A TEN YEAR PLAN TO END HOMELESSNESS

IN

PORTSMOUTH, VIRGINIA

Presented to the City of Portsmouth

By The Planning Council

September 2008
(FINAL-9-23-08)

EXECUTIVE SUMMARY

City staff, committee members and stakeholders came together in a unified effort to provide the vision and leadership required to develop a Plan to End Homelessness in the City of Portsmouth. The process was reflective of Portsmouth City Council's commitment to its vision of bold new direction and the resulting plan involves the entire community to tackle this significant civic issue with social and economic impacts.

The City of Portsmouth's Ten-Year Plan to End Homelessness is built on a foundation that addresses four goals simultaneously:

Plan for Outcomes: Collect and Utilize Better Data
Close the Front Door: Focus on Prevention
Open the Back Door: Expand Capacity for Permanency and Support
Build the Infrastructure: Maximize Mainstream Resources

The Plan outlines eight strategies as elements of a comprehensive approach:

- Preventing families and individuals from becoming homeless
- Increasing availability and access to safe, sustainable, low-income housing
- Enhancing coordination of service delivery
- Supporting self-sufficiency
- Increasing access to medical, dental and vision services
- Increasing availability of mental health and substance abuse services
- Ensuring provision of basic needs
- Expanding services to "non-mandated" populations

The challenges accompanying a planning effort with a ten-year horizon are recognized. The Plan is incremental, with each year beginning with a review and evaluation of the efforts and achievements of the previous year. As more accurate and up-to-date data become available about the scope of homelessness, these data will be used to inform decision-making and projections relative to service expansion, adjustment and innovation in later years.

Ending homelessness is an ambitious endeavor; however, the successes of other cities that have developed and implemented plans demonstrate that there are viable solutions. This Plan reflects Portsmouth's recognition that the moral, ethical, economic, and opportunity costs of not addressing homelessness are unacceptable. The Plan presents the commitment of the community, focus of leadership and persistence of effort to eradicate homelessness in Portsmouth.

INTRODUCTION

Communities that have adopted and implemented plans to end homelessness have successfully reduced the number of persons who present for homelessness, reduced the length of time that an individual or family remains homeless, and reduced the number of persons who return to homelessness. In 2006, City staff, committee members and stakeholders came together in a unified effort to provide the vision and leadership required to develop a Plan to End Homelessness in the City of Portsmouth. The Plan is an expression of the commitment to actively seek long-term solutions to the issue, rather than simply managing episodes of homelessness as they occur. In addition to this commendable objective, the Plan fulfills a requirement for funding from the U.S. Department of Housing and Urban Development (HUD).

Homelessness for whatever reason has pervasive adverse effects on the individual and communities. For example, the following excerpt from a February 2006 study published by the Urban Institute summarizes the research on the effects of homelessness:

"Homelessness is a very undesirable condition, both for the people it affects and for society in general. The effects of homelessness on children make it easy to see why many communities offer interventions to help keep families with children in housing. Compared to poor, housed children, homeless children have worse health (more asthma, upper respiratory infections, minor skin ailments, gastrointestinal ailments, parasites, and chronic physical disorders), more developmental delays, more anxiety, depression and behavior problems, poorer school attendance and performance, and other negative conditions (Buckner, 2004; Shinn and Weitzman, 1996). There are also indications that negative effects increase the longer homelessness continues, including more health problems (possibly from living in congregate shelters or in cars and other places not meant for habitation) and more mental health symptoms of anxiety, depression, and acting out brought about by the disruptions in routines, relationships, and environments that homelessness entails (Buckner, 2004).

"Even housing instability negatively impacts children. Analyses of the National Health Interview Survey show strong associations between moving three or more times and increased behavioral, emotional, and school problems (Shinn and Weitzman, 1996), even when poverty does not complicate the picture. These findings suggest that even if families receiving prevention assistance would not become literally homeless without assistance, reducing the number of times they move may be worth the investment of paying rent, mortgage, or utility arrearages.

"Effects of homelessness on parents in homeless families are similar to those of their children, with the exception of school-related problems (Shinn and Weitzman, 1996). The effects of homelessness on single adults are also grim.

Homeless individuals report poor health (37 percent versus 21 percent for poor housed adults), and are more likely to have life-threatening contagious diseases such as tuberculosis and HIV/AIDS (Weinreb, Gelberg, Arangua, and Sullivan, 2004).

"The risk of homelessness is relatively high among poor households in the United States. About one in 10 poor adults and children experience homelessness every year (Burt, Aron, and Lee, 2001; Culhane, Dejowski, Ibanez, Needham and Maccia, 1994; Link, Susser, Stueve, Phelan, Moore, and Struening. 1994, 1995). Homelessness exacerbates the negative effects of extreme poverty on families and individuals."

Developing such a plan sets a **Bold New Direction** as Portsmouth commits to a proactive approach to solving a community challenge. It embraces innovative ideas for dealing with what some have thought is an intractable community problem. The plan also reflects the vision of **Neighborhood and Community Transformation,** by promoting the inclusiveness of all citizens, even those without a home. The plan acknowledges the **Pride of Past and Promise of Future** by sharing the victories of equality, dignity and diversity with all citizens, regardless of economic stature or privilege.

THE COST OF HOMELESSNESS

In February 2006, the National Alliance to End Homelessness estimated that it costs over $40,000 per year per homeless adult person for emergency shelter, medical costs and incarceration costs. This does not take into account the significant intangible and hidden costs of homelessness, which manifest themselves in lost economic development opportunities from visible, chronic homelessness, increased child welfare costs due to foster care or other interventions, and diminished school performance from children facing housing instability. Not ending homelessness continues to drain resources from all levels of government and from non-profit organizations and detracts from the economic viability of the City on a going forward basis.

HOMELESSNESS IN PORTSMOUTH

The Portsmouth Homeless Action Consortium (PHAC) is a voluntary membership group made up of service providers, the faith community, City government representatives and interested citizens. It coordinates the services for homeless persons in Portsmouth by planning, prioritizing and implementing new activities. Another major responsibility of the Consortium is to develop and submit annually the Continuum of Care Strategy required by the U.S. Department of Housing and Urban Development (HUD) to qualify organizations in Portsmouth to receive funding for homeless services. As a result, each year HUD funds agencies in Portsmouth -- $730,324, Hold Harmless Need Amount -- through the Supportive Housing Program. In the past, Portsmouth has received additional HUD funding

for Shelter Plus Care and permanent housing bonuses. Agencies also receive funding from HUD through the Virginia Department of Housing and Community Development, the Community Development Block Grant and HOME programs.

Annually in January, PHAC conducts a Point in Time Count (a HUD requirement) of the number of homeless persons in Portsmouth. The date of the count is coordinated with the other cities in South Hampton Roads through the Regional Task Force to End Homelessness, and with the rest of the state through the Virginia Interagency Action Council for the Homeless. The count is for one 24-hour period and counts only those people who are homeless on that day. Anyone doubled up with family or friends or staying in a motel that night is not considered homeless by HUD's definition. Anyone cycling in and out of homelessness who has housing for that day will not be counted. Counts are done for the sheltered and unsheltered populations. Sheltered populations include those in emergency shelters, rotating faith community shelters and in transitional housing.

In January 2008, the Point in Time Count indicated 222 persons who were homeless in Portsmouth on the day of the count. Of those, 177 citizens were sheltered and 45 were unsheltered. A more in-depth count of the sheltered population showed that 16 self-reported that they suffered serious mental illness, 48 were chronic substance abusers, 28 were veterans, and 15 were victims of domestic violence and abuse. Additionally, 49 of sheltered and unsheltered persons were chronically homeless. To be chronically homeless, a person must meet all of the following criteria:

1. Be a single unaccompanied adult
2. Have a disabling condition
3. Have been homeless for longer than one year or four times in the last three years.

Attempts are made while conducting the count to avoid double counting any individuals. National studies estimate that one-day count totals should be multiplied by three or four to obtain the number of persons who are homeless during the year. That assumption would potentially increase Portsmouth's count to between 666 and 888.

RESOURCES AVAILABLE FOR HOMELESS PEOPLE IN PORTSMOUTH

The chart below shows the capacity of the service delivery system in Portsmouth to house the homeless. Emergency shelter beds are available for up to 60 days. Transitional beds are available for up to two years.

PORTSMOUTH: PROVIDERS BY SERVICE AREA

SERVICE	***PROGRAMS***	***BEDS***	***POPULATION***
Emergency Shelter	*Help and Emergency Response (HER) Shelter*	*42*	*Families and single adults (domestic violence priority)*
	Portsmouth Area Resource Coalition	*30*	*Families*
	Portsmouth Department of Behavioral Healthcare Services	*Hotel vouchers*	*Single adults*
	Portsmouth Volunteers for the Homeless (Winter only)	*60*	*Single adults*
TOTAL:	***4 programs***	***132 beds***	
Transitional Housing	*Portsmouth Area Resource Coalition*	*44*	*Families and single adults*
	Portsmouth Christian Outreach Ministries	*27*	*Families and single adults*
	Portsmouth Department of Behavioral Healthcare Services (DBHS)	*Voucher program*	*Families and single adults*
TOTAL:	***3 programs***	***71 beds***	
Permanent Supportive Housing	*Portsmouth Area Resource Coalition*	*10*	*Single adults*
	Portsmouth Department of Behavioral Healthcare Services	*42*	*Families and single adults*
	Virginia Supportive Housing: Gosnold Apartments	*6*	*Single adults*
TOTAL:	***3 programs***	***58 beds***	
Other Services	*Catholic Charities of Eastern Virginia*	*Agencies provide supportive services and rental assistance*	*Single adults and families*
	The Planning Council		
	The Salvation Army – Portsmouth/W. Chesapeake		
	The STOP Organization		
	Oasis Social Ministry		*Single adults and families*
TOTAL:	***5 Programs***		

The Point in Time count for January 2008 showed that 120 persons were sheltered in emergency shelters that night. The above capacity assessment shows that 132 beds are available for emergency shelter in the winter. Two of the providers are able to house additional homeless persons in makeshift accommodations when more people present for shelter than there is space available.

The following are providing sheltering services to homeless citizens:

Help and Emergency Response (HER) Shelter	Provides 42 year-round emergency shelter beds for women and children who are victims of domestic violence or homeless as a result of domestic violence
Portsmouth Area Resource Coalition (PARC)	Provides 30 year-round emergency shelter beds, 44 transitional housing beds, and 10 permanent supportive housing unites
Portsmouth Volunteers for the Homeless (PVH)	Provides 60 roving winter emergency shelter beds. When more than 60 citizens show up for shelter, PVH has the ability to makeshift additional locations.
Portsmouth Christian Outreach Ministry (PCOM)	Provides 27 transitional housing bed
Virginia Supportive Housing	Provides 6 permanent supportive housing beds (with 2 more to be available by Fall 2008)
Department of Behavioral Healthcare Services	Provides permanent supportive housing for homeless persons with mental illness and substance abuse addictions through the Shelter + Care program
Department of Social Services	Assists eligible individuals and families that are homeless or threatened with the loss of stable housing through agency programs and community partners.

A variety of other resources are available to homeless persons in Portsmouth, including prevention services, mainstream resources services (such as food stamps or temporary financial assistance), feeding programs, health care, and mental health and substance abuse services. In summer 2007, the City instituted a summer shelter program to serve single, unaccompanied adults who are homeless; this program served between 45 and 50 people a night.

A TEN YEAR PLAN FOR PORTSMOUTH

Ending homelessness in Portsmouth depends on a comprehensive, coordinated approach that recognizes that housing, in and of itself, is the keystone to any plan. In order to effectively combat and end homelessness, a plan must address all its various categories: chronic, family, domestic violence victims, youth, mentally ill persons, substance abusers, and those being discharged from institutions. The plan must also contain elements of early detection, prevention, early intervention – "Closing the Front Door" -- and stabilization and support – "Opening the Back Door." Portsmouth must engage participation from all levels of government, service providers, leaders from all segments of the community, citizens, and individuals and families who are homeless to successfully eradicate homelessness. The City must develop partnerships with funders from all sectors to take maximum advantage of new revenue streams. And, Portsmouth must recognize and respond to the need to expand affordable housing opportunities. This plan serves as a tool to facilitate such participation and partnering, while fostering accountability for measurable outcomes.

The strategies below describe the implementation of a comprehensive approach. The foundation of the plan is City of Portsmouth's long-term and continuing commitment to integrated human services – a public/private service delivery partnership comprised of the City Departments of Social Services, Behavioral Healthcare Services, Parks and Recreation and Libraries, the Health Department, and non-profit service providers, including members of the Portsmouth Homeless Action Consortium (PHAC). An integrated system is the key to serving people in need who present in systems other than social services and behavioral health, while minimizing service fragmentation and duplication. This delivery system recognizes the need for accessibility, coordination and shared responsibility. The existence of clear lines of communication, authority, responsibility, collaboration, and reporting to City Council offers Portsmouth significant advantages in the implementation of its Ten Year Plan.

STRATEGIES

1. Preventing Families and Individuals from Becoming Homeless

A primary common sense strategy to ending homelessness is to "close the front door" on homelessness. However, because homelessness wears so many faces (chronic, episodic or temporary) and has so many causes, prevention of homelessness requires creativity, flexibility, aggressiveness and collaboration among the public, private and nonprofit sectors. Mainstream resources, such as food stamps, TANF (Temporary Assistance to Needy Families), Medicaid, and early intervention with case management and education can often provide the basic supports that an individual or family needs to maintain housing. Emergency financial assistance with utility bills, rent or mortgage payments are cost effective prevention measures. Finally, should a family or individual become

homeless despite prevention efforts, a focus on locating housing as soon as possible can reduce time in emergency shelter placements.

2. **Increasing the Availability of and Access to Safe, Stable and Sustainable Low Income Housing**

What people who are homeless need most is a home. Once housing is secure, other issues of health, employment and education become more manageable.

3. **Enhancing Coordination of Service Delivery**

Seamless access to coordinated service delivery is critical to solving homelessness. Coordination and communication will reduce service duplication, minimize fragmentation and produce better outcomes for homeless individuals and families in a cost-effective and economical way for the City. Coordination of services also supports the collection of reliable data to support funding and program development decisions.

4. **Supporting Self-Sufficiency**

Although many people who are homeless have some income (Veteran's Benefits, Social Security, TANF), that income is often insufficient to maintain self-sufficiency. Many income supports are temporary and employment is often unstable. Supporting self-sufficiency through education, job training and employment, coupled with facilitating access to the mainstream economy opportunities is vital to preventing homelessness and maintaining housing.

5. **Increasing Access to Medical, Dental and Vision Services**

While the medical needs of people who are homeless are well documented, the difficulties in securing care are multifarious and include: lack of education about available medical services, inadequacy of medical services and difficulties in accessing care when it does exist. The lack of medical care contributes significantly to the social and economic cost of homelessness in increased emergency room utilization and hospitalizations for conditions that would not require inpatient care if properly managed.

6. **Improving Availability of Mental Health and Substance Abuse Services**

The public mental health and substance abuse system is funded through a variety of revenue streams including – Medicaid, state, and local funds. Access to mental health and substance abuse services are generally dependent upon the availability of funding.

7. **Ensuring the Provision of Basic Needs**

Basic needs include access to clean restroom facilities, showers, laundry facilities and shelter during extreme hot, humid when there is a heat advisory or cold weather. A number of programs exist to assist in meeting these needs, many in collaboration with partners from nonprofit agencies or the faith community.

8. Expanding Services to "Non-Mandated" Populations

Many services to address homelessness are driven by conventional funding streams administered through the Department of Social Services, the Department of Behavioral Healthcare Services, and other City Departments. Through Portsmouth's integrated service delivery system, these funds have been leveraged effectively to expand services when possible. However, some segments of the homeless population do not fit into categorical programs and there is realization that the elimination of homelessness will require attention to service expansion.

ACTION STEPS

The plan is intended to be a living, dynamic tool to ensure Portsmouth achieves its vision of ending homelessness. Each year of the plan will represent a continuous learning process as information, data and progress are evaluated.

LEADERSHIP AND COORDINATION

The Portsmouth Homeless Action Consortium (PHAC) will be the lead entity for the plan's implementation. PHAC has been in existence since 1997 and was initially conceived as a coordinating body that would not add additional bureaucracy to the service delivery system. PHAC's expanded role will include monitoring activities and tracking outcomes to ensure progress in each of the four goals. Two co-chairs will provide leadership for PHAC; one co-chair will be a leader from a non-propfit organization and the other a leader from a City Department. The co-chair from the City Department will provide administrative support to PHAC during his or her term.

PHAC will be guided by the following principles:

- All members are aware of and support PHAC's roles and the City's vision to end homelessness.
- All members commit to full participation – i.e., attending meetings, working on committees, etc.
- Members will be vested with decision-making authority and the ability to commit resources from their "home agencies."
- Recruitment will be ongoing to ensure inclusive membership from the business community, civic organizations, the faith community and the Portsmouth Redevelopment and Housing Authority.
- PHAC will serve to provide coordinated communication with the City Manager's office and City Council.

GOAL 1 – PLAN FOR OUTCOMES: COLLECT AND UTILIZE BETTER DATA

Data collection and management is essential to determine the number of families and individuals presenting for services and to understand the services they need. Accurate and current data helps inform decisions and actions to address homelessness by providing information to project the need for additional housing, to determine gaps in services and to support more effective and efficient service delivery mechanisms.

1. Ensure full utilization of the Homeless Management Information System (HMIS).
    - Track service utilization
    - Capture demographic trends
    - Determine housing goals

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC PARC*	HMIS currently in place; ongoing	Number of HMIS licenses held by providers throughout the City; Accurate data collected and maintained; APR and other reports generated timely; Determine initial housing goals

2. Conduct gap analysis to analyze current shelter capacity.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC	2009	Analysis completed; results disseminated

3. Evaluate funding streams to ensure maximum leverage.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC City Finance Department	2013	Report of analysis; Increased new revenue

4. Establish outcome measures and evaluate program outcomes.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By;
PHAC	2009; reviewed annually thereafter	Establishment of outcome measures; Report issued and disseminated annually

5. Research emerging best practices

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC	2012	Report issued and disseminated

GOAL 2 – CLOSE THE FRONT DOOR: FOCUS ON PREVENTION

Prevention and early intervention is key to eliminating homelessness. Averting homelessness not only reduces costs in the child welfare and health care systems, it produces better outcomes for families and children by minimizing housing instability – a key indicator for intergenerational homelessness.

1. Develop and implement a public education/information program about available services.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By;
PHAC*; Portsmouth Communications Dept.	2009	Program created and implemented; Increased knowledge of available services as indicated by appropriate referrals from throughout the community

2. Create a Homeless Prevention Plan.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By;
PHAC; PDSS*; PDBHS	2008	PHAC reviews and adopts existing prevention plans; Consolidation of plans, as appropriate

3. Expand current clearinghouse intake program to a comprehensive central intake function for individuals and families who are homeless or at risk of homelessness.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC PARC*	2009	Accurate and up-to-date data regarding people presenting for services

4. Increase affordable housing capacity.
    - Establish a Housing Broker Team
    - Fully utilize an affordable housing database

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC PDSS*	2009	Increased number of landlords and property owners renting to low income families and individuals; Decreased number of people returning to shelter

5. Enhance the discharge planning process.
    - Develop pre-discharge protocols with prisons, jails, hospitals and foster care
    - Explore *Housing First* approach with follow up case management

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC* PDSS PDBHS Law enforcement agencies Hospitals	2010	Decrease in discharged individuals who present for homeless services within six months of discharge

GOAL 3 – OPEN THE BACK DOOR: EXPAND CAPACITY FOR PERMANCY AND SUPPORT

Communities that have been successful in decreasing homelessness have recognized that homelessness is a pernicious condition; individuals and families cycle in and out of emergency shelters, transitional housing and rehabilitation centers, without long-term success or stability. Data have indicated that securing housing as a first priority then allows services to be wrapped around people in a secure and permanent setting. *Housing First* and *Rapid Exit* (see appendix for Glossary of Terms) approaches are achieving impressive results in reducing homelessness in communities across the nation.

1. Conduct aggressive outreach, involving service providers, municipal agencies and the public, to engage chronically homeless people who congregate in business corridors in services to effectively end their homelessness.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC; PDBHS*; PDSS	2009	Decrease in number of people who are homeless congregating inappropriately in business corridors

2. Initiate a *Housing First* approach to address chronic homelessness.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC*; PDSS; PDBHS	2009	Broader education about *Housing First* strategies; Additional number of *Housing First* programs

3. Increase permanent supportive housing capacity by opening a regional Single Room Occupancy (SRO) apartment complex, with participation from Chesapeake, Norfolk and Virginia Beach.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC*; PDSS; PDBHS; PRHA	2010	Opening of SRO; 60 single homeless and/or disabled adults housed

4. Review City zoning policies for creative and reasonable ways to increase the supply of attainable housing.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
City Planning/Zoning Office; PDSS; PRHA	2011	Housing capacity increased without negative neighborhood impact

5. Institute programming focused on homeless people with mental illness and addictions.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PDBHS	2013	30 single adult homeless individuals with mental illness or addiction housed

6. Participate in the establishment of a residential treatment facility for substance abusers who are homeless.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC PDBHS	2015	40 single homeless adults housed

GOAL 4 – BUILD THE INFRASTRUCTURE: MAXIMIZE MAINSTREAM RESOURCES

As the City explores innovative approaches to solving homelessness, the existence of basic needs programs and the value of those cannot be overlooked. Medicaid, Temporary Assistance for Needy Families (TANF), Food Stamps and other programs provide a safety net for people facing homelessness and a springboard for people to leave homelessness. These mainstream resources also offer opportunities to streamline service delivery and coordinate efforts to produce collaborative successes.

1. Continue participation in the Regional Task Force on Ending Homelessness.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC City staff* as per Mayors & Chairs Regional Committee	Ongoing	Membership and continuing participation in the Task Force

2. Focus efforts to increase access to health care for people who are homeless.
   - Ensure full utilization of the community health center and the Maryview Foundation Medical Clinic
   - Pursue partnerships to expand dental and vision services

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC*; PDSS; PDBHS; Portsmouth Dept. of Health PCHCC	2010	Increased utilization of Portsmouth Community Health Care Center (PCHCC) and other resources

3. Continue efforts, through advocacy, public education and regional/local partnerships to improve the availability of mental health and substance abuse services.

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PDBHS* PHAC	2011	Increased funding; Expanded programming

4. Pursue opportunities to expand “non-mandated” services
    - Enhance programming for domestic violence victims
    - Develop services for ex-offenders
    - Expand services to young adults “aging out” of the foster care system

Responsible Parties (* denotes lead responsibility)	Timeline	Measured By:
PHAC; PDSS*: PDBHS	2014	Decreased rates of homelessness for domestic violence victims, ex-offenders and former foster care children

NOTES:

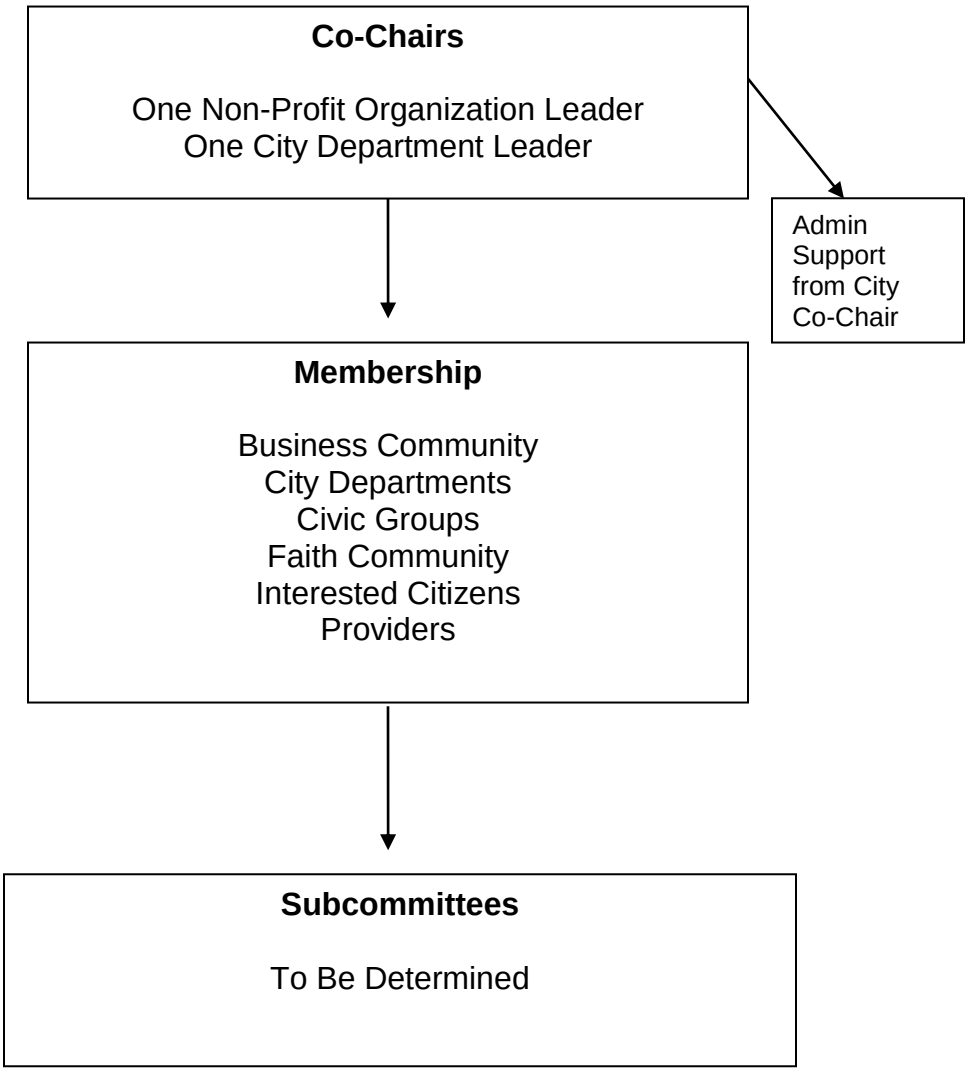
- PDSS = Portsmouth Department of Social Services
- PDBHS = Portsmouth Department of Behavioral Healthcare Services
- PHAC = Portsmouth Homeless Action Consortium (consortium of City leaders/staff, providers and volunteers)
- PRHA = Portsmouth Redevelopment and Housing Authority
- PARC = Portsmouth Area Resources Coalition, Inc
- After each year, a standing action step is the evaluation of the year’s progress.

CONCLUSION

Ending homelessness is an important, ambitious and, at times, daunting, undertaking. However, the success across the nation of other communities that have developed plans and then worked those plans has demonstrated that homelessness has viable solutions. This plan reflects Portsmouth's recognition that the moral, ethical, economic, opportunity and human capital costs of not addressing homelessness are unacceptable. At the same time, the plan recognizes the balance between "needs" and "wants." Portsmouth's Ten Year Plan to End Homelessness reflects the city's responsible commitment of resources, focus of leadership and persistence of effort to eradicate homelessness in Portsmouth. It engages the entire community to put into action the City Council's vision of Bold Leadership for the Future.

ORGANIZATION CHART

Portsmouth Homeless Action Consortium (PHAC)



RESOURCES FOR FURTHER RESEARCH

There are several websites that contain a wealth of information about the latest research on programs that work to end homelessness. Below is a partial list:

Corporation for Supportive Housing: www.csh.org
National Alliance to End Homelessness: www.naeh.org
Urban Institute: www.urban.org
United States Interagency Council on Homelessness: www.usich.gov
Affordable Housing Database for South Hampton Roads: www.housingconnect.org
The Healing Place: www.thehealingplace.org
Pathways to Housing: www.pathwaystohousing.org
St. Stephen's Housing Services, Hennepin County, MN: www.ststephensmpls.org

APPENDIX

Elements of a Ten Year Plan

The United States Interagency Council on Homelessness has identified the elements of great plans to end homelessness. The following elements listed below constitute the ingredients for a viable plan to end homelessness. Each plan must:

1. Receive widespread endorsement from the elected leadership, with a commitment to following through on the plan for the entire 10-year period.
2. Engage all the necessary partners in ongoing relationships.
3. Be based on achievable benchmarks with annual progress reports to the community.
4. First emphasize prevention.
5. Use research-based best practices.
6. Identify the financial and personnel resources to be committed.
7. Be continually evaluated and updated as necessary.

Methodology

In 2006, the City of Portsmouth engaged The Planning Council to help the City develop a ten-year plan to end homelessness. The Planning Council reviewed documents already compiled that address the issue of homelessness. These included the Continuum of Care, results of the Gaps and Priorities Workshops conducted by the Portsmouth Homeless Advisory Consortium, the Point in Time count, and the social indicators from The Planning Council's Investment in Priorities publication.

A summary of the information from those documents was produced and presented at a series of focus groups held with various groups in the City. Six focus groups were conducted with city government department heads, homeless persons, service providers, and representatives from civic leagues and the faith community. The information from these groups was collated to form a picture of what is needed to end homelessness in Portsmouth.

All the data and information gathered was presented to the Portsmouth Homeless Work Group. This group worked with The Planning Council to identify strategic themes, develop goals and objectives and create an action plan building upon the existing service delivery system and incorporating national best practices.

Results from the Focus Groups

A series of focus groups was held during 2006. Participants included civic league members, faith community members, City department heads, homeless persons and service providers. The following six questions were posed to the focus groups:

1. How many homeless people did you see in the last 24 hours and where?
2. What is the extent of homelessness in Portsmouth?
3. What are the characteristics of people who are homeless in Portsmouth?
4. Who should be the community partners in ending homelessness?
5. What barriers do you see that keep people from ending their homelessness?
6. What are the gaps in services to those who are homeless?

Homeless persons are most often seen in downtown Portsmouth. These are single adults, mostly males. Many in the focus groups described homeless persons as having mental illness and/or substance abuse issues. Many participants talked about the inability to distinguish between those who are truly homeless and those who have a place to sleep at night, but are spending their days in various downtown locations. Service providers said that many of the individuals they see on the streets downtown are not people who frequent soup kitchens or other services that people who are homeless use.

Most groups described the need for a comprehensive approach to ending homelessness. The partners needed for this effort include the shelters and other service providers, government at all levels, the faith community, citizens, police and health care providers.

It is thought that the reasons that people are unable to end their homelessness are due to financial barriers, i.e., low and unstable incomes, debt, and the high cost of housing. Contributing to this is the sense of hopelessness among homeless persons, especially those who are experiencing long-term homelessness. Mental illness, substance abuse, and other chronic heath problems are also contributing factors.

The most often mentioned gap in services identified by the focus group participants was the lack of housing and funding to provide it. Supportive services, such as case management, counseling, prevention, substance abuse treatment, employment training and placement, and transportation, were identified as important gaps that need additional resources.

Research and Best Practices

Communities are recognizing that many of the services they have in place manage homelessness rather than end it. Research has been done in the last decade on ways to successfully end homelessness. One community in particular that has shown success is Hennepin County (Minneapolis) in Minnesota. In the early 1990s, the County developed a comprehensive, coordinated approach to ending homelessness. This approach is characterized by:

- aggressive prevention services
- coordinated funding tied to stringent outcomes
- central intake
- rapid exit from shelters
- a continual evaluation process
- permanent supportive housing

This approach has been most successful in ending family homelessness. The number of families presenting for homelessness has declined dramatically and the length of time a family spends in a homeless episode has declined significantly.

Ending homelessness among the single adult population has proved more challenging for Hennepin County. Many communities are finding success with a Housing First approach that houses homeless persons first and then begins delivering support services. Following this model, the Pathways to Housing (www.pathwaystohousing.org) program in New York City has an 88% success rate with homeless persons with mental illness and addictions. The combination of housing with support services makes this model successful.

The Appendix includes the statement made by Gail Dorfman, a Hennepin County Commissioner, to the U.S. Senate's subcommittee on Housing and Transportation on March 30, 2006. It includes the data showing the successes Hennepin County has achieved by following a coordinated, comprehensive approach to ending homelessness.

In South Hampton Roads, regional efforts to address homelessness are taking root. The nation's first regional Single Room Occupancy (SRO) apartment opened in Norfolk In December 2006, in cooperation with Portsmouth and Virginia Beach. The region's second SRO, with participation from Chesapeake, Norfolk and Portsmouth is anticipated for opening in Virginia Beach in 2008. An SRO located in Portsmouth is an integral part of the regional vision.
Other localities in South Hampton Roads have also adopted best practices from Hennepin County, MN, Portland, OR and other cities and counties. Norfolk instituted a central intake process in January 2007; the intake telephone line is operated 24 hours a day, with the help of citizen volunteers, to ensure no family with children sleeps on the streets. This *Rapid Exit* approach, in partnership with nonprofit service providers, focuses upon reducing family stays in emergency

shelter. *Rapid Exit* is a component of a *Housing First* strategy and a Housing Broker Team works with landlords to increase the stock of low income housing available to families, as the families become known to the Department of Human Services.

Virginia Beach has also recently put a housing broker team into action using volunteers from the faith-based community. The volunteers help low income families secure and maintain housing by working with both the landlords and residents to ensure housing stability.

Glossary of Terms

Central Intake

Central Intake is the first step to accessing homeless services. It operates 24 hours a day, seven days a week and provides appropriate referrals for shelter for families and individuals in need. Some Central Intake programs effect placement into shelters, while others make the referrals and follow up with the service provider. Central Intake maximizes the efficiency of the shelter system and allows for accurate data collection about demographics, utilization and capacity.

Chronically Homeless

HUD defines a person as chronically homeless when he or she meets all of the following criteria:

1. Be a single adult
2. Have a disability
3. Have been homeless for longer than one year or four times in the last three years.

Emergency Shelter

Basic needs shelter, with some supportive services, provided to individuals or families on a short term, time-limited basis, typically 30 to 45 days.

Housing Broker Team

One or more individuals, separate from Social Services and as a component of a *Housing First* or *Rapid Exit* program, who work with landlords and property managers to expand low cost housing capacity. The Housing Broker(s) recruit landlords to rent to families with low to moderate barriers to housing, with assurances of case management to the families and support to the landlords.

Housing First

“Housing first” is an alternative to the current system of emergency shelter/transitional housing, which tends to prolong the length of time that families remain homeless. The methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services support *after they are in their own housing*, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

For over 10 years, the housing first methodology has proven to be a practical means to ending and preventing family homelessness. The methodology is currently being adapted by organizations throughout the United States through Beyond Shelter's **Institute for Research, Training and Technical Assistance** and the National Alliance to End Homelessness' **Housing First Network**.

Recognized as a dramatic new response to the problem of family homelessness, the housing first approach stresses the immediate return of families to independent living. Created as a time-limited relationship designed to empower participants and foster self-reliance, not engender dependence, the housing first methodology:

- helps homeless families move directly into affordable rental housing in residential neighborhoods as quickly as possible;

- then provides six months to one year of individualized, home-based social services support "after the move" to help each family transition to stability.

The housing first approach provides a link between the emergency shelter/transitional housing systems that serve homeless families and the mainstream resources and services that can help them rebuild their lives in permanent housing, as members of a neighborhood and a community. In addition to assisting homeless families in general back into housing, the approach can offer an individualized and structured plan of action for alienated, dysfunctional and troubled families, while providing a responsive and caring support system.

The combination of housing relocation services and home-based case management enables homeless families to break the cycle of homelessness. The methodology facilitates long-term stability and provides formerly homeless families who are considered *at risk of another episode of homelessness* with the support necessary to remain in permanent housing.

Housing Trust Fund

As cities, counties and states struggle with the issue of affordable housing, many are finding solutions with the creation of housing trust funds. Housing trust funds provide a constant source of funding to offset the rising cost of housing. These funds provide support to affordable housing projects as well as provide incentives to homebuyers and developers to create affordable housing and mixed income communities. The most important feature of a housing trust fund is that a dedicated stream of revenue supports it. It is critical to ensure that the fund will be a consistent and reliable source of funding for affordable housing. There are more than 400 housing trust funds in existence today, in 37 states. During the 2006 General Assembly session, legislation was introduced to establish the Virginia Housing Trust Fund. Locally, the city of Norfolk has committed $500,000 to the creation of a housing trust fund for Norfolk.

Permanent Supportive Housing

Permanent supportive housing is long-term community-based housing and supportive services for homeless persons and/or persons with disabilities. The intent of this type of supportive housing is to enable this special needs population to live as independently as possible in a permanent setting. Supportive services are provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies.

Point-in-Time Count

Each January, the Portsmouth Homeless Advisory Committee conducts a Point in Time Count (a HUD requirement) of the number of homeless persons in Portsmouth. The date of the count is coordinated with the other cities in South Hampton Roads through the Regional Task Force to End Homelessness, and with the rest of the state through the Virginia Interagency Action Council for the Homeless. The count is only for one 24-hour period and counts only those people who are homeless on that day. Anyone doubled up with family or friends or staying in a motel that night is not considered homeless by HUD's definition. Counts are done for both the sheltered and unsheltered populations. The sheltered populations include those in emergency shelters, rotating faith community shelters and in transitional housing.

Although outreach is conducted in an attempt to count as many people as possible, the point-in-time count is not reliable. Anyone who does not present for services that day will not be counted. Anyone cycling in and out of homelessness who has housing for that day will not be counted. National studies estimate that one-day count totals should be multiplied by three or four to obtain the number of persons who are homeless during the year. That assumption would increase Portsmouth's annual count to between 666 and 888.

Rapid Exit

The Rapid Exit Program is an innovative program that facilitates rapid re-housing by relying on early identification and resolution of a family's or individual's "housing barriers" and providing the

assistance necessary to facilitate their return to permanent housing. Based on the assessment of a family or individual's housing barriers, a referral is made to a subcontracting agency best able to respond to the client's housing needs. This approach puts "housing" at the front and center of efforts to help people experiencing homelessness, prioritizing the rapid return to housing and providing the assistance necessary to achieve housing stability.

Single Room Occupancy (SRO) Housing

Single Room Occupancy (SRO) housing is a residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. In South Hampton Roads, SROs provide permanent supportive housing to homeless or disabled single adults.

Transitional Housing

Transitional housing is a type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.