

Blueprint to Address Homelessness in the Midlands

YESWECAN

Midlands Commission on Homelessness

www.yeswecansc.org

INTRODUCTION

On January 27th, 2005, dozens of volunteers scanned Midlands streets and shelters looking for people who were homeless. Though the effort was uneven (few volunteers reached rural areas of Richland and Lexington counties), 1,753 people were found living in shelters, on the street or in other places not intended for human habitation.¹ Contrary to common perceptions, 70% of these homeless men, women, families and youth are from South Carolina and 75% were living in the Midlands when they first became homeless. Their stories are diverse. Men, women, youth, and families become homeless for different reasons and remain homeless for varying lengths of time.² "The homeless" include:

- People who are chronically homeless: those that move from streets to shelters over the course of several years and who typically have chronic or disabling health or behavior health problems.
- Women and children who are in crisis because they are fleeing family violence.
- Homeless families with children.
- Homeless men and women in short term financial crisis.

Because homelessness is caused by a broad array of both individual and community factors, completely eliminating homelessness is not an attainable goal. But, homelessness can be significantly reduced in the next ten years and people who are homeless could return to meaningful lives. That is the goal of the Blueprint Plan and to do it in a manner that fully *respects the dignity and quality of life for all our citizens*. To meet the needs of the community while increasing opportunities for those who live in the deepest poverty will require balancing competing interests, addressing complex issues and making difficult decisions, some of which are highlighted below.

The Blueprint Plan is based on ten key strategies to be pursued over a ten year period. These strategies address the needs of those people who are chronically homeless as well as those of the other homeless populations, such as families. Because the plan offers strategies for addressing immediate problems as well as those that require more long term and preventive efforts, the timelines and resources required vary. What must remain constant is the community's resolve to implement them with fidelity. Over time, emergency shelter requests should decrease as affordable and supportive housing options increase and the community shifts its focus to prevention.

A caveat

It is important to note at the outset what the Blueprint Plan does *not* do. The Plan does not offer solutions to all of the systemic problems contributing to poverty or hampering economic growth in our region. Some people have expressed concern, doubt and even cynicism at the notion that homelessness can be reduced— given persistent problems with education, transportation, low wages, racism, health care, or other issues that affect poverty and marginalize some members of our community. We acknowledge that aspects of our political and economic systems will continue to "produce" homelessness through, and likely beyond, 2015. The Blueprint offers strategies to accommodate these limitations for a specific population—people who are homeless. For example, recommendations address access to services *given* the limited public transportation in our community. The Blueprint does not offer

On January 27, 2005 1,753 people were found living in shelters, on the street or in other places not intended for human habitation.

ideal solutions but proposes what we hope are workable solutions for *this* community at *this* time.

BALANCING NEEDS: THE COSTS OF HOMELESSNESS

Everybody loses from homelessness. Individuals without stable housing struggle to meet basic needs the rest of us take for granted like food, personal hygiene, rest, health and even mail. Unfortunately, hunger, poor hygiene, and a lack of sleep also make it very difficult to emerge from homelessness. Imagine seeking or retaining employment when you can't shower. How do you keep up with disability checks or get a "picture ID" without an address?

Lacking private resources and places to meet these needs, people who are homeless spend their days trying to secure them through other means. They may wander from soup kitchens to public spaces; sleep in garages; help themselves to water hoses in private yards. Unfortunately, the use of community and public spaces to meet these basic needs compromises the value and use of those public spaces by others. People sleeping on benches, loitering in libraries and parks, or urinating in alleys, diminishes the value of these resources for others. Even compassionate efforts like weekly feedings in public parks have unintended consequences such as litter, and may make it uncomfortable or even intimidating for others to use the park as intended.

THE COSTS OF HOMELESSNESS

Homelessness is an expensive problem to ignore and represents significant loss both for those who are homeless and for the broader community.

Homeless individuals and families experience a wide range of financial crises with devastating impact. They include, for example:

- Unemployment (due to disability, a lack of skills, ambition or transportation, a poor job market)
- Underemployment (low wage, intermittent employment or underutilized skills)
- Inadequate income
- Debt (resulting from health care, divorce or other crises),
- Lack of meaningful or productive endeavor which may contribute to a sense of hopelessness.

From in-depth interviews conducted with almost 600 homeless people in the Midlands in January 2005, it is clear that many people are one or two paychecks away from crisis. The most frequently reported cause of homelessness was job loss.³ Many respondents also reported housing problems as a factor in becoming homeless, including the inability to pay rent or mortgage (20%) or eviction (15%) as a cause of homelessness. An astonishing 30% reported that they had been homeless four or more times in the previous three years, offering the rest of us just a glimpse of the difficulties of emerging from homelessness and the grief from the instability it causes.

In addition to the cost to the individual, the community experiences direct costs (public and private) for services to the homeless and for addressing less visible con-

On January 27, 2005, of 600 homeless people interviewed, 30% reported that they had been homeless four or more times in the previous three years.

sequences of homelessness (law enforcement, cleanup of public spaces). Indirect costs include expenses we all absorb because the lack of appropriate services compels the over-use of services like emergency rooms. More difficult to quantify but also real are the opportunity costs of homelessness including lost wages, lost business (retail trade dissuaded by panhandling) or a lack of economic development. The following examples are offered to illustrate these costs.

DIRECT PUBLIC AND PRIVATE COSTS

The Midlands' major shelter providers operate with combined budgets of an estimated \$4.5 million annually. This does not include funding for prevention, permanent housing or many services provided to people who are homeless. Most of the funding is private and local. The largest federal programs targeted to homelessness, both of which are competitive, are HUD's Supportive Housing Program, which currently provides \$1.8 million for supportive services and housing for the homeless in the region and HUD's Emergency Shelter Grants Program, which contributes approximately \$350,000 to local shelter operators.

Public systems absorb direct costs from homelessness. For example, the lack of appropriate facilities (day facilities, adequate shelter) for people who are homeless compels the use of expensive services, many of which further complicate the emergence from homelessness. Consider the impact of homelessness on our local public safety system. **Officers in all local jurisdictions have few options beyond arresting people when they receive complaints about panhandling, public drunkenness, loitering or vagrancy.** They can warn the individual or chase the individual off the site-potentially creating a problem in another location. Even arresting a homeless person is only a temporary solution as it is unlikely the situation or behavior will have changed upon release. **Jailing people for minor offenses is expensive.** Not counting the expense of the officer's or the court's time, the cost of a **30-day sentence at \$60.00/day typical for public intoxication is double what it would cost to house them and support their recovery from addiction for a month.** Local law enforcement officials are so familiar with the chronic street population, they can identify approximately 25 individuals who account for the majority of homeless arrests. Worse, the short term solution of jail can further hamper an individual's recovery from homelessness. A criminal record limits employment and housing opportunities and outstanding warrants have come back to haunt many an individual attempting recovery at the Salvation Army and Oliver Gospel Mission.

The cost of a 30-day sentence at \$60.00/day is double what it would cost to providing housing and support for a month.

There are additional direct and perhaps surprising costs to homelessness. The City of Columbia has had to assign daily work crews beginning at 5:30 a.m. to clean downtown parking garages by removing bedding and human waste material at an estimated cost over \$40,000 per year. Police estimate that 85% of the parking meters vandalized in downtown Columbia can be attributed to homeless persons. Costs of repair, replacement, and lost revenue from damaged meters are estimated at over \$89,000 per year. Additionally, approximately four man-hours daily are spent cleaning, sanitizing, and removing litter from areas of Finlay Park at a cost of \$58.40 per day. On week-ends or holidays when feeding programs are offered in the park, additional hours are needed to remove the food crates and other debris. During winter 2004, Columbia parks facilities were opened for additional overflow of homeless persons who could not be accommodated by area shelters at a cost of over \$14,000 for just a few weeks. The City Center Partnership reports that they

spent over \$50,000 on two full-time employees to address cleanup and safety issues in relation to the homeless. Similar stories are reported from many other facilities such as the Richland County Public Library.

INDIRECT COSTS AND LOST OPPORTUNITIES

Individuals who are homeless suffer from some health problems at higher than average rates (e.g. tuberculosis, HIV, foot problems, infections). Poor living conditions increase their vulnerability to illness and then complicate their ability to manage or recover from poor health. Further, **their lack of access to routine health care, dental care, medication, and acute care increases the cost of care when it is received.** Every day a person must be kept at Palmetto Richland at the cost of \$1,300/day for lack of housing represents almost 40 days in permanent housing with services. **The five to six day average stay for homeless persons admitted to Palmetto Richland Health Center would pay for a year of rent at \$650/month.** Inpatient mental health treatment at \$323/day is nearly ten times the cost of providing permanent housing with mental health services. Ironically, in spite of the costly services provided to a homeless person with a health crisis, he or she often does not fully benefit from them, at least not for long. Even when a homeless person can get necessary medications, the lack of housing, food, and drinking water makes it difficult to adhere to medication or other treatment regimes. This can precipitate another health care crisis.

Every day a person must be kept at Palmetto Richland at the cost of \$1,300/day for lack of housing represents almost 40 days in permanent housing with services.

The burden of lost opportunity is borne by the homeless individual and the community. According to the January homeless survey, about 40% of the homeless in the region have at least a 12th grade education or equivalent. South Carolina's census data from the year 2000 shows that the median income of a full time, year round worker with a 12th grade education or equivalent, age 21 or older is \$25,093/year.⁴ If just half of the 701 adults who were identified on January 27th and are currently homeless in the Midlands worked at this wage level, they would contribute an additional \$8,782,550 in income to the local economy.

Community efforts to revitalize local business districts with new housing, retail, and service trade are compromised when people who are homeless congregate in particular locations. Use by the homeless of alternative ways to secure income like panhandling, window washing or other tactics that people perceive as intrusive or intimidating hamper development efforts. **Though difficult to quantify, economic development experts report that proposed projects to locate new businesses in the downtown have been delayed or cancelled because of a bad experience with the homeless or a perception that there could be problems because of the dense homeless population in downtown Columbia.** Occasionally a business moves. A major law firm is moving from its Main Street location to Forest Acres because the downtown location is no longer tenable. In addition to problems with the landlord, the firm is unhappy because they and their clients have been accosted and approached for money, cars have been broken into, and they have witnessed drug use and sexual activity in their parking lot. Another businesswoman reports frustration with regularly encountering human feces outside of her shop, believing it discourages retail trade. The Marriott Hotel in downtown Columbia has reported similar problems.

These lost opportunities represent lost revenue and jobs, but there are additional community losses from homelessness. **The predictable movement of street people**

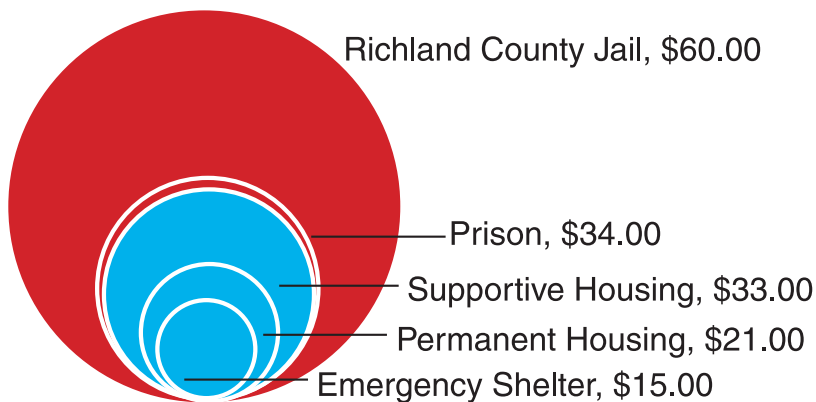
in patterns across the metro area is disturbing to many and can discourage use of public spaces. In the course of interviews for the Blueprint process, people reported that in winter the homeless move to and from the winter shelter to soup kitchens, indoor public places like libraries and back to the shelter in the evening. In summer the pattern shifts: movement is to or across the river into West Columbia and Cayce. Police report more calls related to persons sleeping on the streets or other public areas. Early morning walks and jogs in parks and along the riverfront are avoided; large and small businesses take on the extra expense of security for clients and employees; families are uncomfortable taking children to libraries where people who live on the street hang out ("I understand they have the right to be there, but when they are there all day long, doing nothing productive, and they take up the computer spaces and give the place a disreputable appearance, they are infringing on my rights, too, aren't they?"). These concerns were clearly reflected in a survey conducted in April 2005 among active registered voters in the City of Columbia. When asked what they thought was the single most important issue the City of Columbia's government should be addressing, nearly one in three mentioned crime and safety concerns. One third of those responses specifically mentioned the homeless/street people as the object of their concern. On the other hand, people who are homeless and feel compelled to assume these daily marches to meet their basic needs express their own despair from the emotional and physical toll. ("It is hard and hurtful to know people don't want us there.")

People who are homeless express their own despair from the emotional and physical toll: "It is hard and hurtful to know people don't want us there."

We can do better.

Effective and less costly alternatives to managing homelessness with insufficient or inappropriate responses are available. The graphic on page 6 illustrates the cost of different kinds of "housing based" care for people who are homeless using local data. Emergency shelter with services and permanent supportive housing (housing that includes comprehensive social and behavioral health services for people who have a mental illness, substance abuse problem or other disabling condition) are effective and less expensive than crisis services described above. Permanent housing without services for people who do not need long term support is even cheaper (approximately \$21 day for a two-bedroom unit at the fair market rent). These local data align with national research that has shifted the paradigm on homeless intervention. **The expense of crisis care for the homeless and the success in communities like New York and Philadelphia of placing people as quickly as possible into permanent housing accompanied by services, recommends local experimentation with "housing first" and "low demand housing" models.** "Housing first" programs move individuals and families as quickly as possible from a shelter or even the street into permanent supportive housing. Low demand housing specifically targets people with chronic conditions including mental health or substance abuse that tend experience long term or chronic homelessness. The goal is to meet people where they are and respond to their basic needs. People are placed in housing with the expectation that they be good tenants, e.g. comply with lease agreements but they are not required to participate in programs, receive services, or stay clean until they are ready. Examples of low demand housing or other harm reduction strategies include Safe Havens and some types of sobering centers (wet, damp shelters).

Developing a more effective and efficient system of care for people who are homeless will require overcoming barriers and taking advantage of opportunities.



The Cost of Serving Homeless People in the Midlands

BARRIERS AND OPPORTUNITIES TO ADDRESSING HOMELESSNESS IN THE MIDLANDS

Lack of commitment to addressing homelessness

Homelessness is a regional issue that affects all of the Midlands. Further, its solution will require participation from political, business, nonprofit and faith communities. Committees and task forces have tried to address homelessness in the past—the sheer number of studies in the last 20 years reflects a persistent concern with the issue. **Previous studies failed for lack of commitment to follow through with the recommendations.** This has produced a system of care that is fragmented and without leadership.

Fragmentation

We do not have a complete picture of homelessness in our community. Although local service providers continue to improve efforts to assess homelessness (more ambitious counts, a new data management system), there are no baseline data nor reliable trend data from which to plan or measure progress. Agencies, faith based groups, and private citizens have developed programs to deal with whatever aspect they perceive as most pressing. This giving spirit has equipped the community with many programs. The outpouring of "good will" is impressive. But there is a limit to the effectiveness of this "ground-up" approach. **The responses to homelessness have been piecemeal.** Some populations remain neglected. It is still difficult for homeless women who are pregnant or for homeless families with older children to find shelter. Unaccompanied youth have an even more difficult time finding assistance. On the other hand, the mushrooming of programs and/or new non-profits to provide some set of services to the homeless burdens even a generous community with requests for support.

Lack of Central Organized Leadership

Because homelessness is a regional problem, solutions are encumbered by the lack of a single responsible political entity with the vision and authority to address it. **The Midlands currently does not have a central organization to coordinate services, housing needs, and funding.** The Columbia City Council and Richland County Council established the Midlands Commission on Homelessness (MCH) to provide leadership on homeless issues. As volunteer organization without staff support or

funding, the MCH has served as an advocate but has not had the authority to implement solutions. In the past four years, the MCH volunteer resources have focused on providing winter shelter for people who are on the street.

Columbia has struggled in the past with relocating existing shelters. Over the last ten years, the Oliver Gospel Mission has attempted to move several times from its 100-year old location at the corner of Taylor and Assembly. "NIMBY" ("Not in My Back Yard") resistance from residents, businesses, and church groups near the potential sites and concerns about programming defeated the attempts. The community now must address relocation of the Beth & Lou Holtz Shelter whose lease expires in April 2006. Finding a new location for a year-round shelter will falter as long as community perception that homeless shelters attract loitering and crime, and decrease property values persists. A well-run shelter with appropriate services that helps guests improve their lives can fit into any community without lowering the quality of life for surrounding residents.

Strengths and Weaknesses in Current Continuum of Care

As already noted, the range of services currently available to the homeless in the Midlands is an indication of the goodwill of the community—that of dedicated service providers and generous donors. **The Midlands does have an important range of services and short term housing.** In the Midlands, there are 188 emergency shelter beds, an additional 250 emergency beds during the winter, 390 transitional housing units, and 185 permanent supportive housing units targeted for the homeless.⁴ Nearly all of the emergency and transitional beds are dedicated to single (unaccompanied) men and women leaving few emergency options for families. Only one program in the Midlands focuses on sheltering homeless families and its current capacity is limited.

The Midlands has many programs that offer services or shelter to specific populations, such as persons experiencing substance abuse, mental illness, or domestic violence or who are veterans or ex-offenders. The targeting of these populations is partly a result of federal funding systems. The advantage is that it allows agencies to provide specialized services to meet particular needs of many groups in the diverse homeless population. The disadvantage is that it may limit the use of resources—**excess capacity in one program is not available to all.** It also may make it difficult to enter or negotiate the system of care for people who are homeless—they must meet different eligibility requirements (have children/do not have male children older than 13; be clean and sober today/for 90 days; have a disability/do not have a disability) to find the right door into care. It can also contribute to duplication—many public and private agencies provide case management, lifeskill training, job training, etc.

There are also gaps and shortages in the continuum of care. The continuum currently **lacks a single point of entry⁷ to services and housing, systematic evaluation and follow-up for people receiving services and a means of evaluating outcomes for people who are homeless.** People on the street lack such basic services as bathing facilities, laundries, storage, or mail and voice mail boxes. **In some instances, services do not reflect what is needed when and where it is needed.** Program operating hours (emergency shelters often close during the day, the winter shelter is only open five months of the year) and locations (different soup kitchens offer meals in

Finding a new location for a year-round shelter will falter as long as community perception that homeless shelters attract loitering and crime, and decrease property values persists.

different locations). In downtown Columbia, there are approximately twelve local churches or groups that offer meals or food assistance at various times during the day or week; currently there is no coordination of these services. With shelters, meals, and other services offered at various locations, individuals tend to move from location to location on foot across the downtown throughout the day.

The Midlands Area Consortium for the Homeless (MACH) is a volunteer organization of service and housing providers, local government representatives and other community stakeholders that serves fourteen counties in the state. Among the primary functions of MACH is the development of the annual application for the U.S. Department of HUD's Continuum of Care funding. Monthly meetings and other activities help keep members informed about homeless programs in the region. The development of a Homeless Management Information System⁸ should improve coordination of services and case management. MACH has been a strong partner in the Blueprint process. While MACH has secured significant federal funding to address homelessness and has improved communication among local and regional service providers, it is a voluntary organization and its geographic scope far exceeds Richland and Lexington counties. These factors severely limit its ability to coordinate homeless services in Richland and Lexington counties.

Lack of affordable housing

The heart of the issue is that people are home-less. The lack of affordable housing in the region contributes to the level and persistence of homelessness in the Midlands.

The Midlands area has approximately 62,885 renters. According to the U.S. HUD Comprehensive Housing Affordability Strategy Data, 12.36% of these renters are paying over 50% of their incomes for rent, compromising their ability to make ends meet. United Way of the Midlands receives over 800 calls a month from people seeking rent or utility assistance. Many of these "cost burdened" renters would benefit from housing assistance such as a Section 8 voucher. Unfortunately, the demand for assistance is so high in the metro area that the Columbia Housing Authority's only opens the waiting list *every two or three years*. There are currently over 4000 people on the Section 8 waiting list in region.

With a local housing wage of \$12.02/hour⁹, many working people, including the homeless simply cannot afford housing. On a given night at the Holtz winter shelter, 40% of the guests are employed. Residents of most shelters and transitional housing programs are required to get jobs within weeks of entering the housing programs. The high cost of establishing housing (security deposits, first and last months' rent and furnishings), inadequate public transportation (which confines a housing search) and for some a history of poverty or personal problems (poor credit, poor housing histories, arrest records) makes it impossible to emerge from homelessness. It is even more difficult for people who are on fixed incomes including people who are disabled. This has created "bottlenecks" in the current shelter programs and discourages people in them. Development of additional housing units available to people with incomes of less than \$15,000 is a critical factor to reducing local homelessness.

There are currently over 4000 people on the Section 8 waiting list in region.

A NEW APPROACH

To reduce homelessness and improve the quality of life for all members of our community will require a well developed continuum of services and housing to meet the diverse needs of people who are homeless. It also will require a willingness among all stakeholders to approach an old problem with new solutions. A high functioning system of care would do the following:

- Be based on best practices, evidence, community experience and community needs.
- Prevent much of homelessness through early identification of, and assistance to, people who are at risk because financial or other problems jeopardize their stable housing.
- Provide easy access to care through a "no wrong door" approach that allows a person who is homeless to begin receiving assistance from any point of entry to the system.
- Offer adequate and appropriate affordable housing, some with and some without services depending on the particular needs of the people being served.
- Provide a full array of accessible services that offer the opportunity for a meaningful and self-sufficient life to any who are homeless and choose to stay that way.
- Distinguish and appropriately respond to the relatively few homeless who opt for a lifestyle of vagrancy and criminal activity.
- Commit leadership, authority and resources to implement this vision.

With the vision of supporting a high quality of life in the Midlands, the following strategies build upon a solid foundation of local support for the homeless and ask the community for new attention, resources and commitment.

The following ten key strategies are the foundation of the Blueprint plan. Each is critical to the overall effectiveness and success of the Midlands community's effort to reduce homelessness significantly.

BLUEPRINT STRATEGIES

1. Create an empowered lead authority to ensure the implementation of the strategies of the Blueprint, to monitor progress and to function as the public mechanism for accountability.

The creation of an authority empowered and accountable for implementing the Blueprint is the key to ensuring that it does not end up on the shelf like previous plans on homelessness. A central authority is critical to overcoming fragmentation in political leadership and in service delivery. **The Blueprint recommends reorganizing the existing Homeless Commission to include representation from Richland and Lexington counties and the City of Columbia; to provide it resources (adequate funding and staff) and to appoint several advisory councils to assist it in addressing specific aspects of the Blueprint.** Under the authority delegated by the City of Columbia, Lexington County and Richland County councils, the new Commission will work with stakeholders to implement the Blueprint, update the Blueprint, and report to the community and local government on progress toward implementation of the plan. The MCH will work with local jurisdictions in the approval process for

The creation of an authority empowered and accountable for implementing the Blueprint is the key to ensuring that it does not end up on the shelf like previous plans on homelessness.

certifications required for applications for HUD or other governmental funding, to insure the proposed projects align with the Blueprint strategies. In addition, the MCH will have the prime responsibility for improving coordination between and among local jurisdictions, providers, business, neighborhoods, the homeless and other relevant stakeholders.

The newly formed commission would be organized with six advisory councils to provide input from appropriate stakeholders. The six councils include:

- Continuum of Care Council to work with the provider community. This council will assist the MCH in conducting an annual continuum of care gap analysis and advise the Commission on changes in best practices and needs in the Midlands.
- Affordable Housing Council to work toward development of a trust fund and to promote development of affordable and supportive housing.
- Neighborhood Relations Council to engage the neighborhood associations.
- Business Relations Council to engage local businesses.
- Public Safety Council to work with local law enforcement, fire safety and other emergency and safety agencies.
- Funding Council to identify public and private resources and to increase access to available funds.

Finally, the Blueprint recommends that the MCH partner with United Way of the Midlands to support the monitoring and evaluation of programs, services and agencies and with development and implementation of Blueprint related requests for proposals.

The reorganization and authorization of the new Commission must be the first strategy to be implemented.

2. Establish a Homeless Services Center and Emergency Shelter.

As noted throughout the Blueprint, people who are homeless in our region come from a variety of circumstances and have diverse needs. While all of them require permanent housing, additional needs for primary and behavioral health care, lifeskills, child care, education and other services vary. People who are chronically homeless—those who have spent the most time on the street—tend to have complex needs include high rates of addiction, mental illness and other disabilities. **To address chronic homelessness, the Blueprint recognizes that the most pressing issue in the region is development of permanent shelter program to replace the Beth and Lou Holtz Winter Shelter.** The current Beth and Lou Holtz Winter Shelter will have to close as the extension on its lease expires in the Spring of 2006. A new facility to serve an average of 250 people requiring shelter in winter months is the first step in tackling the problem of chronic homelessness in the Midlands. The Blueprint recommends a permanent shelter with year-round capacity for 150 men and cold weather capacity for an additional 100 people. The program should include drop-in facilities such as showers, laundry, mail/voice-mail, and on-site supportive service such as assessments and referrals to behavioral and primary health care, employment services, and assistance with permanent housing. **The program should also include a "sobering center" as an alternative to jail or the emergency room for up to 25 people who are intoxicated.**

To address chronic homelessness, the Blueprint recognizes that the most pressing issue in the region is development of permanent shelter program to replace the Beth and Lou Holtz Winter Shelter.

To ensure the new program is operational by 2006, the Plan calls for the creation of a Blueprint Homeless Services Center Site Selection Panel to include community and business leadership to locate and recommend an appropriate location for the permanent facility. The panel should be convened in September 2005 and complete its work by December 2005. Once the site is identified, the new Homeless Commission would coordinate identification of contractors or sponsors for the program and assist in securing funding sources for its operation.

Shelter resources for the homeless families are also inadequate in this community. The Blueprint recommends a medium term strategy for the Homeless Commission of ensuring availability of shelter and services for at least 30 homeless families by October 2007.

The convening of the Blueprint Site Selection Panel is the second of the two strategies that require immediate implementation.

3. Insure Appropriate Services to Address the Needs of People who are Homeless.

People who are homeless confront a variety of service system and personal challenges in their work toward self sufficiency. To provide a real opportunity for people to emerge from homelessness, the community must offer services across the full homeless continuum of care. The Blueprint recommends the following:

- Ensure that appropriate and adequate evidence-based services are available to people who are homeless, recognizing that different segments of the homeless population will have different needs. The MCH will work with local providers through the Continuum of Care Advisory Council to assess gaps and shortages in services annually. Examples of such services are: (1) general health care, including dental and mental health; (2) a wide range of life and job skill training; (3) employment assistance; and (4) child care.

- Improve access to homeless services with a single point of entry approach. Both 211 (operated by United Way of the Midlands) and 311 (operated by the City of Columbia) emergency assistance and information numbers should be explored as opportunities for citizen referrals or outreach coordination numbers. Easy access to numbers that dispatched outreach teams or offered service referrals would offer community members alternatives to law enforcement when they encountered people on the street. It also would increase services to people who are homeless.

- To strengthen the quality of services and agencies providing them, develop a capacity building program that emphasizes non-profit standards and best practice homeless services and housing

- Increase outreach and services to people on the street, with additional Assertive Community Treatment teams (ACT teams). ACT teams include medical, social work and behavioral health professionals who provide mobile services to the hard to reach homeless on the street or in shelters.

- Rationalize and coordinate feeding programs in the community to ensure meals for the homeless are accessible and adequate and do not require them to trek from place to place or compromise the use of public space.

4. Provide Sufficient, Affordable, and Supportive Housing.

The heart of the issue is that people are home-less. The lack of affordable housing,

Success of the Blueprint will depend on the community's willingness to redirect current resources and commit new resources to implementing the plan.

especially for people who have low incomes including the working poor and people with disabilities, is a major factor contributing to homelessness and it stymies people in their efforts to emerge from it. Making a major dent in the lack of availability of affordable housing is another critical success factor for significantly reducing current, and for preventing future, homelessness. Therefore, **the Blueprint calls for the development of 525 new units over the next 10 years.** The housing should reflect a mix of single room occupancy units, supportive housing (with services for people with disabilities), and units for families.

To support development of these units, the Blueprint also recommends creation of an affordable housing trust fund with a dedicated funding source targeted at supporting people at 50% median income and less.

The Blueprint also calls for creation of a Housing Assistance Office to provide financial assistance and services to people at risk of losing their housing and implement a Rapid Exit Program to assist people who are homeless to overcome housing obstacles (e.g. poor credit, lack of security deposits) to regain permanent housing as soon as possible.

5. Establish Secure Funding Resources

Success of the Blueprint will depend on the community's willingness to redirect current resources and commit new resources to implementing the plan. Recommendations noted above will require local public (e.g. general funds, Community Development Block Grants) and private funding and the leveraging of additional private and federal funding.

- Participating jurisdictions should authorize a dedicated funding stream for the Midlands Commission on Homelessness.

- The new Commission will work with public, private and non-profit entities to ensure that adequate capital and operating funds are made available for the proposed Homeless Services Center.

- The new Commission will provide leadership with the assistance of the Funding Advisory Council in identifying dedicated funding to support the Continuum of Care.

6. Make full use of the Homeless Management Information System (HMIS).

The new HMIS being implemented by the Midlands Area Consortium for the Homeless is a critical step in providing information essential to support good decision making. It is necessary to facilitate a single point of entry (or what some refer to as a "no wrong door" approach to service delivery) and to have an effective tracking of services rendered. The HMIS must be supported and expanded to facilitate client management and tracking. High participation among shelter, housing and service providers would mean that regardless of where or how an individual homeless person entered the system, assessments and referrals for required services would be completed. Use of the HMIS for case management will reduce duplication and the need for clients to repeat their story for each agency. The HMIS will also permit meaningful evaluation allowing us all to know the outcomes achieved and the effectiveness of the programs and services provided to the homelessness in the Midlands.

Reducing the number of homeless people who spend large portions of time in public places is complicated by a lack of coordinated policy among the various jurisdictions.

7. Engage Community Resource Partners.

The Commission will look to maximize the use of resources within the Midlands. We are fortunate to have a number of institutions of higher education and faith community who have the ability to make significant contributions to the Blueprint efforts. The MCH will seek to partner with local colleges and universities to assist the community with research, program evaluation, direct services and technical assistance. The Commission will also fully engage the faith community and other volunteers to support the plan.

8. Develop Ordinances that Facilitate Solutions to Homelessness.

The Blueprint recommends that relevant local ordinances be reviewed and modified, where appropriate, to facilitate implementation of the Blueprint. For example, some existing ordinances in the city and the two counties make it difficult for developers to site new affordable housing (e.g. lot requirements may increase cost of housing). To further ensure the development of an additional 500 units of housing, the Blueprint recommends modifying any ordinances that inhibit development of affordable housing. The Blueprint also recommends that local jurisdictions create incentives to stimulate the development of affordable housing.

Further, law enforcement has few alternatives to arresting people when called to address panhandling, loitering, or vagrancy. Reducing the number of homeless people who spend large portions of time in public places is complicated by a lack of coordinated policy among the various jurisdictions. Public safety ordinances should also be reviewed and modified to better equip communities for addressing homelessness.

Finally, the MCH will consider recommending new ordinances to local jurisdictions, as appropriate, to facilitate the implementation of the Blueprint. Recommendations for modifications to existing ordinances or proposals for new ones will be based on (1) best practices; (2) community experience and needs; and (3) the advice provided by the advisory councils, other stakeholders or members of the public.

9. Expand Awareness of Homeless Issues and Develop Process to Inform Citizens of Progress in Addressing Homelessness.

A keystone for development of the Blueprint has been to conduct a transparent, inclusive process of community engagement. The participation of a wide variety of stakeholders and community leaders in defining the issues and generating recommendations has been of paramount importance for this plan. Public and elected officials, the business community, local funders, educators, neighborhood groups, private and public service organizations and people who are homeless have all demonstrated a strong interest and cautious optimism in the ten year plan. This has been highlighted by endorsements of the strategies by major providers and stakeholders in a meeting on July 8, 2005 as well as additional endorsement from the Columbia Council of Neighborhoods, the members of the current Midlands Commission on Homelessness, the Executive committee of the United Way of the Midlands, the Great Columbia Chamber of Commerce, the Lexington Chamber of Commerce, the City Center Partnership and the Midlands Business Leadership Group. For the plan

to succeed, this engagement must be sustained. The Blueprint calls for the following to insure this outcome.

- Inform the public of the status of homelessness and the community's ten year plan to address it as well roles for community is reducing homelessness.

- The Midlands Commission on Homelessness will regularly report to the community. Written reports will offer a score card on items such as reducing homelessness and community satisfaction with progress on the plan. An annual public forum will provide opportunities for community feedback on the continuing development of the Blueprint strategies.

- Establish 'Good Neighbor' agreements between area shelter/ service providers and surrounding neighborhoods and businesses in community. Agreements might include items such as standards for the physical conditions of homeless facilities, a procedure to voice concerns and an agreement on acceptable behavior.

10. Prevent Homelessness

Ultimately, the best way to address homelessness is to prevent it. While this Blueprint begins with a focus on the chronic homeless, the effort will slowly shift to prevention. The Blueprint contains strategies for increasing the availability of affordable housing, the creation of a housing action center, and improved outreach to people who are homeless, but a full assessment of local prevention strategies has not yet been carried out. As the focus moves toward improving the prevention of homelessness in the Midlands, the Blueprint calls for the MCH to:

- Inventory current prevention services in the Midlands.

- Develop an inventory of best practice prevention strategies as part of the continuum of care.

- Use the inventories as guides for a gap analysis to develop specific programs and services to prevent initial homelessness (e.g. rent support, legal assistance, discharge planning from jails, hospitals, etc.) and to reduce the likelihood of repeat homelessness (e.g. lifeskill or job training).

1. No one knows the actual number for the Midlands. Estimates vary widely. We do know that many who fit the category were not included in the count.

2. For a discussion of different subpopulations and their distinct needs, see the Appendix.

3. As part of the homeless point-in-time count conducted on January 27th, 2005, volunteers interviewed 591 people living on the street or in shelters with a 22 question survey that solicited demographic information and also information about their homeless experience. Results of the survey are available by county @ <http://tchc-web.org/count/resultsbycounty.jsp?sql=null>.

4. Evidence from Census 2000 About Earnings by Detailed Occupation for Men and Women, May 2004. www.census.gov/prod/2004pubs/censr-15.pdf (downloaded July 16, 2005).

5. "We can either spend lots of public resources maintaining people in homelessness, or we can spend nearly the same amount and have much better quality of life from them, for us and a better outcome for society." So concluded Dennis Culhane from the University of Pennsylvania in a study of the cost-effectiveness in providing housing for New York's chronically homeless. We believe this applies equally to the Midlands.

6. **The actual numbers may be a bit higher as some services may be offered which are not generally known in the more traditional provider community. Many such services have been brought to the attention of the Blueprint consultant during the process of developing the Blueprint.** **Emergency shelter** includes any short term program (1-90 days) that typically accepts people from the street or who are otherwise homeless. The programs vary in the intensity of services. Payment is minimal or not expected at all. **Transitional housing** includes programs that provide housing with comprehensive services intended to move people to self sufficiency. The maximum length of stay is two years, though most people exit earlier. There is usually an expectation of some kind of payment but it is less than what would be expected for rent. People generally come from emergency shelters or from the street or other homeless situation. **Permanent supportive housing** offers people who are homeless and disabled permanent housing with comprehensive support services. The housing relationship is specified in a lease. As long as the resident complies with the lease, there is no limit to the amount of time a person can spend. Rent is expected but it may be subsidized to keep it within 30% of their income.

7. A "Single Point of Entry" does not refer to a single location. It means that at whatever location or in whatever way homeless persons make contact with the system that will connect them with whatever other services are needed and to be provided.

8. The Homeless Management Information System is an internet based client management system. When fully funded, the system will improve case management and service coordination and provide data on homeless people in the continuum of care to improve understanding of homelessness. The HMIS is a MACH project funded by HUD that is in early stages of implementation.

9. According to the National Low Income Housing Coalition, the housing wage for the Columbia area (the amount a worker must earn per hour in order to afford a two-bedroom unit at Fair Market Rent) is \$12.02.

10. According to HUD 2005 figures, 50% median family income for a family of four in the Columbia metropolitan statistical area is \$30,300; for an individual it is \$21,200.

APPENDIX I

The *"Blueprint to Address Homelessness in the Midlands"* is the result of an 11-month process of community engagement, facilitation and research into feasible strategies for reducing homelessness in our region. The Blueprint process was initiated in the fall of 2004 when Mayor Bob Coble responded to an increased visibility of downtown homelessness, a three year struggle to provide emergency winter shelter to street people and the failure of the most recent effort to locate a permanent site for a homeless services center, by calling for a summit of community leaders to address chronic homelessness. The City contracted with the Central Carolina Community Foundation to hire an independent consultant to oversee the community planning process with assistance from the United Way of the Midlands and the City of Columbia.

A number of initial planning meetings were held in October and a large meeting, effectively launching the blueprint process, was held on November 22, 2004. Fifty-four participants including service providers, public officials and community leaders assessed the strengths and weaknesses of the community with regard to homeless issues and services. The initial meeting was followed by scores of meetings with a wide range of stakeholders who contributed information and spoke to their interests in reducing homelessness. Two mini task forces, one focused on affordable housing and the other on the homeless continuum of care, also were convened to address key strategies in the Blueprint. The Blueprint team reviewed 10-year plans for ending homelessness from dozens of communities and researched best practice programs from across the country to inform the planning process. In July, the original group of providers and community leaders was reconvened. After reviewing each of the ten draft strategies in some detail, the group unanimously endorsed them and the direction of the plan.

In addition, the community was engaged to participate through the following means: public forums in Richland and Lexington counties and the City of Columbia; discussion groups with homeless individuals and families at the Salvation Army and at St. Lawrence Place; presentations and discussion at meetings of the Columbia Council of Neighborhoods, Richland County Neighborhood Association, the Greater Columbia Chamber of Commerce, the Greater Lexington Chamber of Commerce, the City Center Partnership, The United Way of the Midlands, Senior leadership at the University of South Carolina, the Midlands Business Leadership Group; and individuals meetings with business stakeholders, service and housing providers. The strategies were also published on the United Way website along with an opportunity for public comment.

Morris J. Blachman, PhD, Clinical Professor in the Department of neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine led the process. Anita Floyd, PhD, Executive Director, Community Council Food, Shelter, Safety and Transportation of United Way of the Midlands and Jennifer Moore Community Development Coordinator in the City's Community Development Department drafted the Blueprint, strategies and Appendix with assistance from Max S. Blachman, an undergraduate at the College of Charleston. Additional significant support was provided by the City's Office of the Assistant City Manager for

The Blueprint team reviewed 10-year plans for ending homelessness from dozens of communities and researched best practice programs from across the country.

Commerce and Development, Dana Davis Turner, Esq.; the City's Community Development Department; the City's Office of the Mayor; the Richland County Administrator's office and the Central Carolina Community Foundation.

We thank the City of Columbia's Mayor, Robert D. Coble and Councilperson Anne M. Sinclair for their leadership and dedication to the process. Additionally, the support and leadership of Richland County Councilperson L. Gregory Pearce Jr. was greatly appreciated in making this process successful in developing a plan to improve the quality of life for all citizens of the Midlands.

APPENDIX II

Data from January 27, 2005 Point in Time Homeless Count

On January 27, 2005, the Midlands Area Consortium for the Homeless conducted a point in time count of the homeless in the Midlands area. The sheltered homeless include any adult or child living in a shelter or transitional housing program. The unsheltered are those who were found on the street, in camps, abandoned buildings, vehicles or other places not fit for human habitation. The following chart reflects results for Richland and Lexington counties.

	Emergency Shelter	Transitional Housing	Unsheltered	Total
Richland County	422	386	714	1522
Lexington County	117	70	44	231
Totals	539	456	758	1753

The count does not include those individuals without permanent housing who move from relatives to friends on a temporary basis. Additionally, these figures represent only the individuals counted on a single day. This snapshot provides a slightly different profile than an annual count would. Populations that stay homeless longer, e.g. chronically homeless, tend to be overrepresented in point in time counts. Finally, counts of the homeless population are inherently difficult and are generally thought to underestimate substantially the total homeless population. While this count does not give us information that allows us to generalize about the overall homeless population in the Midlands or elsewhere, it does give us insight into the situation of those who were actually counted.

HOMELESSNESS AND SPECIAL NEEDS

Homeless people are often classified into one or more sub-populations to account for their special needs. Because the risk factors for homelessness often co-occur, many of the individuals may have multiple special needs and fit in more than one of the sub-populations.

Sub-populations (Richland & Lexington Counties)	Jan. 27, 2005
Chronically Homeless	435
Mentally Ill	24
Chronic Substance Abuse	349
Veterans	151
Persons with HIV/AIDS (self-reported)	8
Victims of Domestic Violence	70
Youth	55
Victims of Sexual Abuse	36
Ex-offenders	55

On January 27, 2005 volunteers counted 435 chronically homeless individuals in Richland and Lexington Counties.

Appendix III

Sub-Populations (Richland & Lexington Counties)

Chronically Homeless

People who are chronically homeless are unaccompanied individuals with a disabling condition (such as mental illness, a physical disability, or addiction) who have been homeless for a period of a year or more or have experienced homelessness at least four times over a period of three years. They tend to be difficult to reach and serve because of the complexity of their issues, their time spent as homeless and their distrust of systems that have failed them or that they have failed. While it is estimated that they comprise approximately 10% of the homeless population, the chronically homeless consume an estimated 50% of the resources available to all homeless people.

National Coalition for the Homeless (<http://www.nationalhomeless.org>) is a national advocacy network of homeless persons, activists, service providers and others committed to ending homelessness through public education, policy advocacy, grassroots organizing and technical assistance.

Mentally Ill

According to the National Coalition for the Homeless, approximately 20-25% of the single adult homeless population suffers from some form of severe, persistent mental illness. Data shows that the mentally disabled are likely to experience longer periods of homelessness than other people who are homeless. Current approaches to serving people who are homeless and mentally ill emphasize community-based treatment services and early placement into affordable housing. Research demonstrates that homeless persons with mental illness are willing to accept the appropriate services to meet their needs when the services are accessible and easy to use. People who are homeless and suffering from mental disorders require client engagement and case management, housing options, and long-term follow-up and support services. (NCH Fact Sheet #5, Published by the NCH, April 1999)

National Resource Center on Homelessness and Mental Illness

(<http://www.nrchmi.samhsa.gov/>) provides technical assistance, conducts research, and disseminates information about homelessness and mental illness. Web site features information about the center's technical assistance activities, workshops, and training opportunities, as well as access to its "National Organizations Concerned with Mental Health, Housing and Homelessness" referral list, annotated bibliographies, and extensive online publications list and Resource Database.

Corporation for Supportive Housing (<http://www.csh.org/>) supports the expansion of permanent housing opportunities linked to comprehensive services for persons who face persistent mental health, substance abuse or other chronic health challenges and are at risk of homelessness.

The mentally ill are likely to experience longer periods of homelessness than other people who are homeless.

Substance Abusers

Addictive disorders appear in disproportionate numbers among the homeless: substance abuse increases the risk of homelessness and homelessness increases the likelihood of substance abuse. A wide range of services is necessary to support recovery including outreach, detox services, treatment, stable housing and follow-up services. Of the 522 clients treated last year in an inpatient substance abuse treatment program in Richland County, it is estimated that half did not have a permanent place to live upon program completion. (NCH Fact Sheet #6, Published by the NCH, April 1999)

The National Resource and Training Center of Homelessness and Mental Illness (<http://www.nrchmi.samhsa.gov/>) reports that up to 50% of homeless persons with mental illness also have co-occurring substance abuse disorders.

Veterans account for approximately 33% of homeless men.

Veterans

Veterans account for approximately 33% of homeless men, ten percentage points higher than the number than the number of veterans in the adult male population. Despite the stereotypical portrayal of the Vietnam veterans as homeless, most homeless veterans served in the late or post-Vietnam days. Homeless veterans are more likely to be white, educated, and previously married men than the general homeless population, though minorities are overrepresented among homeless veterans. In a national survey homeless veterans identified their needs as adequate wages, affordable housing, and accessible affordable health care. Some evidence suggests that programs that recognize and specify veteran experience may be more fruitful in their efforts to house homeless veterans in stable housing. (NCH Fact Sheet #9, Published by the NCH, January 2004)

The US Department of Veteran Affairs (<http://www1.va.gov/homeless/>) estimates that one-third of the adult homeless population have served in the Armed Forces. Although there are both male and female homeless veterans, most homeless veterans are male. These homeless veterans are mostly single and come from poor, disadvantaged backgrounds. About 45% of the homeless veterans suffer from mental illness and more than 70% reported have alcohol or other substance abuse issues.

National Coalition for Homeless Veterans (<http://www.nchv.org/>) seeks to eliminate homelessness in the veteran community, and serves as a liaison between branches of the federal government and community-based homeless veteran service providers to shape public policy, educate the public and build the capacity of service providers.

Victims of Domestic Abuse

According to a 1990 Ford Foundation study, 50% of homeless women and children were fleeing abuse. Further, in a 1998 study of ten U.S. cities by Homes for the Homeless, 22% of study participants indicated that they had left their last place of residence due to domestic violence. In general, it had been found that women who experience domestic violence are at increased risk. For more information, please visit <http://www.nationalhomeless.org/domestic.html>.

HIV/AIDS

Chronic illnesses are generally more prevalent among the homeless population, and HIV/AIDS is no exception. Of the total estimated homeless population in the U.S. 3.4% are estimated HIV positive, which is a rate three times that in the regular population. Studies report that half of the population living with HIV is at risk of homelessness due to high costs of housing and medical care. Homeless persons in general face "nutritional deficiencies, exposure to the elements and extreme weather," which can all serve to increase the dangers of diseases. Columbia is currently the ninth highest ranked metropolitan area for new incidences of HIV/AIDS. In a 2000 study of the Columbia area by AIDS Housing of Washington, survey respondents living with HIV/AIDS responded that since being diagnosed, 15% had traded sex for a place to sleep, 28% reported sleeping in a homeless shelter, 22% had slept on the streets on other public area, and 17% had slept in a car. Persons with AIDS find the antiretroviral treatments required are difficult to maintain for those who lack stable housing and access to basic necessities. "Affordable housing for people with HIV/AIDS is vital, because stable housing increases the likelihood that one will be put on antiretroviral drugs. (National Alliance to End Homelessness)

AIDS Housing of Washington (<http://www.aidshousing.org/>) works to increase and sustain the quantity and quality of housing for people living with HIV/AIDS in the United States.

National AIDS Housing Coalition (<http://www.nationalaidshousing.org/>) provides national level policy development, networking and clearinghouse support and research on HIV/AIDS housing and homelessness issues.

Youth

"Homeless youth are individuals under the age of eighteen who lack parental, foster or institutional care." Homelessness among youth falls under three categories: family problems, economic problems, and residential instability. Many of these youths enter homelessness after years of abuse, addiction problems, or other family problems, and they account for 3% of the national urban homeless population. Some youth face homelessness when their family experiences financial trouble due to "lack of affordable housing, limited employment opportunities, insufficient wages, no medical insurance, or inadequate welfare benefits." Due to insufficient age or experience, many homeless youth are unable to find employment to support them. If forced onto the streets, homeless youth are at greater risk of contracting HIV/AIDS, suffering anxiety and depression, poor health and nutrition, and a lower self esteem. Among the more successful programs in dealing with you have been those which minimize institutional demands and offer a broad range of services to help homeless youth regain stability. (NCH Fact Sheet #11, Published by the NCH April 1999)

Foster care experience is much more common among people who are homeless than among the general population. The U.S. Department of Justice estimated that in 1999, nearly 1.7 million youth had a runaway/throwaway episode. A 1991 study of former foster youth found that 25% of the youth had at least one experience of were homelessness. End Homelessness: Youth (www.endhomelessness.org/youth/)

Foster care experience is much more common among people who are homeless than among the general population.

Other links and resources

National Low Income Housing Coalition (<http://www.nlihc.org/>) is dedicated solely to ending America's affordable housing crisis, and is committed to educating, organizing and advocating to ensure decent, affordable housing within healthy neighborhoods for everyone.

Housing Research Foundation (<http://www.housingresearch.org/>) is a private, non-profit that works to enhance the ability of public housing agencies to deliver decent housing and suitable living conditions to low-income families. To fulfill this goal, the organization conducts research, designs and implements technical assistance programs, and serves as a national clearinghouse of information on HUD's HOPE VI (an initiative to revitalize the country's most severely distressed public housing communities).

Center for Urban Community Services (<http://www.cucs.org/>) is committed to reducing homelessness and providing supportive services to people with mental illness, AIDS, chemical addiction and other special needs.

National Center on Family Homelessness (<http://www.familyhomelessness.org/>) is a nonprofit organization devoted to research and evaluation, program design, service delivery, systems integration, and advocacy to help homeless children and their families. Web site features fact sheets and other online publications, links to other web resources, and information about technical assistance and training opportunities.

Appendix IV

Best Practices

HOUSING

Housing First Evidence demonstrates that longer stays in emergency shelters do not reduce the amount of time a person spends homeless. For both families and individuals, the goal is now to move people as quickly as possible from a shelter or even the street into permanent supportive housing. The housing must be deeply subsidized (affordable to someone with Social Security Income or \$160/month rent). The housing must offer but not dictate participation in a full array of supportive services (case management and referral for behavioral and other health conditions; life skills and other services).

Rapid Exit is a program that improves access to affordable housing for people who are low income or hard to house. Shelter residents receive a housing barrier assessment that identifies client characteristics that make local property owners reluctant to rent to them. The assessment includes criminal, credit and housing checks. The individual or family receives individualized assistance to locate and secure housing or provide transitional housing. Assistance may include:

- Direct financial assistance for application fees, deposits and other household "start up" costs.
- Direct financial assistance to resolve other barriers to housing such as bad debt.
- Legal assistance.
- Case management to resolve personal issues that are, or may become, barriers to achieving housing stability.
- Assistance securing furniture and food.
- Provision of short-term or longer-term transitional housing as indicated by the housing barrier assessment and need to reestablish a stable rental history.
- Provision of follow-up case management and referral to stabilize families in their homes following rapid reentry to permanent housing.

Rapid Exit Program, Hennepin County, Minnesota

The Rapid Exit Program focuses on identification and resolution of a family's or individual's barriers to housing and providing assistance to facilitate their return to permanent housing. In the program, within a week of entry to the county funded shelter, the family or individual is referred to a Rapid Exit Coordinator for a housing barrier assessment, which includes a criminal background, housing, and credit check. Clients are then referred to appropriate services to assist them in obtaining stable housing.

Services offered include:

- Direct financial assistance for application fees, rental deposits, and other household start-up costs
- Direct financial assistance in resolving outstanding debt.
- Legal Assistance
- Case management
- Assistance securing food and furniture
- Provision of transitional housing to reestablish a stable rental history

Evidence demonstrates that longer stays in emergency shelters do not reduce the amount of time a person spends homeless.

- Dedicated staff time to locate housing units
- Paying double security deposits for those with poor rental histories
- Co-signing leases

Results

- 6,933 individuals (1,714 families) have been served by the Rapid Exit Program
- Although 34% of the families served by the program had been homeless before, only 9% returned to a shelter after receiving services the following year and 85% did not return within two years.
- For families that did return to shelters, the average stay declined from 29.5 days to 10 days.

Homestart, Boston, Massachusetts

Homestart's focus is to move individuals or families into housing while providing support services to help them maintain their homes. The program receives referrals from 50 different agencies. When a referred client enters a shelter, a housing search staff meets with the client to explore housing needs, potential barriers, and resources. Once housed, a stabilization staff person assists the client. The program is funded primarily through McKinney-Vento grants.

Services offered include:

- Assistance accessing programs such as mental health services and life skills counseling such as budgeting.
- Assistance working with landlord/tenant conflicts
- If a client is denied housing, the staff will assist with the appeal process and locate appropriate alternative housing options.

Results

- Since 1994, the project has moved more than 1,400 people into permanent housing.
- 81% of individuals placed into permanent housing through the program are still housed after a year.
- In 2001, 63% received financial assistance with first month's rent or security deposits.

Low Demand Housing unbundles services and housing. The goal is meet people where they are and respond to their basic needs. People are placed in housing with the expectation that they be good tenants, e.g. comply with lease agreements, but they are not required to participate in programs, receive services, or stay "clean" until they are ready. Examples low demand housing or other harm reduction strategies include Safe Havens and some types of sobering centers (wet, damp shelters).

- Safe Havens are designed for hard core, street people who are mentally ill or dually diagnosed with a mental illness and substance use disorder. Safe Havens can be either permanent or transitional housing but are relatively small projects (25 units) that offer a high degree of privacy/personal space, with a wide array of services available. While low demand housing does not require sobriety, in practice some programs do require that there be no drug or alcohol use on the premises.

- "Damp" shelters encourage abstinence but individuals do not have to be ready to abstain in order to secure the housing. "Wet" models focus on managing behavior to allow the individual to retain housing but do not require that the individual abstain on the premises. Motivation for sobriety and abstinence is incorporated into the services.

The goal of low demand housing is to meet people where they are and respond to their basic needs.

Anishabe Wakiagun, Minneapolis, Minnesota

Anishabe Wakiagun provides permanent support housing in a wet/dry facility to 40 late stage chronic inebriates. The goals of the program are to provide a stable, appropriate living environment that encourages the reduction in alcohol consumption while reducing the public costs of providing services. The target group has entered detoxification twenty or more times in the last three years, attempted chemical dependency treatment twice or more, has deteriorated physically due to alcohol use, experienced homelessness for the majority of the past five years, and has proven incapable of self-management due to alcohol use. The program does not require sobriety. Hennepin County, HUD, and Medicaid fund the program.

Services offered include:

- Housing at the facility
- Case management and supportive services both on-site and off-site

Results

- According to data from 1996-1999, 151 residents were served. Of these, 8% became totally sober, 60% stayed over one year, and 78% stayed for over six months.
- The program costs \$15,256 per resident per year.
- The number of admissions to the hospital emergency room declined 20%, for those clients that had ER visits within the past year.

Pathways to Housing, Inc. N.Y., N.Y.

Pathways to housing offers scattered site permanent housing to individuals with psychiatric disabilities and addictions. The program does not require sobriety or acceptance of supportive services as a condition of tenancy. Priority is given to women and the elderly. 1999 data showed that 65% of tenants had last lived on the streets, 18% in shelters, 7% in treatment facilities, and the remainder with friends or transitional facilities. The tenants pay 30% of their income; the remaining portion is covered by Pathways if the client does not have a section 8 voucher. A history of violence and prison time does not disqualify a client from the program. Section 8 vouchers, HUD SHP funds, and the New York State Office of Mental Health fund the program.

Services offered include

- Pathways maintains a log of new vacancies among the 200 property owners that they work with in the program. The staff also negotiates leases and completes Sections 8 applications.
- Clients are assigned to service teams that assist with increasing social skills and employment opportunities, and other services as determined by the client.
- Pathways makes available two transitional apartments for use by clients, who have been accepted into the program, but have not yet found an apartment.

Results

- The program currently serves over 400 clients.
- Data from 2000 showed that 88% of the program's tenants remained housed after five years.

Permanent Supportive Housing refers to affordable housing for special needs populations (including the homeless and homeless disabled) with services. Shelter Plus Care is a rent support program targeted to people who are homeless and disabled that is funded by HUD through the Supportive Housing Program. Participants in Shelter Plus Care are required to participate in services.

OUTREACH

Outreach and engagement is the first step to encouraging people to get off the street. Outreach is typically provided through mental or other health care workers but there are also police based teams. Effective outreach provides access to services and is supported by a community that has housing options to offer people to get them off of the street

Philadelphia operates an **Outreach Coordination Center** that includes teams from several agencies employing daytime outreach and providing direct access to safe havens and other low demand housing. The Center operates a 24 hour hotline, a comprehensive response team, peer and professional substance abuse teams, and mental health teams and access to a database of housing services for immediate placement.

SERVICES

Current approaches to services include an emphasis on **mainstream resources** (publicly funded services provided by mental health centers, substance abuse centers, DSS, Veterans Affairs and others). The goal is to ensure that homeless people receive benefits for which they are eligible thus reducing the demand for additional private and HUD funded services. Presumptive eligibility for Medicaid, common intake forms/applications and simplified application processes are strategies for improving access to public services.

People with chronic mental illness or who are dually diagnosed with substance abuse and mental illness, are best treated with teams of providers (nurses, social workers, psychiatrists, peer support specialists) who are cross trained to address mental illness and substance abuse. The approach, **Assertive Community Treatment or ACT**, requires lower case loads, a team approach to treatment, 24 hour coverage. ACT teams are highly mobile because services are provided in natural rather than clinical settings.

Services can also be co-located with housing. This is especially helpful for people who are reluctant to accept services: providing them on-site eliminates one barrier. The acceptance of one service also may encourage participation in other co-located services. Examples of this type of arrangement include a homeless center for veterans in Los Angeles that co-locates medical care, mental health and other services and a sobering support center in Seattle. The Healing Place is an example of co-located housing and service programs for people who are homeless have substance abuse disorders.

A second type of co-location focuses on public service providers. For example, public housing screening might take place at a mental health center; mental health and

Effective outreach is supported by a community that has housing options.

primary health care providers might co-locate to reduce the stigma of mental health treatment, the VA may collaborate with local jails to target veterans and prevent homelessness.

A third type of co-location is a "drop-in" center. These are often attached to shelters and provide an array services in a single site along with facilities to help the homeless meet their basic needs such showers, laundry, storage, telephones, mail service, etc.

PREVENTION PROGRAMS

Hennepin County Homeless Prevention Program

In Hennepin County, Minnesota the housing vacancy rates are below 1% and the County has very high rental rates. The target population of the program is imminently homeless families and single adults. The program is funded through the Family Homeless Prevention and Assistance Program that includes TANF block grant and state general revenue funds.

Services offered include

- Legal services to address eviction court cases
- Short and long term case management
- Volunteer assistance to help stabilize families in housing
- Landlord/tenant mediation and assistance in securing new housing
- Financial assistance

Results

- First year, 1,483 families served (4,712 individuals)
- Second year, 1,456 families served (5,063 individuals)
- 3-4% of families served became homeless within the succeeding twelve months
- 9% of families served had history of county homeless shelter use in the year prior to receiving prevention services
- Over the two-year period, \$938,898 was used for prevention activities, an average of \$331 per family served.

City of Philadelphia Housing Support Center

The Housing Center serves as a 'one-stop' for housing resources by coordinating housing and services by pulling together resources such as Family Unification Program Vouchers, TANF, Supportive Housing Programs funds, Housing Choice Vouchers from the local housing authority, and other mainstream resources. The Center serves mainly families experiencing or at risk of homelessness. The Center also serves clients who may have traditional barriers to public housing such criminal convictions or debt.

Services offered include

- Collaboration with the local housing authority to provide families with Housing Choice Vouchers while providing up to a year of case management and other supports to help the family transition to their new community.
- The Emergency Relocation Program identified clients who do not fit into other programs and moves them into an apartment with intensive case management.

- A new program coordinates with the Health Dept. to move home-owning families temporarily out of their homes while the Health Dept. abates lead paint.

Results

- First year, the Center reduced the length of stay and provided permanent housing with services for 500-600 families, and served an additional 100-200 families through other programs.

SHELTER OPTIONS

Austin Resource Center for the Homeless (ARCH), Austin, Texas

ARCH is a multi-purpose facility that includes a day resource center, health clinic, 100-bed shelter for men with the capacity to expand to 250 men during extreme weather, and office space for satellite agency services. The facility, opened in 2004, was funded through the City of Austin and federal funding. The facility offers drop-in services such as showers and mail for the street homeless that do not stay at the shelter during the evening. The facility was designed to utilize new environmental design features such as rainwater harvesting for use with landscaping and toilets, solar panels to heat water for showers, and an innovative concrete frame structure that economized the use of building materials. A local non-profit, Frontsteps, operates the facility. Website: Front Steps

BEST PRACTICE PROGRAMS

Father Joe's Villages is an umbrella nonprofit in San Diego, California that operates several programs to serve the homeless using a traditional continuum of care approach. The programs are very large.

Martha's Village (in Indio, CA) focuses on homeless families (providing shelter and services to 120 people) but also provides meals to other poor people in the community.

St Vincent DePaul Village (in San Diego) has a comprehensive shelter, permanent housing (100 people housed) and service center (including behavioral health, case management, employment, etc.).

Toussaint Villages provides shelter and services for 35 youth ages 14-18 in San Diego.

Josue Homes serves people who have HIV.

Miami-Dade County Homeless Trust: The trust is a governing body of homeless and housing stakeholders that creates policies to ensure the implementation of the local Homeless Plan. The Trust serves as lead applicant and recipient for major funding requests, such as the U.S. HUD Super NOFA's. The partnership also benefits from a dedicated source of funding for homeless programs (a 1% food and beverage tax on larger restaurants with liquor licenses the tax generates revenues of approximately \$6.8 million per year. A well-coordinated outreach process ensures easy access to housing and services. Two Homeless Assistance Centers (HAC's) have been built to date (350 beds and 300 beds respectively) to expand temporary care opportunities. These campus-style centers have on-site day care facilities, full service health clinics and vocational classrooms staffed by the public school system. The program has also added transitional housing units and is finalizing a plan for developing permanent housing (tentatively 2500 units for people at 30% median income).

The Healing Place in Raleigh, NC provides shelter and services to homeless addicts (180 men) including food, non medical detox, recovery classes, and routine medical care. Housing programs include shelter for men who are intoxicated, a sobering center, shelter for men who accept recovery services and residential peer support programs (transitional housing). HP is currently developing a similar program for women.

APPENDIX V

Glossary

Affordable Housing - Housing is considered affordable when the occupant is paying no more than 30% of the adjusted gross income for housing costs, including utilities.

Case Manager - A person who develops a working alliance with individuals seeking services and engages them in identifying goals and developing a plan for attaining greater self-sufficiency through resource cultivation, linkages with service providers, advocacy for vital services, and providing direct services.

Chronic Homeless - The U.S. Department of HUD currently defines chronically homeless as an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes in the prior three years.

Community Development Block Grant Program (CDBG)- A program of the U.S. Department of HUD that provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Continuum of Care - A Continuum of Care Plan is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." HUD Definition

Emergency Housing Assistance - One-time or very short-term assistance provided to address an immediate housing crisis, often for people who are homeless or at imminent risk of becoming homeless. This assistance usually consists of emergency rent, mortgage, or utility payments to prevent loss of residence, motel vouchers, or emergency shelter.

Emergency Shelter - Any short-term program (1-90 days) that typically accepts people from the street or who are otherwise homeless. The programs vary in the intensity of services. Payment is minimal or not expected at all.

Emergency Shelter Grant (ESG)- A Federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. HUDWEB, Continuum of Care and Veterans Programs Glossary

Extremely Low Income - An individual or family whose income is between 0 and 30% of the median income for the area, as determined by the U.S. Department of HUD.

Fair Market Rent (FMR) - An amount determined by the U.S. Department of Housing and Urban Development for a state, county, or urban area that defines maximum allowable rents for HUD-funded subsidy programs.

Good Neighbor Agreements - Written agreements that specify the ways in which supportive housing units and their residents will be "good neighbors." Good neighbor agreements are good faith efforts discussed and agreed upon to ensure a healthy coexistence among businesses, neighbors, and housing providers.

Homeless family with children - A family composed of the following types of homeless persons: at least one parent or guardian and one child under the age of 18; a pregnant woman; or a person in the process of securing legal custody of a person under the age of 18. 2001-2005 N.C. Consolidated Plan

Homeless Information Management System (HMIS) - A computerized data collection system to collect information about homeless people. HUD requires that jurisdictions collect an array of data on homelessness, including unduplicated counts, use of services and the effectiveness of the local homeless assistance system.

Homeless - The HUD definition is:

- (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or
- (b) an individual or family which has a primary nighttime residence that is:
 - (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
 - (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge. Raleigh

Homeless subpopulations - Include but are not limited to the following categories of homeless persons: severely mentally ill only, alcohol/drug addicted only, severely mentally ill and alcohol/drug addicted, fleeing domestic violence, youth, and persons with HIV/AIDS.

Housing Opportunity for Persons with AIDS (HOPWA) - A program of the U.S. Department of HUD that provides housing and appropriate services to low-income persons living with HIV/AIDS and their families.

Low Income - An individual or family whose income does not exceed 50% of the median income for the area, as determined by the U.S. Department of HUD.

Low Income Housing Tax Credits (LIHTC) - A way of obtaining financing to develop low-income housing. Government programs provide dollar-for-dollar credit toward taxes owed by the housing owner. These tax credits can be sold, or used to back up bonds that are sold, to obtain financing to develop the housing.

Permanent Supportive Housing - Offers people who are homeless and disabled permanent housing with comprehensive support services. The housing relationship is specified in a lease. As long as the resident complies with the lease, there is no limit to the amount of time a person can spend. Rent is expected but it may be subsidized to keep it within 30% of their income.

Shelter Plus Care (S+C) - A program of the U.S. Department of HUD that provides rental assistance linked with supportive services to homeless individuals who have disabilities and their families.

Single-Room Occupancy (SRO) - These apartments are intended for people—usually a single person—who have a source of income but are priced out of the rental apartment market.

Subsidized Housing - A housing unit that has a portion of its rent paid with public funds or, during its development, was financed with public funds that will help keep the rent affordable to low income families. It is estimated that there is only one such unit in the U.S. for every five households that could qualify. Indianapolis

Supportive Housing - Permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is usually "affordable," or intended to serve persons who have very low incomes. Raleigh

Supportive Housing Program (SHP) - The Supportive Housing Program promotes the development of supportive housing and supportive services, including innovative approaches that assist homeless persons in the transition from homelessness and enable them to live as independently as possible. SHP funds may be used to provide transitional housing, permanent housing for persons with disabilities, innovative supportive housing, supportive services, or safe havens for the homeless.

Transitional Housing - Programs that provide housing with comprehensive services intended to move people to self-sufficiency. The maximum length of stay is two years, though most people exit earlier. There is usually an expectation of some kind of payment but it is less than what would be expected for rent. People generally come from emergency shelters or from the street or other homeless situation.

Wet Shelter - A temporary shelter in which individuals who are intoxicated may stay if they are not disruptive. Wet shelter services may also be linked with detoxification or other treatment services. Indianapolis