

Pathways to Stability: Addressing Roanoke's Homelessness Crisis

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ACKNOWLEDGEMENTS.....	3
HONOR PLEDGE.....	3
DISCLAIMER.....	3
KEY WORDS.....	4
EXECUTIVE SUMMARY.....	5
INTRODUCTION.....	5
PROBLEM STATEMENT.....	6
CLIENT OVERVIEW.....	6
BACKGROUND ON THE PROBLEM.....	6
Scale and Scope of Homelessness.....	7
Figure 1: Point-In-Time Roanoke Homeless Numbers 2012-2024.....	7
Equity Issues.....	7
Contributing Factors.....	8
Figure 2: Roanoke's Homeless Population Location Before Homelessness.....	8
CONSEQUENCES OF THE PROBLEM.....	9
REVIEW OF EXISTING EVIDENCE.....	9
Addressing Homelessness: The Two Models.....	9
Treatment First Model.....	9
Housing First Model.....	10
Specialized Approaches Under Housing First Model.....	11
Rapid Re-housing.....	11
Permanent Supportive Housing.....	12
Conclusion on Housing First.....	13
Low-income Housing Tax Credit: Addressing A Root Cause of Homelessness.....	13
EVALUATION.....	14
Figure 3: Roanoke's Homeless Population.....	15
Criteria:.....	15
ALTERNATIVE 1: EXPANDING RAPID RE-HOUSING PROGRAM.....	16
Cost.....	16
Table 1: Cost of New Rapid Re-housing Beds.....	16
Political Feasibility.....	16
Effectiveness.....	17
Figure 4: Effectiveness of Rapid Re-Housing Over Time.....	18
ALTERNATIVE 2: EXPANDING PERMANENT SUPPORTIVE HOUSING PROGRAM.....	18
Cost.....	19
Table 2: Permanent Support Housing.....	19
Political Feasibility.....	19
Effectiveness.....	20
Figure 5: Effectiveness of Permanent Supportive Housing Over Time.....	20
ALTERNATIVE 3: LOW-INCOME HOUSING TAX CREDIT REFORM.....	21
Cost.....	21

Political Feasibility.....	21
Effectiveness.....	22
ALTERNATIVE 4: STATUS QUO.....	23
Figure 6: Roanoke Homeless Population: Expected Trend.....	23
Cost.....	23
Political Feasibility.....	24
Effectiveness.....	24
OUTCOMES MATRIX.....	24
Table 3: Outcomes Matrix.....	24
RECOMMENDATION: Expand Roanoke's Rapid Re-Housing Program.....	26
IMPLEMENTATION.....	26
Rapid Re-Housing Across the U.S.....	26
Implementation Actors.....	27
Implementation Plan.....	27
City Council Next Steps.....	27
Figure 7: Roanoke City Budget Timeline.....	28
Stakeholders.....	28
Evaluation Plan.....	28
Planning for the Worst.....	29
CONCLUSION.....	29
BIBLIOGRAPHY.....	30
APPENDIX.....	39
Rapid re-housing discounted cost:.....	39
Rapid re-housing effectiveness:.....	39
Permanent supportive housing discounted cost:.....	39
Permanent supportive housing effectiveness:.....	39
Rate of homelessness:.....	40



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HONOR PLEDGE

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

DISCLAIMER

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.



KEY WORDS

Homeless: Refers to an individual who does not have a stable, consistent, and sufficient place to sleep at night (*2024 Point-in-Time Report, 2024*).

Chronically Homeless: An individual is considered chronically homeless if they have a disability and have been homeless continuously for a year or longer, or if they have experienced at least four separate episodes of homelessness within the past three years, with the total time spent homeless adding up to at least 12 months (*2024 Point-in-Time Report, 2024*).

Unsheltered Person: An individual whose main place to sleep at night is a public or private space not intended for regular sleeping, such as streets, vehicles, or parks (*2024 Point-in-Time Report, 2024*).

Homeless Family: This refers to families experiencing homelessness that include at least one adult (18 or older) and one child (under 18) (*2024 Point-in-Time Report, 2024*).

EXECUTIVE SUMMARY

Roanoke, VA has experienced a steady increase in the number of homeless individuals consecutively over the course of the past two years (*2024 Point-in-Time Report*, 2024). As Roanoke's elected governing body, the city council is tasked with figuring out how to reverse current trends and lower the number of individuals experiencing homelessness in the city.

This technical report outlines the background in which Roanoke's homelessness crisis exists, and it discusses the consequences and the scope and scale of the current problem in Roanoke. This analysis explores the existing evidence that studies the potential strategies for mitigating homelessness in cities throughout America. This analysis consists of the evaluation of four alternatives for Roanoke City Council to consider:

1. Roanoke City **expands the existing rapid re-housing (RRH) program** to be more suited for the current number of homeless families.
2. **The expansion of the existing permanent supportive housing (PSH) program** in Roanoke City.
3. Roanoke City Council lobbies the Virginia legislature to **expand and reform Virginia's Low-Income Housing Tax Credit (LIHTC) program**.
4. Roanoke City Council continues on as is, **maintaining the status quo**.

This policy analysis recommends that the Roanoke City Council moves forward with **expanding its rapid re-housing program** based on its low costs, high political feasibility, and its high effectiveness. Implementation steps for Roanoke City Council are planned out and provided for the city council starting in December of 2025. This report highlights the ways that Roanoke City Council may take action to fight against the growing crisis of homelessness in the Star City.

INTRODUCTION

Roanoke City Council is tasked by constituents with lowering the number of homeless individuals in the city. Since the peak in 2012, the homeless population has steadily declined until 2023 (Weir, 2024). This increase is largely due to economic factors which culminated following the COVID-19 pandemic (Hunter, 2023). Individuals struggle to secure permanent housing due to a shortage of affordable options and inadequate income, further compounded by challenges such as mental health issues and addiction (*2024 Point in Time Report*, 2024). In order to avoid surpassing the 2012 peak by 2026, Roanoke City Council is facing pressure from constituents to reverse the current course. The city council must study the trade offs when determining their next course of action. They must balance the political ramifications of their actions, the effectiveness of their approaches, and the efficiency at mitigating the issue of their policy decision.

PROBLEM STATEMENT

In the City of Roanoke, homelessness has increased dramatically in the last year **with 20% more people lacking a safe place to live and sleep since 2023** (Hunter, 2023). Individuals are unable to secure a permanent home because they face a lack of affordable housing and insufficient income, exacerbated by barriers like mental health challenges and addiction, which leads to people being forced to sleep in public spaces without basic necessities (*2024 Point-in-Time Report*, 2024).

CLIENT OVERVIEW

This technical report is prepared for Roanoke City Council. Roanoke is the largest city in Southwest Virginia and its city council is made up of six elected members. As Roanoke's governing body, the city council is responsible for passing legislation to address problems which negatively impact the city such as the city's rising homelessness population. City council's current method of addressing homelessness has been reactionary and without preventative measures (Gendreau, 2024). Councilman Peter Volosin discussed his own ideas for addressing homelessness by increasing affordable housing options in Roanoke when he ran for his seat in 2022 (Roanoke Rambler, 2022). When asked about his priorities in office, Councilman Volosin stated, "we [the City of Roanoke] need to make sure that we are putting in affordable housing and not, you know, what a developer thinks is affordable but what is actually federally affordable." Without intervention, this crisis will continue to worsen. The current city council is prepared to pursue solutions to decrease homelessness.

BACKGROUND ON THE PROBLEM

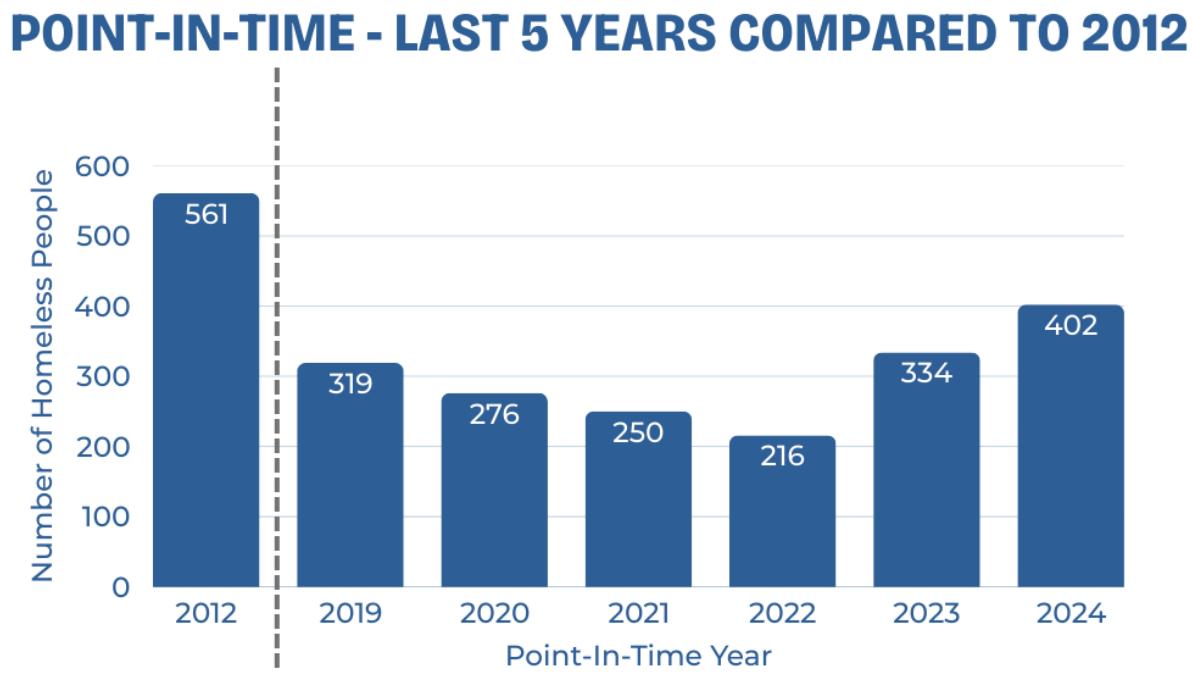
Homelessness has been a top-of-mind issue in Roanoke for years. Roanoke's city council has been grappling with how to address the homeless population as it continues to grow. In 2021, the council voted to make it illegal for homeless people to set up encampments on the sidewalks in response to the growing number of homeless people sleeping in the Downtown neighborhood (Fields and Lowndes, 2024). Large homeless encampments grew in other parts of the city—particularly in the SE neighborhood to which the city responded by purchasing the land in order to break up the growing size of city encampments (Gendreau, 2024). The current rise in homelessness in Roanoke is largely attributed to the end of pandemic relief funds and the lack of affordable housing options in the region (Mowery, 2024). Homelessness exacerbates substance use and mental health symptoms which both have significant public health implications (Polcin, 2016).

Economic factors such as inflation and rising rental costs are the most likely causes of the increased number of homeless individuals (*2024 Point-in-Time Report*, 2024; Hunter, 2023). About 31 percent of the current homeless population in Roanoke are homeless due to an eviction as housing costs continue to skyrocket in the region (*2024 Point-in-Time Report*, 2024). Since the pandemic there has been an increased demand for domestic violence services which is another leading contributor to homelessness (ACLU, n.d.; Weir, 2024). These factors exacerbate the problem of homelessness while the city is in disagreement about how to proceed (Weir, 2024).

Scale and Scope of Homelessness

The scope and magnitude of Roanoke's homelessness crisis has varied over the years and throughout different seasons. Homelessness in the region peaked in 2012, when 561 individuals were homeless (*2024 Point-in-Time Report*, 2024). The Roanoke region had a high unemployment rate in 2011, ranging from 9.1 percent to 7.9 percent, while Virginia's unemployment rate ranged from 6.9 percent to 6.1 percent during the same year (Roanoke Valley-Alleghany Regional Commission, 2012). Homelessness was a main topic of state funding this year and in 2013 as the state focused on addressing the crisis (Virginia Department of Housing and Community Development, 2012). In 2024, the number of homeless people is down by 28.3 percent compared to 2012. However, 2024 represents the second consecutive year where the homeless population has increased in the Roanoke region (*2024 Point-in-Time Report*, 2024). Figure 1 illustrates the fluctuations in the number of homeless individuals in Roanoke. If trends continue at the current rate, the homeless population will surpass the peak reached in 2012 within the next two years.

Figure 1: Point-In-Time Roanoke Homeless Numbers 2012-2024



Equity Issues

Existing data shows that race plays a role in the likelihood of being homeless in Roanoke as well as having a substance use disorder or mental health condition. Black Americans make up 39 percent of Roanoke's homeless population despite only making up 27 percent of the city's population (*2024 Point-in-Time Report*, 2024; U.S. Census, 2020). Men are more likely than

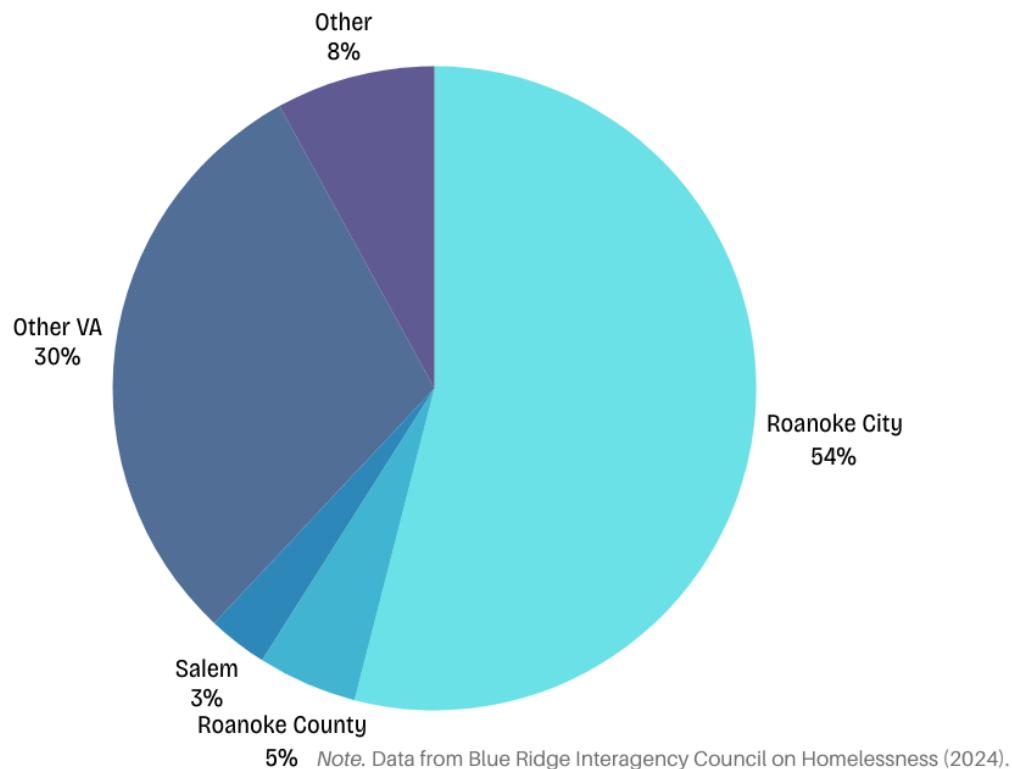
women to be homeless in the city as they make up 60 percent of the city's homeless population (*2024 Point-in-Time Report*, 2024). The age distribution of people experiencing homelessness in Roanoke is as follows: 16.9 percent are children, 77.1 percent are over the age of 24, and 6 percent are between the ages of 18 and 24 (*2024 Point-in-Time Report*, 2024). The median age of the homeless population is 47 (*2024 Point-in-Time Report*, 2024). About 28.4 percent of the homeless population has a serious mental illness and 14 percent have substance use disorder.

Contributing Factors

Roanoke's homelessness crisis, like homelessness across the country, is the result of a lack of affordable housing (Hunter, 2023; Doti, 2024; M. Crookshank, personal communication, October 25, 2024). According to recent estimates, Roanoke is about 4000 affordable housing units short of demand (Lynn, 2024). When looking at the data, as shown in Figure 2, most of Roanoke's homeless population is from the area or surrounding counties rather than from out of state.

Figure 2: Roanoke's Homeless Population Location Before Homelessness

LAST LOCATION BEFORE CURRENT EPISODE OF HOMELESSNESS



Another major contribution to the increase in homeless individuals in Roanoke is the drawback of resources following the COVID-19 pandemic. Virginia had a rent relief program which

assisted with rent payments for those struggling to make payments during the pandemic which ended in May of 2022 (Virginia Department of Housing and Community Development [DHCD], 2022). Along with rent relief, Virginia had eviction protections during the pandemic which have since expired as the pandemic ended (Mowery, 2024). Without these protections, individuals facing a reduction in income or an increase in rent are left to secure housing on their own or risk losing it.

CONSEQUENCES OF THE PROBLEM

Homelessness exacerbates other challenges individuals face which have huge public health implications such as substance use disorder and mental health challenges (Polcin, 2016). Homelessness is inhumane, dangerous, and expensive for Roanoke. This year, more than 400 individuals are without a safe place to live and call home in Roanoke each given night (*2024 Point-in-Time Report*, 2024). The conditions homeless people live in are not humane and oftentimes result in individuals sleeping outside exposed to all elements.

The stress of homelessness is associated with worsening mental health conditions or creating new ones while also making it more difficult to seek treatment or maintain employment (National Alliance to End Homelessness, 2022). This has forced the city to allocate funds to unconventional methods in order to curb the visibility of homelessness. For instance, in 2023 the City of Roanoke added an armed security officer with a salary of \$186,000 to patrol the parking garages overnight in order to prevent people from sleeping in them (Gendreau, 2023). This resulted in monthly parking fees for residents to increase by \$5 and \$10 depending on the garage they use. Additionally, the city increased the “Homeless Encampment Cleanup” fund to \$25,000 for 2024. Unsafe encampments—lacking sanitation, prone to violent crime, and exposing individuals to the elements—are another consequence of the homelessness crisis in the city (Gendreau, 2023; Gendreau, 2024).

REVIEW OF EXISTING EVIDENCE

To better understand the available methods for addressing homelessness in Roanoke, it is crucial to study the two primary models at addressing homelessness in the United States. The first is the Treatment First model which aims at treating symptoms such as substance use disorder or mental health challenges prior to receiving housing assistance (Knott, 2022). The second is known as the Housing First approach which prioritizes securing housing for individuals before addressing other challenges they may face such as an active addiction or a behavioral health challenge (*Housing First*, 2022). Studying the evidence of these models provides valuable insights into the effectiveness of the different strategies for reducing homelessness.

Addressing Homelessness: The Two Models

Treatment First Model

The Treatment First model to addressing homelessness is a model which requires individuals to be “housing ready” in order to be placed into housing or receive rental assistance (Knott, 2022).

This oftentimes involves sobriety requirements, or other barriers individuals must overcome first in order to then receive housing assistance. By nature, the Treatment First model does not assume that housing is a basic human right, rather the right to housing for the homeless population requires specific traits such as sobriety or stable mental health conditions (Tsai et al., 2023).

While falling out of favor in recent decades, conservative groups such as the Heritage Foundation have argued that Treatment First is the most effective path for individuals to achieve self-sufficiency (Rufo, 2020). Christopher Rufo, a filmmaker and researcher argues that avoiding Treatment First has encouraged homelessness in our cities, particularly on the West Coast, but he does not back up these claims (Hastings, 2021).

The Treatment First model is subject to scrutiny by advocates who argue that housing is a basic human right which requires no prerequisites (*Housing First*, 2022). Additionally, studies have shown that the Treatment First model is less effective than other approaches (Peng et al., 2020; Tsemberis and Eisenberg, 2000; Dana Ferrante, 2024). Government agencies and nonprofits working the homeless have distanced themselves from this approach (Tsai et al., 2023).

Housing First Model

Housing First can look different depending on which U.S. city is implementing it, and it can be adapted to serve various goals and needs (*Housing First in Action*, 2023). Housing First is an innovative model in addressing homelessness which prioritizes securing housing before other contributing factors of homelessness such as mental health challenges and substance use disorders (*Housing First*, 2022). This model emphasizes placing those experiencing homelessness into long-term housing before treating their vulnerabilities such as substance use disorder or mental health challenges. Housing First originated in 1992 by Sam Tsemberis in a program known as Pathways to Housing (*Housing First Works*, 2023). The success of this initial program in New York led to the foundation of a widespread Housing First program. The Pathways to Housing program provided homeless people in NYC housing with rent capped at 30% of their income without requirements for sobriety or treatment. Using a randomized controlled trial (RCT) in December 1997 through January 2001 to ensure unbiased comparison, this study looked at housing retention rates, health and well-being, and cost-effectiveness as key metrics to determine success. The study found that approximately 80% of individuals assigned housing retained it after one year, and found that the approach was cost-effective as it saved money on emergency services and shelter stays (Tsemberis et al., 2004).

Housing First programs often involve some sort of rental assistance which can vary depending on location and the needs of the individual or family (*Housing First Permanent Supportive Housing Brief*, n.d.). Housing First typically involves seeking permanent housing solutions such as permanent supportive housing (PSH) which combines affordable housing with supportive services, but may appear in the form of rapid re-housing programs (RRH) which provide immediate, short-term housing (*Housing First Permanent Supportive Housing Brief*, n.d.). Housing First does not mean that treatment is ignored. Rather, Housing First prioritizes housing immediately, and then treatment of the condition which perpetuated homelessness to begin with (Tsai et al., 2023).

Those experiencing homelessness chronically or for long periods of time are found to benefit the most from a Housing First approach (*Housing First Evidence*, n.d.). The Housing First model benefits homeless populations such as those experiencing mental illnesses, those with substance use disorder, people living with HIV or AIDS, as well as domestic violence victims (Carol L. Pearson et al., n.d.). When compared with the Treatment First model, Housing First programs were found to decrease homelessness by 88% in 2020 (Peng et al., 2020). In this study, a group of researchers examined those who were consistently homeless with disabilities across various cities using evidence from RCTS and observational studies to determine how Housing First compares to Treatment First methods of approaching homelessness using metrics such as housing retention rates, health improvements, and use of emergency services. The study finds that Housing First improved long-term housing stability when compared to Treatment First, and also reduced the costs associated with emergency services (Peng et al., 2020). Studies also suggest the Housing First model may save communities money as Housing First reduces the length of stays in hospitals, substance abuse programs, nursing homes, and prisons (*Housing First: A Review of the Evidence*, 2023). Doubtlessly, placing individuals experiencing homelessness into secure housing has the added benefit of increasing the quality of life for that individual.

A major benefit of Housing First is that it is not a one-size-fits-all approach but rather a general concept which will change and adapt to every location it is implemented (*The Evidence Is Clear: Housing First Works*, n.d.). Another benefit is that this approach has historically been viewed as politically viable as it has seen bipartisan support for many years (*Housing First Works*, 2023). However, the variety of Housing First raises questions about the transferability of research findings. Since Housing First programs often vary significantly across cities, it can be challenging to pinpoint which specific characteristics contribute to their success.

A limitation of the evidence on Housing First is that evidence suggesting this method may facilitate secondary priorities such as sobriety is preliminary in nature and not tested enough (*Housing First: A Review of the Evidence*, 2023). Additionally, it is difficult to calculate the amount of money saved on a dollar per dollar basis and there is simply not enough evidence here yet (*Housing First: A Review of the Evidence*, 2023). Housing First also does not appear to improve the health and well-being of those who have repeatedly experienced homelessness (Tsemberis et al., 2004; Peng et al., 2020). Housing First is not without critics, and political viability is subjective as our politicians and political trends continue to vary and evolve (*Housing First Works*, 2023). Additionally, Housing First is subject to an immense amount of political pushback as it can be perceived as free “handouts” to the undeserving. The Heritage Foundation has made the case that Housing First has failed America by not prioritizing treatment before housing security (Rufo, 2020).

Specialized Approaches Under Housing First Model

Rapid Re-housing

Rapid re-housing is a Housing First program in which short-term or long-term rental assistance and services are provided to someone who is homeless or at-risk of becoming homeless to

quickly obtain housing (*Rapid Re-Housing Brief*, n.d.). Like the Housing First model, rapid re-housing is rental assistance with no prerequisites such as sobriety or mental health stability (*Rapid Re-Housing*, 2016). HUD measures the outcomes and financial costs of both interventions (transitional housing versus rapid rehousing) in order to determine rapid re-housing was more cost efficient and had a higher retention rate (Gubits et al., 2018). This study utilized a comparative cost analysis which allows researchers to understand some of the long-term impacts of transitional versus rapid re-housing programs. This study finds that rapid re-housing is more cost-effective than transitional housing due to higher success rates once assistance is removed (Gubits et al., 2018). However, the evidence in this study is largely observational data and does not include an RCT which increases the likelihood of selection bias and decreases transferability. This study also only compares rapid re-housing to transitional housing but it does not look at other methods such as permanent supportive housing (Gubits et al., 2018). Supporters of rapid re-housing programs suggest that these programs can be adapted for different subpopulations which allows the program to adapt well to various areas' needs (*Rapid Rehousing Toolkit*, n.d.).

However, rapid re-housing programs have their limitations. In Charlottesville, VA, there are simply not enough rapid re-housing options for the homeless population to live in, and the assistance must come to an end eventually which will always pose a challenge for certain individuals (*Rapid Re-housing – The Haven*, n.d.). Many cities such as Roanoke share the lack of affordable rapid re-housing options (M. Crookshank, personal communication, October 25, 2024).

Permanent Supportive Housing

Permanent supportive housing (PSH) is a Housing First approach to addressing homelessness for those struggling with repetitive homelessness (*Permanent Supportive Housing*, 2023). Permanent supportive housing allows those who have faced homelessness repetitively to address their needs through voluntary services such as substance use treatments paired with a permanent housing option. PSH has historically proven to decrease the number of individuals in the U.S. who have faced homelessness at multiple points in their life (Milby et al., 2005; Hirsch and Glasser, 2008). Milby et al. utilized two years of longitudinal data to measure the outcomes of housing stability and a reduction of emergency services. They determined that PSH resulted in housing stability and a reduction of emergency services. However, this study was not an RCT and the sample focused exclusively on individuals with substance use disorder so it cannot be generalized to the wider homeless population (Milby et al., 2005). Hirsch and Glasser used qualitative and quantitative data to assess outcomes such as housing retention rates and a decrease in reliance on emergency services. Their study utilizes comparisons between pre and post PSH for the same individuals without a control group which limits the ability to claim causality of the intervention of the study to outside of Rhode Island (Hirsch and Glasser, 2008). However, both studies highlight the apparent success of PSH with specific groups of homeless people.

The Virginia Department of Behavioral Health & Development Services (DBHDS) has cited “more than three decades of research” when justifying the practice of PSH by the department (*Permanent Supportive Housing - DBHDS*, n.d.). 89 percent of individuals placed in PSH by DBHDS remain in stable housing for at least a year from their placement date (*Permanent Supportive Housing - DBHDS*, n.d.). A limitation of this data is that it only tracks success for the

first year of PSH. Another limitation of the transferability of the DBHDS PSH program is that it is primarily targeted towards those with serious mental illness (SMI), substance use disorder (SUDs), or pregnant or parenting women (PPW). While many of the homeless population in Roanoke have substance use disorders or mental health challenges, there is not a perfect overlap which must be considered when projecting program success for the homeless population in Roanoke.

PSH can be implemented in various approaches, which is a strength of this method as it can be adapted in order to target specific homeless populations based on location or demographics. For instance, the DC Department of Human Services has three different PSH programs: tenant-based (tenant is given a voucher), project-based (voucher is attached to the unit), and PSH for local veterans (*Permanent Supportive Housing for Individuals and Families*, n.d.). In Denver, the Denver Supportive Housing Social Impact Bond Initiative (Denver SIB) was launched in 2016 by the city and county to increase housing and decrease jail stays for the homeless in the area. Using an RCT of 724 individuals (half given PSH, half not), the program found that 86% of participants who received PSH remain housed for the first year, and 81% remained housed by the second year (Cunningham et al., 2021). Those who received PSH had nearly two fewer jail stays than those in the control. More evidence is needed in a post-pandemic world to see if the initial evidence holds up.

Conclusion on Housing First

Since the 1990's, experts studying homelessness in American cities have agreed that the Housing First approach to solving the homelessness crisis is the most effective and humane approach to ending homelessness (*Housing First*, 2022). When Housing First programs are funded to scale, they have been proven to be successful (DeParle, 2024). Rapid re-housing has shown greater success for individuals needing support with housing, substance use disorder, and other challenges, than other housing options (Rapid Re-Housing - National Alliance to End Homelessness, n.d.). Similarly, permanent supportive housing (PSH), another Housing First method of addressing homelessness, has shown high housing retention rates in states such as Virginia (*Permanent Supportive Housing - DBHDS*, n.d.). While critics of the Housing First model argue that treatment should be completed before housing the homeless, there is clear evidence that Housing First programs such as rapid re-housing programs or PSH are successful at reducing homelessness (*Rapid Re-Housing Brief*, n.d.).

Low-income Housing Tax Credit: Addressing A Root Cause of Homelessness

The Low Income Housing Tax Credit (LIHTC) program is the most extensive affordable housing program across the United States which encourages private investment in affordable housing development (*Low-Income Housing Tax Credit*, n.d.). The federal government issues LIHTCs to states for allocation on a competitive basis. The number of credits a state is allocated is based on its population. In 2023, states were allocated \$2.75 per capita, with the floor for low-population

states being \$3.19 million (*What Is the Low-Income Housing Tax Credit and How Does It Work?*, n.d.). Since its inception, the LIHTC program has resulted in more than 2 million affordable housing units in the US (*The Effects of the Low-Income Housing Tax Credit (LIHTC)*, n.d.). LIHTC has been found to successfully produce new affordable housing units and also to preserve existing affordable housing units (*Urban Institute Evaluates the Low Income Housing Tax Credit | National Low Income Housing Coalition*, 2025).

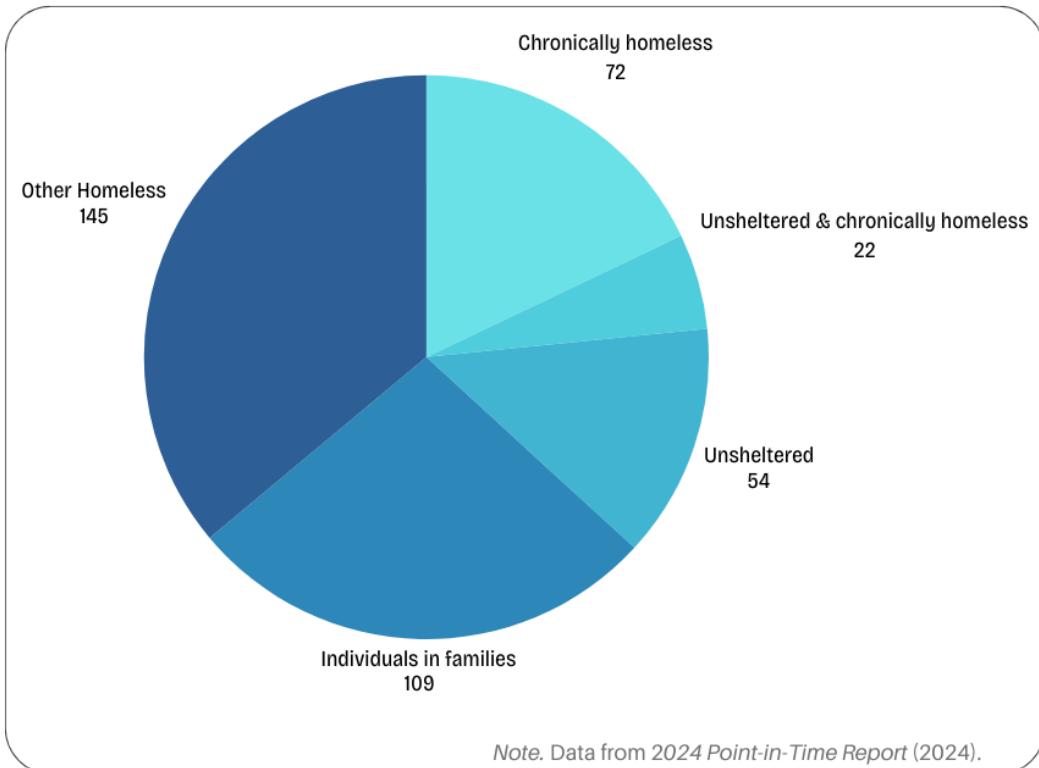
In Virginia, Virginia Housing administers the LIHTC program and awards these tax credits to developers based on criteria such as location need and project feasibility (*Rental Housing Tax Credits*, n.d.). State LIHTC enhances the viability of projects and attracts private investors (Garcia, 2024). Virginia LIHTC properties reserve at least 20 percent of units available to households earning less than 50 percent of AMI or 40 percent of units to those earning less than 60 percent AMI. The LIHTC program offers two types of credits: 9% and 4% (*About the LIHTC*, n.d.). The 9% tax credits are highly competitive and cover approximately 70 percent of a project's costs over ten years. However, these funds are not enough to meet the demand for affordable housing.

EVALUATION

In the City of Roanoke, homelessness has increased dramatically in the last year with 20% more people lacking a safe place to live and sleep since 2023 (Hunter, 2023). Individuals are unable to secure a permanent home because they face a lack of affordable housing and insufficient income, exacerbated by barriers like mental health challenges and addiction, which leads to people being forced to sleep in public spaces without basic necessities (*2024 Point in Time Report*, 2024). 402 individuals are currently homeless in Roanoke City, meaning they do not have permanent housing (*2024 Point in Time Report*, 2024). Of these, 76 are unsheltered, meaning they do not have access to temporary housing, such as homeless shelters, at night (*2024 Point in Time Report*, 2024). Various factors contribute to someone being unsheltered such as shelter restrictions on pets, a desire to sleep with their partner, or other personal circumstances. There are 94 chronically homeless individuals, 22 of which are unsheltered (*2024 Point in Time Report*, 2024). Additionally, there are 109 individuals in families who are homeless (*2024 Point in Time Report*, 2024).

Figure 3: Roanoke's Homeless Population

ROANOKE'S HOMELESS POPULATION



The following four alternatives will be evaluated using the outlined criteria to see which alternative is most suitable for reducing homelessness in Roanoke City for the city council:

- Roanoke City **expands the existing rapid re-housing (RRH) program** to be more suited for the current number of homeless families.
- **The expansion of the existing permanent supportive housing (PSH) program** in Roanoke City.
- Roanoke City Council lobbies the Virginia legislature to **expand and reform Virginia's Low-Income Housing Tax Credit (LIHTC) program**.
- Roanoke City Council continues on as is, **maintaining the status quo**.

Criteria:

- Cost: The total additional cost to Roanoke City for each alternative. As Roanoke City Council works with a tight budget, the less costly, the better. Each alternative is labeled as low, moderate, or high for this category.
- Political Feasibility: How politically feasible each alternative is. Key stakeholders such as city council members, state legislators, housing and community groups, and Roanoke constituents will be considered. Each alternative is labeled as low, moderate, or high for this category.

- Effectiveness: Measures how many people are projected to live in stable housing after one, five, and ten years who would have otherwise remained homeless. Each alternative is labeled as low, moderate, or high for this category.

ALTERNATIVE 1: EXPANDING RAPID RE-HOUSING PROGRAM

Alternative 1 is to expand Roanoke's rapid re-housing program through the Council of Community Services. This program provides rental assistance to those who are homeless or at risk of becoming homeless. To participate in this program, potential participants must receive a referral from an emergency shelter such as Rescue Mission, or a staff member from the Homeless Assistance Team (HAT) in Roanoke. The money for this program is allocated to provide short-term rapid re-housing services to families through third party vendors (landlords and utility providers) in the form of rental subsidies. In 2024, this program had 27 beds total: nine beds from the city budget, 14 beds from the Virginia Homeless Solutions Program (VHSP), and four beds from the Virginia Housing Trust Fund. In 2024, Roanoke had 47 households with at least one child, and 109 individuals made up these families (*2024 Point in Time Report*, 2024). As rapid re-housing efforts in Roanoke have focused on securing families with housing, the expansion of the Council of Community Services' rapid re-housing program would focus on these families. This expansion would aim to double the number of beds currently available in the Council of Community Services' rapid re-housing program in two years.

Cost

In Roanoke's 2024-2025 adopted budget, \$24,000 is set aside for 9 additional rapid re-housing beds making the estimated cost of each additional bed approximately \$2,744.45 a bed (FY2025 Adopted Budget, 2024). Adding 12 rapid re-housing beds in the first year of this proposal would cost the City of Roanoke \$32,933. Adding the 15 additional beds in this proposal would cost a net present value of \$39,978 in year two. Using a discount rate of 3%, the net present value of this expansion would cost \$72,911.

Table 1: Cost of New Rapid Re-housing Beds

	Costs
Year 1	\$32,933
Year 2	\$39,978
Total	Total: \$72,911

Political Feasibility

Stakeholder	Likely Position	+ or -

City Council Members	Mostly supportive. City council members have continuously included the rapid re-housing program in the city budget (<i>FY2025 Adopted Budget</i> , 2024). However, newly elected members have called for budget reform (Berrier, 2024).	+
State Legislators	Divided. Fiscally conservative members, who outnumber progressive state representatives in the region, may critique additional funding requests.	-
Homeless Assistance Team (HAT)	Supportive. This group is on the front lines assisting individuals and recommending them for RRH (Homeless Assistance Team Roanoke, VA, n.d.).	+
Constituents	Divided. Would likely want to see less homeless individuals in their city, but may be divided on whether or not they'd like to see more taxpayer money going towards such programs.	-
Local Businesses	Supportive. Many businesses have expressed their frustrations at the number of homeless individuals in Downtown Roanoke and would welcome proven programs to decrease the number of unhoused people in Roanoke (Gendreau, 2024).	+
Conclusion	Moderate to high. The rapid re-housing program has strong local support (city council, homeless assistance team, and local businesses), but state-level uncertainty from regional legislators and a divided public opinion create challenges.	

Effectiveness

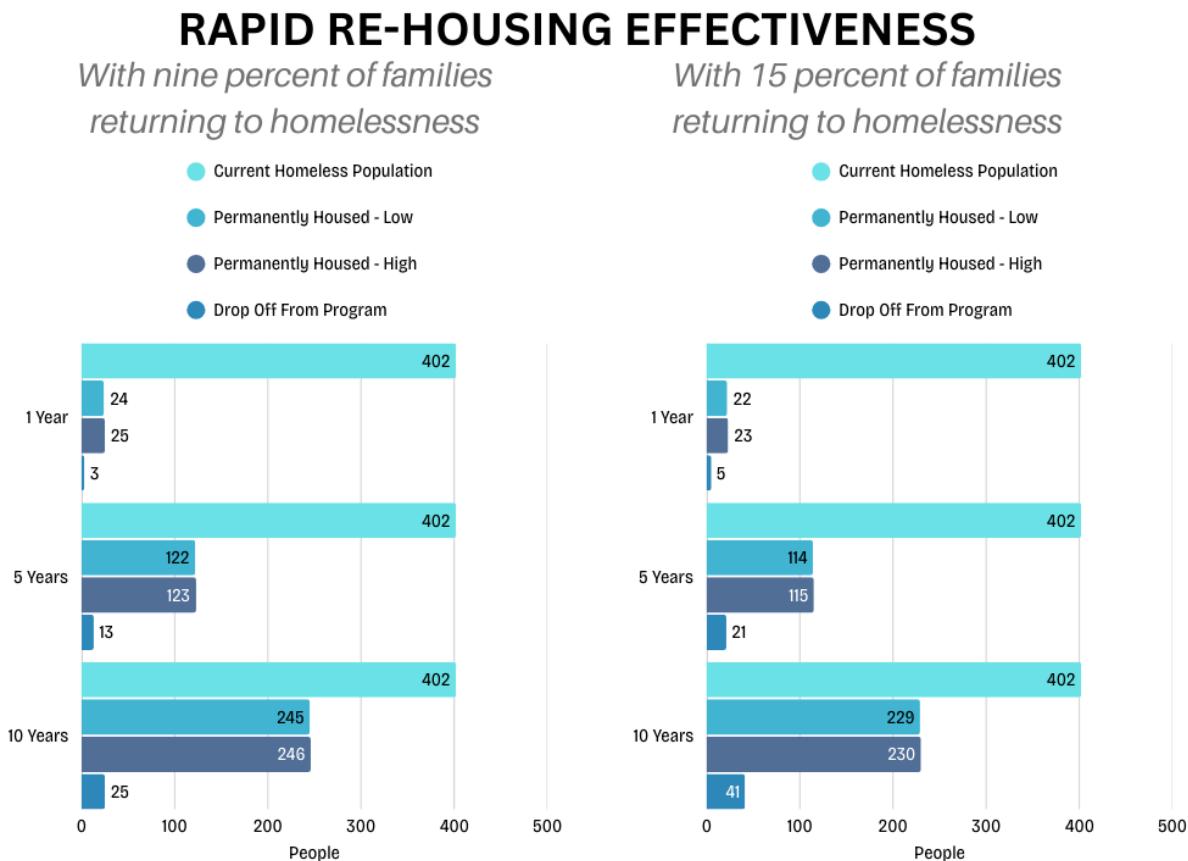
In a 2013 Department of Housing and Urban Development (HUD) study, researchers studied 2,307 families in 12 the Continuum of Care regions across the country who participated in rapid re-housing programs (*Family Options Study - Interim Report*, 2013). This two-year study concluded that approximately 9 percent of families returned to homelessness following their RRH placement. Following this, the National Alliance to End Homelessness setup program benchmarks in 2016, which states that no more than 15 percent program participants in rapid re-housing programs should return to homelessness within a year (*Performance Benchmarks and Program Standards*, 2015).

I will use this benchmark to estimate the effectiveness of Roanoke's rapid re-housing program. If 27 additional beds are added to the program, I would expect no more than five people to return to homelessness within a year of this placement. However, as the HUD study suggests, families tend to return to homelessness at a rate of nine percent.

- After one year of the full program rollout, approximately 22-25 individuals would be permanently housed, which is approximately 5 to 6 percent of the current homeless population.
- As new families enter the program and utilize the 27 beds, over the course of five years it is expected that approximately 114-123 of these individuals will have been permanently housed, which is approximately 28 to 31 percent of the homeless population.

- Over the course of ten years, it is estimated that 229-246 individuals who have participated will remain permanently housed, which is approximately 57 to 61 percent of the current homeless population.

Figure 4: Effectiveness of Rapid Re-Housing Over Time



ALTERNATIVE 2: EXPANDING PERMANENT SUPPORTIVE HOUSING PROGRAM

Alternative 2 entails expanding Roanoke's existing permanent supportive housing program through the Commonwealth of Catholic Charities to have more units available for Roanoke's chronically homeless population. Chronically homeless refers to individuals with disabilities that have been continuously homeless for over a year, or who have experienced at least four episodes of homelessness in the past three years, adding up to at least 12 months (*2024 Point in Time Report*, 2024). On average, those who are chronically homeless cost \$35,578 a year (Ending Chronic Homelessness Saves Taxpayers Money, n.d.). In 2024, 94 individuals were considered chronically homeless, and 26 of these individuals were also unsheltered. If 27 additional PSH beds were added, in addition to the 50 already approved, Roanoke could have enough PSH beds on hand for the chronically homeless who are currently living in emergency shelters or are unsheltered.

Cost

Each permanent supportive housing bed costs approximately \$14,983 in Roanoke (M. Crookshank, personal communication, February 18, 2025). Adding 12 rapid re-housing beds in the first year of this proposal would cost the City of Roanoke \$179,793. Adding the 15 additional beds in this proposal would cost a net present value of \$218,201 in year two. Using a discount rate of 3%, the net present value of this expansion would cost \$397,994.

Table 2: Permanent Support Housing

	Costs
Year 1	\$179,793
Year 2	\$218,201
Total	Total: \$397,994

Political Feasibility

Stakeholder	Likely Position	+ or -
City Council Members	Divided. City council members have continuously included the permanent supportive housing (PSH) program in the city budget (<i>FY2025 Adopted Budget</i> , 2024). However, newly elected members have called for budget reform, and PSH is expensive (Berrier, 2024).	+
State Legislators	Divided. Fiscally conservative members, who outnumber progressive state representatives in the region, may critique such large additional funding requests.	-
Homeless Assistance Team (HAT)	Supportive. This group is on the front lines assisting individuals and recommending them for PSH (Homeless Assistance Team Roanoke, VA, n.d.).	+
Constituents	Divided. Would likely want to see less homeless individuals in their city, but may be divided on whether or not they'd like to see more taxpayer money going towards such programs.	-
Local Businesses	Supportive. Many businesses have expressed their frustrations at the number of homeless individuals in Downtown Roanoke and would welcome proven programs to decrease the number of unhoused people in Roanoke (Gendreau, 2024).	+
Conclusion	Moderate. The permanent supportive housing program has strong local support	

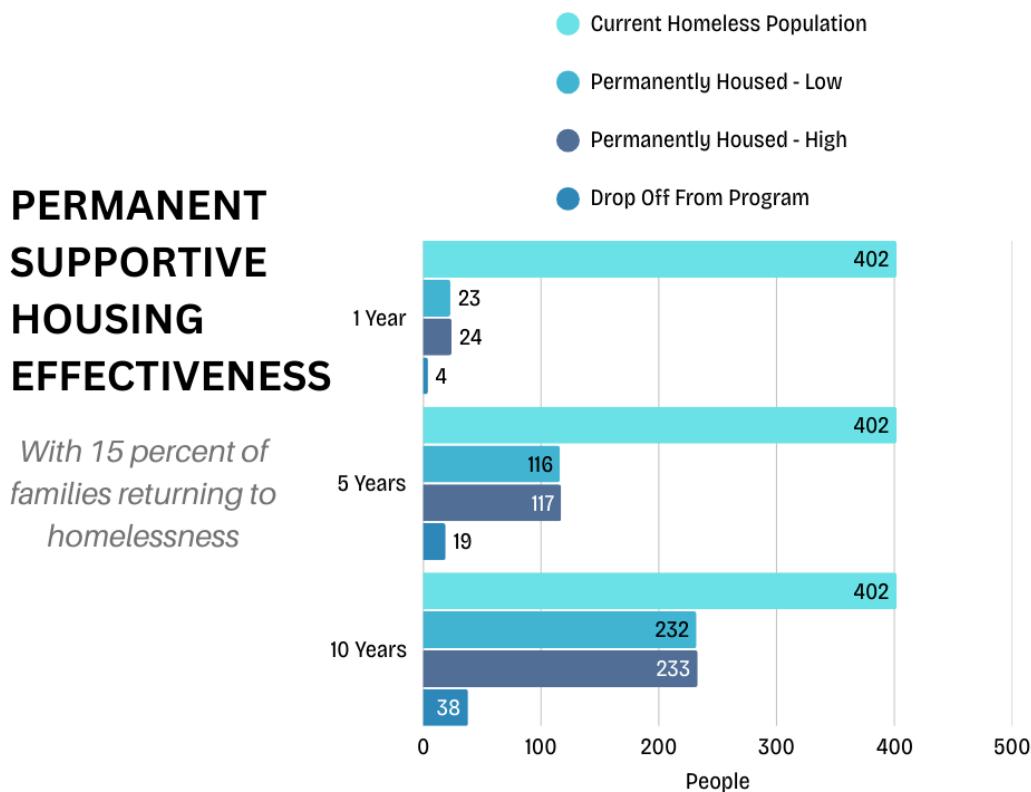
	(some of the city council, homeless assistance team, and local businesses), but state-level uncertainty from regional legislators and a divided public opinion create challenges.	
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Effectiveness

A Virginia Department of Behavioral Health & Developmental Services (DBHDS) study from 2016-2019 found that 86 percent of individuals in PSH remained stably housed (Land, 2019). The average stay was 15 months for those in this program. While this study was not only for the chronically homeless, I will use it as a measure of effectiveness due to the chronically homelessness being a target population of this PSH study.

- After one year of the full program rollout, approximately 22-23 individuals would be permanently housed, which is approximately 5-6 percent of the current homeless population.
- As new people enter the program and utilize the 27 beds, over the course of five years it is expected that approximately 116-117 of these individuals will have been permanently housed, which is approximately 29 percent of the homeless population.
- Over the course of ten years, it is estimated that 232-233 individuals who have participated will remain permanently housed, which is approximately 58 percent of the current homeless population.

Figure 5: Effectiveness of Permanent Supportive Housing Over Time



ALTERNATIVE 3: LOW-INCOME HOUSING TAX CREDIT REFORM

Alternative 3 would utilize Roanoke City's lobbying efforts to encourage the state of Virginia to expand its Low-Income Housing Tax Credit (LIHTC) program. Virginia's LIHTC program mirrors the federal government's, however, there is a cap to this program at \$60 million a year, and \$225 million for the life of the program which sunsets after 2025 (*Housing and Community Development Tax Credits*, n.d.). In the 2025 legislative session, Del. David Bulova introduced HB 1701 which would have extended the housing opportunity tax credit sunset date from taxable year 2025 to taxable year 2030 (*LIS HB1701*, n.d.). This bill was a recommendation from the Virginia Housing Commission, and it would have increased the annual cap to \$68 million. This bill was killed in a Senate committee after sailing through the House of Delegates. This alternative would aim to change Virginia state law to expand Virginia's LIHTC for an additional five years and also to increase the annual cap to \$68 million.

Cost

Each year, the city council prepares a legislative agenda which it pitches to the regional state representatives who typically carry some of the priorities on behalf of the city. The city hires a lobbyist who works in Richmond and attends the General Assembly session to lobby for the city's legislative agenda. Since the city will pay for this lobbyist regardless, the total new costs of lobbying the state legislature for LIHTC reform would be \$0.

Political Feasibility

Stakeholder	Likely Position	+ or -
City Council Members	Supportive. City council members have addressed Roanoke's lack of affordable housing options and made it a legislative priority (Dietrich, 2024; Cobb, 2024; Gendreau, 2024; Verrelli, 2024).	+
State Legislators	Divided. Fiscally conservative members, who outnumber progressive state representatives in the region, may critique additional funding requests.	-
Homeless Assistance Team (HAT)	Supportive. This group is on the front lines assisting individuals and witnesses the ramifications of a lack of affordable housing in Roanoke (Homeless Assistance Team Roanoke, VA, n.d.).	+
Constituents	Supportive. Would benefit from additional affordable housing units in the region and would appreciate less unhoused people in the city. Additionally, they would not have to worry about additional local taxes to pay for this effort.	+
Local Businesses	Supportive. Many businesses have expressed their frustrations at the number of homeless individuals in Downtown Roanoke and would welcome proven programs that target the causes of homelessness in the region (Verrelli, 2024).	+

Conclusion	Moderate. Lobbying the state legislature for LIHTC reform has strong local support (city council, homeless assistance team, and local businesses), but state-level uncertainty from regional legislators who would ideally carry the legislation.	
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Effectiveness

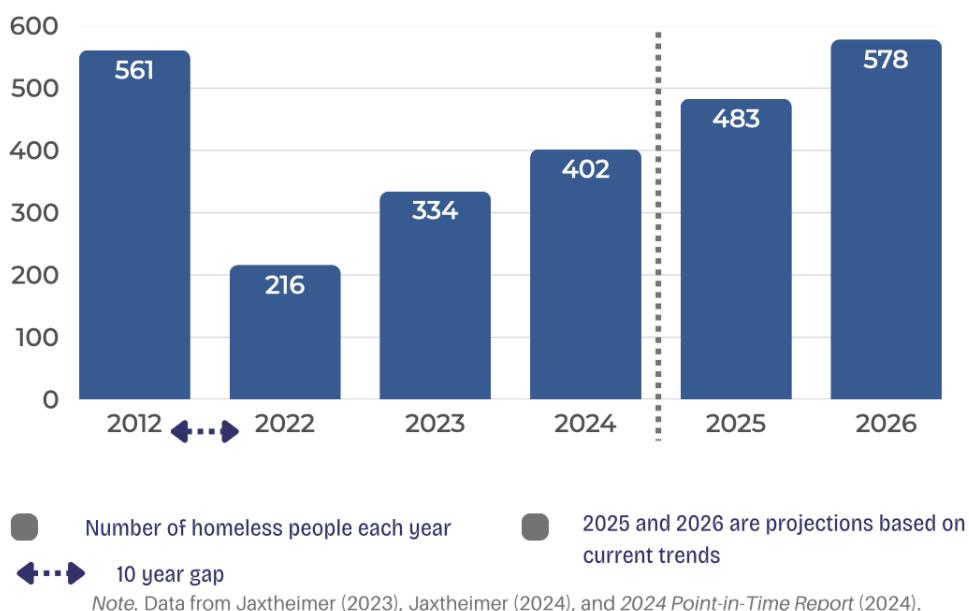
It is difficult to measure the effectiveness of a legislative reform to Virginia's LIHTC. Such a law would go into effect, at the earliest, July 1st, 2026. Therefore, it is not expected to affect the number of people that are projected to live in stable housing in one year who would have otherwise remained homeless. In fact, if the rate increase of those experiencing homelessness remains the same, it is possible that 79 more individuals will be experiencing homelessness within the first year. However, there would almost certainly be positive long-term effects of the additional units added overtime as the national program has built over 3.5 million units (*The Importance of Expanding LIHTC to Address Housing Affordability*, 2024). LIHTC reform will have low short-term benefits. However, it would have a moderate effectiveness after five years as LIHTC-financed housing developments would begin operations by this point. By year ten, there is the potential for high effectiveness as a decade of LIHTC developments increase the number of affordable housing units available in the city.

ALTERNATIVE 4: STATUS QUO

The status quo is an alternative in which Roanoke City Council makes no changes to its efforts at addressing homelessness. There has been a 20.6% increase in the homeless population from 2023 to 2024 (*2024 Point in Time Report*, 2024). There are currently 402 homeless people in Roanoke City whose population is just over 100,000 (*U.S. Census Bureau QuickFacts*, n.d.). This is about .4 percent of the population. In 2023, about .08 percent of Virginia's total population was homeless (*SOH*, n.d.). If Roanoke's homeless population continues to increase at this rate, it will surpass the peak reach in 2012 by 2026 (*2024 Point in Time Report*, 2024). As Roanoke's housing crisis continues to worsen, it is likely that the rate of homelessness could even increase (*SOH*, n.d.).

Figure 6: Roanoke Homeless Population: Expected Trend

ROANOKE HOMELESS POPULATION: EXPECTED TREND



Cost

Roanoke received more than \$2.5 million in HUD funding for fiscal year 2024 (FY2025 Adopted Budget, 2024). Of this, at least \$1.5 million is going towards homelessness services as well as \$218,883 towards the Homeless Assistance Team. With no action, these costs are expected to only rise. If homelessness continues to increase at the rate it did from 2023-2024, these costs would increase by 20.6%, totaling \$354,690.

Political Feasibility

Stakeholder	Likely Position	+ or -
City Council Members	Opposed. Addressing homelessness, from many angles, was central to the 2024 city council elections (Dietrich, 2024; Cobb, 2024; Gendreau, 2024; Verrelli, 2024).	-
State Legislators	Opposed. Accepting the increasing number of homeless individuals is not politically acceptable for politicians in the region.	-
Homeless Assistance Team (HAT)	Opposed. This group is on the front lines assisting individuals and witnesses first-hand the ramifications of the status quo. (Homeless Assistance Team Roanoke, VA, n.d.).	-
Constituents	Opposed. As the rate of homelessness increases, constituencies will demand some sort of action.	-
Local Businesses	Opposed. Many businesses have expressed their frustrations at the number of homeless individuals in Downtown Roanoke and would not welcome the continuation of the status quo (Gendreau, 2024).	+
Conclusion	Low. The status quo is unacceptable at the local and state levels.	

Effectiveness

In 2024, 402 people in Roanoke were considered homeless, making up just over .4 percent of the total Roanoke population (*U.S. Census Bureau QuickFacts*, 2020; *2024 Point in Time Report*, 2024). From 2023 to 2024, homelessness increased by 20.6 percent in Roanoke City. If homelessness continues to increase at this rate, Roanoke's homeless population will surpass the 2012 peak by 2026. It is possible that 79 more individuals will be experiencing homelessness within the first year with no additional actions.

OUTCOMES MATRIX

Table 3: Outcomes Matrix

Alternative	Cost	Political Feasibility	Effectiveness
Expand Rapid Re-Housing Program	Estimated net present value total cost: <u>\$72,911</u> . Moderate.	Moderate to high.	22 individuals after one year permanently housed. 114-122 individuals permanently housed after five years.

			229-246 individuals permanently housed after ten years. High effectiveness.
Expand Permanent Supportive Housing Program	Estimated net present value total cost: <u>\$397,994</u> . High.	Moderate.	22 individuals after one year permanently housed. 116 individuals permanently housed after five years. 232 individuals permanently housed after ten years. High effectiveness.
Reform Virginia LIHTC	Estimated total cost: <u>\$0</u> . Low.	Moderate.	Will not have a positive effect on the number of homeless people in Roanoke for the first year. Up to 79 additional people may fall into homelessness in the first year. Any positive effects will be felt years in the future. Low effectiveness.
Status Quo	Estimated total cost: <u>\$354,690</u> . High.	Low.	Up to 79 additional people may fall into homelessness in the first year. Low effectiveness.

RECOMMENDATION: Expand Roanoke's Rapid Re-Housing Program

I recommend that the Roanoke City Council chooses to expand the number of rapid re-housing beds it currently provides (increase by 27 beds). This expansion would aim to double the number of beds currently available in the Council of Community Services' rapid re-housing program in two years.

With this recommendation there are tradeoffs. For instance, the PSH program is slightly more effective. However, the RRH program is much more politically feasible as its total additional upfront costs from the city over two years is \$70,100 rather than \$403,934. This is less than 18 percent of the total cost of the PSH proposal for the same number of beds. Both programs are expected to have about the same effect on the number of people projected to live in stable housing in 1 year who would have otherwise remained homeless.

Expanding the rapid re-housing program in Roanoke targets families with children under the age of 18. This proposal is an easy selling point to the divided city council. It is also more affordable in contrast to the costly PSH program in Roanoke.

IMPLEMENTATION

In order to expand the current number of rapid re-housing beds in Roanoke, the city council should prepare for budget negotiations as soon as possible. Without a proper understanding of the RRH program, there is the potential for public resistance to this proposal. Preparation also allows the city council to adapt to changes in sourcing funding for this program.

Rapid Re-Housing Across the U.S.

In order to expand the rapid re-housing program in Memphis, Tennessee, the Continuum of Care there utilized ESG funds, city general funds, and philanthropic donations from private nonprofit organizations as well as local congregations to implement their rapid re-housing program (The Role of COC Lead Agencies in Expanding Capacity and Improving Performance, 2017). This program has proven its cost-efficiency and has resulted in more resources in the state aimed towards RRH rather than transitional housing options. Similarly in Richmond, VA, Homeward was able to utilize funding streams from HUD as well as the state and local funds for their rapid re-housing program (The Role of COC Lead Agencies in Expanding Capacity and Improving Performance, 2017). Both instances blend a variety of funds to serve the homeless population with RRH similar to how Roanoke currently funds their RRH. Balancing funding streams underscores the need for strong support while showcasing the dedication behind these programs.

Implementation Actors

Roanoke City Council will be crucial for expanding the city's rapid re-housing program. As the city council prepares the FY 2026-27 budget, they should increase the amount of funding allocated from the city's HUD funds by \$32,933 and then by \$39,978 the following year in order to double the number of beds in the RRH program. Roanoke's Homeless Assistance Team (HAT) and the Council of Community Services will act as advocates for this funding increase for the months of budget negotiations before final approval in May of 2026. The City Manager oversees the operations of the city as well as the development and implementation of the budget (*City Manager*, n.d.). The City Manager will act as a fixer who will track the performance in the delivery of funding as well as ensure the funds are allocated correctly.

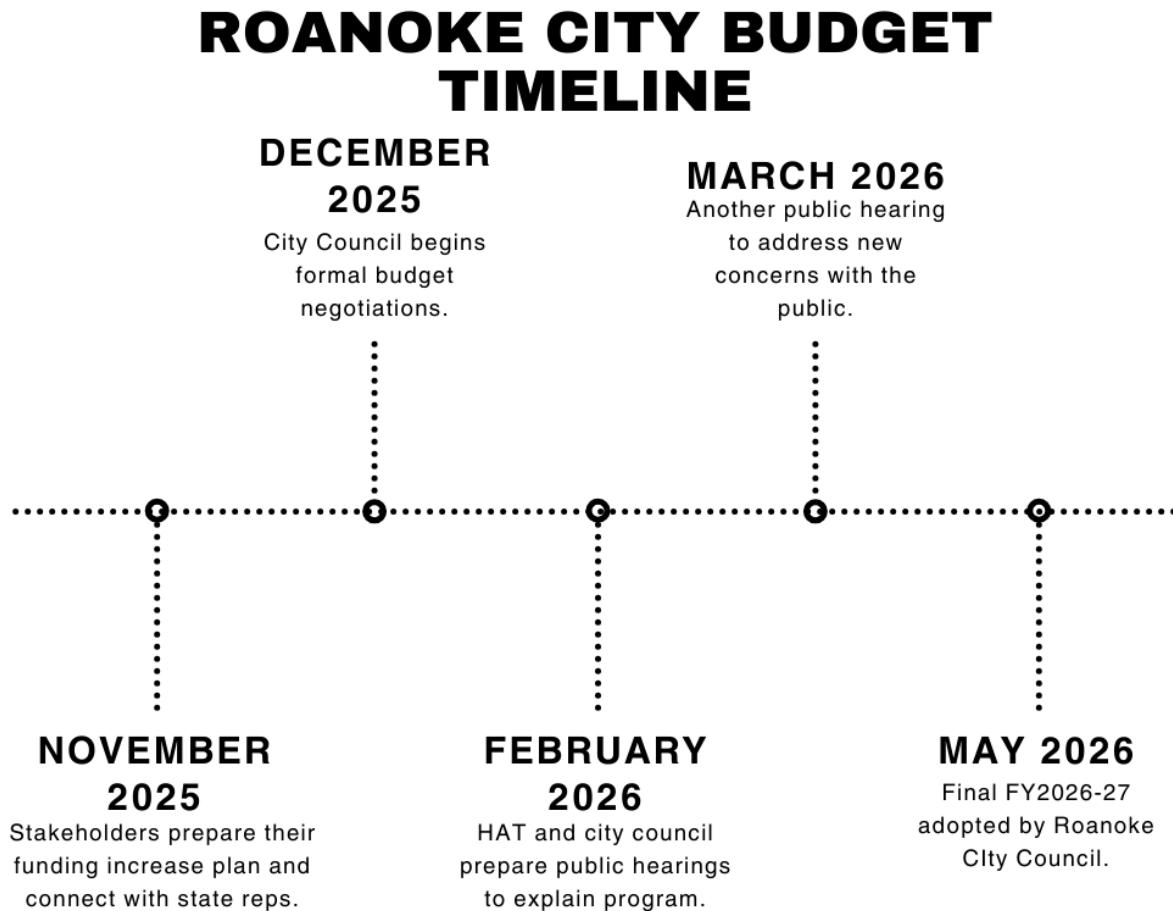
Implementation Plan

City council will have their first FY 2026-27 briefing in early December of 2025 (*Budget Development*, n.d.). During the briefings and budget negotiations which will kick off during and following that meeting, the city council will advocate for and approve of the additional funding for the rapid re-housing program. Throughout the following months it is crucial that the council secures political buy-in from the public through public council meetings. Following the budget adoption in May of 2026, organizations such as HAT and the Council of Community Services will act as the doers and coordinators who manage the day-to-day implementation, coordinating services for qualifying individuals, and ensuring compliance with HUD. They already do this now at the current funding levels. The City Manager will ensure the funds are allocated to the Council of Community Services correctly and efficiently (*City Manager*, n.d.). HAT and the Council of Community Services will continue to work together to implement the new funding in a manner to quickly increase the number of beds available for homeless families that qualify for RRH.

City Council Next Steps

In order for Roanoke City Council to move this recommendation forward, they must plan to increase this funding for the budget negotiations expected to begin in December of 2025. The following months leading into May of 2026 will be crucial for deciding how much HUD funding will be appropriated for the RRH program. The council should ensure this funding increase is politically viable through public hearings and social media posts. The council should emphasize to the public that this funding will go towards homeless *families* and that studies have shown RRH programs to be effective. Additionally, the city council should remind the public that RRH has been placing the city's most vulnerable residents in permanent housing for years. The city council will be crucial in educating the public on the necessity of such an expansion, and the value it will bring to the city.

Figure 7: Roanoke City Budget Timeline



Stakeholders

State legislators have large constituencies which overlap with the city. It is in the best interest of the council to proactively approach these representatives on the purpose of their proposal to increase funding for the RRH program to avoid public resistance from these representatives. The Homeless Assistance Team (HAT) as well as the Council of Community Services manages and supports this program. Constituents are largely taxpayers who are likely to be open to expanding such a program so long as they understand the benefits of the program expansion. This requires city council and partners such as HAT to publicly discuss this program so constituents are informed.

Evaluation Plan

The evaluation plan for expanding Roanoke's Rapid Re-Housing (RRH) program will assess the program's effectiveness over a 5-year period by tracking participant outcomes and measuring reductions in homelessness. Key performance metrics include maintaining stable housing for at least 85% of participants 12 months after exit, how much the homeless rate is reduced, and how long an average RRH stay is. Data will be collected through the Homeless Management



Information System (HMIS) and annual Point-in-Time (PIT) counts, with evaluations to inform program adjustments. Annual progress reports will be provided to Roanoke City Council by the Council of Community Services to ensure transparency and continuous improvement.

Planning for the Worst

In the worst case scenario, the HUD funding allocated to Roanoke City is halted by the federal government. This is increasingly likely as President Trump continues to limit federal government spending. In this circumstance, the HUD funding would not be available for the city to pull from. To adapt, the city council must be prepared to pull additional funding for RRH from other sources such as the general fund or from fundraising initiatives such as GIVE Roanoke, which is an initiative of the Council of Community Services (*FAQ | GIVE Roanoke 2025*, n.d.). This option allows the city council to publicly advocate for additional funding for RRH and build public support for it, knowing that there are additional funding options available in the worst case scenario that will prevent total derailment.

Roanoke City Council must prepare to advocate for expanding the RRH program as soon as possible in order to efficiently begin formal budget discussions in December of 2025. Preparation includes dialogue with key stakeholders and preparing for the worst case scenario.

CONCLUSION

In 2024, over 400 individuals experienced homelessness in Roanoke. Roanoke's homelessness crisis is driven by a lack of affordable housing, insufficient income, and barriers such as mental health challenges and addiction. Rapid re-housing offers a promising solution by providing short-term rental assistance and support services to help individuals and families quickly transition into stable housing. Over the course of a decade, nearly 250 individuals are expected to be permanently housed following this proposed expansion. Roanoke has reversed homelessness trends before, and a renewed urgency to decrease homelessness in the city has set the city council up to take decisive actions to ensure stability for its most vulnerable residents.

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APPENDIX

Rapid re-housing discounted cost:

Year 1: \$32,933

Year 2: \$41,167

PV = $(41,167)/(1+0.03)^1$ = \$39,978 discounted

Rapid re-housing effectiveness:

27 program participants, *9% = 2.43, round down to 2 people, up to 3 people

27 program participants - 2 people drop off = 25 people permanently housed

27 program participants - 3 people drop off = 24 people permanently housed

27 program participants, * 15% = 4.05, round down to 4 people, up to 5 people.

27 program participants - 4 people drop off = 23 people permanently housed

27 program participants - 5 people drop off = 22 people permanently housed

135 program participants **over 5 years**, $135*9\%$ = 12.15, round down to 12, round up to 13.

135 program participants - 12 people drop off = 123 people permanently housed

135 program participants - 13 people drop off = 122 people permanently housed

135 program participants **over 5 years**, $135*15\%$ = 20.25, round down to 20, round up to 21.

135 program participants - 20 people drop off = 115 people permanently housed,

135 program participants - 21 = 114 people permanently housed

270 program participants **over 10 years**, $270*9\%$ = 24.3, round down to 24, round up to 25,

270 program participants - 24 people drop off = 246 people permanently housed,

270 program participants - 25 = 245 people permanently housed

270 program participants **over 10 years**, $270*15\%$ = 40.5, round down to 40, round up to 41

270 program participants - 40 people drop off = 230 people permanently housed,

270 program participants - 41 = 229 people permanently housed

Permanent supportive housing discounted cost:

Year 1: \$179,793

Year 2: \$218,201

PV = $(218,201)/(1+0.03)^1$ = \$397,994 discounted

Permanent supportive housing effectiveness:

27 new beds, *14% = 3.78, round down to 3 people, round up to 4 people.

27 program participants - 3 people drop off = 24 people permanently housed

27 program participants - 4 people drop off = 23 people permanently housed

135 program participants over 5 years, $135 \times 14\% = 18.9$, round down to 18, round up to 19.

135 program participants - 18 people drop off = 117 people permanently housed

135 program participants - 19 people drop off = 116 people permanently housed

270 program participants over 10 years, $270 \times 14\% = 37.8$, round down to 37, round up to 38.

270 program participants - 37 people drop off = 233 people permanently housed

270 program participants - 38 people drop off = 232 people permanently housed

Rate of homelessness:

Status Quo
402/100,000 = .402 % of Roanoke population is homeless
402+20% = 483 homeless people in Roanoke in 2025
483+20% = 579.6 homeless people in Roanoke by 2026