

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: VA-502 - Roanoke City & County, Salem CoC

1A-2. Collaborative Applicant Name: City of Roanoke

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Council of Community Services

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

A letter of invitation to the community encourages individuals and organizations to join the CoC and is posted on the CoC's website as well as the planning entity's website, which is available to the public throughout the CoC's geography. This letter from the Chair of the CoC invites conversation and dialogue to promote progress in making homelessness in our community rare, brief and one-time. Partner agency recruitment is a year-round process conducted by the CoC Chair, the planning entity and CoC Board members. Social media postings, email notifications, local websites and community education are used to conduct outreach to the community to solicit new members. Interested parties are invited to submit a membership application to join the CoC.

Our CoC ensures effective communication with individuals with disabilities, including through the availability of accessible electronic formats. The CoC and City of Roanoke websites include guidance regarding the use of assistive technology, such as a Braille reader, a screen reader and TTY. The websites have been designed to comply with Section 508 as well as 2.0 A and AA accessibility standards. Users who need accessibility assistance can also use the Federal Information Relay Service for TTY/Voice communication. These accessibility features of the CoC and City of Roanoke websites ensures our online invitation process is effectively communicated and accessible for persons with disabilities. Our community's Center for Independent Living serves on our CoC planning committee, representing individuals with disabilities.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC solicited and considered opinions from a broad array of organizations and/or persons that have an interest in preventing or ending homelessness through a multi-pronged approach. This approach included 1) an open invitation posted on four websites to join and attend regular meetings of the CoC and subcommittees; 2) facilitation of focus group meetings with special interest groups such as individuals with lived experience currently residing in our community's emergency shelters and in encampments; 3) community presentations and forums to solicit input from community stakeholders including City Councils, business groups, neighborhoods, faith groups, police departments and medical service providers; 4) attending best practice conferences to learn from experts in the field.

CoC leaders have conducted a series of four town hall events with neighborhood associations, business groups and faith communities to present information on our local homeless services system and solicit input and feedback from these stakeholders in making our system more effective. The public forums have also been used to leverage support from the groups to fill service gaps, advocate for policy solutions and to solicit volunteers and donations to support our efforts.

The CoC posts meeting notices on its website and uses a variety of posts through social media platforms to engage people, solicit ideas and encourage collaboration. The CoC leaders attend the National Alliance to End Homelessness' National Conference on Ending Homelessness, the Virginia Governor's Housing Conference, the Virginia Housing Alliance's Housing Virginia's Most Vulnerable Conference and Community Solutions' Built for Zero Learning Sessions to learn best practices from state and national experts.

Information gathered from these public meetings and best practices conferences have been used to implement improvements and new approaches to preventing and ending homelessness in our community. Examples of system improvements made through this process include more effective targeting of our homelessness prevention resources, implementing effective rapid rehousing services, using peer recovery specialists in our housing and outreach programs to connect substance users to treatment, using by-name list case conferencing to reduce homelessness in our community, advocating for policy solutions to expand affordable housing development, and improving our governance process.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

On June 24, 2026, the public was notified that the CoC local competition was open and accepting project applications, including proposals from organizations that have not previously received CoC Program funding. Notifications were made through postings to the CoC website and through social media accounts of the CoC and the CoC planning entity. The notification included details on the local competition deadlines and encouraged those interested in applying to contact the CoC Chair or the Planning Agency for information on the local funding process. Potential new applicants were also provided the contact information of the CoC Lead and planning entity through these public postings and were encouraged to reach out to these contacts should applicants have questions about the local competition process.

Our CoC has developed a capacity screening tool to determine whether applicants meet the minimum capacity threshold necessary to submit a project application to HUD. This tool is used to evaluate and select applicants regardless of whether the organization currently receives CoC Program funding. The screening tool evaluates capacity components such as financial capacity, previous monitoring outcomes, previous participation or willingness to participate in CoC planning and coordination processes, and grant management experience.

Organizations interested in applying for funds that may currently lack capacity to manage Federal funding effectively are connected with local capacity-building programs, including the City of Roanoke's Grant Ready Roanoke (GRR). GRR is a capacity-building initiative of the City of Roanoke in partnership with the Virginia Tech Institute for Policy and Governance designed to help non-profits and faith-based organizations gain the skills and structure to scale their impact. Core topics of the sessions include financial management, governance and long-term organizational development.

The CoC did not receive applications from organizations that have not previously received CoC funding. Outreach to new organizations is conducted through our CoC's ongoing, open invitation for new members, which includes an open letter publicly posted to the CoC website, and through regular meetings with civic groups and faith-based entities through town hall events and neighborhood meetings.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Our CoC engages in a strategic planning process every three years to evaluate the performance of our service system through data review and stakeholder feedback (including feedback received through focus groups with current CoC program participants); to identify service gaps; and to develop strategies to improve performance and fill service gaps. The strategic plan identifies focus areas for improvement, sets quantifiable performance measures, identifies funding sources to fill service gaps and assigns responsibility for oversight and implementation to focus area work groups. The work groups are led by the CoC Chair and planning entity.

Our most recent strategic planning process identified gaps in and opportunities for improvement to our Coordinated Entry System. Community stakeholder groups noted that improving coordination with our non-CoC-funded permanent housing providers was an opportunity to better target our limited resources to the chronically homeless individuals in our community with the highest level of service needs. Stakeholders also identified evaluating our community's common assessment tool and implementing a locally-developed assessment as an opportunity to better target our housing resources.

As a result of this stakeholder feedback, our current strategic plan sets three clear goals with timeliness to achieve these performance improvements:

- 1.)By December 31, 2026, our CC will develop and implement a new, locally-developed Coordinated Entry assessment tool
- 2.)By December 31, 2026, 100% of our community's non-CoC-funded Permanent Supportive Housing (PSH) providers will participate in our Homeless Management Information System, and
- 3.)By December 31, 2026, 100% of our community's non-CoC-funded PSH providers will only accept referrals through our Coordinated Entry System (CES).

The strategy established a Coordinated Entry System refinement committee, made up of a broad stakeholder group that includes leadership staff from our CoC shelter providers, street outreach teams, housing programs, and Coordinated Entry access points. The refinement committee, led by our CoC Chair and planning entity, is overseeing the implementation of this strategy. HUD CoC planning funds have been used to coordinate meetings of this CES refinement process. Progress updates are provided to the CoC Governing Board quarterly.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.
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1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	40%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

This question is not applicable. Our CoC is not rural.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Our CoC partners with a broad array of private and public providers specializing in a wide range of levels of care for individuals in need of mental health services and substance use disorder treatment.

These partnerships include BrightView Health, a private provider of comprehensive outpatient addiction treatment for people with alcohol and substance use disorder. BrightView offers medication-assisted treatment with medications including methadone, buprenorphine, Suboxone and naltrexone in various forms, in addition to behavioral health therapies.

Blue Ridge Behavioral Healthcare (BRBH), our CoC's community services board, is another key partner in addressing the mental health needs of individuals experiencing homelessness in our community. BRBH acts as the single point of entry for our local public behavioral health system. The organization operates a 24-hour crisis hotline; a 23-hour crisis stabilization service and a medically-supervised detox-center; behavioral health case management; individual and group counseling; outpatient substance use counseling and medication-assisted treatment; substance use prevention services; and suicide prevention.

Other critical partners for addressing the mental health and substance use services needs of our program participants include mental health skill-building agencies, which provide support for individuals in managing daily activities, attending appointments and maintaining treatment and medication compliance.

Our CoC partners with these agencies through twice per week office hours held at our emergency shelters and outreach drop-in locations. Joint street outreach is conducted with these partners and our CoC-funded outreach program at encampments twice per week and throughout the City of Roanoke's downtown service district weekly. These regular office hours and joint outreach sessions ensure these specialized behavioral health and substance use services are available to clients in real-time and that they are accessible. These partners also participate in our bi-weekly community case conferencing meetings to assist in coordinating access for those in need of these specialized services.

BRBH also conducts walk-in intake services at a centralized location daily. Our CoC street outreach and shelter programs provide direct transports to this centralized location of these comprehensive behavioral health intakes.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Our CoC utilizes peer support and recovery navigation services extensively. Our CoC's joint outreach project – the STAR initiative – partners with Bradley Free Clinic's Hope Initiative to bring Certified Peer Recovery Specialists (CPRS) out into the field at encampments and community locations frequented by individuals experiencing homelessness. These CPRS are credentialed professionals certified by the Virginia Certification Board who bring a personal, lived experience perspective to our street outreach efforts. The CPRS use a collaborative, strengths-based approach to offer insight into the recovery process based on their own experiences. Our CPRS provide non-clinical support to individuals with substance use disorder in navigating treatment and recovery services. They act as mentors and help build recovery plans. STAR outreach with our local police department, CoC-funded street outreach program, our behavioral health outreach worker and our peer recovery specialists is conducted two times every week, ensuring these critical services are available and accessible to individuals in the field.

Our local CoC-funded permanent supportive housing and transitional housing projects operated by Commonwealth Catholic Charities also imbeds Certified Peer Recovery Specialists into their housing programs. These CPRS provide home-based, onsite treatments services similar to the outreach services from the STAR Initiative described above. The peer specialist employed by Commonwealth Catholic Charities is a credentialed professional certified by the Virginia Certification Board who utilizes a collaborative, strengths-based approach to assist participants in CCC's housing programs with developing and implementing recovery plans. These recovery plans assist participants in overcoming substance use barriers to maintain housing and in achieving long-term self-sufficiency.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Our CoC service providers receive training from our community services board – Blue Ridge Behavioral Healthcare (BRBH) – on local mental health service options. This training includes mental health 101, which includes an overview of mental health diagnoses and symptoms, treatment and local service access options. BRBH's Projects for Assistance in Transition from Homelessness (PATH) outreach worker holds regular office hours at our community's shelter programs and outreach drop-in locations to connect individuals with Severe Mental Illness (SMI) to the services necessary to promote stability. Staff from Blue Ridge Behavioral Healthcare participate in our bi-weekly community case conferencing meetings to facilitate connecting individuals with SMI to intensive care coordination services, such as Assertive Community Treatment and assertive outreach.

Individuals encountered through joint street outreach conducted through our CoC-funded outreach provider, our PATH outreach worker, our local police department and peer recovery specialists connect individuals with SMI to assertive treatment teams and intensive care coordination at Blue Ridge Behavioral Healthcare through BRBH's PATH worker. This service coordination is conducted directly in the field, in real time, through the PATH worker.

Our community's CoC-funded street outreach staff are also trained on the involuntary commitment process and petition the local magistrate for Emergency Custody Orders (ECO) in extreme circumstances when individuals experiencing homelessness are in active psychosis and are a danger to themselves or others, or are unable to care for themselves. These involuntary commitments often result in individuals receiving the services needed to stabilize and connect with intensive care interventions including Assertive Community Treatment (ACT). Outreach staff coordinate housing and supportive services next steps directly with ACT team members in these circumstances to ensure clients receive comprehensive and coordinated care.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Continuum of Care partners with Blue Ridge Behavioral Healthcare's Permanent Supportive Housing Program (PSH) program, which provides direct-to-housing services for individuals exiting inpatient behavioral health institutions through the civil commitment process. Individuals in the BRBH PSH program receive intensive clinical support to reduce returns to homelessness, civil court involvement and institutionalization.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Blue Ridge Behavioral Healthcare (BRBH) Permanent Supportive Housing (PSH) staff participate in our community case conferencing meetings and participate fully in accepting housing referrals through our CoC's Coordinated Entry System. Individuals exiting inpatient civil commitments to homelessness are assessed through our Coordinated Entry System access points, included in case conferencing meetings and referred directly to BRBH's PSH program for clinical support and housing services.

Blue Ridge Behavioral Healthcare also operates our community's behavioral health docket program, which is a specialized, court-administered program designed to divert non-violent offenders with serious mental illness or co-occurring substance use disorders away from incarceration and into judicially supervised treatment. Participants in the docket program are supported by a multi-disciplinary team that typically includes a presiding judge, clinicians, case managers and probation officers. This multi-disciplinary team over sees the development and implementation of intensive, individualized treatments plans. CoC providers, including our street outreach programs, shelter providers and case conferencing teams, work directly with the therapeutic docket team through BRBH when individuals experiencing homelessness are receiving services. The CoC coordinates housing referrals, assists participants with obtaining identification documents and in navigating other supportive services to support the work of the therapeutic docket service plan. This collaborative approach leverages the court system and intensive clinical services to support housing stability and movement towards independence for participants.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Our CoC partners closely with Blue Ridge Behavioral Healthcare's (BRBH) Crisis Receiving Center (CRC) to ensure individuals in need of crisis services have access to care. The CRC conducts short-term assessments, providing up to 23 hours of continuous onsite observation, crisis intervention, and stabilization services for those in mental health and/or substance use crisis. CoC programs coordinate these services for participants directly with the CRC as crises arise.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	22
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal partnership with Blue Ridge Behavioral Healthcare's SAMHSA Projects for Assistance in Transition from Homelessness (PATH) program. BRBH's PATH supervisor is a member of the CoC Governing Board. The PATH worker holds weekly office hours at our CoC-funded street outreach drop-in location and at our community's largest emergency shelter. The PATH worker is also a core member of our community's co-response outreach partnership.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Commonwealth Catholic Charities' new transitional housing project, Blue Ridge Transitional Housing, will operate the project as sober housing in accordance with 24 CFR 578.93(b)(5). If funded, participants in this 22 unit project will be required to engage in substance abuse treatment services as a condition of continued participation.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Blue Ridge Behavioral Healthcare operates our community's behavioral health docket program, which is a specialized, court-administered program designed to divert non-violent offenders with serious mental illness or co-occurring substance use disorders away from incarceration and into judicially supervised treatment. Participants in the docket program are supported by a multi-disciplinary team that typically includes a presiding judge, clinicians, case managers and probation officers. This multi-disciplinary team over sees the development and implementation of intensive, individualized treatments plans.

CoC providers, including our street outreach programs, shelter providers and case conferencing teams, work directly with the therapeutic docket team through BRBH when individuals experiencing homelessness are receiving services. The CoC providers coordinate housing referrals, assist participants with obtaining identification documents and in navigating other supportive services to support the work of the docket service plan. Warm hand-offs are made between the docket services system, our CoC outreach programs and our housing providers through our Coordinated Entry case conferencing meetings. Each of these entities participates in our community case conferencing meetings, which is where next steps in service plans are discussed and referrals to our CoC housing programs are coordinated. Once housing referrals have been coordinated through case conferencing, outreach staff contact participants to coordinate scheduling intakes and in completing paperwork for the housing program. Outreach staff provide direct transports to the housing program and attend intake appointments to facilitate warm hand-offs. Staff from the therapeutic docket program also attend these intake appointments to further facilitate coordination and warm hand-offs.

This collaborative approach leverages the court system and intensive clinical services to support housing stability and prevent entry into homelessness for participants.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,232,977
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$781,077
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	63%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$40,236
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	67%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC actively consults with the City of Roanoke HUD Resources Division (ESG Program recipient) in the planning and allocation of funding. A public meeting is held annually by the City of Roanoke to announce the availability of ESG funding. The CoC Lead and CoC Board Chair meet with the City of Roanoke HUD Resources Division (CRHRD) prior to the release of the Request for Proposals (RFP) to discuss use of resources, policy priorities and to jointly coordinate a system-wide approach that addresses community need and supports best practice service models.

The CoC Governing Board sets policy priorities for the use of ESG funds, reviews and ranks all funding applications and makes recommendations for funding to the City of Roanoke HUD Resources Division. The CRHRD, in consultation with the CoC, has set performance measures for each ESG-funded activity. These performance measures are in alignment with HUD and State measures to reduce and end homelessness and contribute to the performance of our broader service system. ESG subrecipients are expected to meet the performance standards set by the CoC and CRHRD. Subrecipient performance is monitored annually through the CAPER reporting process, which is coordinated between the CRHRD, the CoC Lead and the CoC planning entity. The CoC Governing Board reviews our community's performance metrics on a monthly basis.

Point-in-Time (PIT) Count and Housing Inventory Count (HIC) data are provided to the CRHRD annually for inclusion in the City of Roanoke's Consolidated Plan updates. The leadership and program staff that administer the City of Roanoke's CDBG, HOME and ESG funding sit on the CoC Board and the CoC planning committee. CRHD staff also coordinate our community's project ranking and review process for the HUD Continuum of Care Program application, which provides further alignment in the planning and allocation of our ESG resources with CoC priorities.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Our CoC coordinates extensively with our shelter providers to ensure individuals and families have access to CoC assistance. Each of our shelter providers serves as an access point for our Coordinated Entry System. Shelter staff conduct Coordinated Entry assessments and program enrollments onsite when individuals and families enter their programs. Shelter participants are then added to our community by-name list for housing referral case conferencing. Shelter case managers participate in these bi-weekly case conferencing meetings to discuss next steps on service plans and to coordinate connections to housing programs and other CoC assistance.

Blue Ridge Behavioral Healthcare's (BRBH) PATH program conducts weekly outreach at our community's largest shelter provider, the Roanoke Rescue Mission to ensure individuals in needs of mental health and substance use disorder services have access to those resources onsite. The City of Roanoke's Homeless Assistance Team (HAT) conducts regular pick-ups of shelter guests from the Rescue Mission for intake transport and to coordinate assistance obtaining identification documents, accessing supportive services, coordinating housing referrals and security deposit assistance when housing is located. BRBH's PATH worker also assists shelter participants with completing disability benefit applications through the SSI/SSDI Outreach, Access, and Recovery (SOAR) process for expedited determination processing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Our CoC regularly shares PIT, HIC, HMIS and System Performance data with state and local government to inform our regional homelessness response. Each of the seven localities covered by the CoC has a permanent seat on the CoC Governing Board. Community outcome data from HMIS is presented quarterly to the CoC Board. These outcome reports include each of the HUD System Performance Measures; outcome data from our homelessness prevention, rapid rehousing, permanent supportive housing and street outreach projects; and Coordinated Entry System (CES) data including demographic information for individuals on our by-name list, the number of CES assessments completed, the number of housing referrals completed, by project type and the length of time each housing program takes to place a participant in a unit from referral date. Each of these data points is pulled directly from our HMIS and is reported to the CoC Board (including local governments representatives) quarterly. The CoC Board also receives annual presentations of our Winter and Summer Point-in-Time and Housing Inventory Counts.

Additional de-aggregated data is provided to CoC Board regularly and to our local government partners and to DHCD as requested. We present data “deep dives” to our CoC Board on months that the quarterly outcomes report is not presented. Data deep dives have included the localities from which individuals entering our homeless services system are coming, a deep dive into the performance outcomes of our street outreach program, and deep dives into the performance of our Coordinated Entry System.

In addition to these regular data presentations to the CoC Board, the CoC Chair, Board Chair and planning entity staff present our annual PIT data to our local City Councils and Boards of Supervisors, on an as-requested basis. HMIS data is also provided to the City of Roanoke for completion of updates to its Consolidated Plan. The Virginia Department of Housing and Community Development (DHCD) has a user access in our CoC’s HDX 2.0 account that provides them with our PIT, HIC and System Performance data that is used for statewide homeless response planning.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC partners with our local hospitals, free clinics and local departments of Social Services benefits teams to utilize data from these systems to coordinate and improve care for individuals experiencing homelessness in our community.

Staff at the Fralin Free Clinic, operated by our community's largest emergency shelter provider, the Roanoke Rescue Mission, utilizes our local hospital system's data system. This data sharing collaboration allows staff from the Fralin Free Clinic to coordinate with discharge planners from our hospital system and with CoC partners, including the Rescue Mission's emergency shelter program and housing providers, to ensure care is coordinated for individuals being discharged from hospitalization. This coordination includes placement into the Rescue Mission's medical respite program and directly into our community's housing programs. Case notes and medical documentation data is available to both discharge planners and to staff at the Fralin Free Clinic to facilitate improved care.

Data from our local departments of Social Services (DSS) is shared with our CoC-funded street outreach program, the City of Roanoke's Homeless Assistance Team (HAT). As a program under the City of Roanoke's DSS, HAT staff have access to mainstream benefits data of outreach program participants, including SNAP, Medicaid, TANF and childcare assistance. This allows HAT to coordinate access to benefits, assist with completing applications, provide supportive documentation to benefit workers, and locate individuals needing to complete renewal paperwork.

Outreach staff and DSS benefits workers also use this data sharing arrangement to connect unhoused individuals with services provided through the Virginia Initiative for Education and Work (VIEW) program. Operated locally through the Roanoke City DSS, the VIEW program provides employment, education and training services designed to help public benefit recipients achieve financial independence. Participants work one-on-one with a dedicated case manager to assess skills, identify barriers, and build a personalized employment plan. Work and training options under the program include job search support, skills training, and practical work experience programs. Utilizing shared data from our local DSS systems helps ensure our community is able to leverage these critical mainstream benefit resources to provide individuals experiencing homelessness with the support needed to achieve self-sufficiency.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Our CoC partners closely with the Greater Roanoke Workforce Development Board (GRWDB) to ensure our homeless services programs coordinate employment services effectively for participants. The GRWDB serves all seven localities of our CoC and operates our region's one-stop center for employment services, the Virginia Career Works Center. The GRWDB Executive Director is an elected member of our CoC Board. The GRWD conducts regular trainings on employment services for our CoC projects.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Our CoC has implemented a formal co-response street outreach partnership with the Roanoke City Police Department, our CoC-funded street outreach project (the Homeless Assistance Team), Blue Ridge Behavioral Healthcare's (BRBH) PATH program and Bradley Free Clinic's peer recovery specialists through its HOPE Initiative. This multi-disciplinary group, named the STAR initiative, conducts co-response outreach twice per week to encampments to provide behavioral health and substance use treatment services in the field through our partner agencies specializing in these types of support.

The STAR initiative is implemented in coordination with the City of Roanoke's inter-departmental encampment response, which includes service offerings, safety and law enforcement response, encampment notice to vacate posting, and environmental mitigation and clean up. Our co-response outreach model utilizes officers from the Roanoke City Police Department's Community Engagement team to make contact with individuals residing in encampments. These initial interactions are service-focused with the City of Roanoke's Homeless Assistance Team outreach workers, BRBH's PATH worker and peer recovery specialists from Bradley Free Clinic' conduct service needs assessments in the field and connecting encampment occupants to CoC services and other supports needed to obtain permanent housing. Encampments are visited consistently with the above partners to develop trust and rapport with occupants and to facilitate service engagement. Service intakes and referrals are conducted in the field using mobile devices and direct transports to partner services are conducted by the outreach teams for warm referral hand-offs. Referral services include emergency shelter, employment services, substance use treatment, mental health services, mainstream benefits and healthcare.

Once the service engagement phase of co-response has been completed, the Roanoke City Police Department is responsible for posting notices to vacate for individuals camped on City of Roanoke property (i.e. in City parks, public rights of way, and other City property). Enforcement of camping on private property is coordinated with the property owner, the City's Code Enforcement team and the Police Department. The City of Roanoke's Fire-EMS team is informed of any fire safety concerns at encampments and response is coordinated through the City's inter-departmental team which includes our CoC-funded street outreach project.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The City of Roanoke's Homeless Assistance Team (HAT) has designated local funding to assist individuals experiencing homelessness with accessing permanent housing opportunities out of town through natural support networks (family or friends). These funds are used to purchase Greyhound bus tickets or Amtrak train tickets to assist individuals with accessing these housing opportunities once a HAT case manager has confirmed with the individual's family member or friend that the housing opportunity exists. The case manager coordinates purchasing the travel ticket through the most cost-effective option and assists the client with accessing the travel service at its departure time. Each individual accessing services through HAT is assessed on whether natural family supports exist at intake and follow-up on potential reunification options to ensure this service is explored first, before local housing and service plans are implemented.

These dedicated reunification funds assisted 27 individuals with accessing permanent housing out of town through natural support networks last calendar year. Additional CoC service providers – emergency shelters, day shelters, substance use treatment providers, mental health providers, law enforcement partners – make referrals of literally homeless individuals into the program operated by HAT, ensuring community-level coordination and resource leveraging. This is a low-cost intervention that has assisted dozens of individuals resolve their homelessness through family support networks. The City of Roanoke is committed to continuing to provide this effective intervention for the community.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC coordinates encampment response through its CoC-funded street outreach program, the City of Roanoke's Homeless Assistance Team (HAT). HAT coordinates encampment response with its external partners who provide specialized supportive services for behavioral health, substance use treatment and healthcare. These partners also coordinate co-response street outreach twice weekly with the Roanoke City Police Departments community resource officers through the STAR Initiative.

The STAR Initiative is also a component of the City of Roanoke's encampment response process, which includes services outreach and engagement, notifications to vacate/encampment clearings, law enforcement/safety response, and biohazard mitigation/clean-up. Individuals encountered through STAR outreach are also assessed for meeting involuntary commitment criteria by PATH outreach staff through Blue Ridge Behavioral Healthcare.

Petitions to the local magistrate are conducted by PATH and HAT staff for individuals determined to be a danger to themselves or others, and for those demonstrating a lack of capacity in caring for themselves. These involuntary commitments often present an opportunity for individuals suffering from psychosis as a result of severe mental illness or substance use disorder in accessing the services needed to stabilize, seek recovery/treatment and pursue services to become self-sufficient. Involuntary commitment is a tool used by our outreach teams for individuals suffering with extreme challenges that require intensive intervention and support.

The police officers assigned to STAR outreach also conduct regular checks of outstanding criminal charges of individuals encountered at encampments and enforce laws related to public use of illicit substances. Outstanding warrants are enforced, including for individuals on the Sex Offender Registry, and local prohibitions against public camping are enforced through the posting of notices to vacate at encampments by the STAR outreach officers. The services component from the CoC partners in the STAR Initiative cooperate with these enforcement mechanisms of the encampment response work and do not impede their implementation.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

In December 2021, Roanoke City Council (the most populated locality in our CoC) passed a camping ordinance prohibiting camping on public sidewalks and rights of way with the City's Downtown Service District. The CoC has worked with the City to utilize this camping ordinance as a service engagement opportunity through our street outreach programs. The City's CoC-funded outreach program, the Homeless Assistance Team (HAT), is the first point of contact in responding to violations of the camping ordinance. HAT conducts service-oriented outreach visits to engage individuals in services, develop housing plans and conduct referrals, before enforcement occurs. Once service engagement has happened, then HAT staff coordinate with the Roanoke City Police Department in clearing the camp and ensuring compliance with the camping ban. HAT responds immediately to reports of camping in the prohibited district and conducts services engagement work and coordinates enforcement with the Police Department.

The City of Roanoke has a similar prohibition against camping in its public parks and on its greenways. Services outreach through the City's Homeless Assistance Team is the first response in these situations also. Co-response outreach is conducted at these camps with HAT, behavioral health service providers, peer recovery specialists and police officers to engage encampment residents in services. Follow-up enforcement is conducted by the Roanoke City Police Department through posting of notices to vacate and coordinating environmental mitigation and clean-up with outside contractors. The CoC uses these prohibitions against public camping as an engagement opportunity to create urgency around services solutions.

In calendar year 2025, the peer recovery specialists through co-response outreach connected with 142 individuals. Out of those 142 individuals, 110 accessed a form of substance use treatment. Other data included 16 people enrolled as patients at the healthcare clinic, 25 were connected to employment resources, 18 obtained government issued identification, 12 individuals completed Medicaid applications, 23 were provided financial assistance to enter recovery housing, 32 were provided food resources, and 41 were provided clothing and/or hygiene products. The CoC will continue using these local camping ordinances as an opportunity to create urgency on services solutions through co-response outreach.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

As of September 18, 2026, there are a total of 40 active encampments with tents in our CoC's geographic area. All of these encampments are located within the City of Roanoke's geographical boundaries.

The City of Roanoke, in coordination with the CoC through its street outreach teams, has implemented a coordinated encampment response process that includes mapping, service engagement outreach, law enforcement and public safety, and clean-up/mitigation components. Our CoC-funded street outreach project, the City of Roanoke's Homeless Assistance Team (HAT), is responsible for making contact within 48 hours of the encampment being reported. HAT utilizes a co-response outreach model to partner with the Roanoke City Police Department, our community's Community Services Board – Blue Ridge Behavioral Healthcare (BRBH) – and peer recovery specialists from Bradley Free Clinic's Hope Initiative to provide comprehensive outreach services through the City's coordinated encampment response.

Once outreach services have engaged with occupants, completed service intakes and implemented next step action items on service plans, the Roanoke City Police Department posts notices to vacate, providing encampment residents with 48 hours' notice to vacate the site if the camp is located on City property. After the camp is vacated, the City of Roanoke's Public Works Department coordinates clean-up with the City's third-party contractor. Biohazards, trash/debris and other public health and safety items are removed from the area and post-clean-up mitigation action is implemented.

Areas determined to be encampment "hot spots" are assessed by the Roanoke City Police Department for public safety improvements that can be made at these locations. Mitigation actions can include trimming of trees, bushes and vegetation, increasing lighting, posting of no trespassing signage, and increasing the overall visibility of the area to discourage camping.

For encampments located on private property, our co-response outreach team coordinates with the City of Roanoke's Code Enforcement team to respond. In these situations, the outreach, posting, clean-up, and mitigation processes described above are coordinated with the private property owner.

This entire encampment response process – from services outreach to post-clean-up mitigation – is coordinated through the City of Roanoke's inter-departmental team to decrease the number encampments in our community.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

CoC partners conduct co-response street outreach with officers of the Roanoke City Police Department twice weekly through the STAR Initiative. This co-response outreach work is service-focused first, and leverages local ordinances against public camping and State code prohibitions against public intoxication and substance possession to decrease public use of illicit drugs and to create urgency for service engagement and solutions. The police officers assigned to STAR outreach enforce public intoxication and drug possession laws as these situations are encountered, in an effort to decrease the public use of illicit drugs.

During the first quarter of 2026, the Roanoke City Police Department enforced 122 combined drug and alcohol violations, for both public intoxication and illicit substance possession. From January 1, 2026 – August 31, 2026, CoC service providers made 349 service engagement contacts through co-response outreach at encampments. In 2025, peer recovery specialists assisted 110 individuals with accessing some form of substance use treatment and 23 individuals entered recovery housing as a result of this co-response outreach work.

Similar to previous responses relating to the clearing of encampments and enforcement of local ordinances prohibiting public camping, the CoC will continue with its plan of leveraging this co-response outreach partnership with the Roanoke City Police Department to create urgency with service solutions, while decreasing the public use of illicit drugs through law enforcement.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The opioid crisis in the Roanoke Valley has caused a number of overdose death surges, resulting in 1,200 deaths since 2007. The crisis reached its peak in 2022; however, the most recent data available from the Virginia Department of Health indicates that Roanoke City (the most populated locality in our CoC geographic area) experienced a 50% decrease in overdose deaths in 2024 compared to 2022 levels. Rates of emergency department visits for unintentional overdoses have also declined since 2022, though less dramatically.

Localities and CoC partners have utilized funding from the Virginia Opioid Abatement Authority and abatement funds awarded to local governments through the opioid settlement to address illicit drug use in public spaces and to reverse overdose trends. The Virginia Opioid Abatement Authority has awarded more than \$1.3 million to programs in the City of Roanoke addressing these issues. This funding has been used to:

- build and expand a collaborative regional recovery ecosystem
- fund Certified Peer Recovery Specialists embedded in our local street outreach programs to assist individuals experiencing homelessness with accessing treatment services
- implement residential recovery programs for pregnant and postpartum women
- fund the Teen Outreach Project at Roanoke City Public Schools to further prevention efforts in our community

The results of these efforts are reflected in the data above. Less overdoses are occurring in our community and enforcement mechanisms are in place to reduce illicit drug use in public spaces. Co-response outreach between the Roanoke City Police Department and CoC service providers offer wide-ranging specialized, supportive services, while utilizing enforcement of public intoxication and substance possession laws to create urgency around service solutions.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC's co-response outreach team, which includes our CoC-funded street outreach provider, Blue Ridge Behavioral Healthcare's PATH work, peer recovery specialists and law enforcement officers utilize the Commonwealth of Virginia's involuntary commitment process when engaging with individuals at encampments who are in a mental health crisis, or substance use-induced psychosis, and are a danger to themselves or others. Involuntary commitments are either initiated by the law enforcement officers assigned to co-response outreach or by the behavioral health outreach worker, which requires a sworn in-person petition before a local magistrate.

This involuntary commitment process has been successful in circumstances where our outreach team is unable to have productive service engagements due to the individual's severe mental illness when the individual is determined to be a threat to themselves or others. In these situations, once the Emergency Custody Order is granted by the magistrate, the individual is taken into custody by law enforcement and transported to our local Crisis Receiving Center for independent evaluation and assessment. Depending on the outcome of the independent evaluation, the individual may be ordered for involuntary inpatient hospitalization, mandatory outpatient treatment, or released from custody. In situations, where individuals are ordered for intensive services, our CoC services teams have had successes in working through next steps on housing plans.

From January 1, 2026 – August 31, 2026 our outreach teams conducted 5 involuntary commitments of individuals who were determined to be a threat to themselves or others. One of these involuntary commitments resulted in the individual being placed in inpatient hospitalization, which allowed her to stabilize, receive medication and re-connect with our CoC service providers to connect with housing. A Coordinated Entry assessment was conducted with the individual and she was referred to our community's Supportive Housing program operated by our community services board, where she received the support and stability needed to work towards self-sufficiency. This individual had been unwilling to engage in services at this level prior to the involuntary commitment being conducted. Our team will continue to leverage this process in order to more effectively serve individuals in our community with acute behavioral health needs.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Law enforcement is a component of our CoC's co-response outreach with the Roanoke City Police Department through the STAR Initiative. In addition to the service engagement efforts at encampments, the police officers assigned to the street outreach partnership conduct checks for outstanding warrants, pending criminal charges and violations of sex offender registrants under the Sex Offender Registration and Notification Act (SORNA). STAR officers conduct checks to ensure individuals encountered in encampments have met all of the requirements of the SORNA, including keeping their information current in the jurisdiction in which they are residing and/or working, and meeting all of the other registration and verification requirements of the Act. From January 1, 2026 – August 31, 2026, 324 individuals were encountered through co-response outreach. The Roanoke City Police Department ran warrant checks and confirmed each of these individuals were in compliance with all of the registration of verification requirements of the SORNA.

In addition to this street outreach cooperation with law enforcement for violations of SORNA, our CoC's emergency shelters cooperate with local law enforcement and probation/parole offices to share information on shelter guests in accordance with reporting requirements. Our shelter program provide information on whether registrants are currently residing in their programs and cooperate fully with authorities when violations occur.

The CoC will continue to leverage its co-response outreach partnership with our local Police Department and the full cooperation of our shelter programs with local law enforcement and probation/parole offices to protect public safety in our community, including ensuring our programs share the information needed for the enforcement of SORNA violations.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Our community's primary street outreach provider, the City of Roanoke's Homeless Assistance Team (HAT), a HUD-funded project, provides coordinated and consistent outreach and engagement efforts to bring services directly to people experiencing unsheltered homelessness. HAT conducts field intakes each afternoon to ensure clients least likely to request assistance are connected to services. HAT also leads co-response outreach with the Roanoke City Police Department, our local PATH program through our community services board and peer recovery specialists to bring a wide array of specialized behavioral health and substance use treatment services to clients in the field.

HAT partners with the City of Roanoke's Parks and Recreation, Police, and Code Enforcement departments to alert each other of encampment locations. Leadership and staff of the four departments meet in-person regularly to coordinate services. Outreach alerts and follow up messages are sent amongst members of the group on an on-going basis. HAT staff and its partners develop rapport, build relationships and connect clients to shelter resources, permanent housing options and supportive services through our community's housing placement committees.

HAT outreach services cover 100 percent of our CoC's geographic area. Upon request, but not less than quarterly, outreach is conducted in the rural areas of our CoC. Using a "quadrant" system, staff sweep the NE, NW, SE, and SW sections of the City on alternating days. Workers meet basic needs first and build relationships over time using progressive engagement techniques with the most service-resistant clients. HAT tracks locations of known encampment sites throughout our CoC coverage area using Excel spreadsheets to ensure outreach efforts throughout our CoC are comprehensive and consistent.

One HAT case manager is a bilingual Spanish-speaker and American Sign Language (ASL) interpreter. The Team also uses language access services on mobile devices in the field and through in-office phone services to ensure non-English speakers are able to access services. Housing and supportive services are marketed through resource cards used by outreach teams. Large print marketing materials are available for those with vision impairments.

HAT staff enter client data in HMIS and ensure referrals are made to the community's housing placement teams for case conferencing. All outreach services in our community are housing-focused and client-centered.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	No
3.	Early Head Start	Yes

4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Our CoC coordinated entry policies and procedures, which have been adopted by our CoC Board, require any partnering agency providing services to newly homeless families with school-age children who qualify for homeless education services, to connect those families to the Homeless Student Program Liaison with Roanoke City Public Schools, or to the homeless education services contact in their school district immediately upon intake. The Roanoke City Public Schools (RCPS) Homeless Student Liaison is the primary educational service provider in our Continuum of Care, serving the majority of homeless students in our CoC.

The RCPS policy and procedures manual contains a section describing eligibility and how students and families experiencing homelessness can connect to educational services. These policies are distributed to emergency shelter staff, to families at back to school meetings, and to students by school guidance counselors throughout the year. Posters, brochures and other marketing materials are provided to families at all CoC program sites. The RCPS Homeless Student Liaison also provides annual training to CoC providers to inform the community on the educational services available to homeless families.

The Homeless Student Liaison is also an active member of our CoC planning committee and our client by-name list case conferencing committees, providing further linkages between educational services and our homeless programs that serve school-age children. The Homeless Student Liaison also works one-on-one with area shelters on protocols for identification and to ensure school enrollment through Local Educational Agencies (LEA). The LEA develops and follows procedures for information sharing consistent with McKinney-Vento requirements. These written policies and coordinated activities ensure that individuals and families who become homeless in our CoC are informed of their eligibility for educational services.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Our CoC-lead entity, the City of Roanoke, coordinates our regional Continuum of Care through its Department of Social & Human Services, which facilitates close collaboration between our local DSS child welfare and foster care programs and our CoC projects. Our CoC Chair, the City of Roanoke's Human Services Administrator works closely with the foster care divisions of the City of Roanoke's Department of Social Services and Roanoke County's Department of Social Services, the two largest localities in our CoC, to coordinate referrals for youth exiting foster care to the Roanoke Redevelopment & Housing Authority's (RRHA) Family Unification Program (FUP) to ensure youth exiting the child welfare system have access to the housing and supportive services assistance needed to achieve self-sufficiency and avoid homelessness.

The City of Roanoke and Roanoke County DSS offices have an executed MOU with the CoC and the RRHA that outlines the roles and responsibilities of each partner in the FUP referral process. Staff from our local DSS foster care programs are members of our CoC's youth by-name list committee, which meets bi-weekly to coordinate the service needs of every homeless youth in our community, including those in foster care. Referrals to our community's youth and family-dedicated rapid rehousing programs are coordinated through this committee. This coordinated with our local DSS offices helps ensure the needs of youth exiting the child welfare system have access to the wide array of CoC resources available in our community and that services are coordinated across agencies through regular case conferencing meetings.

CoC partners, including our street outreach and emergency shelter projects, also coordinate referrals of homeless youth with our local foster care programs to the state-funded Fostering Futures program. Fostering Futures is a voluntary extended foster care initiative that provides financial, housing and social support to young adults as they transition from foster care to adulthood. The program provides time-limited financial assistance, housing support, education and job training services to this high-risk population to help them transition to self-sufficiency and stability.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

No U.S. Department of Health and Human Services (HHS) RHY-funded programs exist in our CoC. This question is not applicable.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Council of Community Services' rapid rehousing (RRH) programs receive state funding from the Virginia Department of Housing and Community Development that exclusively serves families with children experiencing homelessness. This project provides RRH services in accordance with best practices, which include providing housing search assistance, rental assistance and housing start-up cost assistance, and housing-focused case management services.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

As part of the Council of Community Services' intake process for rapid rehousing (RRH) participants, the client is assessed with a "Housing Stability Assessment" tool. This form identifies both strengths and barriers in multiple service areas including wraparound supports, physical health, mental health, substance use, social supports, employment and income, and legal services. The RRH Housing Coordinator (HC) also works with the client to complete a "Self-Declaration of Expenses" form during intake that is used in budgeting guidance during the case management process in monthly meetings. The combination of these tools gives the Housing Coordinator the means to identify, in partnership with the client, their needs on the road to housing stability. The information collected allows them to build a case management plan, also allowing the Housing Coordinator to track the client's progress. The HC meets with the Housing Services Manager monthly, and they review each client's case and strategize discharge dates or the need for recertification and more assistance.

Included in case management plans for families without income are steps to increase their income and access to resources. If clients are eligible for employment, the Housing Coordinator refers them to the Greater Roanoke Workforce Development Board for career assessment, skill development and training, job search support, and other employment-based services.

If a client is not able to work due to disability or other barriers, the Housing Coordinator makes referrals to other appropriate resources that can help them apply for assistance and benefits, including SSI/SSDI and unemployment. Housing Coordinators also assist clients with filling out applications for Medicaid, SNAP, childcare services, energy assistance, and Temporary Cash Assistance for Families with Minor Children (TANF) programs through the Virginia CommonHelp system. Parents with children are also encouraged to seek out child support assistance through the Virginia Division of Child Support Enforcement or by filing a petition in the Juvenile and Domestic Relations Court.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The Council of Community Services' (CCS) rapid rehousing (RRH) project dedicated to serving families with children utilizes a "Housing Stability Assessment" tool as part of its client intake process. This tool identifies both household strengths and barriers in multiple service areas, including wraparound supports, physical health, mental health, substance use, social supports, employment and income, and legal services. The RRH Housing Coordinator (HC) also works with the client to complete a "Self-Declaration of Expenses" form during intake that is used in budgeting guidance during the case management process in monthly meetings. The combination of these tools gives the Housing Coordinator the means to identify, in partnership with the client, their needs on the road to housing stability. The information collected allows them to build a case management plan, which also allows the Housing Coordinator to track the client's progress. The HC meets with the Housing Services Manager monthly, and they review each client's case and strategize discharge dates or the need for recertification and more assistance.

If a client is not able to work due to disability or other barriers, the Housing Coordinator makes referrals to other appropriate resources that can help them apply for assistance and benefits, including SSI/SSDI and unemployment. Housing Coordinators also assist clients with filling out applications for Medicaid, SNAP, childcare services, energy assistance, and Temporary Cash Assistance for Families with Minor Children (TANF) programs through the Virginia CommonHelp system. Parents with children are also encouraged to seek out child support assistance through the Virginia Division of Child Support Enforcement or by filing a petition in the Juvenile and Domestic Relations Court. TANF is a critical resource that is used to provide temporary income to qualifying families while the RRH Housing Coordinator works collaboratively with the client to develop longer-term sources of income that allow the family to stabilize self-sufficiently. These TANF resources, in addition to rapid rehousing rental assistance, provide the family with valuable time to obtain employment and build additional income streams.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Council of Community Services' (CCS) rapid rehousing (RRH) project dedicated to serving families with children utilizes a "Housing Stability Assessment" tool as part of its client intake process. This tool identifies both household strengths and barriers in multiple service areas, including wraparound supports, physical health, mental health, substance use, social supports, employment and income, and legal services. The RRH Housing Coordinator (HC) also works with the client to complete a "Self-Declaration of Expenses" form during intake that is used in budgeting guidance during the case management process in monthly meetings. The combination of these tools gives the Housing Coordinator the means to identify, in partnership with the client, their needs on the road to housing stability. The information collected allows them to build a case management plan, which also allows the Housing Coordinator to track the client's progress. The HC meets with the Housing Services Manager monthly, and they review each client's case and strategize discharge dates or the need for recertification and additional assistance.

In situations where parental support is identified as a service need, the RRH Housing Coordinator will work with the family to provide warm referrals to the programs that provide these specialized services. The Child Health Investment Partnership (CHIP) of Roanoke Valley is one example of a frequent referral source. CHIP is an early childhood home-visiting program that pairs pregnant mothers and children with a Community Health Nurse and Family Case Manager. The program provides healthcare coordination, developmental education, mental health support, and specialized case management (including prenatal, oral health, and respiratory care).

The CCS RRH program also leverages the childcare assistance – including the Child Care Subsidy Program – operated through our local departments of social services to connect families in need of financial support to afford childcare services, with those resources. This childcare subsidy allows the family to seek employment and to increase income to achieve self-sufficiency, which decreases long-term reliance on public assistance. This also allows the family to exit the RRH program more quickly once self-sufficiency and housing stability is obtained, allowing the program to serve additional families who are currently homeless.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Our CoC partners closely with the Salem VA Medical Center's Healthcare for Homeless Veterans (HCHV) program to ensure homeless Veterans have access to the wide range of services provided by the HCHV program. Services provided through our local HCHV program include housing services, behavioral health services, re-entry and employment services. The supervisor of our local HCHV program chairs our CoC's Veteran By-Name List committee to ensure the effective coordination of services for Veterans.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC collaborates with organizations in our community who provide housing and services to survivors of domestic violence, dating violence, sexual assault and stalking. These organizations include the Salvation Army's Turning Point shelter and Total Action for Progress' Domestic Violence Services (TAP DVS). These agencies are local victim service providers who provide critical safe overnight shelter and support services to meet the needs of individuals and families fleeing violence.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners closely with Total Action for Progress' (TAP) Virginia Community Action Re-Entry System (CARES) to provide employment support, assistance obtaining identification, basic needs referrals and other essential re-entry services to ensure individuals within 6 months of release from the justice system are not discharged into homelessness.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Community Health Workers (CHWs) at two of our community's free clinics, the Fralin Free Clinic and the Bradley Free Clinic, to coordinate medical services and specialized support to address the needs of our community's high utilizers of healthcare systems. These CHWs conduct joint outreach with our outreach teams and are imbedded in the case management team of our emergency shelter providers to coordinate services for those in our system with the most acute medical needs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC partners closely with our local department of social services' Adult Protective Services (APS) programs to coordinate the screenings and placements of aging and elderly adults experiencing homelessness into residential care and assisted living facilities when those level of services are needed. Meadow Hills is a partner assisted living provider in our community who regularly accepts coordinated referrals from our local APS and CoC projects.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Our CoC's community services board, Blue Ridge Behavioral Healthcare, operates a Permanent Supportive Housing (PSH) program that prioritizes individuals experiencing chronic homelessness. Referrals to this behavior health-focused PSH project come directly from CoC providers through our Coordinated Entry System. Data related to this project's referrals, services and outcomes are tracked through our community's Homeless Management Information System (HMIS).

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Blue Ridge Behavioral Healthcare's (BRBH) Permanent Supportive Housing (PSH) project provides flexible community-based and mobile behavioral health services through its scattered site housing model. Behavioral health services are coordinated through certified BRBH clinicians who bring treatment directly to the PSH participant's home. Support teams visit clients where they live to assist with stability rather than requiring attendance at a clinic.

Behavioral health workers help clients build independent living skills, manage household responsibilities, and communicate with landlords. Clinicians connect participants to counseling, psychiatric care, community treatment, and substance use disorder recovery services. The project also uses trained peer specialists who offer personal encouragement, service navigation help, and mentorship based on shared lived experience.

All of these behavioral healthcare services are offered onsite, in the client's home.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

As a state-designated Community Services Board (CSB), Blue Ridge Behavioral Healthcare employees are authorized to conduct Uniform Assessment Instruments (UAs) for participants in its Permanent Supportive Housing (PSH) program. Staff have completed state-approved training to conduct UAs, which is a standardized state evaluation tool used for admission to an assisted living facility (ALF). The assessment evaluates activities of daily living, cognitive and behavioral health status and health and medical needs. The assessment determines whether the individual qualifies for residential living/treatment or assisted living, and whether the PSH project can meet the individual's needs.

Assessing needs for higher levels of care is incorporated into individualized service plans as behavioral health case managers conduct case work with PSH participants. UAs are conducted in all circumstances where there are concerns about the individual's ability to live independently, including needs for residential treatment and assisted living. If it is determined that a higher level of care is needed, the PSH behavioral health case manager coordinates with the specialized providers of the comprehensive care and treatment facilities through the assessment and admission process. The PSH managers coordinate transportation to admissions appointments and attend the appointments with participants to ensure effective coordination and service hand-offs.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Our CoC has adopted a standardized process in which our permanent supportive housing providers conduct an objective evaluation of participants' service needs, which includes an evaluation of whether the household has a continued need for the high-level supportive services offered by the PSH program. These service needs evaluations are conducted every three months by our PSH providers, including Blue Ridge Behavioral Healthcare's Permanent Supportive Housing program.

If the participant is determined to no longer need high-level services, then the household can be referred to the Roanoke Redevelopment and Housing Authority (RRHA) for a housing voucher and "moved on" from the PSH project utilizing the homeless preference our CoC has implemented with the RRHA. This allows for the PSH unit to then be filled by another household experiencing chronic homelessness who needs intense supportive services. This community-wide "moving on" assessment and referral process is incorporated into our CoC's Coordinated Entry policies and procedures for PSH providers.

The moving on assessment also evaluates the PSH participants' ability to live self-sufficiently in unsubsidized market-rate housing. PSH housing case managers assist participants in applying for and moving into unsubsidized units to allow the program to serve someone else currently experiencing chronic homelessness in our community, which maximizes the use of our limited resources. PSH case managers also assist in navigating the referral and access process for participants moving on out of the program and into voucher programs and public housing units through our CoC's homeless preference. Case managers provide transportation, assist participants in applying for housing units and attend appointments with individuals moving on, to ensure effective and efficient coordination and service hand-offs.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

Our CoC's written process for reallocation was approved by the CoC in 2018. This policy is included in our CoC's local competition public announcement and is communicated to project applicants through this public announcement. In this policy, grantees can self-nominate to voluntarily reallocate funds from a renewal project to a new or existing project if the grantee recognizes capacity deficiencies and/or performance-related issues are negatively impacting the effectiveness of our broader service system. When this occurs, the CoC Lead and planning entity review the voluntary reallocation request and then recommend action to the CoC Board.

The CoC Board, in consultation with the CoC Lead and planning entity, also reserves the right to involuntarily reallocate funding based on an analysis of grantee performance and/or community need. Projects are monitored by the CoC Lead and planning entity to ensure performance targets are being met and that the project's activities are being implemented in alignment with HUD guidelines community policies. If deficiencies are noted, they are shared with the Ranking Committee and CoC Board as part of the project evaluation and ranking process. If significant deficiencies are noted, the CoC Lead may recommend to the CoC Board that funding be involuntarily reallocated.

The CoC also conducts an annual assessment of community need utilizing PIT and LSA data. This data is compared to our HIC to identify potential gaps in services. If it is determined that a renewal project has performance issues or is no longer meeting a priority need, the CoC Lead may recommend to the CoC Board that the project be reallocated.

In FY 2026, the CoC is reallocating \$332,435 from an existing permanent supportive housing (PSH) project to a new transitional housing project through our local competition. This reallocation decision was made as a result of an increase in returns to homelessness of participants from the PSH project due to lease violations related to substance use. The new transitional housing project will require that participants engage in substance use treatment services as a condition of program participation. This service requirement of the new project will help our community increase the housing stability and self-sufficiency of substance users experiencing homelessness in our community as case workers assist clients in achieving recovery and obtaining employment in a supportive and safe transitional housing environment.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	BitFocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Our CoC did not make any methodology or data quality changes to our unsheltered PIT count between 2025 and 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

In January 2025, our CoC launched our co-response outreach project, the STAR Initiative, with our CoC-funded street outreach project, the City of Roanoke's Homeless Assistance Team, the Roanoke City Police Department, peer recovery specialists from Bradley Free Clinic's Hope Initiative and the PATH behavioral health outreach worker from Blue Ridge Behavioral Healthcare.

This multi-disciplinary team utilized techniques that combine service engagement approaches such as progressive engagement, strengths-based case management and motivational interviewing to connect individuals residing in encampments with employment, supportive services and housing solutions. The team conducted co-response outreach to encampments twice weekly, visiting camps multiple times utilizing the previously described service engagement approaches.

The STAR team also leveraged the enforcement of local ordinances prohibiting public camping and public drug use to create urgency for encampment occupants to engage in service solutions.

The evaluation period used to determine the effectiveness of this approach to reducing encampments was set as January 1, 2025 – December 31, 2025.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	58
2. Enter the reduction in the number of encampments during your evaluation period.	51

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	288
2. Enter the reduction in the number of people in encampments during your evaluation period.	259

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.	
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC conducts a supplemental survey as part of its annual Point-in-Time (PIT) Count. Individuals counted as homeless on the PIT night are asked their primary reason for becoming homeless. This data is analyzed, included in our annual PIT report, and incorporated into community planning processes to reduce first-time homelessness. In 2026, domestic violence, family conflict, lack of affordable housing, and job loss were identified as key risk factors leading to first-time homelessness in our community.

The CoC also utilizes data from the Annual Performance Reports (APRs) of our emergency shelter and street outreach projects to determine the risk factors leading to individuals becoming homeless for the first time. The prior living situations of individuals entering these programs for the first time are analyzed and incorporated into our community's policies to target our homelessness prevention resources. The APR data of our shelter and street outreach programs reveal that individuals coming from "doubled up" situations and hotel/motels are most likely to enter homelessness. Individuals in these types of living situations are prioritized for homelessness prevention services in our community to assist in reducing first-time homelessness.

Our CoC also utilizes diversion strategies to reduce first-time homelessness. Staff at each of our community's Coordinated Entry access points are trained on having problem-solving/diversion conversations with at-risk households seeking homeless services. These diversion specialists help individuals seeking shelter explore other potential housing arrangements before being placed in shelter. Landlord mediation, resolving family conflict, and utilizing flexible financial assistance are all tools used as part of our diversion strategy.

The CoC Chair and planning entity are responsible for overseeing this CoC plan to reduce the number of individuals and families becoming homeless for the first time.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Our CoC's plan to reduce the length of time households remain homeless is contained within our Coordinated Entry System (CES). Once a household enters our system, a common assessment is conducted using our locally-developed common assessment tool. This assessment is completed within 7 days of the household entering homelessness, which facilitates quick placements into housing programs, and assigns priority points for households with long periods of homelessness. Scores on the assessment tool assist our housing placement teams in making decisions regarding placements into housing projects. In instances where assessment scores are equal, housing placement teams prioritize clients with the longest length of homelessness, thus reducing the overall length of time individuals and families are homeless in our community.

Five housing placement teams (chronic, Veteran, youth, family, and unsheltered) triage every client on our by-name lists. Clients are case conferenced and matched to housing resources through bi-weekly team meetings. Clients are matched to housing interventions, including HUD-VASH, SSVF, CoC PSH, RRH, and HCV, and Mainstream Vouchers administered through our PHA. Assessment scores and the length of time homeless are the prioritization factors used when matching clients with these resources.

Each household referred for a voucher using our PHA's homeless preference is assigned a housing navigator who assists the household with locating housing. Our CoC leverages Medicaid resources by connecting individuals with a history of hospitalizations and serious mental illness diagnoses to mental health skill-building supports for additional housing search assistance. The CoC has also successfully implemented a new housing navigator position utilizing Virginia Housing Trust Fund resources to assist households who do not qualify for mental health skill-building services. This navigator provides "hands-on" housing search assistance, helping individuals locate housing more quickly and reducing the length of time individuals in our system spend homeless.

The CoC Lead and planning agency share responsibility for overseeing this plan.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	48.35%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the data for this response, we ran a combined Annual Performance Report (APR) in our Homeless Management Information System for all of the Transitional Housing, Rapid Rehousing and Permanent Supportive Housing programs in our CoC for the period of October 1, 2024 – September 30, 2025.

We added the number of individuals exiting these program types to the various unsubsidized housing destinations.

The unsubsidized housing destinations included in this calculation were:

- Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

We then divided the sum of individuals exiting to unsubsidized housing destinations from these programs (103) by the total number of individuals who exited the programs during the reporting period (213) to calculate the percentage of program participants exited from TH/RRH/PSH collectively to unsubsidized housing as 48.35%.

Below are the data sets used for this calculation:

APR Results for RRH/PSH Exits – October 1, 2024 – September 30, 2025

- 213 Total Exits from RRH & PSH programs
- Exits to Permanent Situations:
 - o Staying or living with family, permanent tenure - 14
 - o Staying or living with friends, permanent tenure - 3
 - o Rental by client, no ongoing housing subsidy - 86
 - o Owned by client, no ongoing housing subsidy - 0
 - o Total - 103
- Percentage of Total Exits - 48.35%

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	344	71	414	99.76%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	80	0	80	100.00%
5. Permanent Supportive Housing (PSH) beds	225	0	225	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. Our CoC has greater than a 84.99 bed coverage rate for all of the project types that exist in our community.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH-RRH-PS...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of TH-RRH-PSH Projects with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and the Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/25/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

Blue Ridge Continuum of Care

List of TH/RRH/PSH Projects with On-Site Substance Use Treatment

Agency Name	Project Name	Project Type	Is On-Site Substance Use Treatment Provided?	Source of On-Site Treatment	Current or Proposed Project
Commonwealth Catholic Charities	Healing Haven	Permanent Supportive Housing	Yes	Internal Peer Recovery Specialist	Current
Blue Ridge Behavioral Healthcare	Virginia Department of Behavioral Health and Developmental Services (DBHDS) PSH	Permanent Supportive Housing	Yes	Internal Community-Based Treatment Teams	Current
Commonwealth Catholic Charities	Transitional Housing Project	Transitional Housing	Yes	Internal Peer Recovery Specialist	Proposed
Council of Community Services	Virginia Department of Housing & Community Development (DHCD) RRH	Rapid Rehousing	No	N/A	Current
Council of Community Services	City of Roanoke Emergency Solutions Grant (ESG) RRH	Rapid Rehousing	No	N/A	Current
Total Action for Progress (TAP)	Supportive Services for Veteran Families (SSVF) RRH	Rapid Rehousing	No	N/A	Current

Blue Ridge Continuum of Care

List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

Agency Name	CoC Project Name	Project Type	New or Renewal Project	Number of Units	Number of Units Requiring Substance Abuse Treatment	Percentage of Units Requiring Substance Abuse Treatment
Commonwealth Catholic Charities	Healing Haven	Permanent Supportive Housing	Renewal	22	0	0%
Commonwealth Catholic Charities	Blue Ridge Transitional Housing	Transitional Housing	New	22	22	100%
Council of Community Services	Homeless Management Information System	HMIS	Renewal	0	0	N/A
City of Roanoke	Homeless Assistance Team (HAT)	SSO - Street Outreach	Renewal	0	0	N/A
City of Roanoke	Homeless Assistance Team (HAT) Expansion	SSO - Street Outreach	New	0	0	N/A
City of Roanoke	Coordinated Assessment System (CAS)	SSO - Coordinated Entry	Renewal	0	0	N/A
Totals				44	22	50%

Blue Ridge Continuum of Care Service Participation Agreement

Project Name: _____
Participant Name: _____
Unit/Room: _____
Effective Date: _____



Purpose

This Service Participation Agreement outlines the supportive service expectations for participants in this project. These services are designed to help participants obtain and maintain housing stability, increase income and self-sufficiency, improve health and well-being, and successfully exit to permanent housing. This agreement complies with 24 CFR 578.75(h) and NOFO requirements.

1. Participant Rights

- Access services in a trauma-informed manner.
- Decline disability-related services.
- Request reasonable accommodations.
- File grievances without retaliation.

2. Required Service Participation

Participants agree to:

- Meet with case manager at least ____ times per month.
- Participate in a Housing Stability Plan and actively pursue goals to achieve stability and self-sufficiency.
- Engage in housing retention activities.
- Engage in Substance Use Treatment if obtaining services through a sober living program or through a program that requires sobriety to obtain self-sufficiency and advance recovery
- Attend required appointments for housing stability.
- Cooperate with documentation and re-certification requirements.
- If applicable, client will actively engage in employment services and/or substance use recovery services that can be documented by your case manager.

3. Termination & Appeals

Participants not actively pursuing goals towards achieving self-sufficiency and adhering to these service participation requirements will be subject to program termination. Terminations follow 24 CFR 578.91 with written notice and appeal opportunity.

Signatures

Participant: _____

Date: _____

Staff: _____

Date: _____

1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

The attached ***City of Roanoke Homelessness Encampment Policy and Procedures*** document was adopted in May 2023, with revisions completed in October 2024. The document outlines the City's inter-departmental response to homeless encampments, which includes services outreach, law enforcement and clean-up.

The highlighted sections of pages 2 and 3 of the document outline our CoC's street outreach program's, the City of Roanoke's Homeless Assistance Team (HAT), role in the City's coordinated response. The policy also outlines the law enforcement and encampment clearing processes that are led by the Roanoke City Police Department.

The CoC's street outreach provider coordinates fully with this inter-departmental process to provide services to encampment occupants and to advance local public safety efforts.

City of Roanoke Homelessness Encampments Policy

Subject: Identification, Reporting, Enforcement and Removal of Encampments in Prohibited Areas

Adopted: 5/16/23

Revised:

10/23/24

Summary: This document is intended to provide broad, overarching policy and summary guidance for how the City of Roanoke responds to homeless encampments. More detailed Standard Operating Procedures have been developed, that are aligned with this policy, and which articulate the specific actions and sequence of steps that staff shall take.

Associated Documentation:

- *Section 24-12. Camping on public sidewalks and rights of way within the Downtown Service District, Chapter 24 Public Buildings and Property Generally, Article I In General, Code of the City of Roanoke (1979) as amended.*
- *City Code 24-87. Rules and Regulations governing the use of the city of Roanoke's Parks and Greenways.*
- *City Code Chapter 14.1, Solid Waste Management*
- *City of Roanoke Notice of Removal*

1. Definitions:

- **Homeless:** An individual or family who lacks a fixed, regular, and adequate residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation. May also include those who may be imminently displaced from their residence, youths and others who may not qualify to rent housing, and/or those fleeing abuse and/or violence.
- **Homeless Encampment:** where persons experiencing homelessness are using property for living accommodation activities such as sleeping, are making preparations to sleep (including the laying down of bedding for the purpose of sleeping) and associated activities of residential living, including the storing of personal belongings, making fires, erecting a tent or other shelter, to create or maintain living accommodations, or carrying on cooking activities, at a location where such activity is unauthorized and/or illegal.
- **Substantial Encampment:** As distinguished from Homeless Encampment (defined above), a location where homeless encampment activity is continuous and/or involves structures/tents.
- **Personal Property:** in the context of removing and cleaning up homeless encampments, certain item(s) may be encountered that City staff and contractors should not remove and dispose of. Those item(s) are herein referred to as "personal property," which is defined as an item(s) that is reasonably recognizable as belonging to a person, has apparent utility and is not in an unsanitary condition. Examples include, but are not limited to identification cards and documents, health, medical and/or legal documents, medical devices and equipment, eyeglasses, prescription medications, photographs, jewelry and personal hygiene item(s). These are item(s) that are personally relevant to and/or customized for the livelihood of a specific individual, and which may be difficult and/or costly to replace. City personnel or the City's contractor will determine whether an item(s) is personal property.

Identifying and Reporting an Encampment: Obtain as much information that is safely possible. Gather sufficient details to make it possible for others to locate the camp and respond with the appropriate staff and supplies.

Identification:

- Location of the encampment, directions, landmarks, etc. (we must be able to know if the camp is on private or public property, and if it is on public property whether it is on right-of-way, park property, near a stormwater detention pond, etc.).
- Number of individuals you can see remaining at a safe distance.
- Presence of tents, structures and/or other accommodations.
- Factors making this encampment substantial (continuous operation, larger numbers of individuals, structures and/or tents).
- Presence of hazardous materials, trash, debris, needles, medical wastes, feces, compressed gas canisters/cylinders, makeshift drug lab &/of supplies.
- Presence or suspected presence of criminal activity.

Reporting:

- All employees shall report the information listed above to their Supervisor within their work shift no more than 24 hours after sighting.
- Supervisors and Managers shall report location and all details to the following Stakeholders:
 - Homeless Assistance Team (HAT) -- Email: homeless@roanokeva.gov or to Matt Crookshank Cell: 540-312-8301
 - Roanoke Police Community Engagement Team- RPDresources@roanokeva.gov
 - Report to Environmental Management --Email: envmgt@roanokeva.gov or call Environmental Management Office 540-853-2425

Initial Services:

Outreach – The City's Homeless Assistance Team (HAT), a trained group of outreach social workers, with or without the City's Police Department (RPD), address homeless encampments throughout the City of Roanoke to help identify individuals and implement solutions that may help break down barriers preventing unsheltered people from moving indoors.

Prioritization –The City's response to unauthorized camping shall be prioritized based on health and safety issues.

Public Property: Criminal behavior, code violations, health and safety concerns, the size of the camp, number of occupants/structures, its location and any obstruction of a facility (e.g., camping on the sidewalk, greenway, right-of way, etc.) are considered in this prioritization.

Private Property: HAT and Code Enforcement staff, will work with the property owner to mitigate the encampment, assess the homeless located on said property.

*Where other public property is concerned: State Highways, Blue Ridge Parkway, Railroad, Western Virginia Water Authority, etc., city staff will inform and engage with staff from those agencies.

Initial Contact – Unless an imminent risk is present, HAT will be the first point of contact. If HAT is unavailable, RPD may be the first point of contact. The first point of contact will inform and educate individuals about the camping prohibition (see attached municipal codes and rules) and provide information about local shelters and services. If the individual(s) will not agree to relocate

to a local shelter and/or remedy the violation, the individual will not be permitted to remain in violation.

Shelters – HAT tasked with keeping regular communication with local shelters to determine available shelter space.

2. Enforcement when there is a significant risk to life, public health or safety.

2.1 When there is a significant risk to life, public health or safety, in a prohibited area where camping or storage of personal property is occurring, no "notice" (outlined below) is required to enforce or remove the encampment. Individuals may be removed immediately according to applicable laws and rules. The provisions of Sections 3 and 4 of this policy do not apply to removing obstructions and immediate hazard camps, camp facilities or personal property. "Significant risk to life, public health or safety" includes obstructions and immediate hazards, for example, encampments located in a floodway or transportation corridor.

2.2 Notify the City Attorney's Office for consultation in the event that a safety risk determination has been made.

3. Outreach for Encampments

3.1 HAT shall visit each encampment site at least once within 48 hours of notification.

3.2 HAT or contracted outreach services, shall maintain records of their outreach efforts and related work to provide support services to camp occupants.

4. Encampment Removal Notices (Public Property):

4.1 Encampment removal notices shall be posted in each prohibited area where the City observes an encampment. The notice shall state that camping or storing of personal property is prohibited in that area.

4.2 The process for posting notice is as follows:

(a) Once encampment has been reported, and the site has been determined to NOT meet any of the criteria in Section 2 above, a Notice to Vacate provided by RPD will be posted by RPD. (template attached)

(b) The Notice to Vacate shall state that all occupants have 48 hours to vacate the area and remove their belongings.

(c) The notices shall be posted at the encampment in a manner reasonably calculated to be seen, and in multiple locations.

(d) Notices shall be posted on, or as close as reasonably practicable, to each tent or structure which is subject to removal.

(e) Once posted, the completed notices shall be photo documented and kept on file by the department who has posted.

(f) If individuals are present at the encampment, oral notice shall be given, if reasonably possible, to the individuals that camping and storage of personal property is prohibited in that location and that the encampment is subject to removal as provided for in the notice.

(g) No additional notice shall be required in the event that the encampment grows in size and/or the individual occupants change during the 48-hour vacate period before start of the clean-up.

(h) Nothing shall prohibit the City from allowing removal and/or cleanup of a substantial encampment to occur over a period of several days, until completion.

5. Encampment Cleanup:

5.1 Any individuals remaining on site when the cleanup commences shall be given a final warning and reasonable opportunity to collect their belongings and leave before any enforcement action is taken.

(a) At the discretion of on-site City personnel and/or contractors, RPD presence may be pre-arranged or requested to appropriately address any uncooperative individuals.

5.2 City staff and/or contractor shall take reasonable steps to identify and segregate personal property from material that is not personal property (see Definitions above), provided segregation does not pose a danger to the individual segregating the personal property from other material.

5.3 Tents and/or structures that were not previously posted with a notice to vacate, but are in the immediate area that was posted with such a notice, will be removed.

5.4 The City and/or its contractor may remove and dispose of garbage, debris, waste, hazardous items and other like material. Items that may present a health and safety hazard due to contamination by blood, liquid waste, solid waste, dirt, filth or other potentially infectious agents shall be removed and disposed of properly. In the event that hazardous materials and/or wastes are identified, the City, or its contractor, shall comply with regulations governing their proper disposal.

5.5 If, during the removal process, an individual on site is objecting to removal of a given item(s), the City, or its contractor, shall provide a reasonable opportunity for the individual to remove said item(s). However, the individual shall be advised that encampment removal work at the site shall continue and that if the individual fails to remove the item(s) before cleanup is complete, such item(s) will be removed.

6. Personal Property Removed by the City.

6.1 The City, and/or its contractors shall identify and segregate all personal property, as defined above.

6.2 Personal property shall be stored at a pre-selected location, which shall be accessible by public transportation. The personal property storage location and point of contact for retrieval, shall be provided on the Notice to Vacate.

6.3 The City shall maintain a log of personal property that was recovered, and those items will be stored for 30 days. If reclaimed, the log shall indicate to whom the personal property was released and the date of the release. Items not reclaimed within 30 days shall be disposed.

7. Recovering Stored Property

7.1 Individuals claiming that personal property which was recovered by the City and/or its contractor(s) may call the point of contact listed on the Notice to Vacate and will be informed of how to reclaim their personal property.

7.2 The individual seeking recovery shall describe the personal property being sought with particularity. No formal legal identification, such as displaying a valid driver's license, will be required as a predicate before an individual can reclaim the personal property. The log of personal property shall indicate the name as provided by the individual who reclaimed the personal property, as well as the date and time it was reclaimed.

8. Post Encampment Notice

8.1 Areas cleared may be posted with signage indicating that the location is within a prohibited area and state that camping or storing personal property in the area is prohibited. This posting may include "No Trespassing," or similar verbiage prohibiting access and/or occupancy.

8.2 Notify the City Attorney's Office for consultation in the event that a sign posting determination has been made.



Roanoke City and County/Salem CoC (VA-502) 2026 Continuum of Care Rating and Review Procedure

For the FY 2026 CoC Program Competition, the CoC Ranking Committee will review new and renewal project applications to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participants and the community.

Renewal projects will be scored and ranked using the rubric shown in Attachment 1.

Scoring criteria showed in Attachment 1 include consideration of factors relevant to renewal applications that are in alignment with the HUD System Performance Measures, including:

- % permanent housing exit destinations
- % increasing total income
- % receiving benefits at exit
- % of households who do not return to homelessness within two years of exit
- Severity of needs and vulnerabilities experienced by program participants
- Cost effectiveness of the project
- Organization drawdown rates
- Frequency and/or amount of funds recaptured by HUD
- Services to specialized populations, including youth, victims of domestic violence, families with children, persons experiencing chronic homelessness, and veterans
- Requirement of supportive services participation
- Agreement to not engage in harm reduction activities

New projects will be scored as shown in Attachment 2. Scoring for new projects will be distributed as follows:

Program description and design

Management of program

Agency capacity and performance history

Fiscal management

Budget

Scoring criteria shown in Attachment 2 include consideration of factors relevant to new applications that are required or encouraged by HUD, including:

Organization drawdown rates

Services to specialized populations, including youth, victims of domestic violence, families with children, persons experiencing chronic homelessness, and veterans

Requirement of supportive services participation

Agreement to not engage in harm reduction activities

FY 2026 CoC Ranking Sheet – PSH

Permanent Supportive Housing (Including Legacy + Shelter Plus Care)

Reviewer:	Proposal:		
Scoring Elements		Point Values	Score
1. The percentage of persons who remained in permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized). HUD standard is 80%. Max points =30. Total number of individuals served: Number of individuals who accomplished this measure: Percentage achieving measure: (Source: System Performance Measure 7, Clarity Report)		Housing Results: 90-100% = 30 points 80-89% =20 points 70-79% = 10 points 0-69% = 0 points	
2. The percentage of persons age 18 and older who increased their total income (from all sources) at program exit. Max. points =20 Total number of adults leavers: Number of adults who accomplished this measure: Percentage achieving measure: (Source: HUD APR, Question 19a2)		Income Results: 80-100% = 20 points 50-79% = 10 points 0-49% = 0 points	
3. Percentage of adults receiving benefits at program exit. HUD Standard = 56%. Max. points = 10 Total number of adults exiting: Total number of adults exiting with benefits: Percentage of adults exiting with benefits: (Source: HUD APR, Question 20b)		Mainstream Benefits: 80-100% = 10 points 50-79% = 5 points 0-49% = 0 points	
4. Percentage of households who do NOT return to homelessness (i.e., get a new homeless certification) within two years of exiting the program. HUD Standard 95%. Max. points = 20 Total number of persons who exited to permanent housing destination (2 years prior): Number of returns in 2 years: Percentage of returns in 2 years: (Source: Clarity Report - Exits to Permanent Housing with Return to Homelessness)		Return to Homelessness: 0-5% = 20 points 6-49% = 10 points 49-100% = 0 points	
5. Cost effectiveness: average cost per household served Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source: CoC project spending report and CoC APR, Question 8a)		Cost Effectiveness (PSH): ≤ \$8,000 = 15 points ≥ \$8,000 = 0 points	
6. Average CE-VAT score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed CE-VAT assessment: Average score of those with completed assessment: (Source: HMIS custom report)		Vulnerability Results: ≥ 20 = 15 points ≤ 19.9 = 0 points	
7. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 5 Total number of individuals served: Total number of individuals who were categorized as chronically homeless: Percentage of individuals categorized as chronically homeless: (Source: CoC APR Question 26b)		Chronically Homeless: ≥75% = 5 points ≤74% = 0 points	

8. Percentage of households served who were categorized as households with children. Max. points = 5 Total number of households served: Number of households with children: Percentage of households with children: (Source: CoC APR Question 8a)	Homeless Families: ≥75% = 5 points ≤74% = 0 points	
9. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	
10. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Service participation required, organization agrees not to engage in harm reduction activities.	All elements are included = 20 points.	
Maximum points available = 150		
Total Points Received by Proposal:		
Comments:		
Reviewer Signature:	Date:	

FY 2026 CoC Ranking Sheet – SSO

Supportive Services Only (Street Outreach)

Reviewer:	Proposal:		
Scoring Elements		Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. Total number of persons exiting during the operating year: Total number of persons placed into housing during the operating year: Percentage of persons placed into housing during the operating year: (Source: HUD APR, Question 23 a&b)		Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within two years of exiting the program. HUD Standard 95% Max. points =15 Total number of persons who exited to permanent housing destination two years prior: Number of returns in two years: Percentage of returns to homelessness: (Source: System Performance Measure 2, Clarity Report)		Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	
3. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 Total number of client served during operating year: Total number of chronically homeless clients served during operating year: Percentage of people served who were categorized as chronically homeless: (Source: CoC APR Question 26b)		Chronically Homeless: ≥50% = 10 points ≤49% = 0 points	
4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 Total number of clients served during operating year: Total number of clients with service connection need for whom that connection is recorded: Percentage of clients with service connection need for whom that connection is recorded: (Source: HUD APR, Question 7)		Service Connections: ≥75% = 15 points ≤74% = 0 points	
5. Cost effectiveness: average cost per household served Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source: CoC project spending report and CoC APR, Question 8a)		Cost Effectiveness (SO): ≤ \$500 = 15 points ≥ \$500 = 0 points	
6. Average CE-VAT score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed CE-VAT assessment: Average score of those with completed assessment: (Source: HMIS custom report)		Vulnerability Results: ≥ 15 = 15 points ≤ 14.9 = 0 points	
7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10		Max. points = 10 points.	

8. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Organization agrees not to engage in harm reduction activities. Max. points = 20	All elements are included = 20 points.	
Maximum points available = 150		
Total Points Received by Proposal:		
Comments:		
Reviewer Signature:	Date:	

FY 2026 CoC Ranking Sheet – SSO

Supportive Services Only (Excludes Street Outreach)

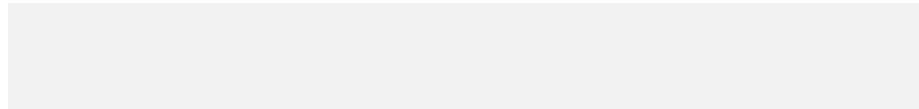
Reviewer:		Proposal:	
Scoring Elements		Point Values	Score
1. The percentage who exited to permanent housing (subsidized or unsubsidized) during the operating year. HUD standard is 80%. Max points =30. Total number of individuals exiting: Total number of individuals exiting to permanent housing destinations: Percentage exiting to permanent housing destinations: (Source: ESG CAPER Report, Question 23a & b)		Housing Results: 80-100% = 30 points 60-79% =20 points 49-69% = 10 points 0-48% = 0 points	
2. The percentage of persons age 18 and older who increased their total income (from all sources) at program exit. Max. points =20 Total number of adults exiting during operating year: Total number of adults increasing income at program exit: Percentage of adults increasing income at program exit: (Source: HUD APR, Question 19a2)		Income Results: 80-100% = 20 points 50-79% = 10 points 0-49% = 0 points	
3. Percentage of adults receiving benefits at program exit. HUD Standard = 56%. Max. points = 10 Total number of adults exiting: Total number of adults with benefits at exit: Percentage of adults with benefits at exit: (Source: HUD APR, Question 20b)		Mainstream Benefits: 80-100% = 10 points 50-79% = 5 points 0-49% = 0 points	
4. Cost effectiveness: average cost per household served. Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source CoC project spending report and CoC APR, Question 8a)		Cost Effectiveness (SSO): ≤ \$500 = 15 points ≥ \$500 = 0 points	
5. Average CE-VAT score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed CE-VAT assessment: Average score of those with completed assessment: (Source: HMIS custom report)		Vulnerability Results: ≥ 15 = 15 points ≤ 14.9 = 0 points	
6. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 Total number of individuals served during program year: Total number of individuals categorized as chronically homeless: Percentage of individuals categorized as chronically homeless: (Source: CoC APR Question 26b)		Chronically Homeless: ≥50% = 10 points ≤49% = 0 points	
7. Percentage of households served who were categorized as households with children. Max. points = 10 Total number of households served during program year: Number of households served who were categorized as households with children: Percentage of households served who were categorized as households with children: (Source: CoC APR Question 8a)		Homeless Families: ≥75% = 10 points ≤74% = 0 points	
8. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10		Max. points = 10 points.	

9. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Organization agrees not to engage in harm reduction activities. Max. points = 20	All elements are included = 20 points.	
Maximum points available = 140		
Total Points Received by Proposal:		
Comments:		
Reviewer Signature:	Date:	

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 Spportive 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	\$566,300.00	No	\$0.00
Not Ranked	City of Roanoke	CoC Planning Grant	No scoring for Planning grant	Renewal	CoC Planning activities	Accepted	\$144,668.00	No	N/A
		TOTAL Requested:					\$1,933,192.00		\$0.00

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



2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

VA-502 - Roanoke City & County, Salem CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒		☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable			☒					N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,802	51.6	15.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,802	51.6	15.0

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VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,948	169.4	28.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,948	169.4	28.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	224	25	11.2%	15	6.7%	18	8.0%	58	25.9%
Exit was from ES	50	11	22.0%	0	0.0%	2	4.0%	13	26.0%
Exit was from TH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	162	11	6.8%	7	4.3%	7	4.3%	25	15.4%
TOTAL Returns to Homelessness	436	47	10.8%	22	5.1%	27	6.2%	96	22.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,812
Emergency Shelter Total	1,812
Safe Haven Total	0
Transitional Housing Total	0

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	26
Number of adults with increased earned income	0
Percentage of adults who increased earned income	0.0%

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2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	26
Number of adults with increased non-employment cash income	4
Percentage of adults who increased non-employment cash income	15.4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	26
Number of adults with increased total income	4
Percentage of adults who increased total income	15.4%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	5
Number of adults who exited with increased earned income	0
Percentage of adults who increased earned income	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	5
Number of adults who exited with increased non-employment cash income	1
Percentage of adults who increased non-employment cash income	20.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	5
Number of adults who exited with increased total income	1
Percentage of adults who increased total income	20.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,861
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	510
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,351

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2,047
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	545
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,502

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	1,061
Of persons above, those who exited to temporary & some institutional destinations	63
Of the persons above, those who exited to permanent housing destinations	259
% Successful exits	30.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,894
Of the persons above, those who exited to permanent housing destinations	149
% Successful exits	7.9%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	235
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	232
% Successful exits/retention	98.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VA-502 - Roanoke City & County, Salem CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	2,057	0	336	293	1,448
Total Leavers (HMIS)	1,799	0	59	182	1,063
Destination of Don't Know, Refused, or Missing (HMIS)	1,732	0	3	0	0
Destination Error Rate (Calculated)	96.3%	0.0%	5.1%	0.0%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

VA-502 - Roanoke City & County, Salem CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	For the ES/SH Destination Error Rate of 96.28%, our large ES provider does not have the staff capacity to keep up with entering exit destination data for all of the participants who move through their program, and a high percentage of them leave without an exit interview possible. We have set up an automated exit process in HMIS as a means of managing the large number of exits,	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

VA-502 - Roanoke City & County, Salem CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	415	343	344	0	344	99.7%
SH	0	0	0	0	0	NA
TH	0	0	0	0	0	NA
RRH	80	80	80	0	80	100.0%
PSH	225	225	225	0	225	100.0%
OPH	0	0	0	0	0	NA
Total	720	648	649	0	649	99.8%

2025 HDX Competition Report

2026 Competition Report

VA-502 - Roanoke City & County

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted ^{***} Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	415	71	71	0	71	100.00%
SH	0	0	0	0	0	NA
TH	0	0	0	0	0	NA
RRH	80	0	0	0	0	NA
PSH	225	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	720	71	71	0	71	100.00%

2025 HDX Competition Report

2026 Competition Report

VA-502 - Roanoke City & County

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	415	414	415	99.76%
SH	0	0	0	NA
TH	0	0	0	NA
RRH	80	80	80	100.00%
PSH	225	225	225	100.00%
OPH	0	0	0	NA
Total	720	719	720	99.86%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

VA-502 - Roanoke City & County, Salem CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

VA-502 - Roanoke City & County, Salem CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	325	319	353
Safe Haven Total	0	0	0
Transitional Housing Total	0	0	0
Total Sheltered Count	325	319	353
Total Unsheltered Count	76	70	50
Total Sheltered and Unsheltered Count*	401	389	403

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	68	71	37
Total Unsheltered Count	26	31	19
Total	94	102	56