
Homeless Outcomes Advisory Committee:

Report and Recommendations



Commonwealth of Virginia

November 2010

Report prepared by
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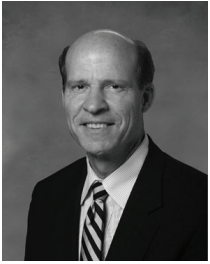


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Chairman's Preface



As the Chair of the Homeless Outcomes Advisory Committee, I am honored to present this plan to improve the effectiveness and efficiency of state resources in the Commonwealth of Virginia to prevent and reduce homelessness.

In May of 2010, Governor Bob McDonnell signed Executive Order 10 for a Housing Policy Framework that called for a focus on addressing the needs of homeless Virginians, and housing and services for those with very low incomes. As part of this effort, the Governor charged our Committee with the following task: to develop a plan to leverage state resources more effectively; maximize the effectiveness of State services and resources for individuals and families who are homeless or at risk of homelessness; and realize efficiencies through enhanced coordination and shared resources among State agencies.

This effort has been enhanced by the participation and support of the Secretariat of Health and Human Services. Secretary Bill Hazel's leadership and involvement helped shaped the Committee's understanding and work.

Our Committee proposes five primary goals to meet the Governor's challenge, summarized in this Homeless Outcomes Advisory Committee Report. These goals will be used by a cross section of state agencies and pursued in partnership with local communities, local and regional governments, private and nonprofit entities and the federal government. This plan reflects unprecedented coordination and leadership at the Cabinet level and builds on the progress of local plans and proven practices across the Commonwealth to prevent and reduce the numbers of individuals and families experiencing homelessness.

Our overall goal is to reduce homelessness by over 1,300 individuals (at least fifteen percent) in three years time, by 2013 from 8,883 to 7,550. The comprehensive plan includes fifteen strategies to reach

our goal. We have highlighted several key indicators to measure progress along the way:

1. We plan to increase the number of permanent supportive housing units 15 percent for fiscal year 2012 and 20 percent in FY 2013 above the current inventory of existing and in-the-pipeline units.
2. To prevent homelessness and support Rapid Rehousing for individuals and families – we will accomplish a ten percent increase in the number of individuals and families placed in permanent housing from 4,333 in fiscal year 2010 to 4,766 in fiscal year 2012 and 5,243 in fiscal year 2013.
3. To improve statewide data collection and the coordination of the system of services – we will create a Statewide Coordinating Council in fiscal year 2011
4. To increase access to substance abuse and mental health treatment – we will create four new SOAR sites in the Commonwealth -- Social Security Disability Insurance (SSDI) Outreach, Access and Recovery – in fiscal year 2011.
5. To ensure implementation of statewide pre-discharge policies and procedures for the foster care system, hospitals, mental health and correction facilities – we will achieve a five percent decrease in the number of incarcerated adults transitioning to the community without housing in fiscal year 2011.

Helping Virginians find a stable and affordable home in the Commonwealth is a state priority. To accomplish this, the plan will require new levels of coordination – not only among state agencies – but also in local communities across public, private and regional organizations. We look forward to working with our fellow Virginians to give more of our residents the choice of a safe and permanent home.

Sincerely,

Bob Sledd

Executive Summary

In local communities across the Commonwealth, individuals and families are experiencing homelessness. It is estimated that the Commonwealth has 8,883 individuals who report that they are homeless on any given day in 2010,¹ or up to 45,500 annually.² In the last five years, there have been concerted local and regional efforts, in partnership with state government, to reduce these numbers with some success. In the Commonwealth of Virginia, rates decreased by six percent between 2005 and 2007. However, in recent years, these decreases have not continued. Since 2008, the numbers have stayed relatively steady, indicating that, without increased attention, almost 9,000 Virginia citizens will continue to be at risk.³

Nationally, there is increasing evidence of effective ways to reduce homelessness and move people into permanent housing. While local and state practitioners in the Commonwealth of Virginia have the knowledge of effective practices and some localities have put in place innovative solutions, state policies and funding are often not flexible enough to support and expand these tested approaches. By design, the funding available through the current spectrum of state services places greater emphasis on responding to emergencies than on a long-term solution of helping residents find and keep a home. In addition, localities often do not have the data or capacity to compete for federal and private funding, which would leverage additional resources to their doors. Further, state policies and programs are not well coordinated across agencies, resulting in missed opportunities for residents seeking services and inefficient management of resources.

In May 2010, Governor McDonnell issued an Executive Order for a Housing Policy Framework that called for a focus on addressing the needs of homeless Virginians. Immediately following the Order, Senior Economic Advisor to Governor McDonnell Bob Sledd and Secretary of Health and Human Resources William Hazel convened the first meeting of Homeless Outcomes Advisory Committee. Up until this time, there had not been concerted cabinet level attention and leadership focused on preventing homelessness and helping individuals and families find housing.

The Homeless Outcomes Advisory Committee adopted five major goals and fifteen strategies. These five goals address the needs of individuals, families, veterans, victims of domestic violence, individuals who experience chronic homelessness and unaccompanied youth, and they reflect a comprehensive approach to both prevent and reduce homelessness over the next three years and beyond.

Goals

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The report includes five goals:

Goal One will achieve a gradual shift in the focus of state funding resources from emergency housing to permanent housing solutions.

- 1. Increase the number of permanent supportive housing units in the Commonwealth.**

Goal Two rewards local communities for preventing homelessness and getting individuals and families into housing as quickly as possible.

- 2. Increase flexibility of funding to prevent homelessness and support Rapid Rehousing for individuals and families.**

Goal Three maximizes the efficient use of state funds, leverages new federal funding resources, provides statewide leadership to reduce homelessness and designs coordinated approaches that meet the diverse needs of individuals who are homeless.

- 3. Increase statewide data collection and system coordination.**

Goal Four reduces substance use and improves mental health services for the most expensive group of individuals who are homeless—those who are chronically in and out of homelessness. The intent is to help these individuals gain stability, employable skills and the opportunity to become independent contributing members of society.

- 4. Increase access to substance abuse and mental health treatment.**

Goal Five stems the flow of individuals leaving state and local mental health institutions, health care facilities, correctional institutions and foster care placements into homelessness.

- 5. Evaluate, develop and ensure implementation of statewide, pre-discharge**

The Homeless Outcomes Advisory Committee created this plan to be implemented. Recommendations are practical, informed by research and stakeholder expertise and designed to be enhanced and implemented in partnership with local communities.

Virginia citizens have the knowledge to end homelessness and the means to do so. This report was written so that Virginia residents who are homeless, or at risk of becoming homeless, can find affordable housing and support through coordinated state and local resources. To accomplish this, the plan will require unprecedented coordination—not only among state agencies, but also in local communities across public, private and regional organizations.

The recommendations will be successful with the continued support of citizens as volunteers and investors committed to ending homelessness. An important step for improved results is to adopt a unified approach from state government, emphasizing permanent supportive housing, Rapid Rehousing, coordinated tracking and leadership, access to mental health and support services and improved discharge planning. This report provides a blueprint to advance and accomplish this work.

“Virginia citizens have the knowledge to end homelessness and the means to do so..”

In local communities across the Commonwealth, individuals and families are experiencing homelessness. It is estimated that the Commonwealth has 8,883 individuals who report that they are homeless on any given day in 2010,⁴ or up to 45,500 annually.⁵ In the last five years, there have been concerted local and regional efforts, in partnership with state government, to reduce these numbers with some success. In the Commonwealth of Virginia, rates decreased by six percent between 2005 and 2007. However, in recent years, these decreases have not continued. Since 2008, the numbers have stayed relatively steady, indicating that, without increased attention, almost 9,000 Virginia citizens will continue to be at risk.⁶

Nationally, there is increasing evidence of effective ways to reduce homelessness and move people into permanent housing. While local and state practitioners in the Commonwealth of Virginia have the knowledge of effective practices, and some localities have put in place innovative solutions, state policies and funding are often not flexible enough to support and expand these tested approaches. By design, the funding available through the current spectrum of state services places greater emphasis on responding to emergencies than on a long-term solution of helping residents find and keep a home. In addition, localities often do not have the data or capacity to compete for federal and private funding, which would leverage additional resources to their doors. Further, state policies and programs are not well coordinated across agencies, resulting in missed opportunities for residents seeking services and inefficient management of resources.

In May 2010, Governor McDonnell issued an Executive Order for a Housing Policy Framework that called for a focus on addressing the needs of homeless Virginians. Immediately following the Order, Senior Economic Advisor to Governor McDonnell Bob Sledd and Secretary of Health and Human Resources William Hazel convened the first meeting of Homeless Outcomes Advisory Committee. Up until this time, there had not been concerted cabinet level attention

and leadership focused on preventing homelessness and helping individuals and families find housing.

The Homeless Outcomes Advisory Committee undertook an unprecedented examination of how state resources can have a greater impact in localities across the Commonwealth. Committee members adopted a charge to leverage state resources for addressing homelessness more effectively, to maximize the effectiveness of state services and resources for individuals and families who are homeless or at risk of homelessness and to realize efficiencies through enhanced coordination among the more than twelve state agencies that provide services to persons experiencing homelessness. The Committee was charged to accomplish this without additional state resources, adding an additional challenge affecting the scope and breadth of recommendations.

The Committee worked in coordination with the Governor's Re-entry Council and the Housing Policy Task Force through overlap in its membership, sharing information and vetting draft goals and strategies with agency leaders.

The Homeless Outcomes Advisory Committee adopted five major goals and fifteen strategies. These five goals address the needs of individuals, families, veterans, victims of domestic violence and unaccompanied youth, and they reflect a comprehensive approach to both prevent and reduce homelessness over the next three years and beyond.

Method

The Homeless Outcomes Advisory Committee studied effective local and regional plans in Virginia, reviewed models in states across the nation, read available state and federal research on needs and resources and engaged over 140 stakeholders from across the Commonwealth in identifying ways in which state agencies might work more effectively at preventing and reducing homelessness in partnership with local communities. The planning process was informed by research materials and facilitated sessions conducted by Communitas Consulting of Charlottesville, Virginia. Because the committee was charged

to do its work without the expenditure of new resources, participants were challenged to make the majority of their recommendations to better align and focus existing resources. In exceptional cases, the Committee made recommendations requiring new resources based on the conviction that these investments would significantly reduce overall long-term costs.

The Committee adopted the following as its definition of the individuals and families at the center of the report:

- An individual who lacks a fixed and adequate residence;
- An individual in a temporary shelter or place not designed for sleeping accommodations;
- People at risk of imminently losing their housing without resources and support networks, including those at risk of eviction, doubled up or living in a motel without resources to stay;
- Unaccompanied youth and homeless families who have experienced persistent instability;
- People who are fleeing or attempting to flee domestic violence.

Vision, Core Values and Principles

Beginning with a review of local and regional plans to end homelessness, the Committee launched its task rooted in the work of local communities, with an eye toward building self-reliance and increasing collaboration across state agencies and within communities.

The Committee adopted a vision that reflects a portrait of the Commonwealth with a highly effective state approach to ending homelessness: "Virginia residents who are homeless, or at risk of becoming homeless, find affordable housing and support through coordinated state and local resources."

The Committee's core values are reflected in the adopted goals and strategies. Committee members believe in:

- **Opportunity:** In reducing barriers to economic independence and creating opportunities
- **Collaboration:** In meaningful collaboration across agencies to improve results
- **Will:** Homelessness is solvable and can be prevented
- **Access:** In eliminating barriers to resources and services
- **Stability:** Permanent, accessible and affordable housing, with support services as necessary, is a primary solution to ending homelessness
- **Dignity:** In the individuality and diversity of persons who experience homelessness
- **Leadership:** In the role of state government to facilitate opportunities and influence local communities

The Committee adopted key principles that guided the development, creation and intended use of the report. The report's recommendations will:

- Be developed in partnership with state agencies
- Have measurable results
- Be focused on the well-being of individuals who are homeless or at risk of becoming homeless
- Be cost effective
- Be informed by local input
- Focus on permanent housing solutions
- Address causes and symptoms of homelessness
- Leverage public, private and local partnerships
- Be implementable
- Work across agencies toward collaborative solutions
- Be sustainable beyond three years

Causes of Homelessness

Homelessness affects Virginia citizens of all ages and backgrounds. In 2009, 20 percent of individuals experiencing homelessness were families with children, and almost 18 percent were “chronically homeless”—unaccompanied individuals experiencing bouts of homelessness over the last three years or

continuously homeless for a year or more.

The primary cause of homelessness is a lack of affordable housing. On average, in Virginia, a worker must be employed full time at \$19.63 an hour to afford a two-bedroom apartment.⁷ The high cost of housing makes it difficult for individuals below the poverty line to find affordable shelter. In addition, people experiencing homelessness may have insufficient education and training, adding to the challenges of finding a job.

Individuals also experience homelessness as a result of a financial or personal crisis, due to domestic violence, or aging out of foster care. Mental illness can contribute to homelessness, as can leaving a jail or health care institution without resources to find and keep a home. Fewer support services for addiction can lead individuals battling substance abuse to homelessness. In the 2009 count of Virginia residents who were homeless, approximately 29 percent reported chronic substance abuse; 17 percent reported being severely mentally ill, 15 percent were victims of domestic violence, and 13 percent were veterans.⁸

Goals and Strategies

The report includes five goals, each followed by strategies to accomplish the goal. The five goals are:

Goal One will achieve a gradual shift in the focus of state funding resources from emergency housing to permanent housing solutions.

1. Increase the number of permanent supportive housing units in the Commonwealth.

Particularly for those who are chronically homeless, permanent supportive housing has been proven to save money by reducing time spent in hospitals or jails. It is an effective means for ensuring that individuals who are homeless and have mental illness or are recovering from substance use disorders will be able to find and keep a permanent home. While current state agencies provide some support and tax credits for the construction of permanent supportive housing,

the current rate of development is too slow to meet the increasing demand, and services are too piecemeal to help these citizens live independently. Goal One emphasizes the coordination and targeting of existing resources across agencies to provide housing to an increased number of individuals, including veterans, and builds the capacity of local and regional nonprofit organizations to develop permanent supportive housing in partnership with the state. Should additional resources be available, the creation of a state Housing Trust Fund is recommended.

Goal Two rewards local communities for preventing homelessness and getting individuals and families into housing as quickly as possible.

2. Increase flexibility of funding to prevent homelessness and support Rapid Rehousing for individuals and families.

Currently, most of the state funding mechanisms available to alleviate homelessness support nights of shelter or a set of services for those experiencing homelessness. This recommended approach will emphasize “Rapid Rehousing”—a proven method that increases the number of individuals rapidly moving from homelessness to housing by providing transitional services to them in their new homes and maintaining a connection to landlords to ensure that individuals and families may remain in their homes. Performance-based contracts will reward those agencies best able to find homes for their clients, allow for flexibility of implementation among rural and urban localities and encourage innovation and use of effective practices. Funding will be leveraged from several state departments to achieve this goal. Because no new funding is allocated toward this goal and providing a safety net for those who are experiencing homelessness remains critical, funding adjustments for Rapid Rehousing will be incremental and an appropriate level of emergency shelter support will be maintained.

Goal Three maximizes the efficient use of state funds, leverages new federal funding resources, provides statewide leadership to reduce homelessness and designs coordinated approaches that meet the diverse needs of individuals who are homeless.

3. Increase statewide data collection and system coordination.

By strengthening planning and data collection, state and local partners will be able to leverage more private and public resources, target services where they are needed most and make it easier for individuals and families who are homeless to access a range of state and local resources. A statewide coordinating body is recommended to facilitate this coordination, serve as an information source, leverage and coordinate new and existing funding resources, build the capacity of urban and rural localities to enhance resources and lead the implementation of the overall plan.

Goal Four reduces substance use and improves mental health services for the most expensive group of individuals who are homeless—those who are chronically in and out of homelessness. The intent is to help these individuals gain stability, employable skills and the opportunity to become independent contributing members of society.

4. Increase access to substance abuse and mental health treatment.

By leveraging existing state funds to increase access to federal benefits, such as Supplementary Security Income (SSI) and Social Security Disability Insurance (SSDI) through an evidenced based program called SSDI Outreach, Access and Recovery (SOAR), this goal improves conditions for individuals who are chronically homeless as a result of mental health and substance abuse problems. If additional funds can be identified, an expansion of Housing First sites and a network of peer recovery programs based on Richmond’s Healing Place—both proven models for reducing homelessness—are top priorities.

Goal Five stems the flow of individuals leaving state and local mental health institutions, health care facilities, correctional institutions and foster care placements into homelessness.

5. Evaluate, develop and ensure implementation of statewide, pre-discharge policies for the foster care system, hospitals, mental health facilities and correctional facilities.

Goal Five recommends engaging state government in educating discharge planners and strengthening procedures and policies within these institutions. It is intended that individuals have a housing plan before release into the community, and that discharge planners take advantage of existing state and local resources for veterans and build partnerships with appropriate community-based organizations to reduce the likelihood of individuals returning to homelessness or public institutions. These recommendations are coordinated with the Governor’s Re-entry Task Force and promote an improved transition from state and local correctional institutions to the community that prioritizes the reduction of homelessness.

“Nationally, there is increasing evidence of effective ways to reduce homelessness and move people into permanent housing.”

“Virginia residents who are homeless, or at risk of becoming homeless, find affordable housing and support through coordinated state and local resources.”

GOAL ONE: INCREASE THE NUMBER OF PERMANENT SUPPORTIVE HOUSING UNITS IN THE COMMONWEALTH

Goal One will achieve a gradual shift in the focus of state funding resources from emergency housing to permanent housing solutions. Particularly for those who are chronically homeless, permanent supportive housing has been proven to save money by reducing time spent in hospitals or jails. It is an effective means for ensuring that individuals who are homeless and have mental illness or are recovering from substance use disorders will be able to find and keep a permanent home. While current state agencies provide some support and tax credits for the construction of permanent supportive housing, the rate of development is too slow to meet the increasing demand, and services are too piecemeal to help these citizens live independently. Goal One emphasizes the coordination and targeting of existing resources across agencies to provide housing to an increased number of individuals, including veterans, and builds the capacity of local and regional nonprofit organizations to develop permanent supportive housing in partnership with the state. Should additional resources be available, the creation of a state Housing Trust Fund is recommended.

Background

The majority of state resources for people experiencing homelessness are focused on helping individuals once they are in a housing crisis and need emergency care and support services. The state government has played an important role in providing benefits, emergency housing and funding for shelters to individuals including children, veterans, victims of domestic violence and chronically homeless adults. These services are critical as a safety net for Virginia residents, yet providing these alone will not result in a long-term solution to homelessness, particularly for

chronically homeless individuals who are the most expensive to serve and most challenging to assist.⁹

Currently, six state agencies and Community Service Boards provide either support to individuals in permanent support housing or funds to assist with development and services. These include:

1. HOME Investment Partnership funds in the Virginia Department of Housing and Community Development
2. Community Service Block Grants in the Virginia Department of Social Services
3. Housing Choice Voucher Program in the Virginia Housing Development Authority
4. Sponsoring Partnerships and Revitalizing Communities SPARC loan Multifamily Rental Program in the Virginia Housing Development Authority
5. Foster Care Independent Living Program in the Virginia Department of Social Services
6. Low Income Housing Tax Credit in the Virginia Housing Development Authority.

As noted in a recent Joint Legislative Audit and Review Commission (JLARC) report, *Reducing Veteran Homelessness in Virginia*, the Commonwealth has not designated support for permanent supportive housing, despite evidence of its effectiveness. The authors note,

“While some general funds and Temporary Assistance to Needy Families (TANF) money have been designated to assist those experiencing or at risk of homelessness, these programs have focused on providing emergency shelter, transitional housing, and short term assistance to households at imminent risk of losing their housing.”¹⁰

Rationale

Permanent supportive housing is a solution to homelessness targeted to individuals experiencing chronic homelessness as well as mental illness,

substance use disorders or co-occurring disorders—individuals who are likely to have difficulty maintaining housing without appropriate and intensive support services. In addition to those with mental health problems or disabilities, veterans and families are also beneficiaries of permanent supportive housing.

For chronically homeless individuals, permanent supportive housing provides them with the tools to live stably in housing and often results in better health outcomes. As noted in the JLARC report, “For treatment to be successful, numerous studies have shown that individuals need stable housing...housing is health care.”¹¹ Permanent supportive housing is less expensive than other alternatives such as jails or hospitals. The Virginia Coalition to End Homelessness reports that:

- In Connecticut, daily costs of supportive housing range from \$40 - \$1,145 less than venues such as shelters or hospitals;
- In nine large cities, supportive housing expenses averaged nearly \$30 per day while prisons and mental hospitals averaged nearly \$80 and \$550;
- A study of Maine’s supportive housing program found savings of \$219,791 for 163 individuals over the course of six months;¹²

As noted in the JLARC report on “Reducing Veteran Homelessness in Virginia,” emergency shelters are not equipped to help the chronically homeless find housing. These shelters have limited hours and support services and often strict eligibility requirements that restrict use by chronically homeless individuals with mental health or substance use disorders. The authors note:

“By contrast, supportive housing has emerged as a successful, cost-effective combination of permanent affordable housing and support services that help formerly homeless people maintain stable housing and live more productive lives...”¹³

Strategies and Action Steps

In order to increase support for permanent supportive housing, the following strategies and action steps are recommended:

Goal 1: Increase the number of permanent supportive housing units in the Commonwealth

Strategy 1.1. Ensure the optimal use and alignment of existing state resources for permanent supportive housing.

Action Steps:

- » 1.1.1 Designate funds for predevelopment expenses: Allow Community Housing Development Organization (CHDO) funds to be used for predevelopment.
- » 1.1.2 Change the eligibility requirements for SPARC loans to support only permanent supportive housing development under the homeless category.
- » 1.1.3 Expand the eligibility requirements of the non-competitive pool within the Low Income Housing Tax Credit Program to include projects that serve the chronically homeless through permanent supportive housing.
- » 1.1.4 Encourage public and nonprofit agencies to participate in the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program and the VA Grant and Per Diem Program.
- » 1.1.5 Target permanent supportive housing to frequent users of emergency shelters and public institutions including mental health facilities, private hospitals, jails and prisons.

Strategy 1.2 Prioritize any new federal and state trust fund resources for permanent supportive housing.

Action Steps:

- » 1.2.1 Develop a state Housing Trust Fund that places a high priority on permanent supportive housing.
- » 1.2.2. Ensure that permanent supportive housing is a high priority for a new federally funded National Housing Trust Fund.

Strategy 1.3 Educate and build the capacity of

providers, including Community Services Boards and nonprofit agencies, to provide permanent supportive housing.

Action Steps:

- » 1.3.1 Provide training, coaching and technical assistance with packaging and leveraging state and federal funds to help develop the capacity of providers to operate and fund supportive housing.
- » 1.3.2 Support implementation of the recommendations in the Department of Behavioral Health and Development Services “Creating Opportunities” plan to align policies to promote supportive housing development through partnerships between Community Services Boards and supportive housing providers.

“The primary cause of homelessness is a lack of affordable housing.”

“Funding adjustments for Rapid Rehousing will be incremental and an appropriate level of emergency shelter support will be maintained.”

GOAL TWO: INCREASE FLEXIBILITY OF FUNDING TO PREVENT HOMELESSNESS AND SUPPORT RAPID REHOUSING FOR INDIVIDUALS AND FAMILIES

Goal Two rewards local communities for preventing homelessness and getting individuals and families into housing as quickly as possible. Currently, most of the state funding mechanisms available to alleviate homelessness support nights of shelter or a set of services for those experiencing homelessness. This recommended approach will emphasize “Rapid Rehousing”—a proven method that increases the number of individuals rapidly moving from homelessness to housing by providing transitional services to them in their new homes and maintaining a connection to landlords to ensure that individuals and families may remain in their homes. Performance-based contracts will reward those agencies best able to find homes for their clients, allow for flexibility of implementation among rural and urban localities and encourage innovation and use of effective practices. Funding will be leveraged from several state departments to achieve this goal. Because no new funding is allocated toward this goal and providing a safety net for those who are experiencing homelessness remains critical, funding adjustments for Rapid Rehousing will be incremental and an appropriate level of emergency shelter support will be maintained.

Background

Virginia’s Department of Housing and Community Development has several programs to support emergency shelters and designed to connect the homeless or those at risk of homelessness to the services they need in a cost-effective way. To date, a small proportion of these funds have been allocated to support Rapid Rehousing for families and individuals. These programs include: (1)

Emergency Shelter Grants, funded through the federal government by formula to support effective shelter and transitional housing operations; (2) State Shelter Grants that assist homeless families and individuals by providing financial support, technical assistance and training opportunities for the operation of emergency shelters and transitional housing facilities in Virginia; (3) the Homeless Intervention Program (HIP), which provides temporary mortgage or rental assistance, case management and housing counseling to individuals or families experiencing a temporary financial crisis; and (4) the Child Services Coordinator Grant (CSCG) for shelters, which funds child service coordinators who screen all homeless children to assess their health, mental health and educational needs and connect them with the appropriate services.

The majority of funds are awarded to local nonprofit organizations on the basis of the services, while a small component are awarded on the recipients’ capacity to move shelter residents into affordable and permanent housing.

Of those individuals experiencing homelessness in recent years, one in five live in households with children. Rapid Rehousing has proven particularly effective in preventing family homelessness and helping families find stable housing.

Rationale

A paradigm shift is taking place across the country in the way that communities respond to homelessness. Communities have adopted “Rapid Rehousing” models which view obtaining housing as a critical first step in helping individuals and families live productive lives rather than thinking of housing as a reward for participating fully in program services. The model is based on the premise that the “best way to end homelessness is to help people move into permanent housing as quickly as possible”¹⁴ As a result of communities’ successes in finding residents permanent housing and growing research demonstrating impressive results, Rapid Rehousing is replacing the provision of emergency shelter as a more proactive, effective and permanent solution to homelessness.

The National Alliance to End Homelessness provides the following definition of Rapid Rehousing:

(1) Homeless people move into permanent housing as quickly as possible; (2) Services are delivered primarily following a housing placement; (3) Housing is not contingent on compliance with treatment or services; (4) Housing First programs provide intensive housing search assistance, low-barrier housing, long-term rent assistance (in some cases); ongoing case management services, and a close relationship with property managers, with guarantees to intervene when there are problems.¹⁵

The Department of Housing and Community Development (DHCD) can blend its resources with other state departments and create performance-based contracts that reward recipients for helping citizens obtain and keep permanent supportive housing as quickly as possible. In stakeholder meetings across the state, there was widespread support for moving away from funding service units and transitioning to a “pay for performance” approach where the intended outcome is reducing the numbers of individuals and families who repeat the cycle of homelessness or gain a transitional reprieve in emergency shelter only to find themselves unable to afford or keep a permanent home.

Strategies and Action Steps

Goal 2. Increase flexibility of funding to prevent homelessness and support Rapid Rehousing for individuals and families

Strategy 2.1. Increase the flexibility for State Shelter Grants, Emergency Shelter Grants, and the Homeless Intervention Program to provide a continuum of services with a focus on performance, Rapid Rehousing and prevention.

Action Steps:

- » 2.1.1 Establish funding goals based on the number of individuals and families re-housed into permanent housing and decreased rates of

return to shelter.

- » 2.1.2 Develop strategies that incentivize non-shelter programs that place individuals and families in permanent housing quickly (i.e. housing-focused case management and hotel vouchers).
- » 2.1.3 Pilot projects to redirect shelter funds to prevention and Rapid Rehousing: reduce the number of shelter beds and increase the number of individuals and families not becoming homeless.
- » 2.1.4 Based on pilot project experience, expand to more communities.

Strategy 2.2 Set performance goals and link state funding and contracts for housing and prevention of homelessness to criteria and outcomes.

Action Steps:

- » 2.2.1 Reward high performers.
- » 2.2.2. Improve coordination with the Virginia Department of Social Services, the Virginia Department of Housing and Community Development, the Virginia Department of Corrections, and other appropriate state agencies to leverage funding and integrate services and referrals for the prevention of homelessness and Rapid Rehousing.
- » 2.2.3 Coordinate state agency funding streams and reporting requirements.

“It is intended that individuals have a housing plan before release into the community..”

GOAL THREE: INCREASE STATEWIDE DATA COLLECTION AND SYSTEM COORDINATION

Goal Three improves statewide coordination and data collection to maximize the efficient use of state funds, leverage new federal funding resources, provide statewide leadership to reduce homelessness and design approaches that meet the diverse needs of individuals who are homeless. By strengthening planning and data collection, state and local partners will be able to leverage more private and public resources, target services where they are needed most and make it easier for individuals and families who are homeless to access a range of state and local resources. A statewide coordinating body is recommended to facilitate this coordination, serve as an information source, leverage and coordinate new and existing funding resources, build the capacity of both urban and rural localities to enhance resources and lead the implementation of the overall plan.

Background

Data

Virginia has 23 Continuum of Care (CoC) areas and fourteen local and/or regional Ten Year Plans to Prevent Homelessness. These are regional planning groups, some of which organize and deliver housing and services to homeless individuals and families, funded by the federal Department of Housing and Urban Development (HUD). HUD requires that all CoCs report Point-In-Time (PIT) counts of people experiencing homelessness every two years.

The Homelessness Management Information System (HMIS) is a tool, required by HUD, which allows communities to better understand the populations they serve. HMIS administration often takes place at the local level within government offices—cities and counties may have offices to prevent and end homelessness, and in some cases, it is the housing authority or regional nonprofits that are responsible.

Among state agencies there are a myriad of data collection methods for obtaining information on individuals and families who are homeless. All local agencies receiving state shelter funds from the Department of Housing and Community Development (DHCD) are now required to use a Homeless Management Information System (HMIS) system, except for domestic violence shelters, which provide their data through VDSS to VAData (an electronic web-based data collection system for Virginia’s Sexual and Domestic Violence Service Agencies).

Leadership and Coordination

While at least twelve state agency departments have programs and services or funding that reaches individuals and families who are homeless, there is currently very limited coordination among them. As noted in the JLARC study on homeless veterans, “[A]cross the various entities and services, a lack of coordination and a lack of awareness about programs could lead to inefficiencies or to homeless veterans ‘falling through the cracks.’”¹⁶

Rationale

Without state leadership, reducing homelessness will not become a priority. As noted in the JLARC report, up until this time, the state has played a limited role in addressing homelessness. The report notes that there have been two attempts between 2003 and 2007 to establish comprehensive goals for reducing homelessness in Virginia, “but both of these efforts stalled.”¹⁷ This has been despite spending extensive resources across twelve departments and agencies and in partnership with local and federal organizations. The Homeless Outcomes Advisory Committee plan offers the state the opportunity to establish statewide goals, coordinate services, create a reliable census of individuals who are homeless, advance targeted priorities across departments and ultimately reduce the numbers of individuals and families who experience homelessness. To obtain the level of coordination and leadership required, the establishment of a Statewide Coordinating Council is recommended.

Despite having multiple data systems, there is no comprehensive means of identifying the needs and resources of individuals and families who are homeless at any given time. Having more comprehensive and accurate information will allow the state and localities to target resources according to need and the composition of people experiencing homelessness. Many communities are hampered in their efforts to obtain federal and private funding because they have insufficient capacity to understand their populations and design targeted strategies and evaluate impact. Further, the U.S. Department of Housing and Urban Development (HUD) has increasingly required compliance with federal data standards for receipt of its funding. A Coordinating Council with a clear mandate to work across departments to streamline data collection and funding streams and provide needed technical assistance to communities will allow the Commonwealth to increase its share of federal and private resources.

Strategies and Action Steps

Goal 3: Increase statewide data collection and system coordination

Strategy 3.1. Increase comprehensiveness of statewide data on homelessness and key subpopulations at risk of homelessness captured by housing and homeless service providers.

Action Steps:

- » 3.1.1 Get updated data from annual Point-In-Time counts including the number of adults in families, chronically homeless individuals, veterans, unaccompanied youth and ex-offenders.
- » 3.1.2 Collect data from appropriate departments and organizations on the number of youth exiting foster care into homelessness and the number of individuals experiencing mental illness, substance abuse or a co-

occurring disorder who experience homelessness.

- » 3.1.3 Determine the median length of homelessness and the percentage of adults experiencing homelessness who are unemployed.
- » 3.1.4 Convene a meeting of the representatives from the Continuums of Care to plan the annual statewide Point-In-Time count.
- » 3.1.5 Develop a data subgroup to provide guidance for annual Point-In-Time surveys, review HMIS implementation across the state and explore the value of a statewide HMIS.
- » 3.1.6. Develop a statewide survey for collecting data.

Strategy 3.2. Set statewide goals for achieving housing stability by populations.

Action Steps:

- » 3.2.1 Determine top indicators for preventing and ending homelessness in Virginia.
- » 3.2.2 Review successful indicators in local or regional Ten Year Plans.
- » 3.2.3 Review best practices from the National Alliance to End Homelessness.
- » 3.2.4 Review indicators with state agency coordinating groups, the representatives of the Continuums of Care and regional entities advancing Ten Year Plans.
- » 3.2.5 Set benchmarks for state-funded programs for each priority subpopulation.
- » 3.2.6. Include expected housing stability outcomes in requests for state funding sources serving the targeted subpopulations.
- » 3.2.7. Request that appropriate state agencies adopt a housing stability goal as one of their performance outcomes.

Strategy 3.3. Create a statewide coordinating body to oversee the implementation of the plan, to provide guidance on resource allocation or re-allocation, to facilitate cross-agency and cross-secretariat partnerships and to review and coordinate statewide data on homelessness.

Action Steps:

- » 3.3.1. Establish a statewide coordinating agency including the leadership of state department heads and other public, private and nonprofit stakeholders. Secure top-level commitment of state agencies.
- » 3.3.2 Convene members to review current data, monitor the status of the plans and prioritize action steps for each year.
- » 3.3.3 Develop a program directors' meeting of agency staff to review action steps, identify barriers and areas of collaboration and make recommendations to state and agency leadership.
- » 3.3.4 Convene representatives from each Continuum of Care or regional Ten Year Plan entity to monitor implementation of the state's strategies, determine barriers to implementation and areas of collaboration and make recommendations to state and agency leadership.
- » 3.3.5 Increase the interface and integration of systems, including data management, within state Health and Human Resource agencies, the Department of Housing and Community Development and the Department of Corrections to improve efficiency and service coordination.
- » 3.3.6 Coordinate with state workforce development efforts to facilitate coordination with the Homelessness Outcomes Advisory Committee plan, and reward and recognize local communities that link homeless planning and services with workforce development efforts.

“Rapid Rehousing has proven particularly effective in preventing family homelessness and helping families find stable housing.”

GOAL FOUR: INCREASE ACCESS TO SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT

Goal Four reduces substance use and improves mental health services for the most expensive group of individuals who are homeless—those who are chronically in and out of homelessness. The intent is to help these individuals gain stability, employable skills and the opportunity to become independent contributing members of society. By leveraging existing state funds to increase access to federal benefits, such as Supplementary Security Income (SSI) and Social Security Disability Insurance (SSDI) through an evidenced based program called SSDI Outreach, Access and Recovery (SOAR), this goal improves conditions for individuals who are chronically homeless as a result of mental health and substance abuse problems. If additional funds can be identified, an expansion of Housing First sites and a network of peer recovery programs based on Richmond's Healing Place—both proven models for reducing homelessness—are top priorities.

Background

According to a 1999 study by the Urban Institute of persons experiencing homelessness, 38 percent reported alcohol use problems in the previous month, 26 percent reported drug use, 39 percent reported mental health problems and 66 percent reported having one or more of these problems.¹⁸ In Virginia, substance abuse costs an estimated \$613 million dollars (2006 estimate), including health care, incarceration, law enforcement and community corrections, with the state incurring over half of these expenses.¹⁹

People with active and untreated symptoms of mental illness or substance abuse can find it extremely difficult to meet basic needs for food, shelter and safety. These individuals are often impoverished; many are not receiving benefits for which they may

be eligible, and they become homeless more often and for longer periods of time than other homeless populations.

In Virginia state government, there are several programs and agencies that provide mental health and substance abuse treatment. Local Community Service Boards provide public mental health and substance abuse services (with funds from the Department of Behavioral Health and Developmental Services) including Supportive Residential Services. The following agencies and programs provide some support or resources for both substance abuse treatment and mental health services: Projects for Assistance in Transition from Homelessness (PATH) in the Department of Behavioral Health and Developmental Services; Virginia Medicaid in the Department of Medicaid Assistance; Foster Care Independent Living Program within the Virginia Department of Social Services; Housing Choice Voucher Program and State Shelter Grants within the Department of Housing and Community Development; and the Department of Veteran's Services.

Rationale

Investing in substance abuse treatment and improved mental health resources for individuals who are homeless helps them become productive citizens who can work and contribute to the community. Four models have proven successful in paving the way for this transition and are recommended for implementation of the plan. Existing funds can be used to expand the SOAR program; new funds are requested to support a network of peer recovery centers, mental health dockets, and increased Housing First sites:

1. "Housing First" is a tested approach to ending chronic homelessness where individuals with chronic substance abuse or mental health problems are provided with housing and support services that include case management, therapy and psychological and medical care. A recent study of a Seattle Housing First model of 95 residents found that the program saved

over \$4 million dollars over the first year of operation.²⁰

2. Peer recovery models, such as the Healing Place, for homeless individuals with substance use disorders allow clients to support each other as they are provided with a structured and comprehensive system of services. Individuals transition to the community based on completion of recovery steps and are given responsibilities such as paying small amounts of rent and holding down a steady job. In addition, life skills classes, education opportunities, housing partnerships and legal services are provided to clients to help them transition into the community and prevent returning to the streets.
3. Mental health dockets also provide specialized interventions and support services for offenders who are in trouble because of their mental health or substance abuse problems. The key to these dockets is a targeted system of services for each client, collaboration among service providers and the court system and maintaining contact with each individual as they utilize services and assimilate into the community.
4. The SSI/SSDI Outreach, Access and Recovery, or SOAR program, increases access to treatment and supports by securing Supplemental Security Income (SSI) and Social Security and Disability Insurance (SSDI) for people with disabilities who are homeless or at risk of homelessness. Trained case managers walk eligible individuals through the application process and help them collect and prepare the necessary paperwork. In Virginia, SOAR has had success in helping connect individuals with benefits, with a 69 percent approval and success rate, compared to a national approval rate of 37 percent as of the summer of 2009.

Strategies and Action Steps

Goal 4. Increase access to substance abuse and mental health treatment

Strategy 4.1. Target new housing and behavioral health resources to “Housing First” projects to serve homeless individuals with serious mental illness.

Action Steps:

- » 4.1.1 Plan and budget for the development of new Housing First projects and identify potential locations and providers.
- » 4.1.2 Develop a memorandum of agreement among pertinent state agencies to set aside new housing and service funds for potential projects.
- » 4.1.3 As new housing and service funds are identified, make funding available to prioritized projects.

Strategy 4.2 Plan and establish a network of substance abuse peer recovery “best practice” models of service enhanced shelters (e.g. The Healing Place).

Action Steps:

- » 4.2.1 Consult with Richmond, Virginia, and Raleigh, North Carolina Healing Place sites to consider programs to address homelessness, jail diversion, and prisoner re-entry.
- » 4.2.2 Identify site locations in Hampton Roads, Northern Virginia, and Lynchburg areas to house approximately 250-300 beds in each region.
- » 4.2.3 Identify sources of public and private funds through cost offsets of reduced hospital and criminal justice expenditures.
- » 4.2.4 Acquire and build or renovate sites, hire staff and begin implementation.

Strategy 4.3 Explore redirection of state criminal justice funding to effective models, such as mental health dockets, that support persons with mental health needs involved in the criminal justice system.

Action Steps:

- » 4.3.1. Identify funding options in partnership with the Department of Criminal Justice Services and the Department of Corrections (grants/general fund) to address persons with serious mental illness or substance use disorders who are under supervision with community corrections.
- » 4.3.2 Consult with New River Valley Bridge

program to consider post-booking, pre-trial jail diversion program models to serve homeless and at-risk persons with serious mental illness or co-occurring mental illness and substance use disorders.

- » 4.3.3 Identify potential pilot sites and necessary local partnerships.
- » 4.3.4. Provide training and technical assistance to volunteer sites to seek funding and implement programs.

Strategy 4.4. Expand capacity of public and nonprofit homeless service providers to connect clients to SSI/SSDI benefits through SOAR.

Action Steps:

- » 4.4.1 Find a match for PATH funds to fund a SOAR coordinator position.
- » 4.4.2 Increase the number of trainers to provide training to shelter and other homeless service providers. Require trained staff to use SOAR procedures.

“Permanent supportive housing is a solution to homelessness targeted to individuals experiencing chronic homelessness...”

GOAL FIVE: EVALUATE, DEVELOP AND ENSURE IMPLEMENTATION OF STATEWIDE, PRE-DISCHARGE POLICIES FOR THE FOSTER CARE SYSTEM, HOSPITALS, MENTAL HEALTH FACILITIES AND CORRECTIONAL FACILITIES

Goal Five stems the flow of individuals leaving state and local mental health institutions, health care facilities, correctional institutions and foster care placements into homelessness. Goal Five recommends engaging state government in educating discharge planners and strengthening procedures and policies within these institutions. It is intended that individuals have a housing plan before release into the community and that discharge planners take advantage of existing state and local resources for veterans and build partnerships with appropriate community-based organizations to reduce the likelihood of individuals returning to homelessness or public institutions. These recommendations are coordinated with the Governor's Re-entry Task Force and promote an improved transition from state and local correctional institutions to the community that prioritizes the reduction of homelessness.

Background

People transitioning out of foster care, mental health facilities, hospitals, jails and prisons face unique obstacles that put them at risk of homelessness. Nationally:

- Twenty-five percent of former foster youth reported that they had been homeless at least one night within four years of exiting foster care.²¹
- One in five people leaving prison experiences homeless soon after, if not immediately.²²
- Fourteen percent of individual adults who

experienced homelessness in 2009 were in institutional settings the night before becoming homeless.²³

Persons who are discharged into homelessness are more likely to cycle (back) into hospitals and jails.²⁴ This cycle wastes state resources: the (per-person) cost of a night in a hospital or jail is significantly more than the (per-person) cost of a night in subsidized or supportive housing.²⁵

Virginia state agencies have discharge policies and procedures in place, but they are not uniformly enforced or followed. This has resulted in residents leaving institutions without having a place to call home, or showing up at temporary or emergency shelters with no resources or plan for long-term housing.

The following summarizes the current discharge approaches. The state does not administer health care discharge policies and procedures, but does oversee those policies related to foster care, mental health institutions and corrections institutions:

- **Foster Care:** The Virginia Independent Living Program assists foster care youths ages 14-21 in developing the skills necessary to make the transition from foster care to independent living. This skills training covers: communication and decision-making skills, career exploration and job skills, money management, housing, transportation, and legal issues.
- **Mental Health:** Virginia's mental health system includes 16 state facilities and 40 locally-run Community Services Boards (CSBs). CSBs function as the single points of entry into the publicly funded services system. Each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from state hospitals. CSBs must follow state protocols when developing discharge plans.
- **Corrections:** The Virginia Department of Corrections (DOC) has pre-discharge protocols in place. Upon entry into the

prison system and each year during the offender's sentence, prison counselors identify and document offender post-release home plans. If offenders do not have a viable home plan, six months before release, the prison counselor refers the case to the DOC Community Release Unit, which works with the prison and local Probation and Parole Offices to develop home plans. In the majority of cases, a home plan is developed prior to an offender's release. The Virginia Community Re-entry Program is a community-based program designed to smooth the transition out of corrections facilities. The program has been adopted in seven localities. The program includes pre-release planning that addresses financial obligations, housing, employment, and community resources.

Rationale

State policies designed to ease transitions out of publicly funded institutions can decrease the incidence of homelessness among transitioning individuals and increase the quality and cost-effectiveness of services delivered to these individuals. In addition, the McKinney-Vento Act requires that, to the maximum extent possible, individuals discharged from publicly funded institutions or systems of care not be discharged into homelessness. Thus, all Continuums of Care must develop discharge planning policies that aim to prevent discharge into homelessness. Having policies in place is key, yet implementation of these policies is critical to reducing the numbers of individuals who are homeless upon release.

Strategies and Action Steps

Goal 5. Evaluate, develop and ensure implementation of statewide, pre-discharge policies for the foster care system, hospitals, mental health facilities and correctional facilities.

Strategy 5.1. Improve discharge policies and procedures for foster care.

Action Steps:

- » 5.1.1. Develop a pre-discharge protocol requiring that all youth have a discharge plan that: (1) specifies an appropriate housing arrangement; (2) guarantees access to supportive services; and (3) connects them to education.
- » 5.1.2. Develop a pre-discharge protocol requiring that, where possible, youth are not to be released from the foster system before the terms of the discharge plan have been met.
- » 5.1.3. Develop foster care policy that integrates adult services housing options for the older foster care population.

Strategy 5.4. Strengthen mental health and health discharge protocols and policies.

Action Steps:

- » 5.4.1. Educate hospital discharge planners about resources for individuals who are homeless.
- » 5.4.2. Require that mental health facilities document and report the number of patients that are discharged into shelters.
- » 5.4.3. Provide training to Continuums of Care to apply for affordable housing units for individuals with mental illness and substance use problems.
- » 5.4.4. Develop protocols for hospitals to link veterans with services offered by the Veteran's Administration and the Department of Veteran's Services prior to discharge.

Strategy 5.5. Improve corrections discharge policies and procedures.

Action Steps:

- » 5.5.1. Develop a pre-discharge protocol requiring that all inmates have a discharge plan that: (1) specifies an appropriate housing arrangement; (2) identifies prior military service; (3) includes a mandatory re-entry program; and (4) connects them to support services.

- » 5.5.2. Require all state prisons as well as regional and local jails to identify inmates with prior military service using their electronic case management system.
- » 5.5.3. Require that the Department of Corrections document the number of offenders released without viable home plans and the reasons why plans could not be developed.

Conclusion and Next Steps

The Homeless Outcomes Advisory Committee created this plan to be implemented. Recommendations are practical, informed by research and stakeholder expertise and designed to be enhanced and implemented in partnership with local communities.

Virginia citizens have the knowledge to end homelessness and the means to do so. This report was written so that Virginia residents who are homeless, or at risk of becoming homeless, can find affordable housing and support through coordinated state and local resources. To accomplish this, the plan will require unprecedented coordination—not only among state agencies, but also in local communities across public, private and regional organizations.

The recommendations will be successful with the continued support of citizens as volunteers and investors committed to ending homelessness. An important step for improved results is to adopt a unified approach from state government, emphasizing permanent supportive housing, Rapid Rehousing, coordinated tracking and leadership, access to mental health and support services and improved discharge planning. This report details the steps and leadership required to achieve the five goals as well as outcomes to track future success.

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Endnotes

1 This translates into 35,650 – 44,560 individuals experiencing homelessness throughout the year. In 2009, 20 percent were households with children, 21 percent suffered from substance abuse and eighteen percent had been in and out of homelessness over the last three years (2010 Results from Virginia’s Point-In-Time Count, per Matthew Leslie, Department of Housing and Community Development, Virginia, October 28, 2010).

2 *2008-09 Program Year: A Report to the House Appropriations and Senate Finance Committees*, Department of Housing and Community Development, Commonwealth of Virginia, 2009.

3 Between 2008 and 2009, the Point-In-Time (PIT) count shows a one percent increase from a total of 8,469 individuals to 8,552 individuals and projected 2010 PIT counts estimate a total of 8,883. Twenty percent of these individuals are families with children, and another 18 percent are individuals who have been in and out of homelessness over the last three years (United States Department of Housing and Urban Development [HUD] Homelessness Resource Exchange, www.hudhre.info, October 2010).

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5 *2008-09 Program Year: A Report to the House Appropriations and Senate Finance Committees*, Department of Housing and Community Development, Commonwealth of Virginia, 2009.

6 Between 2008 and 2009, the Point-In-Time count shows a slight increase from a total of 8,469 individuals to 8,852 individuals and projected 2010 PIT counts estimate a total of 8,883. Twenty percent of these individuals are families with children, and another 18 percent are individuals who have been in and out of homelessness over the last three years (source: United States Department of Housing and Urban Development [HUD] Homelessness Resource Exchange, www.hudhre.info, October 2010).

7 “In Virginia, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,021. In order to afford this level of rent and utilities, without paying more than 30 percent of income on housing, a household must earn \$3,403 monthly or \$40,841 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a housing wage of \$19.63” (National Low Income Housing Coalition, www.nlihc.org).

8 HUD 2009 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, Department of Housing and Urban Development.

9 “Individuals experiencing chronic homelessness are alone and spend long or frequent periods of time homeless. In addition, they have one or more disabling conditions, defined as a physical illness or disability, serious mental illness, or substance use disorder.” – Page 3, Report of the Joint Legislative Audit and Review Commission to the Governor and General Assembly of Virginia, *Reducing Veteran Homelessness in Virginia*, June 14, 2010.

10 Page 51-52, Report of the Joint Legislative Audit and Review Commission (JLARC) to the Governor and General Assembly of Virginia, *Reducing Veteran Homelessness in Virginia*, June 14, 2010.

- 11 Ibid, page 52.
- 12 Virginia Coalition to End Homelessness, “Permanent Supportive Housing: An Alternative to Hospitalization and Incarceration for People Experiencing Homelessness, Mental Illness and Other Disabilities”, www.vceh.org, May 2010.
- 13 Page 44, Report of the Joint Legislative Audit and Review Commission (JLARC) to the Governor and General Assembly of Virginia, *Reducing Veteran Homelessness in Virginia*, June 14, 2010.
- 14 “Housing First: A New Approach to Ending Homelessness for Families,” The National Alliance to End Homelessness, Inc., www.naeh.org/networks/housingfirst/index.htm, 2008.
- 15 Housing First presentation, Norm Suchar, National Alliance to End Homelessness, May 2008.
- 16 Page v, JLARC Report *Reducing Veteran Homelessness in Virginia*, June 14, 2008.
- 17 Ibid, page 72.
- 18 Page ix, Burt, Aron, Douglas, Valente, Lee and Iwen, *Homelessness: Programs and the People They Serve: Findings of the National Survey of Homeless Assistance Providers and Clients*, Urban Institute, Washington, DC, December 1999.
- 19 Joint Legislative Audit and Review Commission (JLARC), *Mitigating the Costs of Substance Abuse in Virginia*, July 31, 2008.
- 20 “During the first six months, even after considering the cost of administering housing for the 95 residents in a Housing First program in downtown Seattle, the study reported an average cost-savings of 53 percent—nearly \$2,500 per month per person in health and social services, compared to the costs of a wait-list control group of 39 homeless people” (“Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems”—*The Journal of the American Medical Association*, Vol. 301 No. 13, April 1, 2009).
- 21 “Issues: Youth.” National Alliance to End Homelessness, <http://www.endhomelessness.org/section/issues/youth>
- 22 “Issues: Re-Entry.” National Alliance to End Homelessness, http://www.endhomelessness.org/section/issues/re_entry
- 23 “Issues: Re-Entry.” National Alliance to End Homelessness, http://www.endhomelessness.org/section/issues/re_entry; *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. United States Interagency Council on Homelessness, 2010.
- 24 Ibid.
- 25 Ibid.