with participants while ensuring they understand their rights and responsibilities as new tenants. They will also ensure that all required case documentation is complete and that leased units meet applicable local and federal guidelines.

CCC's case managers will work closely with referred individuals to support consistent engagement in a minimum of 20 hours per week of employment, education, job training, volunteer service, or other approved program activities that promote self-sufficiency and long-term housing stability. CCC will partner with each participant to develop a comprehensive, individualized Housing and Stabilization Plan. The plan will include an assessment of available housing options, strategies for increasing income and self-sufficiency, and connections to community resources that promote long-term stability. Case managers will meet with participants at least weekly to monitor housing stability, assess progress toward individualized goals, and maximize participation in supportive services, including mental health and behavioral health treatment, substance use recovery services, employment and workforce navigation, and other community-based resources. Through ongoing case management, staff will identify and address barriers to housing retention while ensuring participants have timely access to the services necessary to achieve and maintain independence.

Currently, CCC provides housing-focused case management in its existing Supportive Housing programs that emphasizes intentional "move-on" strategies to help participants transition successfully from supportive housing to independent, permanent housing. This model can easily be replicated in a new Transitional Housing project. Throughout program participation, case managers work collaboratively with each household to increase self-sufficiency by promoting employment, education, and income growth, with the goal of improving financial stability and reducing barriers to long-term housing retention.

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As participants increase their income, CCC supports the development of financial independence through individualized financial coaching, budgeting assistance, and financial planning. Case managers assist participants in assuming responsibility for an increasing share of their rent and utility costs, helping them establish sustainable payment habits through budgeting support, payment plans, and other financial literacy interventions. This gradual transition prepares households to successfully manage the financial responsibilities associated with permanent housing. CCC actively assists participants in identifying and securing appropriate permanent housing opportunities, including market-rate housing, affordable housing, and other mainstream housing resources. The agency collaborates closely with the local Continuum of Care (CoC) and Housing Authority to maximize available housing resources, particularly for seniors, including the use of housing choice vouchers as move-on opportunities for aging participants who no longer require intensive supportive services but continue to need rental assistance.

To promote successful housing retention, participants who exit the Transitional Housing Program will receive transition planning and up to six months of follow-up case management. When appropriate, CCC will facilitate warm handoffs to ongoing service providers, including the U.S. Department of Veterans Affairs, the local Community Services Board, healthcare providers, employment services, and other community partners to ensure continuity of care. These coordinated transition and aftercare services are designed to support sustained independence, prevent housing instability, and reduce returns to homelessness.

Proposed Budget

CCC is requesting funding for master leasing a total of 22 units to TH participants; supportive services for 2 FTE case management/peer recovery positions, staff cell phone service, staff and client travel, as well as rental application fees; operating costs for maintenance and damages; as well as administrative costs. Match requirements will be met by private fundraising and collecting a portion of rent from participants who have income.