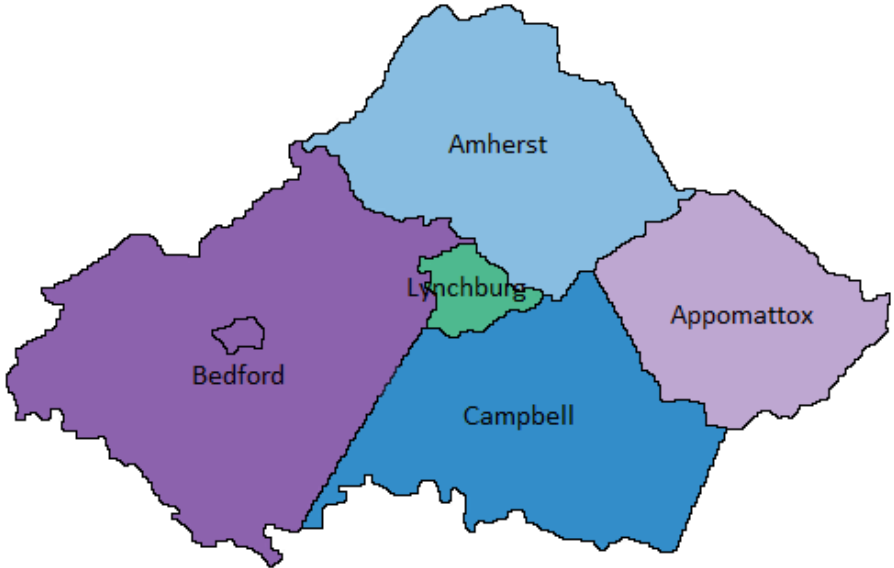


---

# CENTRAL VIRGINIA CONTINUUM OF CARE

---

Strategic Plan to Prevent and End Homelessness: 2020-2023



# Acknowledgements

## Advisory Committee

Judy Brooks	Lynchburg City Schools
Olyvia Brown-Coles	VHA AmeriCorps VISTA
Denise Crews	Lynchburg Community Action Group
Sarah Fuentes	Miriam's House
Amy Hatcher	City of Lynchburg Department of Human Services
Jim Meador	HumanKind
Kristen Nolen	Miriam's House
Sarah Quarantotto	Miriam's House
Tabatha "Tab" Robertson	Horizon Behavioral Health
Sarah Warner	City of Lynchburg Department of Human Services
Jeremy White	Virginia Legal Aid Society

## Participating Organizations

Centenary United Methodist Church	Horizon Behavioral Health
Centra Health	HumanKind
Central Virginia Community College	Interfaith Outreach Association
Central Virginia Workforce Development Board	Johnson Health Center
City of Lynchburg	Lynchburg City Schools
City of Lynchburg Department of Community Development—Grants Administration	Lynchburg Community Action Group
City of Lynchburg Department of Community Development-Inspections	Lynchburg Daily Bread
City of Lynchburg Department of Economic Development and Tourism	Lynchburg Redevelopment and Housing Authority
City of Lynchburg Department of Human Services	Miriam's House
City of Lynchburg Fire Department	Region 2000 Workforce Development Board
City of Lynchburg Police Department	Rush Homes
City of Lynchburg residents	Total Action for Progress (TAP)—Supportive Services for Veteran Families
Community Access Network	University of Lynchburg
Gospel Community Church Rivermont	Virginia Department of Veteran Services
	Virginia Legal Aid Society
	YWCA of Central Virgin

## **Thanks!**

Contributions to this plan were made by diverse stakeholders, including persons with lived experiences of homelessness, service providers, residents of the City of Lynchburg and Appomattox, Amherst, Bedford, and Campbell counties, and members of the Central Virginia Continuum of Care. Contributions to this plan were made by diverse stakeholders, including persons with lived experiences of homelessness, service providers, residents of the City of Lynchburg and Appomattox, Amherst, Bedford, and Campbell counties, and members of the Central Virginia Continuum of Care. Special acknowledgement is due to Olyvia Brown-Coles who served as the AmeriCorps VISTA with the Central Virginia Continuum of Care from August 2019- July 2020. Olyvia oversaw the development of the Central Virginia Strategic Plan to End Homelessness: 2020 and we are incredibly grateful for her leadership in this process.

## Table of Contents

Introduction.....	3
Our Vision and New Plan.....	4
Our Neighbors in Crisis.....	5
Survey Highlights.....	II
Consumers.....	I2
Front Line Staff.....	I2
Continuum of Care and Agency Leadership.....	I3
Goals, Strategies and Action Steps.....	I5
Appendix 1: Survey Results.....	255
Appendix 2: System Map and Contacts.....	299
Appendix 3: Accomplished Goals from the Strategic Plan to Prevent and End Homelessness: 2016....	31
Appendix 4: CoC Committees & Meeting Frequency.....	33
Appendix 5: Frequently Used Terms.....	35

## Introduction

In 1997, our community formed the Central Virginia Continuum of Care (CVCoC), which included one agency, Miriam's House. At the time, Miriam's House provided transitional housing and was the only of its kind receiving federal homeless assistance funding in the Central Virginia region. In twenty-three years, the CVCoC has grown dramatically in size and influence over homeless response in the Central Virginia region. Recognizing its growth, the necessity to think strategically about how regional partners could align efforts to prevent and end homelessness, and to comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requirement to engage in thoughtful systems-level planning—the CVCoC embarked on a strategic planning effort in 2015. In 2015, the CVCoC adopted the [Strategic Plan to Prevent and End Homelessness: 2016](#) and our community has since served 3,885 people!

**Despite incredible success over the past three years, homelessness continues to be a crisis in the Central Virginia region.** Our neighbors who are without homes need housing. Many also need jobs. We are a compassionate community that hurts for those living outside and in unstable housing. While we can celebrate with those who have found housing stability over the last three years, through the development and adoption of the Central Virginia Continuum of Care Strategic Plan to Prevent and End Homelessness:2020, we are recommitting to develop new partnerships and make a greater impact.

The CVCoC has taken a collective impact approach to ending homelessness in the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford and Campbell that aligns strategy and funding toward shared outcomes. We realized a long time ago that we need to work collaboratively, across sectors and across the entire region, to end homelessness.

**To make homelessness rare, brief and nonrecurring, we need to provide people with what they need to gain housing stability quickly.** This is the responsibility of local governments, nonprofit providers, community members, and funders of homeless and housing services. Implementing more effective, efficient program models will allow us to serve more people and to serve them well.

**Homelessness is solvable.** Our community is one of 81 US communities working with the technical assistance provider Community Solutions through the Built for Zero initiative to improve our service system by adopting proven best practices, deploying existing resources more efficiently, and using real-time data to improve performance. The action planning and project execution work being done through the Built for Zero initiative aligns with and builds on the goals and supports strategies outlined in this strategic plan.

To make greater strides locally, we must address the symptoms while also working with others at the local, state, and federal levels to address the causes. We must commit fully to using the most effective, proven approaches to support people experiencing homelessness to quickly gain housing stability and employment, prioritizing those who are most vulnerable. **We will need the support and commitment of local, state, and federal elected officials to ensure housing affordability and the availability of safety net services. We save money and have a stronger community when people have a place to call home.**

Finally, we must energize and activate residents, businesses, and the faith community. **This plan seeks to build on our successes and mobilize public and private resources in the right order of magnitude over time to address unmet needs, to continue to implement strategies that work, think creatively, test new practices, and improve policies and programs. The strategic plan is meant to be a living document updated along the way to reflect learnings and evolving needs of our community.**

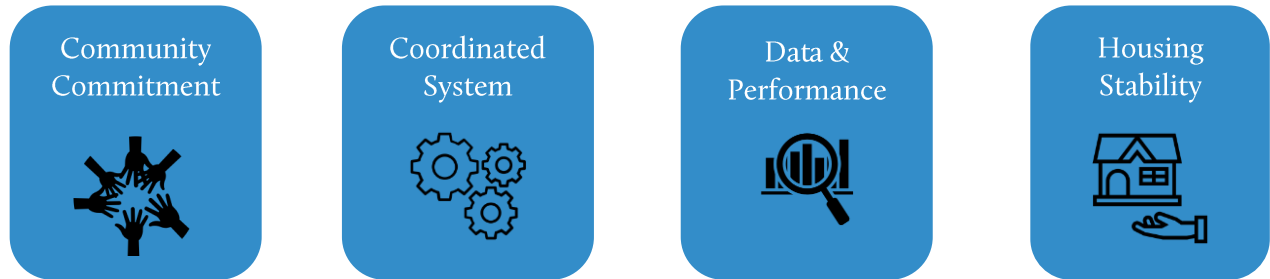
For a full list of the accomplished goals from Strategic Plan to Prevent and End Homelessness: 2016, please see Appendix 3.

## Our Vision and New Plan

**Our vision is for all persons and families experiencing homelessness in the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell to have a permanent, safe, decent, and affordable place to call home by 2024.**

On July 14, 2020 the CVCoC will launch this new three-year Strategic Plan to Prevent and End Homelessness to achieve its vision. This plan is a recommitment to our vision of ending homelessness, and to the steps needed to make this vision a reality.

This plan specifically outlines implementation of four elements that work *together* to end homelessness for individuals and families and make the community stronger for all. These components are:



### What Principles Will Guide Us?

Our goals, strategies and outcomes provide us with a framework. Principles provide us with a foundation for our collective action over the coming three years. The following principles will guide us:

- Involve the full community, including those with lived experience of homelessness
- Promote equity and social justice in funding and program design to address racial disparities
- Address a person's unique needs and strengths by prioritizing appropriate housing stability mechanisms
- Prioritize those whose health and safety are most vulnerable
- Move people into housing first, and employment fast, by progressive engagement in services
- Utilize data-driven assessment of needs and outcomes to drive policy and investments

### Why Plan? It's Smart and Required.

This plan is a community-wide strategic plan for addressing the crisis of homelessness in the Central Virginia region. The CVCoC, and its inclusive, growing membership, will provide leadership for the implementation of the plan. The implementation strategies must be tailored to the varied needs of people, including veterans, youth, families, single adults, and chronically homeless.

This plan fulfills requirements that local jurisdictions receiving federal and state grant funding must have a community plan for addressing homelessness. Beginning in 2000, the United States Interagency Council on Homelessness and the National Alliance to End Homelessness published their own strategic plans to prevent and end homelessness and have encouraged continua of care to embark on their own planning process to align with national strategies. With the HEARTH Act of 2009, HUD took this a step further, requiring that CoCs conduct planning initiatives to remain competitive for annual federal funding. Since then 300 communities around the United States, including 18 in Virginia, have created strategic plans to prevent and end homelessness.

The benefits of conducting a strategic planning initiative include:

- Creating a community dialogue on the local causes of and solutions to homelessness;
- Incorporating research-driven and outcome-oriented strategies for homeless prevention and assistance;
- Identifying new and evidence-based programs to assist those experiencing homelessness to access housing faster and maintain that housing;
- Bringing more partners to the table to coordinate and leverage existing resources;
- Streamlining services and supports for those experiencing or at risk of homelessness;
- Attracting new funds to combat the problem;
- Making preventing and ending homelessness a community priority; and
- Reducing the number of people experiencing homelessness.

## Where are we?

Appendix 2 is the Central Virginia Continuum of Care System Map. It is the embodiment of the CVCoC housing and service providers' commitment to coordinate efforts and pool resources to systematically end homelessness across the Central Virginia region. The HEARTH Act of 2009 dramatically changed the way the federal government funds homeless assistance. Prior to the Act, homelessness was addressed through emergency shelters and transitional housing. Programs met basic needs and provided onsite life skills training and other treatment services until a person either exceeded program time limits or graduated out to permanent housing of their own. Over time studies showed that this "housing ready" approach was, at best, managing the homeless problem at high costs and with limited impact.

The HEARTH Act of 2009 transitioned communities away from the housing ready model to a more housing oriented approach to homeless response. The "Housing First" principles state that:

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

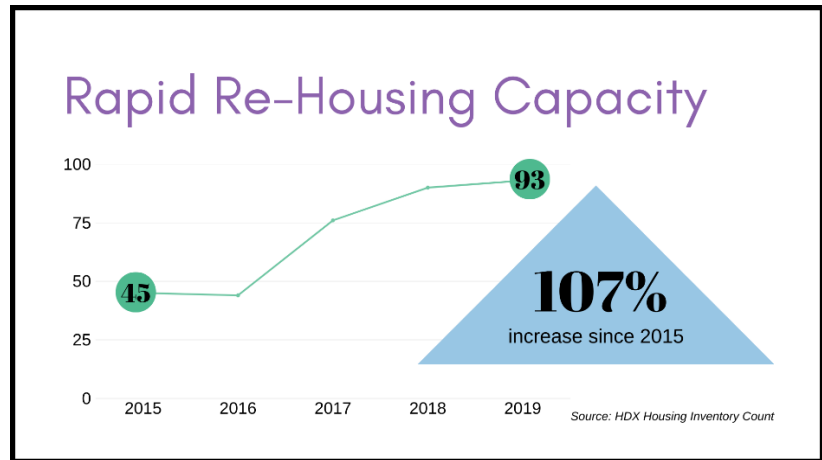
In 2014, the CVCoC adopted Housing First principles and required all projects funded through the CoC demonstrate implementation of these principles.

Since 2015, the CVCoC added four new Housing First programs:

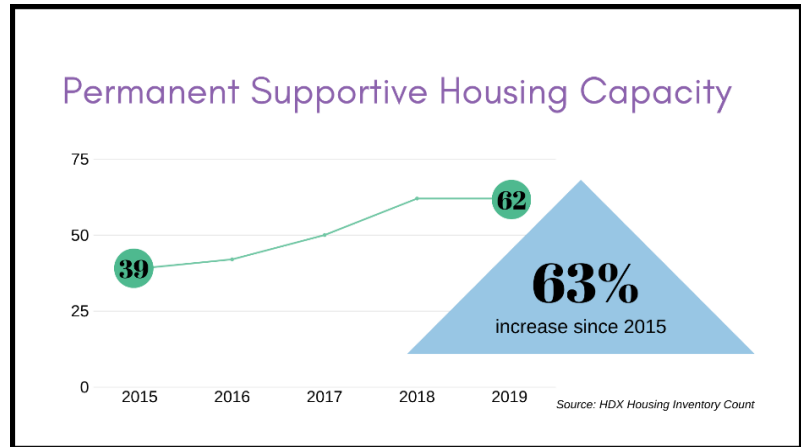
- Magnolia Street Supportive Housing —providing supportive housing for chronically homeless women
- Supportive Services for Veterans Families—providing rapid re-housing and homeless prevention for veterans and their families
- Veterans Affairs Supportive Housing—providing supportive housing for veterans and their families
- Homeless Outreach and Mobile Engagement—providing street outreach for unsheltered households

### Permanent Housing Interventions

In the Central Virginia region, providers agreed the solution to homelessness is housing and the transition to “Housing First” meant creating rapid rehousing (RRH) programs and providing more permanent supportive housing (PSH). RRH is the newest housing model that provides move-in financial assistance, short-term rental assistance, and case management services to help homeless households find rental housing and work with case managers to stabilize in their new homes. From 2015-2019, rapid re-housing capacity through the CVCoC increased by 107%. This increase in capacity meant that 48 more households were served in the year 2019 than in the year 2015.



PSH similarly provides rental assistance and case management but for the most vulnerable, chronically homeless persons. Assistance, however, is not time-limited and high-need consumers can permanently remain in PSH units if they choose. From 2015-2019, PSH capacity increased by 63%. This increase in capacity meant that 23 more households were served in the year 2019 than in the year 2015. Along with emergency shelter, RRH and PSH rounded out a suite of housing and service options to address housing crises and instability for consumers of all needs.



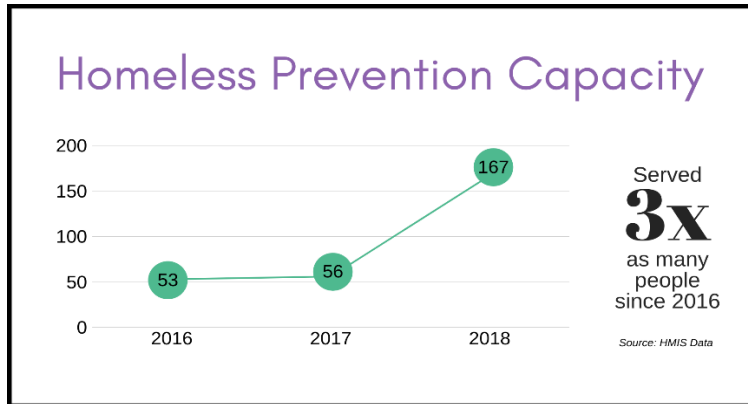
### Community Coordination and System Development

Another major advancement in the transition to a “Housing First” response to homelessness is the CVCoC’s emphasis on meaningful community coordination and system development. The “Central Virginia Continuum of Care Access Points” diagram (Appendix 2) demonstrates how all programs are linked to provide immediate, coordinated access to services, assess people for their barriers to housing and level of need, and then refer them to a provider that can offer them housing assistance most tailored to their needs. The system is constructed to facilitate quick and effective access to permanent housing and supportive services if and when people experience homelessness.

### Coordinated Homeless Intake and Access

In 2015, the CVCoC’s most progressive system advancement was its Coordinated Homeless Intake and Access (CHIA) program. Staffed full-time since 2015, the CHIA program is a centralized entry and diversion point for all households facing homelessness in Central Virginia. In 2019, CHIA coverage was expanded to 24/7. As the CVCoC homeless response system’s “Front Door”, CHIA diverts and prevents households from becoming homeless while also streamlining access and referrals for households experiencing homelessness to the other components of the system to shorten the amount of time they experience homelessness.

CHIA also performs the important function of preventing homelessness when possible and diverting households away from costly shelter and housing interventions when appropriate. From 2016-2018, homeless prevention capacity increased and served 3x as many people. Those that call CHIA and are not literally homeless but are imminently going to become homeless, are referred to homeless prevention services at Lynchburg



Community Action Group (LynCAG) in an attempt to address the housing crisis and prevent the homeless episode before it occurs—also saving the system valuable time and resources in the long-term.

### Whose Plan is This? Yours!

Funding is just a part of what makes a plan successful. Leadership and on-the-ground action are needed for implementation. This plan was created by the community, for the community.

The Strategic Plan to Prevent and End Homelessness: 2020 itself has minimal authority to make change. For example, it does not control the resources of the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell. It does not operate the shelters or provide job training. The success of this plan is dependent on the development of an engaged community and building on a belief that we are better working together than in isolation.

Building on the Strategic Plan to Prevent and End Homelessness: 2016, the CVCoC partnered with the Virginia Housing Alliance (VHA) AmeriCorps VISTA program. This program provides an AmeriCorps VISTA member the opportunity to build capacity for the continuum of care. The CVCoC gave its VISTA member the opportunity to assist with the development of the strategic plan to prevent and end homelessness. Beginning in September 2019, the Planning Advisory Committee, comprised of CVCoC Board members, developed working groups and goals for the plan and invited Continuum of Care (CoC) members and community stakeholders to develop strategies and action steps to achieve its vision.

The Planning Advisory Committee in November 2019 requested feedback from CoC member agency leadership, front line staff, and homeless consumers on where the CVCoC is excelling in addressing homelessness and where there is room for growth. Three survey instruments were sent to CoC and housing/service provider leadership, front line staff and case managers, and consumers who have experienced or are currently experiencing homelessness in the Central Virginia region. The VHA AmeriCorps VISTA member aggregated the survey responses and provided each working group with the results relevant to their working group's purpose and goal. From January to March 2020, each working group met twice to develop strategies around specific components of the region's homeless response system. Agency representatives with knowledge of their group's subject matter focus chaired the working groups.

Towards the final point in the planning effort, the public, CoC general membership, and regional leadership convened at the July 2020 CoC Community Quarterly meeting for a forum to learn about the progress made and offer their own insights into the future direction of the CVCoC. The vision, goals, strategies, and action steps in this document are the culmination of this effort and will guide the CVCoC's efforts to prevent and end homelessness over the next three years. The Planning Advisory Committee will revisit the strategies and action steps to determine progress in the previous year, and to adapt strategies accordingly.

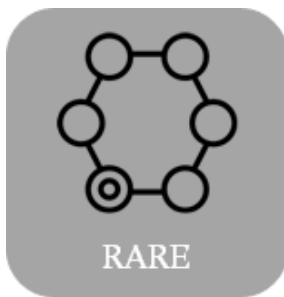


## Our Neighbors in Crisis

The prevalence of homelessness is measured through two primary mechanisms, both of which are requirements for all HUD Continua of Care:

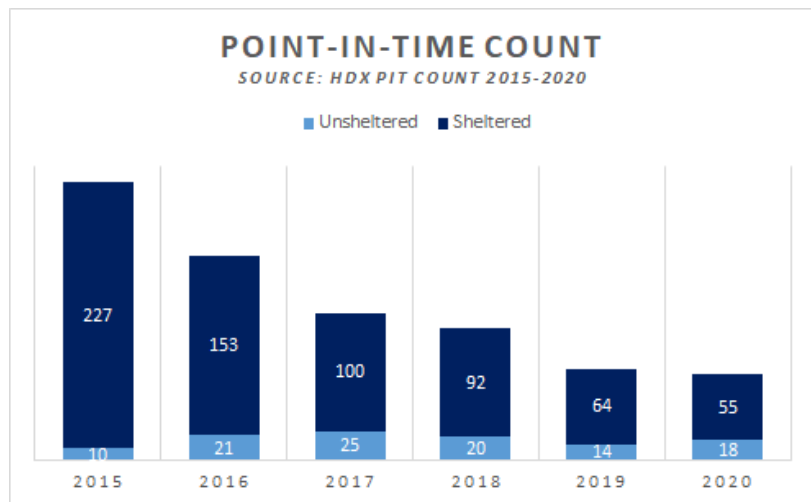
- Homeless Management Information Systems (HMIS), which collects data on the needs of consenting individuals seeking homeless services and measures their progress towards stable housing and other outcomes. The CVCoC has designated Miriam’s House to administer their HMIS.
- Point-in-Time (PIT) Count, which provide counts of sheltered and unsheltered people experiencing homelessness on a single night. The CVCoC established a PIT Committee that leads the planning and implementation of the annual PIT count.

The CVCoC measures its progress in ending homelessness by whether homelessness is rare, brief, and nonrecurring. In addition, per this plan, CVCoC will set performance measures that focus on increasing housing stability, community commitment, using data more widely, and coordinating our system.



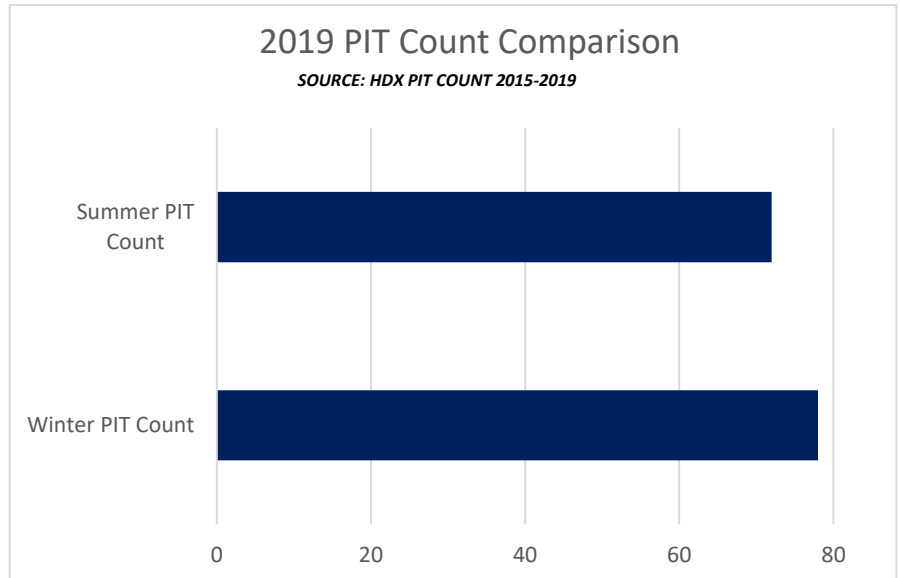
**Local Point-in-Time Data:** During the last week of January, HUD requires all continua of care around the country to conduct an annual survey of those experiencing literal homelessness within our regions. Over a 24-hour period, volunteers canvas the community to conduct one-on-one surveys with everyone experiencing homelessness. Whether they are living outside, in a car, abandoned building, all homeless

individuals are anonymously asked to provide information about themselves and the circumstances surrounding their housing crisis. Data on those staying in emergency shelters and domestic violence shelters are provided through the HMIS and shelter providers. The PIT count does not include those in rapid re-housing (RRH) or permanent supportive housing (PSH) programs, as these individuals are permanently housed and are no longer considered homeless.



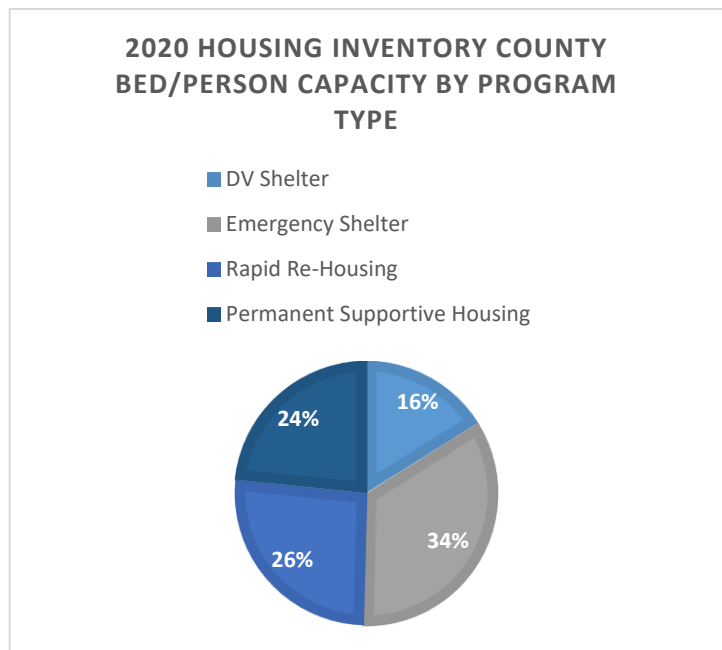
On January 22, 2020, the CVCoC conducted its annual PIT Count and Housing Inventory Count (HIC). **As the chart demonstrates, from 2015-2020, the Central Virginia region’s overall homelessness has decreased by 69 percent.** This is a wonderful achievement as the total number of persons experiencing homelessness decreases year-over-year. The Housing Inventory Count and Longitudinal System Analysis discussed in the subsequent sections help to put some context around the PIT count and the state of CVCoC’s response to homelessness.

In addition to conducting the January PIT Count required by HUD, the City of Lynchburg requested that the CVCoC conduct a summer PIT Count, in July 2019, to better understand the number of people who experience homelessness in the summer compared to the winter. On July 23, 2019, the CVCoC conducted its first summer PIT Count. As the chart demonstrates, in January and July, our PIT numbers were at 78 and 72 people, respectively. This represents a 6 person variance between the summer and winter counts.



**Local Housing Inventory Count Data:** In addition to the annual PIT count, HUD requires CoCs to conduct an inventory of all transitional housing, rapid re-housing, permanent supportive housing, and emergency shelter units/beds and whether they were utilized on the night of the PIT count. It is important to note the CVCoC no longer utilizes the transitional housing model as emerging evidence demonstrates greater success with rapid re-housing and permanent supportive housing for long-term housing stability. The HIC is important for two key reasons:

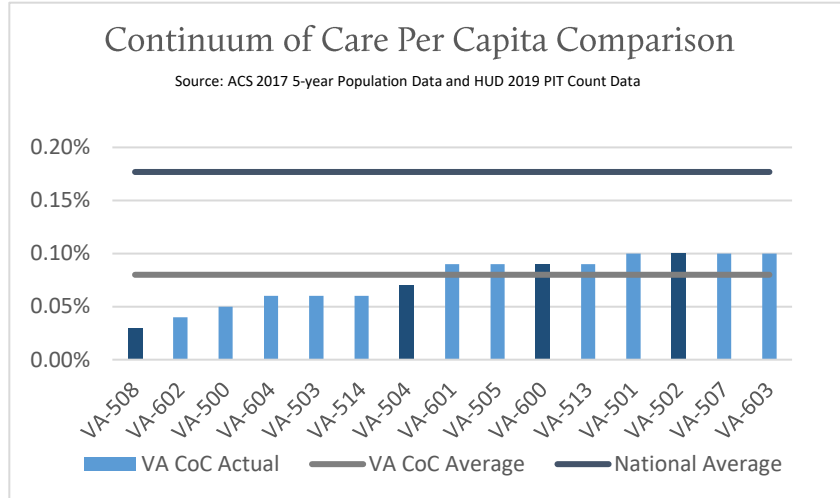
- It identifies the portfolio of housing and shelter beds/units available for use by the homeless response system (and any changes from the previous year).
- It identifies how well agencies are utilizing available bed space.



Separately, the HIC and PIT count are helpful tools for systems planning, but analyzed together, they can expose system barriers for getting people out of homelessness and into their own permanent housing as quickly and effectively as possible.

The CVCoC also conducted its HIC on January 22, 2020. With that data, the CVCoC found that **shelters were not operating at full capacity**. In fact, the emergency shelters vacancy rate showed that 62 percent of shelter beds were empty on the night of the count. The level of vacancy indicates a decreased need as well as the existence of barriers as there were unsheltered persons identified at the time of vacancy.

**Per Capita:** Although the prevalence of homelessness is primarily measured through two mechanisms, the CVCoC explored the number of persons per capita that experienced homelessness in the Central Virginia region. This analysis used PIT data and American Community Survey data to determine the number of homeless persons and total population, respectively. Per capita analysis is important as it identifies and compares the

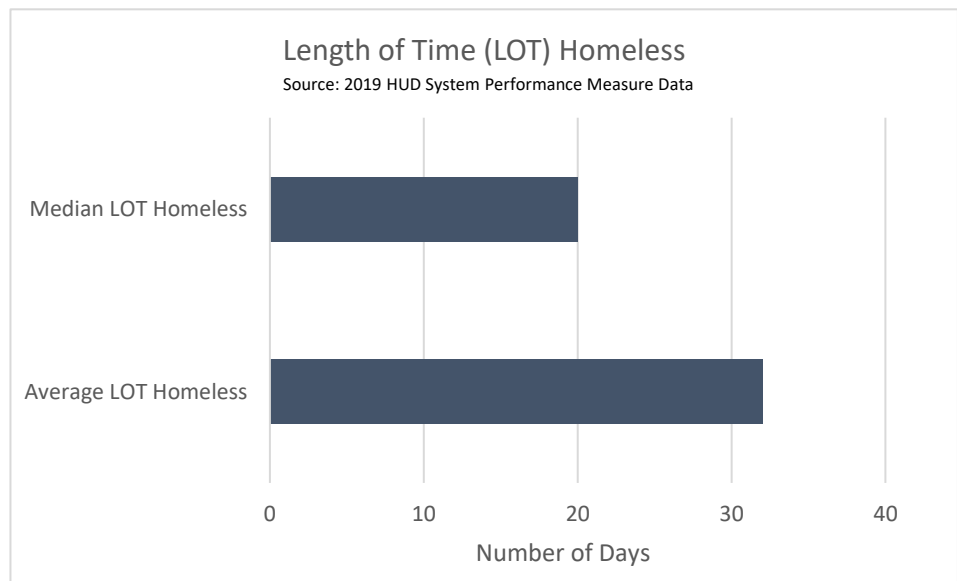


percentage of homeless persons in the general population. Generally, populations do not increase drastically; therefore, it provides a consistent measure to assess increases or decreases in homelessness over time. The CVCoC used this metric to compare its per capita homeless percentage to other Virginia CoCs, the State of Virginia, and the National per capita percentage. As the graph highlights, the CVCoC (VA-508) had the lowest percentage of homeless persons compared to other Virginia Continua of Care and was below the VA CoC average and the National average. Notably, the CVCoC has experienced steady decreases in the percentage of homeless persons, which is also reflected in decreased PIT numbers.



### How long are People Homeless?

Homelessness is **brief** in Central Virginia: on average, in 2019, each person experienced homelessness for about 37 days before finding permanent housing. When homelessness is shortened, people are safer, and more people can use limited resources.



**1**  
Nonrecurring

## How Many People Are Getting Housed, and How Many Become Homeless Again?

In 2019, 284 people exited homelessness to a permanent housing destination.

To ensure homelessness is rare, brief, and nonrecurring, CoCs look at the rate of returns to homelessness from permanent housing exits within 6 months, 12

months, and 24 months. In 2019, 12 persons returned within 6 months, 18 returned within 12 months, and 35 returned within 24 months. Overall, in 2019, the CoC witnessed a 23% recidivism rate within 24 months. The CoC's recidivism rate is lower than the national recidivism rate with about 34% returning to homelessness within 24 months.



When homelessness is a one-time only occurrence, people can stabilize and public services such as shelter, emergency rooms, and jails are less frequently accessed.

## Survey Highlights

The following section provides highlights and themes resulting from the consumer, front line/case management staff, and CoC agency leadership surveys conducted in October 2019.

### Consumers

In October 2019, 27 current and formerly homeless consumers with experience navigating the CVCoC homeless response system provided their thoughts through a survey on where the system was functioning well and where it could improve its response to housing crises. Of the consumers that responded to the survey, 23 were currently housed and accessed their housing through the Central Virginia region's homeless response system.

Both currently housed consumers and those who are currently experiencing homelessness were asked to identify from a list of options the services and assistance they were offered and most need(ed) to obtain housing. Consistently at the top of the list were (in descending order of frequency):

- Rental assistance;
- Funding for assistance other than rent- deposits, utilities, etc.;
- Case management;
- Help finding a job;
- Help with budgeting.

Consumer respondents consistently reported that housing affordability and supportive services were most integral in addressing their housing crisis and for long-term stability in their new housing. They recognized their need for help with rent, mental health, and life skills to end their homelessness, and the majority, 88 percent, were satisfied with the assistance they received once becoming homeless. Comparatively, a vast majority, 77 percent, either agreed or strongly agreed it was easy to find homeless services. *See the Appendix for complete analysis of survey results.*

### Front Line Staff

The second round of surveys were given to CVCoC front line staff who are the individuals working directly with homeless consumers. Twenty-two staff responded to questions covering levels of awareness, expertise and knowledge; awareness of system-wide processes to prevent and end homelessness; and perceptions of where the system has excelled from 2016-2019 and where they recognize room for growth in the homeless response system. Overall, respondents showed a high level of awareness and involvement in coordinated systems-level processes such as community case conferencing, and most agreed that providers work together to plan and coordinate homeless services. However, there was less consensus around the system's effectiveness. See Table on Page 12 for detail on these responses (*rating on a scale of 1-Strongly Disagree to 5- Strongly Agree*).

Answer Options	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	Rating Average
The homeless response system uses a standard assessment tool to prioritize services based on the household's vulnerability and need.	1	0	6	12	3	3.73
Services offered are ones that consumers need to obtain and sustain housing.	0	1	4	12	5	3.95

The homeless response system employs strategies to prevent people from losing their housing and diverts them away from the shelter system.	1	5	5	7	4	3.36
Formerly homeless households are successful in remaining housed.	0	2	14	6	0	3

Although 77 percent of staff agreed that services offered are ones that consumers need to obtain and sustain housing, less than half, 41 percent, agreed that these services are designed and administered to get them into permanent housing quickly. This indicates that staff may think services are in place but question the system’s ability to quickly and effectively connect these services with consumers to obtain housing. Some of this could stem from a perceived lack of affordable housing in the community—77 percent of staff disagreed or strongly disagreed that the community has an adequate supply of affordable permanent and permanent supportive housing to accommodate each household’s needed level of support.

Finally, the staff was asked to provide self-assessment of their knowledge, training, and expertise on several best practice programs and service delivery models. Across the board, respondents feel their training and abilities are rudimentary, with 63 percent having basic or moderate knowledge, expertise, and training. This coupled with the fact that about one third agreed that case managers are adequately trained and skilled to stabilize formerly homeless households to permanent housing, indicates there may be a need to expand training around our system. See the Chart below to view the weighted average of all staff responses for each program/service method.



(Scale of 1- little to no knowledge, expertise, or training to 5- expert knowledge, expertise, and training)

### Continuum of Care and Agency Leadership

When contrasting the answers to the same questions, CVCoC homeless response leaders generally held a more positive view of the system’s effectiveness than their staff.

In response to a statement that providers use standard assessment tools to prioritize housing placement and services based on the household’s vulnerability and need, roughly 83 percent of directors and CVCoC leadership either agreed or strongly agreed compared to 68 percent of staff respondents. When asked if the community

employs strategies that prevent people from losing their housing and diverts them away from the shelter system, roughly 93 percent of leaders agreed or strongly agreed compared to 68 percent of staff. These results indicate that systems planning and conversation around unifying the providers' efforts has not been relayed to staff within each of the component programs. However, the gaps have decreased since the 2016 Strategic Plan; thus, planning and conversations have increased.

Although 93 percent of leaders agreed or strongly agreed that service providers plan and coordinate well to end homelessness, approximately 43 percent either disagreed or strongly disagreed that all necessary partners are at the table and share the same vision. This indicates that system leaders are collaborating; however, more partners and a shared vision is needed. Compared to the 2016 Strategic Plan, leadership responses regarding the local system's ability to make homelessness rare, brief and non-recurring increased from 45 to 80 percent, respectively. This increase indicates CoC leadership and agency leaders have bought into the system and shows how collaboration among community members works to make homelessness rare, brief, and nonrecurring in the Central Virginia region.

## Goals, Strategies, and Action Steps

Community  
Commitment



Coordinated  
System



Data &  
Performance



Housing  
Stability



The realization of the goals in this section will effectively end homelessness in the Central Virginia region. The CVCoC's accelerated growth in size and sophistication over the last decade is a testament to what systems-level planning, coordination, and funding can achieve in a relatively short time, and this plan is the next step in that growth. The strategies and action steps listed here are the community's most-informed strategies and have set the CVCoC's priorities for the next three years. They will be revisited regularly and honed, revised, or changed to reflect the CVCoC's growth until it has achieved its vision for the Central Virginia region. **Please see Appendix 4 for a descriptive list of CoC committees and meeting frequency.**

### Scope

This is not a ten-year plan to prevent and end homelessness. The national response to homelessness is more dynamic than ever, and Virginia's recent and unprecedented success in reducing homelessness is attributed to communities' ability to quickly adapt and evolve with best practice and changing policy. Therefore, communities must apply the same formula in their strategic planning efforts if they hope to stay adaptable and remain competitive for future funding. This plan is an update from the Strategic Plan to Prevent and End Homelessness: 2016. This plan was developed to guide the CVCoC's implementation of best practice solutions over the next three years while also staying focused on long-term goals that will help the Central Virginia region arrive at its effective end to homelessness.

### Working Groups

This plan is made possible through the commitment of working group chairs and participants, both from within CVCoC member agencies and the surrounding community. Each group focused on one of four areas including community commitment, coordinated system, data and performance, and housing stability strategies. Participants were led in a facilitated conversation to develop realistic and impactful action steps for CVCoC committees and member agencies to undertake over the next three years that will significantly advance the CoC's vision to prevent and end homelessness for all in the region by 2024.

For the 2020 Strategic Plan to Prevent and End Homelessness, committee leaders and members are tasked with prioritizing actions in support of strategies. **For a list of frequently used terms, please see Appendix 5.**



## Community Commitment



**GOAL: Build community awareness and support for our homeless response system to focus on housing stability and changes needed to prevent and end homelessness.**

Often, homeless response systems are comprised of nonprofit homeless service providers and local government representatives. Because homelessness is the result of multiple systems of care failing and a lack of community priority on adequately addressing the issues, more stakeholders need to be at the table. Regarding the system map, see Appendix 2, the Community Commitment Working Group operates throughout the system. It ensures the various sectors that interface with our homeless populations are aware of the access points, expands CoC membership to include those in the housing market and major institutions, as well as educates staff at local business to understand the system and available resources. The Community Commitment Working Group provided ways to engage other stakeholders and resources around the unified vision to prevent and end homelessness for the entire Central Virginia region.

### 1.1 Increase community awareness of the homeless response system, its purpose and services

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Work closely with emergency responders (i.e. Police, Fire/EMS) to establish regular cross-training and coordination meetings	CoC Lead	Ongoing
Coordinate with city departments to ensure unsheltered persons are accessing HOME	CoC Lead	Quarterly
More widely distribute system map	Community Commitment Committee	Ongoing
Share information and statistics on homelessness	HMIS Lead CoC Lead	Ongoing
Expand Facebook presence with pushing out data, resources, and success stories	CoC Lead	Ongoing
Assess social media presence	CoC Lead	Ongoing
Coordinate with Downtown Lynchburg Association and other business partners to provide information on homeless resources	Community Commitment Committee	Quarterly
Provide trainings on “what to do when you interact with someone experiencing homelessness” to other systems of care	CoC Lead	Ongoing
Small cards with information to be given to homeless person by first responders	Community Commitment Committee	Ongoing
Post access points infographic in public places	Community Commitment Committee	Once
Provide press releases on relevant community information such as PIT, federal and state funding, etc.	CoC Lead	As needed
Use the CoC Quarterly Community meeting to recruit attendees for membership	CoC Lead	Quarterly
Engage City Council by presenting the State of Homelessness and the Strategic Plan to Prevent and End Homelessness	CoC Lead	Annually
Assign committee duties to each of the various committee chairs focusing on participation gaps that are limiting the effectiveness of the committees	CoC Board	Once

1.2 Expand collaboration to increase access to affordable housing for persons at-risk of or experiencing homelessness

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Recruit landlords, developers, and property managers to join the CoC	Community Commitment Committee	Ongoing
Advocate with subsidized housing providers to adopt a homelessness preference	Community Commitment Committee CoC Board	Ongoing
Advocate with the Affordable Housing Resource Center to expand landlords willing to accept vouchers	Community Commitment Committee	Ongoing
Partner with Virginia Legal Aid Society and their Campaign to Reduce Evictions to prevent homelessness	CoC Lead	Ongoing
Partner with Lynchburg Housing Collaborative to expand affordable housing in the region	CoC Lead	Ongoing
Attend LRHA HCV landlord meetings to educate them on CoC housing needs and resources	CoC Lead	As offered

1.3 Expand CoC membership to include major institutions and other systems of care

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Invite organizations to become active members—police departments, sheriff departments, jails, EMS, health systems, and local businesses	Community Commitment Committee	Quarterly
Better engagement with County representation	CoC Lead Community Commitment Committee	Ongoing

1.4 Educate staff, in locations where homeless persons congregate, on the homeless response system and resources

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Identify locations where homeless persons congregate and offer resource information and training on access points to decrease criminalization of homelessness	CoC Lead Street Outreach	As needed
Provide businesses and establishments with small resource cards about CHIA and how to access the homeless response system	Community Commitment Committee	Once

1.5 Work closer with institutions to ensure discharges are not to homelessness (i.e. hospitals, jails, foster care)

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Improve coordination with health systems to ensure medically fragile homeless individuals have appropriate resources for discharge	CoC Lead	Ongoing
Provide comprehensive diversion strategies to the community	Community Commitment Committee	Ongoing
Conduct analysis of “prior living situation” data to understand institutional discharges to homelessness	HMIS Lead	Ongoing
Expand CCR membership to include hospitals, jails, and foster care	Community Case Review Coordinator	Quarterly

1.6 Collaborate with community organizations to end homelessness

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Encourage Horizon to apply for PATH funding to offer mental health services to unsheltered persons and other homeless response grants available to Community Service Boards	CoC Board CoC Lead	Once
Provide training to Horizon staff to better coordinate	CoC Lead	As needed
Invite workforce development staff to attend Community Case Review to better coordinate services	CCR Coordinator	Ongoing
Invite workforce programs to have office hours at shelters	CoC Lead	Ongoing
Continue cross-system training with workforce	CoC Lead	Ongoing

## Coordinated System

### Coordinated System



**GOAL: Coordinate the existing homeless response system to ensure a streamlined process for accessing services and housing supports to reduce duplication and gaps in service.**

The “Front Door” to the homeless response system is one of the most pivotal components, and one of the more difficult to perfect. Coordinated access that prevents homelessness from occurring; diverts those that may not need intensive housing and services assistance; triages a person’s needs and connects them with the correct housing and service program as quickly as possible can eliminate unnecessary burden on the rest of the system resources. The system map, see Appendix 2, illustrates how consumers gain access to our system and services. The Coordinated System Working Group developed a list of strategies that will strengthen CHIA and prevention providers’ ability to address more housing crises at the system’s point of entry—shortening the time those households are in crisis; reducing burden on the rest of the system to serve them; and freeing up crucial resources for higher need, high priority households. Additionally, this group operated to analyze shelter barriers and continuously work to strengthen our access points while furthering the systems’ understanding of prevention and diversion throughout the process not only at the front door.

### 2.1 Increase access to shelter

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Meet with non-CoC funded shelters to discuss barriers to admission and solutions	CoC Board	Ongoing
Increase CoC-funded shelter capacity to serve persons experiencing serious mental illness by providing mental health training, partnering with local universities, and on-site provision of Horizon services	Training Committee Shelter administration	Ongoing
Use HMIS to fill shelter beds so inventory/capacity is understood in real-time	HMIS Lead CHIA Shelter administration	Ongoing
Better understand persons not served by the homeless response system	CHIA Homeless and Housing Services	Ongoing
Provide front line staff with crisis intervention/de-escalation training	Training Committee	Annually
Determine how many homeless people are pet owners and the barrier to shelter; consider including pet ownership in supplement to safety and diversion screen	Homeless and Housing Services	Ongoing

### 2.2 Continue to improve the quality of homeless services

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Increase use of peers/lived experience with homelessness within homeless services, including mental health and addiction	Program administration	Ongoing
Review and summarize CoC participant surveys to develop common themes and suggestions	CoC Lead CoC Board	Semi-annually
Participate in regular front line staff training offered by industry leaders and experts (VHA, National Alliance for Homelessness, USICH)	Program administration	As offered

Review and analyze system performance outcomes to identify areas needing improvement	HMIS Lead	Annually
Improve outcomes for the four priority subpopulations	Program administration	Ongoing
Assess vulnerability of other populations to explore expanding subpopulations	CoC Lead CoC Board HMIS Lead	Ongoing
Help reduce length of time homeless by moving people through the housing attainment process quickly	Homeless and Housing Services Community Case Review	Ongoing
Standardize rapid access to access points, prevention, and shelter placement	CoC Lead	
Track program denials, filed grievances and outcomes	Monitoring and Evaluation Committee	Annually
Streamline process for securing identification and eligibility documents	Homeless and Housing Services	Once

### 2.3 Expand coordination between homeless response providers and community partners

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Full participation of homeless response providers and DV providers at CCR	Monitoring and Evaluation Committee	Ongoing
Assess/Expand case conferencing to support front line staff	Community Case Review	Ongoing
Assess case conferencing participants to determine missing representation	Community Case Review	Ongoing
Ask each agency to present on their programs during HHS monthly meetings	Homeless and Housing Services	Monthly

### 2.4 Increase knowledge of prevention and diversion strategies with homeless response staff

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
System-wide training on rapid resolution/problem solving conversations	Training Committee	Annually
Require diversion and prevention training for front line staff	Monitoring and Evaluation Committee	Annually
Implement diversion strategies: <ul style="list-style-type: none"> <li>• Create a dynamic resource list</li> <li>• Create a standardized diversion process</li> <li>• Widely distribute and implement standardized diversion tool</li> </ul>	CoC Lead Program Administration	Ongoing

## Data and Performance

### Data & Performance



**GOAL: Use data to guide decision-making, create performance benchmarks, and align resources and services with successful outcomes and proven strategies.**

High functioning homeless response systems use uniform performance measures that require programs to demonstrate improvement or attempted improvement on these measures. The only way to demonstrate that the system is responding appropriately to a community's homelessness is through data. Data may seem tangential to the homeless response system; however, the system will show, see Appendix 2, that data is foundational to a well-functioning system. The case management and shelter staff input data into our Homeless Management Information System (HMIS) from intake to exits which helps discern where resources are needed. The Data and Performance Working Group developed strategies and actions steps that will strengthen HMIS use to frame Central Virginia's homeless population narrative and better serve those experiencing homelessness by tracking effectiveness and community resources through our data resources.

#### 3.1 Use data to frame the narrative

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Regularly present and explain homeless response data	HMIS Lead Data and Performance Committee	Ongoing
Feature data snapshots every month on CoC Facebook	CoC Lead	Monthly
Provide TA to programs on how to use reporting tools to review their own program needs, gaps, and effectiveness	HMIS Lead	As needed

#### 3.2 Update project-level and system-level performance measures

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Schedule input sessions with program staff to improve performance measures based on best practices and tailor towards project specific expectations	HMIS Lead	As needed
Implement annual review of performance benchmarks to gauge accuracy	Data and Performance Committee CoC Lead CoC Board	Annually
Use HUD's system performance measures to set local benchmarks	CoC Board	Once

#### 3.3 Assess the performance of all programs and the overall system

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Analyze effectiveness and accuracy of homeless prevention screening tool and PSH move-on tool	HMIS Lead Project administration	Annually
Performance reports for each project to evaluate effectiveness and consistency with written standards	HMIS Lead	Quarterly
Project type performance reports for review and recommendation	Data and Performance Committee	Quarterly

Assess racial disparities in program intake and outcome	HMIS Lead Project administration	Quarterly
Integrate DV shelter data into system data	HMIS Lead DV providers	Quarterly
System performance reports for both DV and non-DV	HMIS Lead CoC Board	Quarterly

### 3.4 Improve data quality

<b>Actions in Support of Strategy</b>	<b>Responsible Committee/Entity</b>	<b>Frequency</b>
Improve tracking of data timeliness	HMIS Lead	Once
Training and webinars on data entry and reporting tools	HMIS Lead Data and Performance Committee	Quarterly
Training on the correlation between HMIS data elements and system and project-level performance outcomes	HMIS Lead Data and Performance Committee	Annually
Ensure all CoC forms promote data quality	HMIS Lead Homeless and Housing Services	Annually

## Housing Stability

### Housing Stability



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

Access to affordable rental units and/or vouchers is a significant component of a “Housing First” response to homelessness. Comparatively, housing stability is enhanced when a household has adequate income to afford housing and other necessities. Housing instability is a key factor that places households at-risk of experiencing homelessness. Although our system map, see Appendix 2, does not display housing stability, this working group focused on factors that would stabilize housing prior to entering the system and then remaining housed. The Housing Stability Working Group developed strategies and action steps to focus efforts on increasing access to housing and strengthening components that increase housing stability, including landlord relationship, income, education/training opportunities, and other wraparound services.

#### 4.1 Reduce evictions to prevent homelessness and returns to homelessness

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Train CoC front line staff on the eviction process and landlord tenant law	Training Committee	Annually
Educate tenants on the eviction process and rights and responsibilities	Providers	Ongoing
Partner with other initiatives to promote eviction prevention programs and additional resources	CoC Lead CoC Board	Ongoing
Have advocate or liaison who can be contacted by landlord/tenants to resolve disputes	Program administration	Ongoing

#### 4.2 To increase housing-focused case management offered by all providers

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Require all CoC-funded case managers participate in a housing-focused case management training	Program administration Monitoring and Evaluation Committee	Annually
Partner with Legal Aid to train homeless response case managers on tenancy education and fair housing law	Training Committee	As offered
Increase consumer knowledge of what makes a good landlord (code violation, multiple evictions)	Program administration CoC Lead	As needed
Partner with Legal Aid to offer trainings for tenants on rights and responsibilities	Program administration	Ongoing
Create Strengths and Barriers Assessment and connect the assessment to the Housing Stability Plan to better target housing attainment and stability	Homeless and Housing Services	Once



#### 4.3 Increase access to affordable housing

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Increase provider knowledge of affordable/subsidized units	Homeless and Housing Services	Ongoing
Partner with the Lynchburg Regional Housing Collaborative to advocate for affordable housing policy	CoC Lead	Ongoing
Create referral process for homeless individuals to access housing navigation assistance	CoC Lead Affordable Housing Resource Center	Once
Create strategies for programs to recruit more private landlords with lower barriers	Homeless and Housing Services Program administration	Once
Assess need for pet-friendly housing options for homeless people with pets and if the need is present develop a strategy	Homeless and Housing Services	Once

#### 4.4 Increase consumer enrollment in mainstream benefits and workforce development opportunities

Actions in Support of Strategy	Responsible Committee/Entity	Frequency
Increase the number of SOAR trained staff in our community	CoC Board	Ongoing
Homeless response organizations include benefit enrollment as a part of intake	Program administration	Ongoing
Explore barriers to benefits enrollment and employment	Homeless and Housing Services	Ongoing
Increase collaboration between homeless providers and workforce providers	Homeless and Housing Services	Ongoing

## Appendix I: Survey Results

### Homeless/Formely Homeless Consumers

- When looking at our priority sub-populations:
  - 16 of 20 respondents indicated they were a family household (has a child under the age of 18) only.
  - 3 of 20 respondents indicated they were a youth household (respondent is between the ages of 18-24) only.
  - One respondent identified as a youth family household.
- Approximately 96% of respondents are currently housed.
- About half were housed through Community First Rapid Re-housing
- Respondents were asked to indicate when they moved in:
  - 48% moved in 7 months ago or more
  - 39% moved in within the last month or up to 3 months ago
  - 13% moved in between 4 and 6 months ago
- 65% of the responses indicated consumers felt like they were able to “call the shots” about your housing.
- When asked, “What resources or services did you need to get housed?” The most frequent responses (in descending order):
  - Rental Assistance (tie)
  - Funding for assistance other than rent (i.e. deposits, utilities, etc.) (tie)
  - Case management
  - Help finding a job
  - Help with budgeting
  - Mental health treatment
  - Help with life skills such as how to care for an apartment
  - Healthcare
  - Substance use treatment (tie)
  - Referrals and resources (tie)
  - Getting help after leaving my ex (tie)
- When asked, “What resources or services did you receive to get housed?” The most frequent responses (in descending order):
  - Funding for assistance other than rent (i.e. deposits, utilities, etc.)
  - Rental assistance
  - Case management
  - Help finding a job
  - Help with budgeting
  - Mental health treatment
  - Help with life skills such as how to care for an apartment
  - Healthcare
  - Referrals and resources (tie)
  - Other resources like food, clothing, furniture
- Approximately 27% indicated they slept in a shelter or unsheltered the previous night.

- 92% indicated within the first week (7 days) of working with a CoC program (shelter or street outreach), they were provided help through a case management meeting either with shelter staff or street outreach staff.
- 85% indicated in the first week (7 days) of contact with a homeless service, they were offered help to gain housing.
- When asked, “What resources or services have you received that have been helpful in finding housing?” The most frequent responses (in descending order):
  - Rental assistance
  - Funding for assistance other than rent (i.e. deposits, utilities, etc.) (tie)
  - Case management (tie)
  - Help finding a job (tie)
  - Help with budgeting (tie)
  - Mental health treatment
- When asked, “What resources or services would have helped you get the housing that you needed?” The most frequent responses (in descending order):
  - Rental assistance
  - Funding for assistance other than rent (i.e. deposits, utilities, etc.)
  - Case management
  - Help with budgeting
  - Mental health treatment (tie)
  - Help with life skill such as how to care for an apartment (tie)
- Over half of the responses indicated they currently have a paying job.
- 65% of the respondents believe their income will allow them to become and/or remain housed.
- Half indicated since becoming homeless their income increased.
- 77% of the responses indicated when they became homeless, it was easy to find help.
- 88% indicated since becoming homeless, they were satisfied with the quality of services received.
- Approximately 85% indicated services received while homeless are focused on helping them get into housing as quickly as possible.
- Approximately 85% indicated they feel like they have been able to “call the shots” about when and how you receive help.
- When asked, “To think about your most recent homelessness, what could have PREVENTED you from becoming homeless?” The most frequent responses (in descending order):
  - Funding for assistance other than rent (i.e. deposits, utilities, etc.)
  - Rental assistance
  - Help finding a job
  - Access to transportation
  - Case management
  - Help with budgeting (tie)
  - Education/training (tie)
  - Childcare
  - Mental health treatment
  - The following were tied for last:
    - Help with life skills such as caring for an apartment

- Substance use treatment
- Healthcare
- A better landlord
- Safety and protection from an abuser
- Getting out of a domestic violence situation
- Separation from husband
- Landlord sold property
- 64% indicated they do not think they may become homeless again in the future.

### Front Line/Case Management Staff

- 21 of 22 respondents are aware of how to get help for a household experiencing homelessness or about to become homeless.
- 68% either agreed or strongly agreed that the homeless response system uses a standard assessment tool to prioritize services based on the household's vulnerability and need.
- 50% either agreed or strongly agreed that the homeless response system employs strategies to prevent people from losing their housing and diverts them away from the shelter system.
  - About 27% either disagreed or strongly disagreed
  - About 23% neither agreed nor disagreed
- About 73% agreed or strongly agreed that their organization supports and participated in Community Case Review regarding specific homeless households to coordinate efforts with other service providers in the community.
- Respondents were asked to select their level of knowledge, training, and expertise that closely matches their abilities and understanding.
  - 12 of 15 respondents have “little to no or basic knowledge, training, and expertise” in Housing Stabilization Case Management
  - 12 of 15 respondents have “little to no or basic knowledge, training, and expertise” in Coordinated Entry and Assessment
  - 9 of 15 have “little to no or basic knowledge, training, and expertise” in Income Supports or Mainstream Benefits System
  - 11 of 15 respondents have “little to no or basic knowledge, training, and expertise” in Permanent Supportive Housing
  - 11 of 15 respondents have “little to no or basic knowledge, training, and expertise” in Rapid Re-housing
  - 11 of 15 respondents have “little to no or basic knowledge, training, and expertise” in Homeless Diversion and Homeless Prevention
- 77% disagreed or strongly disagreed that the community has an adequate supply of affordable permanent and permanent supportive housing units to accommodate each household's needed level of support.
- 59% agreed or strongly agreed that providers work together to plan and coordinate homeless services.
  - About 23% disagreed or strongly disagreed
  - About 18% neither disagreed nor agreed
- 77% agreed or strongly agreed that services offered are ones that consumers need to obtain and sustain housing.

- About 41% either agreed or strongly agreed that services are designed and administered to get consumers into permanent housing quickly.
  - 36% neither disagreed or agreed
  - 23% either disagreed or strongly disagreed
- About 64% neither disagreed nor agreed that formerly homeless households are successful in remaining housed.
  - About 27% agreed
  - 9% disagreed
- 59% neither disagreed nor agreed that case managers working within the homeless response system are adequately trained and skilled to stabilize formerly homeless households into permanent housing.
  - 36% either agreed or strongly agreed

### Agency and CoC Leadership

- 93% agreed or strongly agreed the homeless response system uses a standard assessment tool to prioritize homeless services based on the household's vulnerability and need.
- 93% agreed or strongly agreed the homeless response system employs strategies to prevent from losing their housing and diverts them away from the shelter system.
- 93% agreed or strongly agreed service providers plan and coordinate well to end homelessness.
- 67% agreed or strongly agreed funding and service decisions are based on best practices.
  - 20% neither disagreed or agreed
  - 13% strongly disagreed
- 57% agreed or strongly agreed all necessary partners are at the table and share the same vision.
  - 43% either disagreed or strongly disagreed
- More than two-thirds agreed or strongly agreed services in the community are ones that homeless households need to quickly obtain and sustain housing.
- 87% agreed or strongly agreed services are focused on getting homeless households housed as quickly as possible.
- 80% agreed or strongly agreed local priorities are aligned with HUD's priorities.
- Roughly half agreed or strongly agreed case managers are adequately trained and skilled to stabilize formerly homeless households into permanent housing.
- 60% agreed or strongly agreed formerly homeless households are successful in remaining housed.
  - 20% disagreed
  - 20% neither disagreed or agreed
- 80% agreed or strongly agreed the local system can make homelessness rare, brief, and nonrecurring.

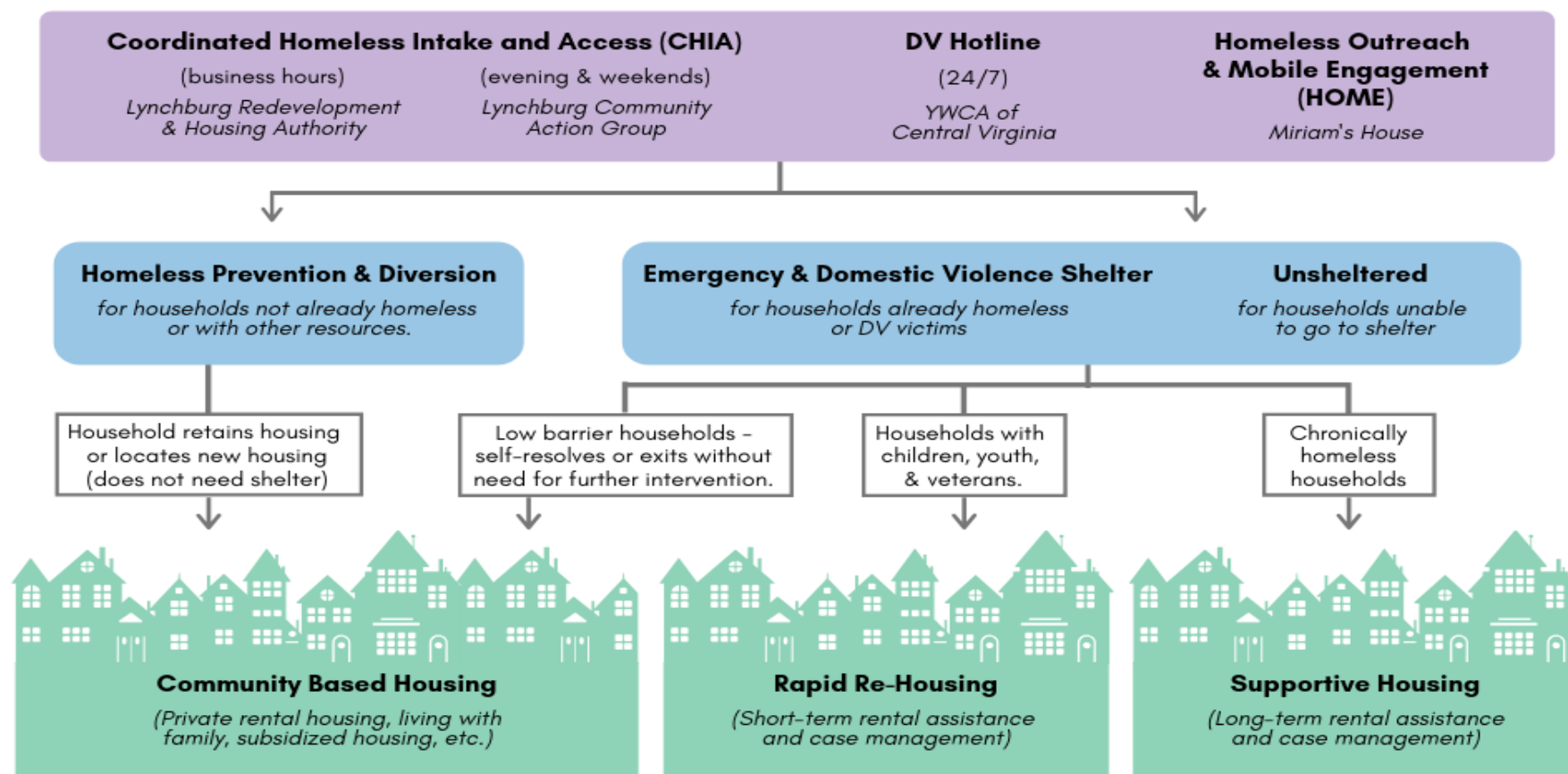
## Appendix 2: System Map and Contacts



**Central Virginia**  
CONTINUUM OF CARE

### ACCESS POINTS

for households facing a housing crisis



The Central Virginia Continuum of Care is committed to ending homelessness by coordinating and supporting agencies within the city of Lynchburg and the counties of Amherst, Appomattox, Bedford, and Campbell that offer services to homeless persons through dissemination of best practices, training, monitoring, and technical assistance.

WWW.CENTRALVIRGINIACOC.ORG



**Central Virginia Continuum of Care Lead Agency:** *Miriam's House*, Sarah Francis, francis@miriamshouseprogram.org, 434.847.1101

**Coordinated Homeless Intake & Access (CHIA):** **434.455.5722**

Business Hours: *Lynchburg Redevelopment & Housing Authority*, Carol D'Olympio-Metts, carol.dolympio-metts@lynchburgva.gov

After Hours: *Lynchburg Community Action Group*, Jacqueline Jones, jhjones@lyncag.org

**Homeless Prevention & Diversion:**

*LynCAG Homeless Prevention:* Diana Brown, dbrown@lyncag.org, 434.455.1601 x308

*Supportive Services for Veteran Families (SSVF):* Evelyn Jordan, evelyn.jordan@tapintohope.org, 540.283.4918

**Homeless Outreach & Mobile Engagement (HOME):** Michele Bauman, Michele.Bauman@CommunityAccessNetwork.org, 434.610.0520

**Emergency Shelters:**

*The Hand-Up Lodge:* Jacqueline Jones, jhjones@lyncag.org, 434.455.1601 x8

*The Salvation Army:* Veronica Washington, veronica.washington@uss.salvationarmy.org, 434.845.5939

**Domestic Violence Shelters:**

*Bedford Domestic Violence Services (BDVS):* Cori Davis, c.davis@dss.virginia.gov, 540.587.0970

*YWCA Sadler House:* Linda Ellis-Williams, linda.williams@ywcacva.org, 434.528.1041

*YWCA Frannie's House:* Linda Ellis-Williams, linda.williams@ywcacva.org, 434.369.9176

**Rapid Re-Housing Providers:**

*Miriam's House Community First:* Kristen Nolen, kristen@miriamshouseprogram.org, 434.847.1101

*Supportive Services for Veteran Families (SSVF):* Evelyn Jordan, evelyn.jordan@tapintohope.org, 540.283.4918

**Permanent Supportive Housing:**

*Housing First Lynchburg:* Dorothy Thomas, dthomas@humankind.org, 434.229.5205

*Magnolia Street Supportive Housing:* Kristen Nolen, kristen@miriamshouseprogram.org, 434.847.1101

*Veteran Affairs Supportive Housing (VASH):* Kate Donaldson, katherine.Donaldson@va.gov, 540.521.7451

## Appendix 3: Accomplished Goals from the Strategic Plan to Prevent and End Homelessness: 2016

Housing	<p>Be represented at all of the City of Lynchburg's HOME/CDBG/Affordable Housing Financing input sessions.</p> <p>Create landlord-service provider agreement template that outlines the partnership and expectations for landlord, provider, and tenant.</p> <p>Revisit Lynchburg Redevelopment and Housing Authority (LRHA) Administration Plan to streamline homeless preference.</p> <p>Merge individual agency landlord networks to make them available for use by all CVCoC members/ partners.</p> <p>Utilize Virginia Housing Development Authority (VHDA) capacity building grant to complete an affordable housing needs assessment.</p> <p>Reconvene housing collaborative to respond to housing needs assessment.</p> <p>Hire new housing locators/navigators to liaison with landlords and advocate on behalf of homeless clients.</p> <p>Assess alternate transportation options to provide tenants access to affordable units in the surrounding counties.</p>
Data	<p>Establish baseline measures and system/program outcome targets</p> <p>Integrate data accuracy into Data Quality Plan</p> <p>Establish standard reporting mechanisms for program outcome measures (website)</p> <p>Develop a regular system performance measure reporting function in HMIS to create system snapshots</p>
Homeless System	<p>Create CVCoC policies and procedures</p> <p>Establish CoC-wide program standards</p> <p>Use system map to show service providers where they fit and their role within the homeless response system</p> <p>Hire full-time CoC Coordinator to lead ongoing planning and coordination efforts</p>



	<p>Conduct service gaps analysis and identify solutions to unmet service needs</p> <p>Expand Community Case Review (CCR) process to prioritize rapid re-housing and transitional housing resources</p> <p>Integrate priority sub-population by-name list into CCR</p> <p>SOAR training and certification within CoC membership</p> <p>Integrate voluntary service clause into CVCoC program standards of care to encourage access to mainstream resources</p>
<p>Advocacy &amp; Outreach</p>	<p>Conduct network mapping to identify gaps in board representation</p> <p>Group this strategic plan's action steps by committee responsibility and use a tool to recruit representatives to accomplish the initiatives</p> <p>Get feedback from consumers through committee representatives, surveys</p> <p>Begin attending monthly Re-Entry Council Meetings and regular McKinney-Vento School Summits to advocate for cross-system collaboration</p> <p>Present completed strategic plan for adoption by Lynchburg City Council (presented not adopted)</p>
<p>Prevention, Diversion, Coordinated Assessment</p>	<p>Develop a program with the Hand Up Lodge to train staff to carry out CHIA duties during off hours</p> <p>Explore the feasibility of completing a vulnerability assessment at the point that homeless persons enter CHIA</p> <p>Develop an orientation training for front-line staff to understand the importance of coordinated assessment, prevention and diversion</p> <p>Create a prevention assessment tool based on the characteristics of current and former shelter clients that indicates imminent risk of homelessness</p> <p>Fund diversion/prevention case management staff to reduce the likelihood that people become at-risk of losing their housing again</p>

## Appendix 4: CoC Committees & Meeting Frequency

### CoC Standing Committees

Advocacy & Outreach Committee	Increases public awareness and broadens support for implementing policies and programs aimed at ending homelessness.	Meetings occur monthly on the last Thursday
Homeless & Housing Services Committee	Works to improve the homeless response system through developing program recommendations consistent with best practices in homeless assistance while overseeing the implementation and improvement of coordinated intake for the CVCoC.	Meetings occur monthly on the last Wednesday
Homeless Management Information Committee	Works to ensure that the CVCoC meets its responsibilities regarding data collection, data sharing and privacy, data quality, implementation of new features, training and recruitment of new HMIS participating agencies.	Meetings occur quarterly on the third Thursday—January, April, July, and October.
Monitoring & Evaluation Committee	Reviews CVCoC funded (either through HUD or DHCD funds) projects through the Board approved standardized evaluation tool. The monitoring tool incorporates site visits, evaluation of outcomes, financial audits, and case files.	
Nominating Committee	Works to ensure that the CoC Board is comprised of individuals representing homeless or formerly homeless persons, homeless service provider organizations, partner organizations and persons from each locality under the CVCoC.	
Point-in-Time Committee	Plans and implements the annual Point in Time Count according to HUD guidelines while working closely with the HMIS Lead to prepare, organize, and submit the data to HUD.	
Training Committee	Ensures that funded and partner agencies have access to trainings required or recommended through HUD or DHCD.	

CoC Working Group

Community Case Review

Develops and reviews plans for individuals and families experiencing homelessness or at risk of homelessness to identify and secure services and supports that will lead to stable housing. CCR team members help problem solve difficult cases and determine prioritization for permanent supportive housing and rapid re-housing.

Meeting occurs on the second and last Wednesday monthly

## Appendix 5: Frequently Used Terms

- BNL (*By-Name List*): a real-time list of people belonging to one of the CVCoC's priority subpopulation groups experiencing homelessness.
- CCR (*Community Case Review*): a term designed to gather local providers and partners to discuss specific cases of homelessness and manage the By-Name list.
- CHIA (*Coordinated Homeless Intake and Access*): a central access point to all homeless response system programs.
- CoC (*Continuum of Care*): the homeless response system including providers and partners.
- CVCoC (*Central Virginia Continuum of Care*): the collective homeless response system to providers and partners for the City of Lynchburg and the Counties of Amherst, Appomattox, Bedford, and Campbell.
- DHCD (*Department of Housing and Community Development*): state department through which the CVCoC receives funding for prevention, shelter operations, rapid re-housing, planning and HOPWA.
- ES (*Emergency Shelter*): temporary beds for those who are literally homeless, providing the least intensive services. ES beds are usually offered for 30 days or less.
- HEARTH (*Homeless Emergency Assistance and Rapid Transition to Housing Act*): federal law passed in 2009 that changes how homeless services are funded and provided.
- HHS (*U.S. Department of Health and Human Services*): protects the health of all Americans and provides essential human services.
- HIC (*Housing Inventory Count*): a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless.
- HMIS (*Homeless Management Information System*): a database that collects information on our services and clients.
- HOPWA (*Housing Opportunities for Persons with AIDS*): a program managed by HUD to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.
- HSNH (*Homeless and Special Needs Housing*): DHCD's funding program to address housing and stabilization services for individuals and families at-risk of or experiencing homelessness. This funding is comprised of VHSP, HOPWA, and HTF.
- HTF (*Housing Trust Fund*): a pool of funds allocated by the Virginia legislature to create and preserve affordable housing and to reduce homelessness in the state.
- HUD (*Department of Housing and Urban Development*): federal department that administers homeless and housing assistance funds. The CVCoC receives funding for permanent supportive housing, rapid re-housing, HMIS, and planning through HUD.

- LSA (*Longitudinal System Analysis*): a HUD report, replaced AHAR in 2018 that uses HMIS data to look at how households are moving through a CoC's system.
- NAEH (*National Alliance to End Homelessness*): a national advocacy group that provides technical assistance.
- NOFA (*Notice of Funding Availability*): a notice published each year in Grants.gov for HUD's Discretionary Funding Program describing the type of funding available on a competitive basis.
- PIT Count (*Point-in-Time Count*): a count of sheltered and unsheltered homeless persons on a single night in January.
- PSH (*Permanent Supportive Housing*): a model of housing for severely disabled, chronically homeless persons.
- RRH (*Rapid Re-Housing*): a model of homeless services that is community based and includes case management with financial assistance for rent and utilities.
- SOAR (*SSI/SSDI Outreach, Access, and Recovery*): a national program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), designed to increase access to the disability income benefit programs for eligible adults and children who are experiencing or at-risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.
- SSVF (*Supportive Services for Veteran Families*): a program funded through Veterans Affairs that provides prevention and rapid re-housing services for veteran households.
- SysPM (*System Performance Measures*): a list of seven performance measures reported out of the CoC's HMIS to evaluate the performance of the homeless response system.
- VASH (*Veterans Affairs Supportive Housing*): a collaborative program between HUD and VA that combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing.
- VHA (*Virginia Housing Alliance*): a state advocacy group that provides technical assistance.
- VHSP (*Virginia Homeless Solutions Program*): a state funded program for the sheltering of homeless households, the prevention of homelessness, and the rapid re-housing of those who have become homeless.
- VI-SPDAT (*Vulnerability Index-Service Prioritization Decision Assistance Tools*): a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk homeless persons.