Hope & Home Task Force

Final Report and Recommendations

City of Roanoke

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CENTER FOR ECONOMIC AND COMMUNITY ENGAGEMENT
VIRGINIA TECH

Executive Summary

In August of 2025, the City of Roanoke established the Hope & Home Task Force in response to rising housing costs and increasing rates of homelessness. At the behest of Mayor Joseph L. Cobb, City Council charged the Hope and Home Task Force with studying the current conditions and causes of homelessness in Roanoke and proposing comprehensive, actionable, and measurable short, medium, and long-term solutions. The task force members are volunteers representing a wide diversity of experience and areas of expertise. The Task Force has been supported administratively by the City Manager's Office, Mayor Cobb's office, and by the Virginia Tech Center for Economic and Community Engagement (VT CECE). Virginia Tech helped plan and convene monthly task force meetings, gather additional research, and offered input and technical expertise into the process and work products. However, all recommendations were developed by the Task Force members, who organized themselves into four work groups.

From August 2025 through the fall of 2026, Task Force members convened monthly as a body. Work groups held additional meetings between sessions and conducted site visits, interviews, and small group discussions with key stakeholders. This work led to a set of recommendations organized by work group focus area, each representing key areas of challenge and opportunity. Below are the workgroup areas of focus as well as key challenges that each workgroup explored:

Housing and Economic Security

SELECTED KEY CHALLENGES:

- Overall housing supply, quality, and affordability
    - Not enough available housing even for those who have eligibility and go through the process to attain vouchers (more people could be immediately housed if housing were available)
- Homelessness prevention by helping at-risk households remain housed
- Funding gaps and threats to funding for rapid rehousing

Shelter, Services, and Safety

SELECTED KEY CHALLENGES:

- Overall shelter capacity and perceived and actual barriers to using shelters, including safety
- Rising unsheltered population – causes and responses
- Gaps or barriers in key services such as transportation or individualized ongoing support between and across service providers

Health and Well-Being

SELECTED KEY CHALLENGES:

- Coordination and navigation of care and services for the unhoused, including poor alignment across community health worker systems with lack of defined or structured "hand-off" process
- Lack of safe and coordinated discharge protocols, perception of discharges without support
- Insufficient capacity or coordination of behavioral health support and services
- Lack of adequate specialized residential care or housing for specific segments of the unhoused – including respite care and recovery-focused housing.

Business, Quality of Life, and Economy

SELECTED KEY CHALLENGES:

- Rising numbers, or more visible examples, of encampments or unsheltered persons interfering with quality of life and local business in some areas of the city
- Lack of widespread public awareness as to what to do when incidents occur, what resources are available, and of what the city and partners are already doing to address homelessness

In response, each work group developed a set of recommendations:

Issue Area 1: Housing and Economic Security Subgroup

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Primary Recommendation:

- Conduct an updated comprehensive housing analysis in the city, with a Housing and Property Inventory (1.1) and develop a comprehensive housing strategy to increase supply (1.2)

Secondary Recommendations:

- Create an affordable housing incentives package, and expand local housing funding through new financing tools and expanded investment (1.3)
- Streamline building permit process (1.4)
- Pilot a small house village for transitional housing (1.5)
- Increase the city's land bank capacity (1.6)
- Strengthen state advocacy for housing development funding (1.7)

Issue Area 2: Shelter, Services, & Safety Subgroup

Primary Recommendation:

- Create a regional access HUB (2.1) and expand homeless assistance team capacity (2.2)

Secondary Recommendations:

- Expand the STAR Community Response Initiative (2.3)
- Expand transportation access by launching a service access Transit Pass and/or expanding R.I.D.E. pilot (2.4)
- Develop an enhanced Homelessness Prevention Initiative (2.5)

Issue Area 3: Health & Human Services Subgroup

Primary Recommendation:

- Improve Community Health Worker (CHW) coordination infrastructure (3.1)

Secondary Recommendations:

- Develop a 6-10 bed medical respite program (3.2)

- Establish safe & coordinated discharge protocols (3.3)
- Strengthen trauma-informed and stigma reduction training (3.4)
- Expand capacity for behavioral health co-response (3.5)

Issue Area 4: Business, Quality-of-Life & Economy

Primary Recommendation:

- Fully enforce existing camping laws and expand downtown camping ordinance city-wide. Conduct an operational review of existing ordinances and enforcement on camping and related concerns (4.1)

Secondary Recommendations:

- Develop a Business and Resident Resource Toolkit, Website, and Public Relations Campaign for Responding to Homelessness-Related Concerns. (4.2)
- Create an Encampment Response Matrix to strengthen response process (4.3)
- Explore development of a focused program or resource (such as small grants) for eligible, adversely impacted businesses or high-concentration neighborhood areas (streets or business districts). (4.4)

While sub-groups offered preliminary implementation details in Appendix A, many of these recommendations require additional work. A **primary recommendation is to designate an *implementation committee*** to help work with city staff, service providers, and other stakeholders to more fully develop and coordinate implementation. Additionally, while numerous stakeholders with lived experiences of homelessness helped shape many of these recommendations, a more visible and concerted public input process to help refine and augment these recommendations is also encouraged.

Acknowledgements

Mayor Joseph L. Cobb, the City of Roanoke, and Virginia Tech gratefully acknowledge the time and effort of all members serving on the Hope & Home Task Force.

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The Task Force's work was informed by city of Roanoke officials and staff, by the perspective of members who serve in a range of organizations across the city and region, and by other organizations and individuals that provided key information. The organizations included:

Blue Ridge Continuum of Care (CoC)
Council of Community Services
Roanoke Regional Housing Authority
Virginia Tech Center for Economic and Community Engagement
Virginia Tech Roanoke Center
Rescue Mission
RAM House

Roanoke City Public Schools

Downtown Roanoke Inc., Ambassadors Program

Blue Ridge Behavioral Health

Carilion Clinic

The Roanoke City and Alleghany Health Districts

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Introduction

Housing insecurity and homelessness present complex and deeply interconnected challenges that shape the well-being and stability of communities. In Roanoke, these challenges are not confined to a single population or neighborhood – they affect all families, individuals, and businesses. The issue of homelessness extends beyond the absence of housing. It reflects broader pressures related to health, safety, income, and resources. Key concerns include economic mobility, access to care, and the capacity of local nonprofits, city services, and healthcare providers to respond to evolving needs.

Housing instability disrupts families and individuals. Without reliable access to safe and affordable housing, individuals face heightened barriers to maintaining employment, accessing healthcare, pursuing education, and forming social connections. In turn, communities are impacted by public health, economic vitality, and neighborhood cohesion.

Homelessness often represents the most visible expression of these challenges. However, housing insecurity is a continuum of risk, where many households experience economic instability before losing housing altogether. Understanding this continuum is essential for developing responses that are not only reactive, but preventative, addressing the conditions that place individuals at risk in the first place.

A wide variety of city services, healthcare providers, nonprofits, and faith-based groups provide shelter, healthcare, financial assistance, and economic services to community members. However, these providers face capacity constraints and funding challenges, which can limit their opportunity to provide services. To address these challenges, along with rising housing costs, the City of Roanoke convened the Hope & Home Task Force to identify recommendations to improve services and service capacity within the region.

This work comes as the city, state, and nation face acute challenges related to homelessness. Homelessness is at an all-time high nationally. The number of unsheltered persons has risen dramatically in many localities, including the City of Roanoke. Incidents

of violence related to homeless or unsheltered individuals are rare but are also of real and pressing concern. A rising number and frequency of encampments, as well as treatment gaps and access concerns related to mental health and substance use prevention needs, contribute to an environment of heightened concern, especially in neighborhoods and districts most proximate to higher numbers of unsheltered and unhoused persons.

This report includes:

- A description of the Task Force's process and key activities.
- A comprehensive summary overview of the issue including national and regional context.
- A situation analysis (SWOT) of the current conditions, data, and situation related to homelessness in the city and region, including a discussion of **Strengths** (what Roanoke city is doing well or key assets); **Weaknesses** (where the city is experiencing challenges or has resource gaps); **Opportunities** (positive trends, conditions, or examples beyond Roanoke - in the state or nation; and **Threats** (concerning or negative trends, conditions, or factors beyond Roanoke – in the state or nation).
- Recommendations from the Task Force, organized by the work group focus area.

Process and Methods

The Hope & Home Task Force was comprised of 21 members, invited by Mayor Joseph L. Cobb, and endorsed by the City Manager and City Council. The members all live or work in the City of Roanoke, and represent a range of interests and organizations, including health care, higher education, service providers, developers, housing organizations, faith-based institutions, public schools, business owners, neighborhood groups, and direct experience with homelessness.

The Mayor, city staff, and the Virginia Tech Center for Economic and Community Engagement provided direct support, facilitation, and technical assistance to the Task Force. The Task Force was charged with learning and studying issues surrounding homelessness as well as the development of recommendations to address issues.

At an early meeting, the Task Force identified a set of aspirations to help guide its work and the ultimate recommendations:

- For Roanoke to be a place where all people have the opportunity to flourish.
- In Roanoke…
  - all people feel safe, valued, and respected.
  - all parts of our city are safe, accessible, and thriving.
  - homelessness, when it occurs, is rare, brief, and non-recurring.

Task Force members met monthly for approximately 2 hours. Meetings often included a presentation from a guest speaker or a site visit, as well as time to meet and work within sub-groups. The Task Force itself developed and executed a plan of work, serving as a body of equals with the City and Virginia Tech's Center for Economic and Community Engagement as key support resources. The primary function of the Task Force was to learn about the current situation and dynamics, explore needs and opportunities, and develop and refine recommendations for action.

Workgroups, or sub-groups, focused on addressing four different areas of housing insecurity and homelessness within Roanoke:

- **Housing and Economic Security**
    - Focusing on affordable housing, access to housing, and recovery housing or housing for vulnerable populations (veterans, people with disabilities, etc.) other than shelters
- **Shelter, Services, and Safety**
    - Focusing on direct services to those experiencing homelessness or housing insecurity, including shelters and non-health services (which may include food, financial, and employment)
- **Health and Well-Being**
    - Focusing on behavioral health, coordination of health-related services, and addressing health care needs of medically fragile individuals experiencing homelessness
- **Business, Quality of Life, and Economy**
    - Focusing on legal policies, policing, neighborhood and business relations/contexts, and encampments

In its work process, the Task Force endeavored to balance a number of desires or concerns, including:

- A desire to move more quickly to action (12-month timeline as opposed to 18 months).
- A desire to place agency and autonomy on the sub-groups while providing for all-group perspective and feedback on public-facing activities that concern the whole.
- A need to identify how the Task Force will approve recommendations and how we move from draft to final, while ensuring some level of public and stakeholder input.
- A desire for the sub-groups to have additional guidance per recommendations (level of specificity, etc.)

- A desire to spend less time collecting data that already exists and more time on summarizing what we know, proposing responses, and securing feedback to refine those responses.

Members of the Task Force provided words or phrases to describe their hopes for the way they wanted to work together and what they would like to see from their work. The word cloud below represents a compilation of these responses, with the larger text representing words that were more frequently repeated:



Below is a timeline of the Task Force's work process over the past year:

- **August 2025**: Task Force established and endorsed by City Council
- **September 2025**: Initial Task Force meeting, charge from the Mayor and City Manager, overview of homelessness and housing security in Roanoke, Virginia from Matt Crookshank, Blue Ridge Continuum of Care

- **October 2025**: Task Force discussed its charge, formed sub-groups, refined an initial work plan, and heard guest presentations from service providers
- **November and December 2025**: Sub-groups each developed an **initial list of key issues/concerns** ("what we know") **and key questions or needs** ("what we need to discover") statements for their focus area
    - Virginia Tech and the City of Roanoke worked to provide supplemental materials or additional resources
    - This was based on knowledge/resources already in hand (existing information)
    - Sub-groups identified additional data needed, including any need for primary data collection (surveys, interviews, etc.)
    - As needed, Virginia Tech and the City of Roanoke provided assistance and review to ensure best practices in data collection were followed and issues with public-facing activities and vulnerable populations were fully considered.
- **January and February 2026**: Task Force met off-site and Task Force members attended events and sessions to enhance awareness of front-line service provision and interactions with individuals with lived experience of homelessness. Sub-groups **refined their initial list of key issues, gathered additional information** on key questions, and **began developing recommendations**.
    - As needed, sub-groups worked with Virginia Tech on any primary data gathering
    - Virginia Tech and the City of Roanoke worked with sub-groups on discovery and drafting process
    - Task Force identified issues that cut across sub-groups.

- **March-April 2026**: Sub-groups conducted individual meetings, met with stakeholders, and **completed a set of initial draft recommendations**.
    - Task Force, as a whole, along with the City of Roanoke staff and Virginia Tech, provided feedback to subgroups.
- **May-July 2026**: Sub-groups continued outreach and individual meetings and worked to **revise draft recommendations**, as needed
- **August 2026**: Task Force heard from guest presenters who shared recent data on homelessness; members discussed process of finalizing recommendations and securing city and public input to inform revisions and final versions. Task Force provided rough draft report by the end of August to City Manager and key city Department Heads for feedback
- **September 2026**: Task Force met with City Manager's office and key city department leaders to discuss feedback, consider revisions to recommendations, and to request assistance with public input on the draft plan**.** Task Force participated in or co-led selected input opportunities
- **October 2026:** Task Force worked on final plan revisions, continued to participate in or co-lead input opportunities, and formally voted to endorse final recommendations. Each recommendation supported by a majority of Task Force members is included in the final recommendations to Council, and the entire report represents the "Task Force-endorsed" work of the group
- **November 2026:** Final report with a clear set of actionable recommendations presented to City Council, with clarity on what actions should be undertaken by the City of Roanoke itself versus led by other organizations or groups

Virginia Tech provided a template for recommendations and encouraged workgroups to develop recommendations that were:

- *Meaningful and relevant*:

- Respond to a key issue or need and hold potential for positive impact

- *Specific*:
  - Why *this* recommendation? (justification or rationale)
  - What is being recommended? (what is the action – new program or service, a new policy, a policy change, a change to practice (such as enforcement), etc.)
  - Who is recommending this? (City Council or staff, Blue Ridge Continuum of Care, other entity?)
  - What is the time frame?
    - Immediate (next 6 months)
    - Short-term (next 6-12 months)
    - Medium-term (1-3 years)
    - Longer-term (3 years+)
- What costs or resources are required (even if only an estimate)?*Data-informed*:
  - Include perspectives of those most affected or impacted, where possible
  - Grounded in awareness of what already exists (services, resources, etc.)
- *Actionable AND Aspirational*:
  - Able to be achieved given the current context, conditions, and constraints; although a certain number of more aspirational recommendations may be valuable as well.

Input:

The Task Force solicited input from stakeholders, city officials, and other guest presenters. Members also reviewed regional and national data and conducted site visits. Work groups conducted listening sessions and focused conversations. Some of the groups who contributed input for these sessions include:

- Homeless Assistance Team (HAT) / Central Intake
- Roanoke City Public Schools families using McKinney Vento services
- Men accessing Emergency Shelter at the Rescue Mission

- Women accessing Emergency Shelter at the Rescue Mission
- Bradley Free Clinic / Hope Initiative
- Council of Community Services / 211
- Blue Ridge Behavioral Healthcare

Issue Overview and Situation Analysis

Housing affordability and homelessness are escalating challenges throughout the United States, driven by rising costs, limited housing, and broader economic pressures. While these trends are national, their impacts are felt acutely at the local and regional level in Roanoke. To best understand the issues Task Force members considered throughout their process, it is essential to examine both the national landscape and specific regional context shaping housing insecurity and homelessness in Roanoke.

National Context

Cities and communities across the United States and beyond are grappling with an increasing array of inter-related challenges associated with housing insecurity and unhoused individuals and families.

Housing insecurity is a public health crisis. Housing instability and insecurity encompass a number of challenges, including homelessness, being cost burdened[1], or living in unsafe housing conditions. Throughout the United States, homeless counts are at an all-time high, primarily due to rising housing costs. In 2024, 771,480 people were experiencing homelessness on a single night in January as reported by point-in-time (PIT) count reports, an 18% increase since 2023.[2]

To paint an even starker picture, homelessness scholars and resource providers remind us that this number is a significant under-counting and that at any one time in the United States, the actual number of adults experiencing homelessness is closer to 2.5 to 3 million people, five times the Housing and Urban Development estimates.[3] Further, the supply of

[1] "Cost burdened" refers to households spending at least 30% of income on housing costs, including rent and utilities. Severe cost burden refers to households spending over 50%. United States Census Bureau (2024, September 12). N*early half of renter households are cost-burdened, proportions differ by race.* www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html
[2] Soucy, D., Hall, A., & Moses, J. (2025, September 4). *State of homelessness: 2025 edition*. National Alliance to End Homelessness. https://endhomelessness.org/state-of-homelessness/#report
[3] Adler, K. F., & Burnes, D. W. (2023). *When we walk by: forgotten humanity, broken systems, and the role we can each play in ending homelessness in America.* North Atlantic Books.

affordable housing and shelter beds cannot keep pace with national demand for secure housing as housing costs have dramatically risen in recent years.[4] By some estimates, there is a deficit of 6.3 million affordable homes nation-wide. Families experiencing homelessness have also increased by 40%.

In 2025, the number of cost burdened renters (those spending over 30% of household income on housing expenses) hit a record high of 22.6 million, with 12.1 million being severely cost burdened and spending over 50% of household income on housing expenses.[5] These figures represent approximately 50% and 27% of all renters, respectively.

Homeowners face similar affordability crises: 24% of all homeowner households are cost burdened. Among the 10.9 million homeowners with household incomes below $30,000, nearly 75% are cost burdened.[6] Increases in property taxes and home insurance costs (particularly in regions prone to natural disasters including flooding and wildfires) have greatly increased housing costs in recent years. Home prices are also rising; nationally, sale prices for single-family homes have increased by 48.45% from 2020 to 2025, while the consumer price index (measuring inflation of household goods and services) rose just 24.8% during the same time period.[7][8]

Lack of affordable housing is the single greatest cause of homelessness.[9] Sudden financial burdens including job loss, unexpected medical bills, or transportation emergencies can

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[4] Soucy, D., Hall, A., & Moses, J. (2025, September 4). *State of homelessness: 2025 edition*. National Alliance to End Homelessness. https://endhomelessness.org/state-of-homelessness/#report
[5] Joint Center for Housing Studies of Harvard University. (2025). *The state of the nation's housing*. www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2025.pdf
[6] Joint Center for Housing Studies of Harvard University. (2025). *The state of the nation's housing*. www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2025.pdf
[7] United States Federal Housing Finance Agency. (2025). *FHFA House Price Index datasets*. www.fhfa.gov/data/hpi/datasets?tab=regional-hpi
[8] United States Bureau of Labor Statistics. (2026). *CPI inflation calculator*. www.bls.gov/data/inflation_calculator.htm
[9] ACLU. (2025, August 8). *State of homelessness in the U.S.* www.aclu.org/documents/fact-sheet-state-of-homelessness-in-the-us

all lead to housing insecurity or eviction for the millions living paycheck-to-paycheck in the United States.

Those experiencing homelessness or living unsheltered face countless barriers, including a reduced sense of privacy, social isolation, and limited access to healthcare. For those residing in shelters, they may lose personal belongings, transportation access, or contact with family members and friends. Being or becoming "homeless" encompasses both a lack of stable housing and a variety of social, physical, and mental challenges.[10]

Regional Context

In the Roanoke region, housing instability and homelessness are particularly acute, due in part to a lack of affordable housing supply. In 2021, over half of renters in the City of Roanoke reported struggling with housing affordability.[11] Similarly, 35% of all households in the city are cost burdened.[12] When considering households with incomes below 50% of the area median income (AMI), that number doubles to 72%.[13] Housing affordability has become particularly burdensome within the last five years. In 2019, the fair market rent (FMR) for a one bedroom unit in Roanoke was $646, which grew to $1,053 by 2026, a 63% increase.[14] There is a direct connection between housing costs and homelessness (research by the U.S. Government Accountability Office has shown that for every $100 increase in average rents, homelessness increases by 9%[15]).

This housing affordability crisis means that many households are at risk of eviction if facing sudden job loss, healthcare issues, or other personal emergencies. At one point in 2021, the City of Roanoke had the 11th highest eviction filing rate of any locality in the state of

[10] Adler, K. F. & Burnes, D. W. (2023). *When we walk by: Forgotten humanity, broken systems, and the role we can each play in ending homelessness in America*. North Atlantic Books.
[11] Virginia Tech Center for Housing Research & Virginia Tech Institute for Policy and Governance. (2021, October). *Virginia Eviction Reduction Pilot (VERP) planning grant needs assessment*. https://ipg.vt.edu/content/dam/ipg_vt_edu/HousingAffordabilityinRoanoke.pdf
[12] U.S. Census Bureau. (2018-2023). *5-Year estimate tables; financial characteristics, table* S2503. American Community Survey. data.census.gov/table/ACSST5Y2023.S2503?q=housing&g=050XX00US51770
[13] U.S. Department of Housing and Urban Development. (2018-2022). Comprehensive Housing Affordability Strategy. www.huduser.gov/portal/datasets/cp.html#year2006-2022
[14] Crookshank, M. (2026). City of Roanoke, presentation materials.
[15] https://www.gao.gov/blog/how-covid-19-could-aggravate-homelessness-crisis

Virginia.[16] In the January 2025 point-in-time count report, 389 people in the Roanoke Region were experiencing homelessness, and the most common primary reason cited for becoming homeless was the loss of a job, followed by being unable to access affordable housing.[17]

There are also a number of assumptions or inaccurate perceptions of the unhoused population in the Roanoke region. One recurring theme has been the sense that the majority of the unhoused population come to the region from other localities or are sent here in search of services located in the city. The precise numbers are hard to track, but the existing data suggests that over 60% of the unhoused individuals called Roanoke City home before losing housing. For many who do come from elsewhere, there often was a specific reason for coming to Roanoke—a family or other relationship, potential employment, medical care, recovery treatment, or another connection to the community.

The Roanoke region is also experiencing increases in the number of persons experiencing both chronic homelessness and unsheltered homelessness. In 2025, the number of individuals homeless for 12 months or longer increased by 12.8% over the year before and is up by nearly 30% over the past 10 years.[18]

These trends mirror broader patterns across the state of Virginia. The state has a shortage of 164,158 affordable homes for extremely low-income renters (those at or below the poverty line or below 30% of their area median income (AMI).[19]) The annual household

[16] Virginia Tech Center for Housing Research & Virginia Tech Institute for Policy and Governance. (2021, October). *Virginia Eviction Reduction Pilot (VERP) planning grant needs assessment*. https://ipg.vt.edu/content/dam/ipg_vt_edu/HousingAffordabilityinRoanoke.pdf

[17] Blue Ridge Interagency Council on Homelessness. (2025). *2025 point in time report.* *https://councilofcommunityservices.org/wp-content/uploads/2025/06/2025-Winter-PIT-Report.pdf*

[18] Blue Ridge Interagency Council on Homelessness. (2025). *2025 point in time report.* *https://councilofcommunityservices.org/wp-content/uploads/2025/06/2025-Winter-PIT-Report.pdf*

[19] National Low Income Housing Coalition. (2023). *Housing needs by state: Virginia*. nlihc.org/housing-needs-by-state/virginia

income required to afford a two-bedroom rental unit is nearly twice the average income for an extremely low-income household.[20]

Homelessness, in many ways, is a public health crisis. Homelessness can cause or intensify health conditions, and those with pre-existing conditions may be more likely to become unhoused. Homelessness can be deadly – on average, unhoused individuals have a lifespan that is nearly 30 years shorter than those with stable and secure housing[21].

Situation Analysis SWOT (Strengths, Weaknesses, Opportunities, Threats)

Throughout the life cycle of the Task Force, certain themes emerged from their exploration of the issues surrounding homelessness. These were informed through Task Force and sub-group discussions, guest speakers, research, and review of external reports. Task Force members consistently discussed areas where the city had strong assets and momentum, alongside resource and capacity constraints that limited program offerings. These observations are organized below in a SWOT framework, identifying the strengths, weaknesses, opportunities, and threats facing Roanoke's efforts to reduce homelessness, enhance housing security, and address business, rehousing, and homelessness services.

Strengths

Existing Organizations and Resources

Roanoke City is home to a number of existing organizations that represent significant assets in terms of addressing acute needs of the unhoused and working to move more people toward housing. A number of these are coordinated activities as part of the Blue Ridge Continuum of Care (see next section of Strengths). These include:

[20] National Low Income Housing Coalition. (2023). *Housing needs by state: Virginia*. nlihc.org/housing-needs-by-state/virginia

[21] See O'Connell, Jim, MD. Premature Mortality in Homeless Populations: A Review of the Literature Nashville: National Health Care for the Homeless Council, December 2005. p.13. http://www.nhchc.org/PrematureMortalityFinal.pdf

- **Targeted Homelessness Prevention:** Council of Community Services, Total Action for Progress (TAP) Coordinated through Central Intake
- **Street Outreach:** City of Roanoke Homeless Assistance Team (HAT), The Least of These Ministries (TLOT), Blue Ridge Behavioral Healthcare, Salem VA Medical Center, Rescue Mission Fralin Clinic, Downtown Ambassadors, STAR Partnership
- **Emergency Shelter:** Rescue Mission, Family Promise of Greater Roanoke, Salvation Army Turning Point, TAP Domestic Violence Services, SafeHome Systems (Covington)
- **Rapid Rehousing (RRH):** Council of Community Services, TAP SSVF
- **Permanent Supportive Housing (PSH):** Commonwealth Catholic Charities, Salem VAMC, Blue Ridge Behavioral Healthcare
- **Day Services:** Roanoke Area Ministries (RAM), The Least of These Ministries (TLOT)

Many of these organizations have demonstrated their ability to add and modify programs and services to creatively address emergency, immediate, and short-term needs in an environment of increasing complexity, reduced resources, and funding uncertainties.

Organizational Coordination and Collaboration

There are number of examples of coordinated initiatives, collaborative programs, and ongoing partnerships. As a prominent example, the City of Roanoke is the Lead Entity for the Blue Ridge Continuum of Care (CoC). The CoC service area includes seven localities: the cities of Covington, Roanoke, and Salem, along with the counties of Alleghany, Botetourt, Craig, and Roanoke. The role of the Continuum of Care is to convene partners to develop and operate coordinated homeless response systems, conduct strategic planning, coordinate funding applications, oversee CoC activities, and develop partnerships. CoC membership is comprised of leadership at service provider organizations and other community stakeholders.

Examples of this coordinated response to homelessness and housing needs include:

- **Coordinated Entry System:** The use of a common assessment tool by-name list case conferencing committees (Veteran, Chronic, Family, Youth, Unsheltered), targeted homelessness prevention services through Central Intake, and system-level policies for service standards and prioritization.
- **Data Collection and Performance Monitoring:** The use of the Homeless Management Information System (HMIS) and regular evaluation of system performance (bi-annual PIT, quarterly performance reports, project ranking, data "deep dives").
- **Street Outreach:** Utilize a multi-disciplinary approach to serve unsheltered individuals (mental health skill-builders, healthcare, HUD-funded outreach, PATH, VA). Expand HAT staffing to increase capacity.
- **Homeless Preference and Emergency Housing Vouchers:** Referrals being incorporated into a Coordinated Entry System. Prioritization policies set by CoC partners.

Among the dozens of nonprofits and organizations providing housing and homelessness relief services, several have strong partnerships to coordinate services. Several regional planning agencies (including the Blue Ridge Interagency Council on Homelessness, Blue Ridge Continuum of Care, and the Roanoke Homelessness Assistance Team) coordinate services, homelessness response systems, street outreach, and emergency shelter programs.[22]

The HAT team is frequently cited as an essential resource. The team provides:

- Assistance with obtaining identification documents needed for employment and housing
- Connection to employment resources, mental health and substance use services, and medical resources

[22] City of Roanoke. (2026). Homeless Assistance Team. https://www.roanokeva.gov/348/Homeless-Assistance-Team

- Coordinated housing referrals
- Purchase of employer-required clothing/shoes
- Weekly bus passes for those newly-employed
- Security deposit assistance
- Re-unification services
- Assistance with obtaining mainstream benefits (SNAP, Medicaid, etc.)
- Transportation to DMV and Health Department
- Dedicated staff hired to address capacity

Individual nonprofits also coordinate services: approximately 30 organizations participate in sharing data and information in the Blue Ridge Homeless Management Information System (HMIS). Individual efforts among nonprofits include partnerships to provide transportation among shelters[23] and coordinating regular volunteer efforts with local faith groups.[24]

Dedicated and Supportive City Staff, especially those working directly with homelessness

The City of Roanoke strongly supports city and non-profit efforts to provide housing services. The city leads the Homelessness Assistance Team (HAT), which coordinates services among various nonprofits and city agencies, including the Redevelopment and Housing Authority. Various city programs also provide grants for completing housing rehabilitation, and the city assists other agencies in applying for grant funding through partnering with the Blue Ridge Continuum of Care.[25] Particular strengths seem to be the city's Human Services division, the work of the HAT team, and the city's leadership of the Blue Ridge CoC.

[23] Jaxtheimer, S. (2023, August 7). Roanoke organizations make adjustments to better serve homeless community during extreme heat. WSLS. https://www.wsls.com/news/local/2023/08/07/roanoke-organizations-make-adjustments-to-better-serve-homeless-community-during-extreme-heat/
[24] Family Promise of Greater Roanoke. (n.d.). *Hosting and supporting*. https://www.familypromiseroanoke.org/how-your-congregation-can-help
[25] City of Roanoke. (2019). *Continuum of Care.* https://www.roanokeva.gov/342/Continuum-of-Care

Whole of City Approach to the Issues of Homelessness is often evident – from Elected Officials and City Manager to instances of cross-departmental action:

The appointment of this Task Force and the trust and responsibility invested in a volunteer-driven body to take focused time to study the issues and recommend solutions speaks volumes. The City of Roanoke has continued to invest in evidence-based solutions and the provision of needed resources. The city has piloted an inter-departmental response to encampments, including support for the STAR team (see below). Active efforts are being taken to stimulate development and supply of affordable housing and missing middle development.

Innovative Approaches are Being Implemented and Tried

There are a number of examples where the city and/or partners are piloting or expanding innovative approaches to addressing some aspect of the homelessness challenge. One such example is the Roanoke City Police Department's STAR Initiative. The program is focused on Supporting Transition Assistance and Recovery (STAR). In partnership with multiple service providers, police officers conduct regular outings to respond to encampments and connect people to services. The STAR Initiative is receiving regional and national recognition as a best practice in community policing, leading to reduced unsheltered homelessness.

Another example is the Downtown Ambassadors Initiative. The program is operated by Downtown Roanoke Inc. (DRI) and funded with significant investment from DRI, City of Roanoke, Foundation for Downtown Roanoke, Inc., Visit Virginia's Blue Ridge Foundation, and other downtown stakeholders. The paid 8-person Ambassador team serves downtown 7 days a week, providing over 300 hours of weekly services. The Ambassador Program enhances the downtown experience for residents, employees, and visitors. Dedicating trained employees to this work ensures continuous enhancements to the most visited area of the City of Roanoke. Ambassadors regularly interface with unhoused individuals and help create a positive environment and standards of hospitality and stewardship that spread throughout the community. In particular, the Ambassadors' Outreach Team

conducts outreach to area businesses, helps address quality of life issues, checks in with those in need and helps connect them with services, works closely with Roanoke City Police to report and share information, and participates in coordinated outreach efforts with multiple agencies such as the Homeless Assistance Team, Rescue Mission, RAM House, Blue Ridge Behavioral Healthcare, and others.

Weaknesses

Overall Supply of Affordable Housing

In Roanoke, the demand for affordable housing units far outpaces their availability by an estimated 3,500 units.[26] While several nonprofits and local elected officials are working to improve housing affordability (through vouchers, policies to designate more units as affordable units, and others), these efforts also face political opposition and extensive timelines to implementation. This is a significant current challenge with 38.4% of Roanoke renters considered "rent burdened," spending over 30% of their household income on housing costs, while 19.4% are "severely rent burdened" spending over 50% on these expenses.[27]

High housing costs force families to choose between paying for housing and paying for other essential household expenses. Further, it may prevent individuals from creating savings or emergency expense funds. If a cost burdened household unexpectedly loses employment or experiences a family or health emergency, families may experience housing insecurity or become homeless.[28]

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[26] Graham, S. (2026, January 8). *Rasoul introduces bill to combat affordable housing shortage in Roanoke*. WFXR. https://www.wfxrtv.com/news/rasoul-introduces-bill-to-combat-affordable-housing-shortage-in-roanoke/

[27] United States Census Bureau. (2023). American Community Survey 5-Year-Estimates; City of Roanoke; Table B25070. https://data.census.gov/table/ACSDT5Y2023.B25070?t=Financial+Characteristics:Income+(Households,+Families,+Individuals):Renter+Costs&g=050XX00US51770

[28] Colón-Bermúdez, E. (2025, June 30). *Latest state of the nation's housing report finds record number of housing cost-burdened renters for third consecutive year*. National Low Income Housing Coalition. https://nlihc.org/resource/latest-state-nations-housing-report-finds-record-number-housing-cost-burdened-renters#:~:text=By%20Esther%20Col%C3%B3n%2DBerm%C3%BAdez%2C%20NLIHC,sector%20despite%20rising%20rental%20demand.

Insufficient Resources to Meet Overall Needs of Unhoused

More new individuals are entering homelessness than the current system is able to house. While Roanoke has a significant number of overnight shelter beds, the city's service providers lack adequate capacity (shelter, housing, and services) to meet the needs. Roanoke is not alone in this challenge. The National Alliance to End Homelessness found that in 2024, there was no community in the United States that possessed sufficient permanent housing to serve the numbers of people experiencing homelessness. Service and resource providers in Roanoke reported understaffing and challenges maintaining services with increasing needs and decreasing funding and other resources.

Housing Security: Cost-burdened state of renters and difficulties faced by more vulnerable and low-income populations in remaining housed.

Nationally and locally, the number of cost-burdened renter households has been rising.. In 2024, over 2 million renter households across the U.S. were cost-burdened, driven in part by higher rents and reduced supply of low-cost rental units[29]. Moreover, many lower-income homeowners struggle to hold on to their homes given needed upgrades, rising repair costs, and related challenges.

The Current System is Difficult to Navigate

Those receiving services repeatedly described a fragmented system that can be confusing and difficult to access, particularly during times of crisis. Individuals often received lists of resources but struggled to navigate multiple agencies, eligibility requirements, transportation barriers, and changing points of contact.

Transportation

In Roanoke, there are a number of gaps in transportation infrastructure. Valley Metro is an overall outstanding resource to the city and its residents, providing a network of bus lines that serve every city neighborhood at some level of access on fixed routes. The challenges

[29] See https://nlihc.org/resource/jchss-2026-state-nations-housing-report-finds-cost-burdens-renters-continue-rise-amid

relate to transit costs, timing of routes, navigation difficulties of potential riders, and the lack of point-to-point services for high-volume locations at the times particularly needed for homeless individuals. The HAT team can provide a limited number of bus passes for certain circumstances to individuals who meet specific criteria. A transportation pilot initiative between The Rescue Mission, RAM House, and RADAR has attempted to fill this gap and has served an average of 50-60 individuals with seven-day-a-week transportation services between critical downtown locations (including Rescue Mission and RAM House). This network only partially covers the needed locations and is facing the end of its pilot funding period. It also utilizes an accessible transit van for individuals with disabilities. Transportation impacts access to services. Navigating between service and resource locations was repeatedly cited as a barrier.

Increases in the Unsheltered Population

Since 2019, the city of Roanoke has experienced a 467% increase in unsheltered homelessness. The Point in Time Count found 15 unsheltered individuals in 2019 and 70 in 2025. That number is likely much, much higher as The Point in time Count was conducted in winter and unsheltered numbers increase in the warmer months.

Increases in Family Homelessness as well as Youth Homelessness

Family homelessness is currently increasing, though the extent of this increase is obscured or not readily defined due to HUD's definition of family homelessness and the difficulties in counting families who are doubled up with relatives or living in hotels. Local service providers report recently receiving more calls requesting shelter from families living in cars, on the streets, or in abandoned buildings. The number of calls from single fathers with children is also increasing. There is also a shortage of affordable 3+ bedroom apartments for rent, which limits access and availability for families. Additionally, there is a lack of safe and secure housing for unaccompanied older youth if under the age of 18. Since 2020, Roanoke City Public Schools has had an average of 500-600 homeless students per year, with closer to 700 in the 2024-2025 school year. These are the numbers

of known homeless students, which may be an undercounting of the actual number of homeless or housing insecure students.

Public Perceptions and Lack of Awareness

This emerged in multiple ways as a significant obstacle in Roanoke. The city and Blue Ridge CoC are working extensively to address homelessness and housing insecurity, but their work is neither well known nor well understood.

Moreover, there is a sense among some in the general public that homeless individuals themselves are a problem to be removed. This stems from real concerns: violent incidents, trespassing, property damage, and other occurrences.

Homelessness has significant negative stigmas, stereotypes, and misconceptions associated with it. These notions often lead those experiencing housing insecurity or homelessness to feel shame and perpetuate public narratives that frame homelessness as an individual problem, rather than the result of systemic issues surrounding housing affordability, healthcare access, and economic stability. This stigma can reduce community support, further isolate those experiencing homelessness, and discourage individuals from seeking services and assistance, ultimately weakening the effectiveness of homelessness response services as a whole.[30] Within Roanoke, conflicts between those experiencing homelessness and other city residents have motivated additional mistrust and misconceptions, further perpetuating stigma within the community.[31]

Older Adults and Individuals with Disabilities Are Increasingly Vulnerable

A significant number of individuals experiencing homelessness in Roanoke are older adults, many of whom have deep roots in the region. Medical crises, disability, loss of family support, grief, and fixed incomes were frequently identified as factors contributing

[30] Adler, K. F. & Burnes, D. W. (2023). *When we walk by: Forgotten humanity, broken systems, and the role we can each play in ending homelessness in America*. North Atlantic Books.
[31] Johnson, C. (2025, February 21). *Roanoke providing resources to address homelessness but more help is needed*. WDBJ7. https://www.wdbj7.com/2025/02/21/roanoke-providing-resources-address-homelessness-more-help-is-needed/

to housing instability. Current housing costs often exceed what individuals receiving Social Security or disability benefits can reasonably afford.

Opportunities

Affordable Housing Policy / Redevelopment

In Roanoke, a lack of affordable housing was the second most cited reason for becoming homeless (with loss of employment being the first).[32] While Roanoke is facing a drastic shortage of affordable housing as discussed in the Weaknesses section, there are also several opportunities for Roanoke to follow national models or create affordable housing development incentive programs to encourage greater development.

Across the US, communities have successfully expanded affordable housing supply through tools such as inclusionary zoning policies, density bonuses, low-income housing tax credits, and public-private partnerships that reduce development costs while ensuring long-term housing affordability.[33] Increasing housing supply is one of the most effective strategies for reducing homelessness and housing instability. Locally, this presents an opportunity for Roanoke to build on existing efforts by incentivizing adaptive reuse of vacant properties and working with nonprofit developers. By aligning policy tools with national strategies and local development capacity, the city may be able to create a more supportive environment for affordable housing production and preservation.

Transportation Services and Accessibility

Transportation remains one of the largest barriers to accessing services in Roanoke. While Roanoke operates several local and regional bus routes, service constraints limit overall accessibility. Several key services, including the regional Department of Motor Vehicles (DMV) office, are inaccessible by bus. For others experiencing housing insecurity who may

[32] Blue Ridge Interagency Council on Homelessness. (2025). *2025 point in time report.* *https://councilofcommunityservices.org/wp-content/uploads/2025/06/2025-Winter-PIT-Report.pdf*

[33] Hoffman, A. & Arck, M. (2019). PRO Neighborhoods: Innovative strategies for affordable housing. *Joint Center for Housing Studies of* Harvard University. https://www.jchs.harvard.edu/sites/default/files/media/imp/Harvard_JCHS_PRO_Neighborhoods_Innovative_Strategies_for_Affordable_Housing.pdf

lack access to a private vehicle, transportation can be a key barrier to accessing employment opportunities. While the existing network is robust, expanding hours or service area may further improve access to housing and homelessness services in Roanoke. Currently, local buses do not operate on Sundays and may not accommodate those working second or third shift jobs. The newly piloted RADAR bus provides accessible transportation between two service providers, the RAM House and Rescue Mission, which provides improved connection between service providers. Presently, the RADAR pilot is funded through June 1, 2026. With continued funding, this service may be able to continue assisting individuals who are homeless.

Prevention and Early Intervention offer Significant Opportunities

Stakeholders consistently emphasized the importance of identifying individuals and families before they lose housing. Better coordination, diversion assistance, resource navigation, and rapid connection to available supports could help many people remain housed and avoid entering the homelessness system altogether.

Enhance Focus on Support for Opportunity Youth

Nationally, over 4 million young people between the ages of 16-24 are neither working nor in school. One term for this population of disconnected younger adults is “Opportunity Youth.” Researchers have quantified the economic effects of disconnection amongst this age group.: A single person who is disconnected during their youth can lead to $1 million in societal costs due to lost wages, tax revenues, and other issues. This can be a cause of homelessness, or homelessness during youth can be a cause of disconnection and difficulty sustaining involvement in work or learning. In addition, 2026 data identified Roanoke City as having the second-highest foster care rate in Virginia, with those aging out of foster care also being at greater risk for homelessness, joblessness, or poverty. Prevention efforts such as mentoring, training, or wrap around supports help to prevent disconnection among youth and connect them with pathways to education and employment.

Relationships and Human Connection are Critical

A recurring theme across both provider and lived experience conversations was the importance of human connection. Social isolation and stigma can exacerbate mental health challenges. Having more people who can comfortably relate and engage with unhoused individuals in knowledgeable ways is a relatively low-resource area of opportunity.

The connections may include advocacy, encouragement, peer support, and trusted relationships. Unhoused individuals consistently reported that having someone walk alongside them, help navigate systems, and provide encouragement often made the difference between disengagement and progress. Moreover, sharing stories and hearing the lived experience of the unhoused helps illuminate real challenges as well as opportunities, and can be both empowering and transformative. During the stakeholder listening sessions, this was observed first-hand by some of our Task Force members who heard many stories, including from:

- a widower, who lost housing after his wife passed away
- a woman with early Alzheimer's, who can no longer work
- a man recovering from a stroke, hoping to be able to return to the workforce
- a former public school teacher, who due to a series of setbacks has struggled to find employment
- a lifelong Roanoker whose stability unraveled after losing family support

Threats

Job Market Conditions

In Roanoke, job loss was the most commonly cited reason for becoming homeless.[34] Unexpected labor market volatility can greatly strain households and lead to homelessness and housing insecurity. In Roanoke, unemployment and labor force

[34] Blue Ridge Interagency Council on Homelessness. (2025). *2025 point in time report*. https://councilofcommunityservices.org/wp-content/uploads/2025/06/2025-Winter-PIT-Report.pdf

participation rates have largely mirrored national trends since 2022. However, the rate of job increase from 2020 to 2025 in Roanoke was just 6.7%, 4% less than national rates.[35] Slowed job growth compared to national trends limits the region's ability to expand higher wage employment opportunities and absorb workers displaced by economic shocks. When combined with rising housing costs, this slower economic expansion reduces overall financial resilience of the community, meaning that even short-term disruptions such as reduced hours, layoffs, or unexpected expenses can more quickly escalate into eviction or homelessness.

Funding Uncertainty

Traditionally, federal and state governments have supplied funding through housing vouchers, rental assistance, and emergency assistance to localities across the country to support affordable housing . Some of these federal programs include Community Development Block Grants, Emergency Solutions Grants, Housing Opportunities for Persons with AIDS, and Supportive Services for Veteran Families, all administered by the US Department of Housing and Urban Development (HUD).[36] These programs are all administered by the City of Roanoke and/or the Blue Ridge Continuum of Care, but now face intense budget cuts as a result of shifts in federal budgeting and funding. The prospective loss of these programs will threaten the safety and livelihood of thousands of Roanoke residents who depend on these programs to survive, emphasizing the importance of identifying alternative funding sources to support vital rental and housing assistance programs.[37]

[35] Lightcast. (2026). *Economy overview*. https://lightcast.io/
[36] Virginia Tech Center for Housing Research & Virginia Tech Institute for Policy and Governance. (2021, October). *Virginia Eviction Reduction Pilot (VERP) planning grant needs assessment*. https://ipg.vt.edu/content/dam/ipg_vt_edu/HousingAffordabilityinRoanoke.pdf
[37] National Association of Housing and Redevelopment Officials. (2025, June 2). Trump administration releases full FY 2026 budget with devastating proposed cuts to housing and community development programs. www.nahro.org/news/trump-administration-releases-full-fy-2026-budget-with-devastating-proposed-cuts-to-housing-and-community-development-programs/

Summary

Throughout the City of Roanoke, city staff, nonprofit leaders, faith providers, and healthcare services all carry a deep sense of care for Roanoke and for building beneficial services and supportive housing. Roanoke holds a robust ecosystem of services for those experiencing homelessness or housing insecurity, with services including emergency shelter, food assistance, permanent supportive housing, and rapid rehousing, among others.

Despite strong existing support for homeless services, the city faces funding insecurity from a federal level, which has impacted housing voucher availability and funding for other city programs. Without stable and secure funding, the Blue Ridge Continuum of Care, the region's arm for distributing federal funds issued from the Department of Housing and Urban Development, is unable to guarantee the same funding for community organizations and city services. While state or private grants may provide supplemental funding, other agencies throughout the state are similarly competing for finite funding resources. Identifying alternative funding sources and strengthening public support and understanding of homelessness are both crucial for ensuring that program service delivery can continue with public advocacy and support for these programs.

Sub-Groups and Issue Areas

The four sub-groups were tasked with presenting a draft of recommendations to City Council for consideration and refinement through formal public input and additional stakeholder guidance, including that of knowledgeable city staff and other front-line agencies. Appendix A includes preliminary details on each recommendation based on a recommendation template included in Appendix B.

Recommendations Overview:

Issue Area 1: Housing and Economic Security Subgroup

Primary Recommendation:

- Conduct an updated comprehensive housing analysis in the city, with a Housing and Property Inventory (1.1) and develop a comprehensive housing strategy to increase supply (1.2)

Secondary Recommendations:

- Create an affordable housing incentives package, and expand local housing funding through new financing tools and expanded investment (1.3)
- Streamline building permit process (1.4)
- Pilot a small house village for transitional housing (1.5)
- Increase the city's land bank capacity (1.6)
- Strengthen state advocacy for housing development funding (1.7)

Issue Area 2: Shelter, Services, & Safety Subgroup

Primary Recommendation:

- Create a regional access HUB (2.1) and expand homeless assistance team capacity (2.2)

Secondary Recommendations:

- Expand the STAR Community Response Initiative (2.3)
- Expand transportation access by launching a service access Transit Pass and/or expanding R.I.D.E. pilot (2.4)

- Develop an Enhanced Homelessness Prevention Initiative (2.5)

Issue Area 3: Health & Human Services Subgroup

Primary Recommendation:

- Improve Community Health Worker (CHW) coordination infrastructure (3.1)

Secondary Recommendations:

- Develop 6-10 bed medical respite program (3.2)
- Establish safe & coordinated discharge protocols (3.3)
- Strengthen trauma-informed and stigma reduction training (3.4)
- Expand capacity for behavioral health co-response (3.5)

Issue Area 4: Business, Quality-of-Life & Economy

Primary Recommendation:

- Fully enforce existing camping laws and expand downtown camping ordinance city-wide. Conduct an operational review of existing ordinances and enforcement on camping and related concerns. (4.1)

Secondary Recommendations:

- Develop a Business and Resident Resource Toolkit, Website, and Public Relations Campaign for Responding to Homelessness-Related Concerns. (4.2)
- Create an Encampment Response Matrix to strengthen response process (4.3)
- Explore development of a focused program or resource (such as small grants) for eligible adversely impacted businesses or high-concentration neighborhood areas (streets or business districts). (4.4)
- Conduct an operational review of existing ordinances and enforcement on camping and related concerns (4.5).

Discussion and Closing

Full details on each recommendation are included in Appendix A. It is recommended that the city designate an implementation committee or team to help guide next steps,

including the public input process, as well as coordination with city staff, service providers, and stakeholders concerning implementation and action steps.

Appendix A: Recommendation Preliminary Implementation Details

Issue Area 1: Housing and Economic Security Subgroup

1.1: Conduct an updated comprehensive housing analysis in the city, with a Housing and Property Inventory

1. Summary Description

The analysis could include recommendations for policy solutions, preservation and development strategies, and provide a road map for the development of a comprehensive housing strategy for the city. It could include a comprehensive inventory of properties for housing development, identifying blighted and tax-delinquent properties, evaluating motels, churches, and underutilized buildings, and including publicly owned land and Roanoke Redevelopment and Housing Authority (RRHA) parcels. The analysis could examine the existing supply and precise gaps in affordable and accessible housing.

2. Rationale or Need

- The city's last housing study was conducted prior to the pandemic and includes outdated data
- Many potential sites for reuse or development exist but are not systematically tracked
- Conversion projects can move faster than new construction
- A clear inventory and strategy supports faster and more intentional redevelopment opportunities

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☑ **Short-Term: 1 year or less**
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Virginia Housing has a Community Impact Planning Grant that can provide up to $20,000 to local governments to conduct a housing study. A consultant could be used to conduct the study with the grant money, which would create a low-cost, high-reward opportunity for the city. It may be possible for the city to could work with the Regional Commission to align such a project with a regional analysis and strategy.

4. Possible Partners / Key Parties / Lead Implementers

- City Planning Department and Housing Staff
- Council of Community Services
- Blue Ridge CoC
- Roanoke-Alleghany Regional Commission

5. Program Models, Examples, or Promising Practices

The comprehensive assessment might be similar in nature to the report produced for the Alleghany Highlands last Summer (https://alleghanyjournal.com/2025/HStudy.pdf).

1.2: Develop a comprehensive housing strategy to increase supply

1. Summary Description

Building on an updated analysis, this would tie all of the city effort's into one, concrete plan to include expanding use of the land bank, zoning/land use, expanding the revolving loan fund for affordable housing development (consider a dedicated funding source to expand the loan fund - i.e. a portion of permitting fees, business contributions, economic development authority, etc.), targeting HUD Entitlement funding for the most-needed types of housing (informed by the housing study recommended above), provide technical assistance to developers applying for tax credits, host a housing summit for developers to leverage statewide resources from Virginia Housing grants and the state Housing Trust Fund. Solutions to permitting could be included in the housing strategy. Host focus groups with developers to identify barriers to development and implement solutions. Include strategies to enhance supply and incentives for accessible housing.

2. Rationale or Need

- The City of Roanoke lacks a clear, robust housing strategy to more aggressively respond to the serious challenge of housing supply and access in Roanoke.
- A coordinated and integrated strategy would illuminate the interconnected and multi-layered nature of the housing challenge, as well as the system-level solutions needed.
- The process itself would be useful for bridging and strengthening relationships with developers and residents and could lead to even more creative and well-supported approaches.

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☐ Short-Term: 1 year or less
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: The city and its partners possess many of the pieces of the housing strategy as well as needed local resources and partners to lead a planning process, provided the analysis is also completed.

4. Possible Partners / Key Parties / Lead Implementers

- City Planning Department and Housing Staff
- Council of Community Services
- Blue Ridge CoC
- Roanoke-Alleghany Regional Commission
- Virginia Tech

5. Program Models, Examples, or Promising Practices

A number of Virginia and non-Virginia localities are in the midst of developing such strategies (see Staunton for example https://www.ci.staunton.va.us/departments/community-development/housing-programs-division/housing-strategy) or have strategies in place: https://www.loudoun.gov/DocumentCenter/View/167024/Unmet-Housing-Needs-Strategic-Plan-Approved-9821-with-Appendices

1.3: Create an Affordable Housing incentives package and expand local housing funding through new financing tools and expanded investment.

1. Summary Description

Develop a coordinated package of incentives with streamlined permitting to support affordable housing development. This may include combining state and local incentive tools including tax incentives, Housing Trust Fund support, and state programs. This recommendation includes streamlined development review for qualifying projects. This might include establishing a real estate investment fund, expanding the Housing Trust Fund, and pursuing state and federal grant opportunities. A related consideration should be accessible housing, and embedding criteria and preferences for accessible housing in affordable housing developments and improvements.

2. Rationale or Need

- Affordable housing projects often have thin margins
- Developers need a predictable process
- Strong incentives attract investment in new housing units
- City Plan 2040, adopted by City Council in 2020, called for new policies that would allow a range of housing options in every neighborhood.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☑ **Mid-Term: 1–3 years**
☑ **High – Significant funding, infrastructure, or local policy changes required**	☐ Long-Term: 3 or more years

Additional details: While this may involve new funding and incentives, it may also be addressed in part through streamlined permitting, enhanced awareness and utilization of existing incentives and offerings, and even more active pursuit of investment, grants, and financing from public and private sectors.

4. Possible Partners / Key Parties / Lead Implementers

- City of Roanoke Housing and Planning Department staff
- Council of Community Services
- Developer representatives
- Finance/lending institutions and agency representatives

1.4: Streamline Building Permit Process

1. Summary Description

Streamline and improve the city's permit process so builders and developers can conduct business, make investments, and improve housing supply in a more effective, efficient, and timely manner. The key recommendation here is for the City of Roanoke to empower the Planning Department in evaluating ways to creatively increase efficiencies in speeding up the permitting process.

2. Rationale or Need

- Developers report that the city's permitting process is a significant barrier to building more housing.
- Anecdotally, recent permit delays have caused some developers to stop looking at opportunities in the city altogether.
- The city's planning department has an increasing and significant volume of work, including permitting requests. The volume of work and level of department capacity may lead to slower response, follow-up, and action.

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☑ **Short-Term: 1 year or less**
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Some progress can be made in the short term with minimal funding. This might include hosting a "permitting event" to streamline the approval process for developers, customer-facing training of planning department staff, meetings with developers/builders to get input on process improvements and creating a dedicated "lane" to streamline projects that meet set criteria and require less review. The city could also host Quarterly or Semi-Annual Socials with the Builder/Developer Community to maintain regular communication on what is working or not working. Some aspects of this recommendation may be more medium term and require new city investment or different resource allocation – this includes a review of planning department staffing levels and needs, with the potential for adding positions.

4. Possible Partners / Key Parties / Lead Implementers

- City Manager's Office
- City Planning Department
- Builder/Developers and Liaisons
- Housing organizations

5. Program Models, Examples, or Promising Practices

See https://www.fairfaxva.gov/Property-Business/Development/City-Plans/Affordable-Housing-Strategic-Plan

1.5: Pilot a Small House Village

1. Summary Description

Develop a pilot small house village providing transitional housing with on-site supportive services. This may involve construction of compact housing units for individuals experiencing chronic homelessness, featuring on-site case management and behavioral health support with a transitional housing model to support stabilization.

2. Rationale or Need

- Chronically unhoused individuals often need intensive support
- Traditional shelters may not meet complex needs
- Pilot program allows for evaluation before expansion

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Initial Budget: $40-50k per unit plus land and site development. Overall cost could be $750,000-$1,000,000 for 10-14 units. On Going: Cost to provide on-site supportive services. Assume (1) full-time position at $80k cost/year. Needs: Find land that the city owns and can meet Zoning and Transportation needs. Work with the city to waive some site development requirements to decrease costs. Find an Agency to partner with for on-site supportive services.

4. Possible Partners / Key Parties / Lead Implementers

- City of Roanoke Planning Department and Housing Staff
- Roanoke Regional Housing Authority
- TAP
- Restoration Housing
- Commonwealth Catholic Charities

5. Program Models, Examples, or Promising Practices

A number of models exist in Virginia and nationally. See for example, this larger small home village in Seattle: https://www.lihihousing.org/post/lihi-announces-plan-for-cloverleaf-tiny-house-village-in-south-park-seattle or this much more modest proposed development in Missouri: https://www.firstalert4.com/2026/07/14/st-charles-leaders-explore-tiny-home-village-chronically-homeless/

1.6: Expand City's Land Bank Capacity

1. Summary Description

Increase land bank capacity through legislative changes, program enhancements, and strategic property acquisition. This may be accomplished through raising the state property valuation cap to $125,000, acquiring vacant or tax-delinquent properties, and partnerships with nonprofit and private developers.

2. Rationale or Need

- Current limits restrict the number of properties that can be acquired
- Blighted properties can be repurposed for housing
- Land banking helps assemble sites for redevelopment

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☐ Mid-Term: 1–3 years
☑ High – Significant funding, infrastructure, or local policy changes required	**☑ Long-Term: 3 or more years**

Additional details: Task Force was not unable to discover detailed information on current state of city's land bank strategy. There is a need to further develop this recommendation.

4. Possible Partners / Key Parties / Lead Implementers

- TAP
- City of Roanoke Housing
- Funders and Investors
- Council for Community Services

1.7: Strengthen State Advocacy for Housing Development Funding

1. Summary Description

Develop a coordinated legislative strategy to increase state investment in housing, working with Roanoke's General Assembly delegation to advocate for expanded housing development funding to better support homelessness prevention programs.

2. Rationale or Need

- Local funding alone cannot meet the scale of need
- State programs play a major role in housing development
- Regional advocacy strengthens Roanoke's voice in policy decisions

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: The primary focus here is to be intentional and targeted per lobbying related to housing issues and funding, and the main work here is organizational (coordinating with relevant partners and shared interest stakeholders such as other cities or housing organizations); lobbying (structuring and communicating the asks and developing campaigns to advocate for city interests related to housing even more aggressively). Task Force was not provided detailed information on current advocacy efforts. There is a need to further develop this recommendation.

4. Possible Partners / Key Parties / Lead Implementers

- Roanoke Chamber of Commerce
- Neighboring localities and other cities with similar issues/needs
- Regional and state housing entities, and policy groups
- Virginia Municipal League, Virginia Association of Counties
- Council for Community Services

Issue Area 2: Shelter, Services, & Safety Subgroup

2.1: Regional Access HUB and Centralized Digital Toolkit

1. Summary Description

The Hope & Home Regional Access HUB creates a "no wrong door" system—connecting people in crisis to the right help, at the right time, 24/7. It aligns existing services into one coordinated regional network.

At the same time, expanding Transitional Housing, Permanent Supportive Housing, and Affordable Housing builds a complete pathway out of homelessness—reducing both the number of people experiencing homelessness and the length of time they remain without housing.

This HUB would include: a 24/7 warm line and online app; immediate crisis stabilization through Community Health Workers; Transportation; Central intake protocols; and Accountability protection.

Include a centralized digital toolkit for homelessness-related services to improve coordination, referrals, and public awareness.

2. Rationale or Need

- Access to services in the Roanoke region is fragmented, difficult to navigate, and dependent on time of day, transportation, or personal familiarity. Individuals cycle between unsheltered homelessness, emergency rooms, jails, and disconnected providers.
- While emergency shelters are available, there are tremendous gaps in housing, including Transitional Living options, Permanent Supportive Housing, and Affordable Housing.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Rather than investing in an entirely new staffing structure initially, this leverages existing and grant-funded personnel to designate and support a navigator/liaison position alongside existing Community Health Workers and Peer Recovery Specialists within partner organizations to create coverage during hours when navigation resources are most needed. During the initial 12-18 month period, the Hub leads can evaluate demand, coverage, referral patterns, after-hours needs, and outcomes while refining the model and gradually adding partners.

For the Hub, additional CHW/Peer Recovery Specialist position may be needed in the 18–24 month range, which would likely require another $60,000–$75,000 annually in funding but could also be from grant or partner resources. This is a projected possible need rather than an immediate funding request; as the first year of experience should help determine the appropriate staffing level. HUB service navigation could eventually become part of Coordinated Entry and potentially reside within the Blue Ridge Continuum of Care, rather than creating a separate long-term organizational structure. That conversation is still in the exploratory stage.

For digital portal and on-line app, web build and maintenance estimated at one-time $15K–$25K plus annual maintenance and updates of $5K/year.

4. Possible Partners / Key Parties / Lead Implementers

- Rescue Mission, RAM House, TLOT, Salvation Army, Family Promise
- Mental health providers, DSS (APS, CPS, HAT), RRHA
- EMS/Police, TAP, Veterans Affairs Homeless Services
- DRI Downtown Ambassadors, Roanoke City Public Libraries
- Roanoke City Public Schools McKinney-Vento Program
- 211, Carilion Clinic Connect line, Blue Ridge Behavioral Healthcare warm lines, the Hope Initiative and other existing resources lines

5. Program Models, Examples, or Promising Practices

Similar HUB models in Houston, San Diego, Knoxville, Chattanooga, and Phoenix

- **Durham, North Carolina–Online Homelessness Resource Hub**
  Durham's web-based hub centralizes housing, healthcare, behavioral health, food, and transportation resources. The site supports both providers and individuals seeking help, improving transparency and coordination.
- **Spokane, Washington–City & Nonprofit Resource Portals**
  Spokane maintains multiple online portals linking homelessness resources, coordinated entry, and service provider information. The hub complements printed materials and supports real-time updates.

2.2: Expand Homeless Assistance Team Capacity

1. Summary Description

Sustain two current positions funded through ARPA grants and increase staffing two positions to offer evening case management work. This increases operating capacity for the Homeless Assistance Team (HAT) to provide expanded outreach, case management, housing navigation, and coordinated engagement with individuals experiencing unsheltered homelessness.

The goal is to increase the frequency of contacts, strengthen follow-up, and accelerate pathways into shelter, healthcare, treatment, and permanent housing. The current team maintains a case load of 500-600 individuals at a time. Adding access during evenings will build greater access to services for unsheltered individuals.

2. Rationale or Need

- Current outreach resources cannot consistently engage the growing number of individuals experiencing unsheltered homelessness throughout the region.
- Additional staffing allows greater continuity of care, improved case management, and increased coordination with healthcare providers, shelters, and housing partners. This proposal provides evening access to resource navigation, which is currently not available.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ Medium – Moderate funding, may require staffing or resource coordination changes	**☑ Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Expand outreach coverage, increase case management capacity, and improve coordination with Resource Navigation HUB partners.

4. Possible Partners / Key Parties / Lead Implementers

- All Continuum of Care safety net partners, including:
    a. Rescue Mission
    b. Council of Community Services
    c. Blue Ridge Behavioral Healthcare
    d. Bradley Free Clinic
    e. STAR Initiative
    f. Veterans Affairs
    g. TAP Domestic Violence programs
    h. Salvation Army Turning Point
- Also partner with colleges for social work interns to expand capacity

Program Models, Examples, or Promising Practices

Housing-focused outreach teams operating in Houston, Phoenix, and Salt Lake City demonstrate improved housing outcomes through intensive case management and coordinated engagement.

2.3: Expand the STAR Community Response Initiative

1. Summary Description

Expand the Roanoke Police Department's STAR Initiative from limited weekly coverage of 8 hours per week to a full-time community engagement model staffed by two Community Engagement Officers and a dedicated Case Manager.

The expanded STAR team would proactively engage individuals experiencing homelessness, behavioral health crises, and other nonviolent community needs while connecting individuals to housing, healthcare, behavioral health, and supportive services.

2. Rationale or Need

- Many calls involving homelessness or behavioral health concerns are better addressed through engagement and resource connection than traditional law enforcement responses.
- Expanding STAR increases opportunities for relationship building, crisis de-escalation, and earlier intervention while allowing sworn officers to focus on public safety responsibilities.
- This model engages closely with unsheltered individuals in encampments or other areas not meant for habitation, and collaborates closely with other outreach partners, shelters, and safety net providers in the Continuum of Care.
- The STAR initiative is receiving regional and national recognition as a best practice in community policing, leading to reduced unsheltered homelessness.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details:. Funding would support two Community Engagement Officers, one Case Manager, equipment, training, and operational expenses.

4. Possible Partners / Key Parties / Lead Implementers

- Roanoke Police Department
- Department of Social Services
- HAT Team
- Blue Ridge Behavioral Healthcare
- Downtown Roanoke Inc. Ambassadors
- TLOT
- Rescue Mission
- Bradley Free Clinic
- Council of Community Services
- Carilion Clinic
- TAP Domestic Violence programs
- Salvation Army Turning Point

Program Models, Examples, or Promising Practices

CAHOOTS (Eugene, Oregon), Denver STAR, Albuquerque ACS, and other community response models demonstrate improved outcomes through coordinated behavioral health and community engagement teams.

2.4: Expand Transportation Access by launching a service access Transit Pass and expanding R.I.D.E. pilot

1. Summary Description

Develop a coordinated regional transportation network connecting individuals experiencing homelessness or housing instability to emergency shelter, healthcare, behavioral health services, employment, housing appointments, and other essential community resources.

Create a targeted transit pass program for unhoused individuals accessing essential services. Continue or expand the Roanoke Interagency Daily Express (RIDE) program launched in February 2026 as a pilot by The Rescue Mission, RAM House, and Downtown Roanoke Incorporated. The program worked with RADAR to secure a dedicated bus. RADAR provided the driver for daily morning and afternoon runs between shelter and service locations averaging 60+ daily riders. That program needs to be expanded to serve more parts of the city including southeast and northwest Roanoke and the Williamson Road corridor,

2. Rationale or Need

- Transportation remains one of the greatest barriers to accessing shelter, healthcare, employment, and supportive services.
- Many individuals experiencing homelessness lack reliable transportation and are unable to consistently access appointments or available resources.
- Expanding transportation beyond the overnight to day shelter and back route improves continuity of care while reducing missed appointments and unnecessary emergency service utilization.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Evaluate expansion of the existing RADAR partnership while exploring additional routes, providers, and scheduling options to support regional service coordination. A transit pass program could be funded through private sponsorships and coordinated with Valley Metro and Ride Solutions. The R.I.D.E. pilot could be continued and expanded based on the lessons and proven concept from the 2026 pilot. Annual costs needed to continue and scale pilot program estimated at $130,000-$200,000.

4. Possible Partners / Key Parties / Lead Implementers

- RADAR

- TAP
- Rescue Mission
- RAM House
- Bradley Free Clinic
- Carilion Clinic
- Veterans Affairs
- Department of Social Services / HAT
- Council of Community Services
- TLOT
- Blue Ridge Behavioral Health
- Workforce Development
- DMV for IDs
- New Horizons Healthcare
- Libraries

Program Models, Examples, or Promising Practices

Communities including Houston, Phoenix, and Chattanooga have demonstrated improved housing and healthcare outcomes through coordinated transportation systems supporting homeless service networks.

2.5: Develop an Enhanced Homelessness Prevention Initiative

1. Summary Description

Preventing homelessness is one of the most effective and cost-efficient strategies for reducing homelessness across the region. This initiative focuses on identifying individuals and families at risk of losing housing and connecting them with financial assistance, healthcare, behavioral health services, employment resources, and case management before a housing crisis occurs.

The initiative emphasizes early intervention, coordinated outreach, and community partnerships to stabilize households before they enter emergency shelter or become unsheltered.

2. Rationale or Need

- Many individuals experiencing homelessness first encounter financial hardship, health challenges, family conflict, or loss of employment weeks or months before losing housing.
- Preventing homelessness avoids the personal trauma and significantly reduces costs associated with emergency healthcare, law enforcement, shelter services, and long-term housing instability.
- Strengthening prevention efforts helps families remain safely housed while reducing demand on emergency systems.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ Medium – Moderate funding, may require staffing or resource coordination changes	**☑ Mid-Term: 1–3 years**

☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Develop coordinated prevention funding, flexible financial assistance, landlord engagement, and Community Health Worker outreach for individuals at imminent risk of homelessness.

4. Possible Partners / Key Parties / Lead Implementers

- Department of Social Services
- Council of Community Services / 211
- RAM
- Presbyterian Community Center
- Rescue Mission
- Bradley Free Clinic
- Blue Ridge Behavioral Healthcare
- Legal Aid
- Roanoke Redevelopment & Housing Authority
- Family Promise
- TAP Domestic Violence programs
- Salvation Army Turning Point
- Local faith communities

Program Models, Examples, or Promising Practices

Homelessness prevention initiatives in Houston, Hennepin County (MN), and Built for Zero communities demonstrate significant reductions in shelter utilization through coordinated prevention strategies.

Issue Area 3: Health & Human Services Subgroup

3.1: Improve Community Health Worker (CHW) Coordination Infrastructure

1. Summary Description

Expand the CHW infrastructure to create a “no wrong door” approach to CHW services. The infrastructure would coordinate workflows and handoffs between agencies and consider shared infrastructure for CHW documentation and methods for data aggregation and analysis.

Aligns CHWs under a coordination structure to improve continuity of care, documented impact, and sustainable funding advocacy. Supports unhoused residents who face barriers accessing care.

2. Rationale or Need

- CHWs currently operate in separate systems with no defined hand-off process between systems
- Unhoused residents require ongoing navigation support
- HUB models support Medicaid reimbursement
- Improved coordination strengthens accountability and facilitates positive outcomes

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☑ **Short-Term: 1 year or less**
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Staffing, training, and technology estimated at $250K for startup.

4. Possible Partners / Key Parties / Lead Implementers

- Blue Ridge Behavioral Health
- Council of Community Services/211
- Carilion Clinic
- Rescue Mission
- New Horizons
- Bradley Free Clinic

5. Program Models, Examples, or Promising Practices

- **UPenn IMPaCT Model (University of Pennsylvania)**
  The University of Pennsylvania’s IMPaCT model is an evidence-based framework for integrating Community Health Workers (CHWs) into healthcare systems. Through standardized training, structured supervision, and goal-oriented patient engagement, IMPaCT addresses social drivers of health while improving clinical outcomes and patient activation. Organizations implementing the model have demonstrated reductions in hospital utilization and total cost of care, along with measurable return on investment. Its defined workflows and performance infrastructure support scalability and sustainable financing, including alignment with value-based payment and Medicaid reimbursement strategies.

- **Akron, Ohio – Summit County Pathways HUB**
  This HUB coordinates dozens of CHWs across health and social service agencies, focusing on high-risk populations including people experiencing homelessness. Evaluations show reductions in emergency department use and improved linkage to care.

3.2: Develop 6-10 Bed Medical Respite Program

1. Summary Description

Develop short-term medical respite program (MRP) for unhoused individuals discharged from hospitals. A safe recovery environment will reduce readmissions and improve outcomes.

2. Rationale or Need

- There are insufficient appropriate options for hospitals to discharge medically frail individuals who are unhoused
- Lack of respite beds leads to repeat ER visits
- Medical respite is a best practice nationally
- No formal medical respite currently exists in Roanoke
- HHS' 2024 review of evidence states: "people experiencing homelessness tend to have longer hospitalizations and a lack of appropriate discharge options, and MRPs can reduce the time spent in hospitals, the use of emergency departments, and readmission rates"

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: The space and infrastructure may already exist at the Rescue Mission, so staffing and other equipment costs may be primary costs. ($400K/year)

4. Possible Partners / Key Parties / Lead Implementers

- Rescue Mission/Fralin (LEAD) - has space, but needs staffing
- Carilion Clinic
- Blue Ridge Behavioral Health
- City of Roanoke Housing Department
- Healthcare Safety Net Committee (Virginia Department of Health, Bradley Free Clinic, New Horizons Healthcare, and Carilion Clinic)

5. Program Models, Examples, or Promising Practices

- **Asheville, North Carolina – Haywood Street Medical Respite**
  Asheville operates a small-scale medical respite program serving unhoused individuals

discharged from hospitals. The program provides short-term medical oversight, case management, and linkage to housing. Local hospitals reported fewer readmissions and improved discharge planning after implementation.

- **National Health Care for the Homeless Council (NHCHC)**
  NHCHC identifies medical respite as a national best practice. Studies cited by NHCHC show medical respite reduces hospital length of stay by up to four days and significantly lowers readmission rates, resulting in cost savings for healthcare systems.

3.3: Establish Safe & Coordinated Discharge Protocols

1. Summary Description

Adopt formal protocols to optimize safe patient discharge from hospitals, jails, long-term care facilities or treatment centers for individuals who are unhoused. Such protocols can establish consistent discharge planning to ensure safe transitions and continuity of care for unhoused individuals.

2. Rationale or Need

- Unsafe discharges increase risk of morbidity, mortality, and potential relapse
- Current practices are inconsistent
- Coordination can reduce harm with minimal cost
- Aligns healthcare and homelessness systems
- Poorly coordinated releases can quickly become police calls for service.

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☐ Short-Term: 1 year or less
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Most of the implementation involves workflow changes and coordination shifts with some upfront time in protocol development, and systems development ($5K–$40K)

4. Possible Partners / Key Parties / Lead Implementers

- Carilion Clinic, LewisGale Medical Center, Salem VA Medical Center, other healthcare facilities
- Homelessness Assistance Team (HAT)
- Council of Community Services
- 211

5. Program Models, Examples, or Promising Practices

- **Asheville, North Carolina – Hospital Discharge Coordination**
  Asheville hospitals collaborate with homeless service providers to ensure individuals are discharged to shelters, respite, or coordinated outreach rather than the street. Protocols include early identification of housing status and warm handoffs to service providers.

- **Durham, North Carolina – Coordinated Entry & Hospital Partnerships**
  Durham integrates hospital discharge planning with its Continuum of Care and coordinated entry system. Hospitals notify homelessness system partners prior to discharge, improving continuity of care and reducing unsafe releases.

3.4: Strengthen Trauma-informed and Stigma Reduction Training

1. Summary Description

Expand trauma-informed and stigma-reduction training for first responders and city-facing staff.

This will improve safety, engagement, and trust between responders and unhoused residents.

Should include trainers who have lived-experience.

2. Rationale or Need

- Stigma contributes to escalation and mistrust
- Training improves responder confidence
- Some training exists but is inconsistent
- Lived-experience inclusion improves outcomes

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☑ **Short-Term: 1 year or less**
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

*Additional details: A*nnual *training costs estimated at less than 15K/year. Perform an initial gap analysis to examine what has been doing and is currently being done and identify areas to improve, add, or refresh training.*

4. Possible Partners / Key Parties / Lead Implementers

- Blue Ridge Behavioral Health CIT
- City of Roanoke HR
- Police Academy
- Rescue Mission

5. Program Models, Examples, or Promising Practices

- **Crisis Intervention Team (CIT) Refresher Models (National)**
  Many jurisdictions now require **annual CIT refreshers**, rather than one-time training, emphasizing trauma-informed care, de-escalation, and engagement with people experiencing homelessness and mental illness.

- **Lived-Experience–Informed Training Models**
  Programs that include individuals with lived experience of homelessness as trainers show improved empathy, reduced stigma, and better field outcomes. These models are increasingly recommended by national policing and behavioral-health organizations.

3.5: Expand Capacity for Behavioral Health Co-Response

1. Summary Description

Expand clinician-led behavioral-health co-response to evenings, weekends, and include structured post-crisis follow-up. Enhance existing co-response efforts by increasing coverage during peak crisis hours and ensuring follow-up engagement after incidents. Intended to reduce ER use, arrests, and escalation for unhoused individuals. Develop and include measurable objectives for co-response, such as fewer repeat calls involving the same individuals, fewer unnecessary emergency-department transports, reduced officer time committed to behavioral-health calls, increased connection to services, and appropriate diversion from arrest. Explore expansion of the existing STAR program to include additional partners.

2. Rationale or Need

- Behavioral-health crises are frequent among unhoused residents
- Current co-response coverage is limited
- Peer cities show improved outcomes with expanded coverage
- Increased capacity supports appropriate diversion and trauma-informed response

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☑ **Short-Term: 1 year or less**
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Recommendation under review by the Safety Net Committee and Collective Response. Staffing and operational support estimated at $200K/year.

4. Possible Partners / Key Parties / Lead Implementers

- BRBH
- Roanoke PD
- City Manager's Office
- Peer/CHW partners

5. Program Models, Examples, or Promising Practices

- **Boulder, Colorado – Police Co-Responder Program**
  Boulder pairs licensed mental health clinicians with police officers on behavioral-health calls, including calls involving unsheltered individuals. Evaluations show reductions in arrests, emergency department transports, and use-of-force incidents, while increasing referrals to community-based services. Boulder expanded coverage to evenings and weekends after identifying peak crisis hours similar to Roanoke's patterns.
- **Asheville, North Carolina – Community Paramedic & Crisis Response Model**
  Asheville integrates behavioral-health clinicians and community paramedics into crisis response,

emphasizing diversion from jail and hospitals. The program includes follow-up outreach after crisis encounters, improving engagement with longer-term treatment and housing supports.

- **Boulder, Colorado – Service-Linked Transit Pass Program**
  Boulder provides free or subsidized transit passes specifically tied to appointments for healthcare, housing, and employment. The program reduced missed appointments and improved service engagement among people experiencing homelessness.
- **Asheville, North Carolina – Transportation Assistance for Services**
  Asheville funds transportation support through partnerships with transit providers and nonprofits, prioritizing access to healthcare and housing-related appointments.

Issue Area 4: Business, Quality-of-Life & Economy

4.1: Fully enforce existing camping laws and expand downtown camping ordinance city-wide. Conduct an operational review of existing ordinances and enforcement on camping and related concerns

1. Summary Description

The city has an existing ordinance restricting downtown camping and other laws may provide the authority for officers to more proactively address camping across the city. Officers, at present, may lack clarity on enforcement authority or be overly limited in their ability to address issues outside of downtown. Conduct an operational review of existing ordinances to examine what ordinances are in place, how they are being enforced, and what issues or concerns exist. Specifically, what behaviors and concerns are still problematic and what are officers currently unable to address? Is the problem inadequate legal authority, inconsistent enforcement, lack of alternatives, or lack of coordination?

2. Rationale or Need

- Neighborhood residents and businesses have reported concerns with camping, especially those unsheltered persons who may break other laws whlle camping, such as trespassing, littering, loitering, or more serious offenses.
- Several business owners and residents suggested a need for more or tightened ordinances.
- There are outstanding questions about existing ordinances and the extent of enforcement authority and the precise nature of any needs related to ordinances.
- A first step is a thorough operational review of existing ordinances, effectiveness, and enforcement practices, obstacles, and limitations.
- Such a review can clarify the need for ordinance changes or enforcement practices.

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☐ Short-Term: 1 year or less
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: This recommendation can be attained with low levels of cost apart from city staff and police time. The implementation committee or team recommended by the Task Force (in the closing section on page 38) could help advise or guide this process in conjunction with the police department, planning department, and human services. Enhanced enforcement must also be aligned with coordinated and expanded access to resources and services (such as recommendations by the Shelter, Services, & Safety Subgroup).

4. Possible Partners / Key Parties / Lead Implementers

- Roanoke City Police Department
- Roanoke City Planning Department
- Blue Ridge Continuum of Care/HAAT Team

- One or more individuals unhoused or with lived experience of homelessness

4.2: Develop a Business and Resident Resource Toolkit, Website, and Public Relations Campaign for Responding to Homelessness-Related Concerns.

1. Summary Description

Collect, curate and organize the resources provided by area service agencies, city staff into a widely distributed and practical, accessible toolkit for Roanoke businesses and residents that explains how to respond constructively to homelessness-related situations, connect individuals to services, and understand available city and nonprofit resources. The toolkit would be available in print and digital formats and promoted through business associations, neighborhood groups, and city channels.

The toolkit would refer to a consolidated website (or webpage – 211Roanoke.org/411Roanoke.org as companion site) for accessing and organizing the resources according to need and user goals. There could be buttons for “I need services,” “I need direction,” “I want to volunteer,” “I want to donate” etc. This website would have a simple user experience interface that would be intuitive and modern in design.

Lastly, these tools are only useful if citizens know about them. A coordinated marketing and public relations campaign sharing information with all groups about content and use is critical to connect resources for better outcomes.

2. Rationale or Need

- Business owners and residents frequently report uncertainty about how to respond to situations involving individuals experiencing homelessness — a toolkit reduces confusion and promotes consistent, humane responses.
- Lack of awareness about available services can result in 911 calls for non-emergency situations; clear guidance can redirect concerns to more appropriate resources.
- Stigma and misperceptions about people experiencing homelessness persist; a well-designed toolkit and webpage can incorporate awareness-building content to reduce harmful generalizations and share helpful messaging through a coordinated marketing and public relations campaign.
- Similar toolkits have been deployed effectively in cities such as Sacramento and Minneapolis to align business community responses with service system goals.

3. Resources & Timeline

Resources Required	Implementation Timeline
☑ **Low – Minimal funding or resource coordination**	☑ **Short-Term: 1 year or less**
☐ Medium – Moderate funding, may require staffing or resource coordination changes	☐ Mid-Term: 1–3 years
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Low-cost initiative primarily requiring staff time from the city's communications office and coordination with nonprofits. Could be completed within 6 months. Printing and distribution costs estimated at $5,000–$15,000; Website/webpage design could begin simultaneously as the information for the toolkit is a large component of the web content. Creating a marketing plan could be done in phases.

4. Possible Partners / Key Parties / Lead Implementers

- City of Roanoke – Communications & Public Information Office: design and distribution
- Blue Ridge Continuum of Care: resource directory content and service referral information
- Downtown Roanoke, Inc. and neighborhood associations: distribution channels
- Roanoke Police Department: guidance on appropriate vs. emergency calls
- Total Action for Progress / RAM House / Rescue Mission: service descriptions and contacts
- Local libraries: distribution hubs and accessible print copies

5. Program Models, Examples, or Promising Practices

Sacramento's 'How to Help' campaign and Minneapolis's 'Responding to People Experiencing Homelessness' business guide are widely cited examples of city-led toolkits that reduced inappropriate 911 calls while increasing referrals to social services. Both include simple step-by-step guidance, a resource directory, and a short stigma-reduction section grounded in trauma-informed messaging.

4.3: Create an Encampment Response Matrix to strengthen response process

1. Summary Description

Create an Encampment Response Matrix defining who responds, who has decision-making authority, what outreach must occur before enforcement, exceptions for immediate threats, documentation requirements, and responsibility for cleanup/property issues. The matrix would build upon and further define the city's existing set of interdisciplinary Standard Operating Procedures. It would also clarify guidance and next step recommendations for instances when all services are refused.

The matrix would identify and sequence outreach and service connection before or during enforcement action and designate lead entities for each phase. The protocol should be publicly available and applied consistently across all city departments, partner agencies, and contractors. The matrix might include criteria to determine which encampments will be prioritized for closure and which would benefit from interim steps to mitigate or prevent health and safety concerns. Where encampments are not prioritized for near-term closure, address the basic needs including health care for the people there and conduct comprehensive, coordinated, and ongoing outreach to help people access services and housing. Consider including encampment resident representatives in matrix/protocol development or in assessment processes.

2. Rationale or Need

- Encampments in Roanoke are increasing in number and duration, generating concerns from residents and businesses and posing health and safety risks for encampment residents.
- The city has steps in place including an existing set of Standard Operating Procedures. These can be even further refined, enhanced, and shared.
- Current enforcement and outreach responses are perceived as inconsistent by both the public and service providers, reducing trust and effectiveness.
- A 2023 U.S. Supreme Court ruling (City of Grants Pass v. Johnson) has clarified the legal landscape for encampment enforcement, but best-practice cities pair enforcement with robust outreach to achieve durable reductions in encampment activity.
- Coordinated, outreach-first protocols — as used in Houston and Nashville — have demonstrated reductions in encampment recurrence while improving connections to shelter and services.
- A written protocol ensures accountability, improves inter-agency coordination, and provides a clear process that residents and businesses can understand and trust.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: Protocol development can begin immediately with city staff and CoC partners; full implementation including staff training and inter-agency agreements is a mid-term (1–2 year) effort. May require additional outreach staffing (estimated $80,000–$120,000/year) and modest legal review costs.

4. Possible Partners / Key Parties / Lead Implementers

- City of Roanoke – City Manager's Office: protocol development and inter-agency coordination
- Roanoke Police Department: enforcement phase lead; protocol compliance
- Blue Ridge Continuum of Care / HAT Team: outreach and service connection phase lead
- Virginia Department of Social Services: benefits access during outreach contacts
- City Attorney's Office: legal review and compliance with current case law
- Downtown Roanoke, Inc. and neighborhood associations: stakeholder input on protocol design

5. Program Models, Examples, or Promising Practices

Houston's The Way Home initiative uses a coordinated encampment response in which outreach workers conduct multiple contacts over a defined period before any enforcement action, with real-time data tracking to monitor individual outcomes. Nashville's Metro Homelessness Planning Council adopted a similar tiered protocol in 2022. Both cities report improved shelter placement rates and reduced re-encampment compared to enforcement-only approaches.

4.4: Explore development of a focused program or resource (such as small grants) for eligible adversely impacted businesses or high-concentration neighborhood areas (streets or business districts).

1. Summary Description

Some areas of the city attract a significant concentration of unhoused or unsheltered persons. That can be accompanied by related issues, at least some of which may be related to that concentration and can have a negative impact on businesses and residents. Consider focusing some portion of small business support or neighborhood grants toward adversely impacted businesses or high-concentration streets or districts.

2. Rationale or Need

- Some parts of the city may bear a disproportionate brunt of the negative impacts associated with some portion of the unhoused/unsheltered population.
- Heavy concentrations of the unsheltered may adversely impact commercial activity, as well as quality of life for residents.
- Costs to business owners and residents may include increased litter and trash removal, vandalism or other repairs, and decreased property value or business revenue.

3. Resources & Timeline

Resources Required	Implementation Timeline
☐ Low – Minimal funding or resource coordination	☐ Short-Term: 1 year or less
☑ **Medium – Moderate funding, may require staffing or resource coordination changes**	☑ **Mid-Term: 1–3 years**
☐ High – Significant funding, infrastructure, or local policy changes required	☐ Long-Term: 3 or more years

Additional details: The existing neighborhood grant fund could be increased or refocused, as could existing funding support for small business or economic development.

4. Possible Partners / Key Parties / Lead Implementers

- Roanoke City Economic Development
- Roanoke City Police Department
- Roanoke City Neighborhood Services
- Blue Ridge Continuum of Care
- Include representation from unhoused/lived experience individuals

Appendix B

Template Form for Recommendations

1. **Recommendation** *Action-oriented statement of what should be done (1 sentence)*

   _____
   _____

2. **Summary Description** *Provide a brief overview of what the recommendation is, who it affects, and the intended outcome (2-4 sentences)*

   _____
   _____

3. **Rationale or Need** *Describe why this recommendation is important, including community feedback, data, or best-practice information where applicable*
   - _____
   - _____
   - _____
   - _____

4. **Resources / Timeline**

   Select the level of resources required and describe any relevant timing or funding considerations

   Resources Required
   - ❑ Low – Minimal funding or resource coordination
   - ❑ Medium – Moderate funding, may require staffing or resource coordination changes
   - ❑ High – Significant funding, infrastructure, or local policy changes required

   Implementation Timeline
   - ❑ Short-Term: 1 year or less
   - ❑ Mid-Term: 1-3 years
   - ❑ Long-Term: 3 or more years

5. **Possible Partners / Key Parties / Lead Implementers**

   List agencies, city departments, coalitions, or community partners who may lead or be essential to this recommendation's implementation, and the role they may play

   - _____
   - _____

6. **Program Models, Examples, or Promising Practices**

   If this recommendation draws from a specific city, program, report, or promising practice, describe it here or provide a name and news/report website link

   _____