

VIRGINIA PENINSULA
MAYORS AND CHAIRS

THE VIRGINIA PENINSULA
REGIONAL PLAN
TO END HOMELESSNESS



2009 - 2019

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THE VIRGINIA PENINSULA PLAN TO END HOMELESSNESS

VISION

We will build and strengthen our communities so that in ten years, through regional cooperation and systems coordination, all individuals and families facing homelessness on the Virginia Peninsula will have access to safe, decent, and affordable housing and the resources and support necessary to sustain that housing.

PRIMARY OBJECTIVES – Building a Solid Foundation

1. PREVENTION – Closing the Front Door

It costs less to prevent homelessness than to pay the high emotional, economic, social, and political costs of homelessness.

2. PERMANENT HOUSING – Opening the Back Door

The availability of permanent, affordable, and decent housing is the most critical factor in ending homelessness as identified by extensive research.

3. APPROPRIATE, COORDINATED, INDIVIDUALIZED SERVICES – No Wrong Door

Providing housing first involves very extensive and individualized access to services. Services come to the individual and family and are offered immediately, often and as needed.

4. EDUCATION & PUBLIC AWARENESS – A Continuum of Commitment & Care

Ending homelessness must be everybody's business and commitment.

5. SYSTEMS IMPROVEMENTS – A New Way of Doing Business Collaboration – Information – Support

Acknowledgements

The Mayors and Chairs Commission on Homelessness gratefully acknowledges the leadership of the participating jurisdictions who gave their time, attention and commitment to the efforts of the Commission and community stakeholders.

Their leadership and guidance provided the foundation for progress, which resulted in the adoption of the 10-Year Plan.

The following jurisdictions and individuals have been instrumental in leading and supporting this process over the years.

<u>Jurisdiction</u>	<u>Chief Elected Official</u>	<u>Chief Administrative Official</u>
City of Hampton	Ross A. Kearney, II Molly Joseph Ward	Jesse T. Wallace, Jr.
James City County	Bruce C. Goodson John J. McGlennon	Sanford B. Wanner
City of Newport News	Joe S. Frank	Randy W. Hildebrandt
City of Poquoson	Gordon C. Helsel, Jr.	Charlie Burgess
City of Williamsburg	Jeanne Zeidler	Jack Tuttle
York County	Thomas G. Shepperd, Jr.	James O. McReynolds

Current Members of the Commission:

Alan Archer, Newport News, Chairperson
Vaughn Poller, York County
Barbara Watson, James City County
Wanda Rogers, Hampton
Pete Walentisch, Williamsburg
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Sarah Meacham, Task Force on Homelessness
Suzanne Armstrong, HNNCSB
Beverly Gooden, The Planning Council

We wish to thank the hundreds of people who participated over the years in regional meetings, focused work groups, the Continuum of Care Task Force on Homelessness, and through the staff and volunteer actions in numerous agencies, non-profit organizations, civic groups, and faith communities. It is through your efforts that homelessness will END on the Virginia Peninsula.

Thank you.

Executive Summary of the “Framework for Building a Successful Regional Plan to End Homelessness”

For the past two years the Mayors and Chairs of the Virginia Peninsula, through their representatives on the Mayors and Chairs Commission on Homelessness, have met to analyze information on the scope and characteristics of homelessness on the Peninsula – as it relates both locally and regionally.

The analysis clearly shows that all Peninsula jurisdictions experience family, individual, and chronic homelessness. Although there exists an extensive and dedicated network of agencies and nonprofit service providers throughout the region, the number of individuals becoming or remaining homeless for extended periods of time rivals the number found in other metropolitan areas in Virginia. The annual one-night Point-in-Time Count undertaken by the Greater Virginia Peninsula Continuum of Care Council (GVPCCC) Task Force on Homelessness puts the number of sheltered and unsheltered homeless between 800 and 1,000 persons for the past three years. Of the individuals actually found and counted on that one night in January, around 30% are unsheltered, 35% meet the federal definition of chronically homeless, approximately 70% have mental illnesses and/or substance abuse disorders, about 38% are families with children, and 21% are identified as veterans. Homelessness on the Virginia Peninsula is a local and regional issue with only 3 – 4% of the homeless reportedly coming from outside Peninsula localities.

Service providers point to increasing poverty, decreasing supplies of truly affordable and deeply subsidized housing, and large reductions in federal and state funding as major contributors to the situation, especially when combined with low local support funds. The effects of increasing numbers of home foreclosures and the jump in rural and suburban homelessness are just beginning to be recognized locally.

To the Peninsula’s benefit, there are a number of very experienced and dedicated service providers, many of whom provide substantial and targeted support services to the most vulnerable homeless populations. Through the extensive planning and coordination of the GVPCCC Task Force on Homelessness, the Peninsula has successfully competed nationally for limited HUD Homeless grants, currently around \$1.6 million annually in support of Peninsula homeless projects.

Following a review of national and local best practices, evaluations of successes experienced by local programs and service providers, and consultation with the GVPCCC Task Force on Homelessness, the Mayors and Chairs supported the recommendations of the Commission on Homelessness to develop a Regional Plan to End Homelessness in conjunction with the federal initiative. Following the development of a vision statement and five primary objectives, the Commission sponsored three regional forums with over 120 different individuals participating, representing local, state and federal government agencies, nonprofit service providers, faith communities, businesses, corrections, and interested individuals.

The recommendations of these individuals and agency representatives provide the core of the strategies found in this plan. It is to these determined and committed individuals that this plan is dedicated.

The Plan Development Process – A Summary

The Mayors and Chairs Commission on Homelessness continued the collaborative planning process since developing the “**Framework for Building a Successful Regional Plan to End Homelessness**”. The Commission recognized the need for an extensive network of stakeholders to participate in the development of the actual plan, as well as to provide feedback on the proposed Vision and Goals.

Since the development of the “**Framework for Building a Successful Regional Plan to End Homelessness,**” the Commission has completed the following:

- In November 2005, the Commission presented the “**Framework for Building a Successful Regional Plan to End Homelessness**” to the Mayors and Chairs for creating a 10-Year Regional Plan to address homelessness.
- The structure of the plan included a vision statement, five objectives and the creation of five work groups comprised of service providers and stakeholders to work on specific plan strategies.
- The Mayors and Chairs endorsed the process and agreed to recommend that their governing bodies adopt a resolution committing them to participate in the regional planning process.
- Most of the regional jurisdictions adopted the resolution.
- The Commission organized large service provider and stakeholder meetings in the Upper and Lower Peninsula in 2006 to obtain perspectives on the dynamics of the homeless problem and achieve concurrence with the vision and five major objectives.
- In 2007, the Commission conducted work group sessions with over 100 service providers and stakeholders to work on the five objectives and strategies for ending homelessness.
- The Commission formulated a regional plan of action using the advice of the work groups and knowledge of best practices in other jurisdictions and parts of the nation.

The Results

The efforts of over 100 individuals, representing the public and private sectors, resulted in strategies that, while specific to meeting the needs of the homeless on the Virginia Peninsula, also share qualities of 10-year plans throughout the United States. Like most 10-year plans, the Peninsula plan offers steps by which we can expect to:

- More effectively prevent people from becoming homeless.
- Move people into Housing First models rather than costly and ineffective emergency shelters.
- Stop discharging people into homelessness, especially from correctional facilities.
- Emphasize and focus on permanent solutions using best practices.

- Create innovative and effective partnerships that share information and assist one another to identify the best solutions to a problem.
- Implement a regional data collection system throughout the Peninsula.
- Emphasize regional cooperation and collaboration of plans, processes, and resources.
- Increase the supply of permanent supported housing.

As with other 10-year plans developed throughout the United States, the Peninsula Plan will have challenges, successes and setbacks. Perhaps even more so than other plans because it has the added challenge of attempting to end homelessness across six separate localities, each with a different governing body, administrative authority, and financial reality within which to operate. However, those participating in the planning process did so with determination and conviction that as a regional initiative so much more can be accomplished than each jurisdiction operating in isolation. As a region, with full local political support and will, the vision expressed in the plan will become a reality.

Community Participation and Planning

Two major series of events led to an extensive range of stakeholder participation: the two regional forums and the three-part work group sessions.

In the regional forum held during one of the Greater Virginia Peninsula Continuum of Care Council (GVPCCC) meetings over 40 individuals from more than 30 different agencies participated in the presentation and discussion. In the regional forum held in Williamsburg over 80 individuals from more than 35 agencies participated.

Following these sessions, invitations were sent to prospective participants throughout the region to participate in one of five work groups through a three-session facilitated planning exercise. In all over 120 different participants added their voices, thoughts, and commitments to the “Virginia Peninsula Regional Plan to End Homelessness.”

Stakeholders in the process

Stakeholders and interested individuals representing all the participating jurisdictions spent three half-days over a two-month period working on specific strategies that addressed the five major goals. Following each of the three individual work group sessions, the entire group of stakeholders came together for report-outs and joint discussion. The following list includes a sampling of the sectors represented during these sessions.

Departments of Human or Social Services
 Housing Authorities and Housing Divisions
 Police and Sheriff’s Offices
 Community Services Boards
 Public or Community Health Agencies
 Free Clinics
 Correctional Programs
 Planning Departments
 Education and School Divisions
 Hospitals

Banks
 Formerly or Currently Homeless Individuals
 Non-profit Service Providers
 Non-profit Housing Developers
 Community Services or Development Offices
 City Managers or County Administrators
 Offices
 United Ways
 Faith Communities
 Interested Individuals

Our Future.....Our Community

Overarching directions came from the responses of the work group sessions. The stakeholders identified a need to:

- Change our thinking...from managing homelessness to ending homelessness. This will require a change in focus and priorities for all sectors of the community – public and private.
- Redirect resources from emergency stop-gap measures to permanent housing...because it will be impossible to end homelessness in any community without increasing the supply of affordable housing.
- Work together to know what resources we have, the limitations of those resources, and how we can fill the gaps in the resources to better prevent homelessness and rapidly re-house people once they become homeless.
- Establish sustained local political will, accountability, and support for addressing those in our communities with the greatest basic needs.

The community representatives were overwhelmingly unified and passionate in their call for local government action and commitment to ending homelessness on the Virginia Peninsula.



Work Group Summaries: Major Strategy Recommendations

1. Homelessness Prevention:

Development of Housing Broker Teams

The best practice model identified through this strategy was the creation of one or more Housing Broker Teams. These would be comprised of individuals with specialized training in landlord-tenant issues and laws who are great mediators and can make effective connections between the housing supply and the housing demand. They would know the existing housing inventory, develop effective working relationships with landlords, help negotiate leases, prevent evictions if possible, and tap into the various prevention funds available to assist homeless individuals move quickly out of shelters or to avoid homelessness altogether.



Development of Housing Support Centers

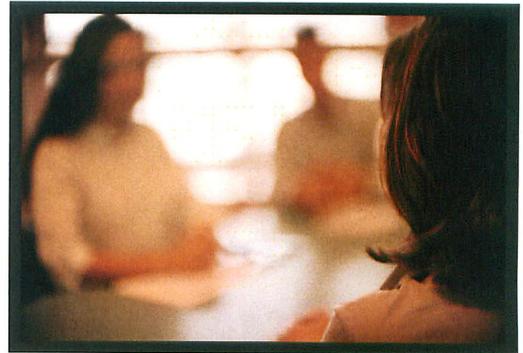
The best practice used in this strategy provides for a real place to obtain housing assistance and support. Used by many jurisdictions, Housing Support Centers may be small store-front spaces in local strip malls interspersed throughout the localities, an office in existing human services or non-profit centers, such as United Ways, or part of a larger, stand-alone center offering a myriad of homeless assistance including showers, washing facilities, service connections, mail-drops, etc. Regardless of its physical space and other associated services, Housing Support Centers would be a place to go for collaborative housing assistance for prevention assistance - instead of having to go from one provider to another or from church to church to church. The individuals and families could work with a Housing Broker to prevent evictions, work on a viable housing budget, identify the most appropriate and affordable housing, negotiate with landlords, and obtain referrals for other housing-related assistance, such as furniture.

Ex-Offender Programs

It was recognized that for people coming out of correctional facilities, securing housing is extremely difficult, sometimes impossible. By establishing a very dynamic regional Correctional Discharge Task Force to work on discharge planning and processes for people leaving local and regional jails, there would be a substantial reduction in the number of people who become homeless. The feedback from the large number of representatives from sheriffs and police offices throughout the region indicates that this would also reduce crime and recidivism and therefore reduce public costs in the long run. The Task Force would also include local service and housing providers to facilitate securing housing for targeted individuals.

Coordinated Prevention Resources

The work group identified major funding sources and recipients of those funds that could be used for homelessness prevention. However, it was recognized that each funding source and each recipient had different rules and processes for disbursing those funds. It was also recognized that no one truly knew how much money was on the Peninsula for this use, how the funds were spent, the gaps in need, or the amount of the funds that were unspent each year. Funders restrict the use of their funds, and generally, there is nowhere to locate the rules associated with each of the funds. To make the matter worse, the funding agents do not meet – ever – to discuss their funds, rules, processes, overlaps, gaps, problems and/or solutions. A logical and effective solution to this problem would be the establishment of a Coordinated Prevention Resources Team comprised of any agency or provider obtaining and using funds for prevention-related efforts – regardless of the source of those funds. Mandatory participation would be expected for those obtaining public funds, such as FEMA and Homeless Intervention and Prevention, Energy Share recipients and other major support entities, such as some of the larger faith communities, would be encouraged to participate as well. The best practice model is simply knowing what you have, how it is used, what is missing, how to make it more effective, in short...communication.



2. Permanent Housing:

Affordable Housing Inventory

Given that this 10-year plan, unlike most 10-year plans, incorporates six separate political jurisdictions, this work group identified the creation of an Affordable Housing Inventory as a first step strategy. This is under the assumption that if the current situation is not known, it would be difficult to plan for additional housing stock. At the present time, there is not a central resource base for affordable housing in all jurisdictions. It is anticipated that such a resource base would include the following components: accessibility, special populations served, income and other restrictions, rental and ownership properties. Following the establishment of a basic inventory, analysis of the information would assist in determining gaps in affordable housing – both geographically and by population served, and income limitations. This analysis would lead to more informed housing production targets for each locality.



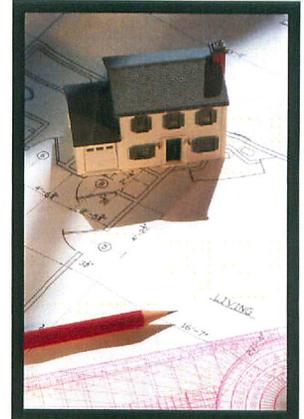
Affordable Housing Policies/Incentive/Rewards

It was recognized that it is essential to the success of this or any other plan to end homelessness, that additional affordable housing stock is developed over time – especially for the extremely poor. However, localities have created bureaucratic policies, procedures and fees that make it more expensive for housing developers, especially non-profit housing developers, to create truly affordable

housing. This is such a national phenomenon that HUD has created a separate website dedicated to the reduction of regulatory barriers at the local and state level, called the Regulatory Barriers Clearinghouse at www.huduser.org/rbc. Housing developers, especially non-profit developers identified numerous strategies used by other communities to encourage the development of affordable housing and meet their targeted goals. Some of the strategies used effectively were: inclusionary zoning, streamlining the application process, waiving tap and permit fees, and reducing unnecessary subdivision requirements. The strategy supported by the work group would incorporate reduction of regulatory barriers for developments that are defined in the 10-year plan goals.

Affordable Housing Development

The best practice identified is a regional approach to funding low-income permanent housing units. This would include the development of a sustainable, dedicated, continuous funding stream, for example, a Housing or Homelessness Trust Fund. All jurisdictions pay into the fund and participate in administering, and utilizing the fund for projects. Other suggestions included more participation by all localities in applying for the Mainstream Vouchers for Persons with Disabilities, and establishing housing development policies such as a 1-for-1 replacement approach.



3. Coordinated Services:

The Coordinated Services Work Group recognized that there is a wide range of service providers and public agencies currently active on the Peninsula. In many cases, very strong collaborations have been developed resulting in a very effective and efficient use of resources. However, in order to succeed with the best practice of “No Wrong Door” service delivery, several challenges must be overcome, including: inertia – it is easier to just do what has always been done; turf wars – if an agency actually shares and cooperates, it may lose funding, power, etc.; accountability – we know who is responsible now, but what happens “if”; sustaining efforts given changes in staff, changes in leadership, changes in funding, changes in priorities, etc.

Establish Regional/Sub-regional Service Centers

Almost identical to the model recommended by the Prevention Work Group was the recommendation for regional or sub-regional service centers. And again, the idea was for the service providers to go to the homeless at centers where they would likely be found because of the amenities associated with the centers – like mail, phone access, showers, washers and dryers, food and clothing. The Service Centers would offer a centralized site for various service providers to meet and to offer “one stop shopping” for the individual or family. These would be run by multiple service providers through contractual agreements. They would provide space to meet with individuals and families, complete assessments, applications, work on credit histories, obtain employment information, receive training, hold clinics and health fairs, and offer AA and NA meetings. There would be opportunities for service providers to work collaboratively with shared cases. The model offers the homeless an easy way to access multiple resources while meeting some of their most basic human needs. It is also a means of reducing the number of homeless individuals on the streets, sitting in public facilities, or trespassing on private property because they have nowhere to go during the day.

Focused Services Coordination around Exit from Shelters

The best practice identified in this strategy pulls information from several different models of coordinated, multi-agency teams that meet regularly to assess the needs of persons recently entering emergency shelters. These teams act as a services “triage” – identifying needs, determining the resources to meet those needs, identifying a lead responsible agency, monitoring the access of services and outcomes, and focusing on rapidly moving the individual or family from the shelter setting to permanent housing as quickly as possible with services and referrals quickly accessed.

Establish Standards of Care for Services and Housing Providers

Communities throughout the United States are establishing Standards of Care which delineate minimal uniform services, structure and accountability of participating agencies. Primarily targeting homeless shelters, Standards of Care are used by communities to identify organizations and agencies that meet or exceed locally determined quality standards. Some communities have gone so far as to use Standards of Care as minimum standards for allocation of public funds and resources. By meeting the standards, an entity may earn the ability to apply for certain funds or be included in listings of approved service providers.

4. Education and Public Relations:

This work group identified major issues, concerns and challenges that must be addressed in the selection of strategies. These included:

- **Ownership:** More and more people would like for their community to acknowledge that homelessness exists community, it cannot continue to be ignored and action must be taken to address the issue.
- **Finger Pointing:** Localities and communities must understand the importance of coming together to share resources so that everyone knows what the other is doing and how they are doing it in order to provide homeless assistance in each locality and community.
- **Resistance to Change:** Because we sometimes believe our way is the best way to do things, we do not want to change priorities or funding streams without a better understanding of why changes are necessary.
- **NIMBY (Not In My Backyard):** Although people want to address homeless issues and needs, many potential locations for services are often considered undesirable as no one wants shelters, service centers etc., in their neighborhood.

Strategies suggested by the work group included:

Outcomes Based Programs and Services

Efforts should be made to evaluate existing programs and services around the country that are working, and analyze those that are successful. Essentially, the work group believed that across the region, particularly in the case of local political jurisdictions, there is too much unknown about what is currently in place, where there are overlaps in services, and where there are gaps of underserved individuals and families. This lack of knowledge locally, as well as the best and most successful models nationally, limits effective decision making with regard to local resources. Localities within the region must come together to share resources, information, and what is working for them.

Educating Builders, Developers and the Community

Builders must be educated on the importance of building more housing that is affordable to people of all income levels. Misperceptions must be dispelled about affordable housing and the public educated about the benefits of affordable permanent housing versus short-term living arrangements. A public relations campaign should include the development of a means of “branding” projects, agencies, services, etc. that are associated with and further the objectives of the 10-year plan. A website should be developed featuring the regional plan, including its components and projects. The work group also recommended the development of targeted information packets.



One Stop Service Centers

The centers would cut transportation costs and stress endured by the homeless trying to get from one service provider to another, especially the elderly, individuals and families with young children, the disabled, etc. The best practice here is the existence of places where service providers come to the homeless instead of the homeless traveling from one place to another. In addition to improved access to services, these centers usually have services valuable to homeless individuals, such as mailboxes, phones, computers, washers and dryers, showers, sometimes a clinic, housing brokers, etc.

Cross Training

It is very important to cross train staff and first responders (firefighters, EMT, emergency room workers, teachers, etc.) regarding education and training programs with and among agencies to help staff broaden their understanding and skills in order to effectively work with people who are homeless.

Develop a Regional Entity Responsible for Plan Implementation & Administration

This best practice utilized an office tasked with the responsibility to collect information on programs that are working in different localities, collect and analyze regional data, offer training programs, websites, etc. Such an office would work with local jurisdictions to develop educational and public relations materials and facilitate educational programs for diverse audiences on homelessness issues. This recommendation recognized the very real situation where all the service providers and public officials have full-time jobs that prohibit them for adding the extensive tasks of administration and plan implementation to their busy jobs. Unless someone is made responsible and given the time and resources necessary, the plan is likely to remain just an interesting document without results.

5. Systems Change:

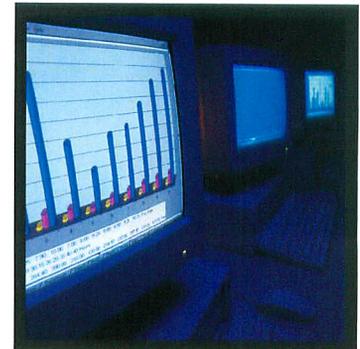
This work group identified several strategic initiatives requiring attention over the next ten years, thereby enabling other strategies to be implemented more effectively. These included:

- Regular commitment from elected and appointed officials that homelessness will not be tolerated by leadership – there must be planning and resource allocation by all localities throughout their organization structures.
- Transparent and seamless information sharing between governments, service providers, and researchers/policy analysts – this pertains mainly to services, with systems level data used as a resource base.
- The development of One-Stop Service Centers so that a homeless individual entering any of the centers could access services such as health, mental health, employment, social services, education opportunities. This is client level data and is included within the HMIS.
- Add homelessness to data collection – data related to the chronic homeless population is a challenge to collect as they typically have no “acceptable” ID – again, a function of the HMIS.
- Create a regional entity dedicated to homelessness – for example, an Office on Homelessness that all jurisdictions in the region support.

The strategies recommended by this work group included some that were identified by other work groups, such as: reduction of regulatory barriers to affordable housing development, the establishment of an Office on Homelessness, which is a regional entity responsible for ensuring that the 10-Year Plan is implemented by all jurisdictions.

Integrated Information System

The best practice used by many localities and providers throughout the United States is implementation of one of several software systems meeting the HUD requirements of HMIS (Homeless Management Information System). The Work Group participants consider HMIS to be just the beginning of what is really needed to fully integrate information systems. The group included in their recommendations a review of the disparate public information systems, since many have plans to convert to new systems within the next few years, in order to reduce technical barriers with regard to reporting, data sharing, and shared caseloads.



Statement of Commitment

The Work Group recognized that efforts on the Virginia Peninsula to “manage” homelessness have been going on for decades. Efforts by non-profits, the faith community, various public agencies and departments have worked to some extent – some more successfully than others. The Greater Virginia Peninsula Continuum of Care Council – Task Force on Homelessness has successfully been able to secure HUD Continuum of Care funding for the region of over \$1 million annually. However, the major player not at the table has been local government leadership, until the Mayors and Chairs Commission on Homelessness was appointed. This initiative brings a very crucial entity to bear on this situation at a time when local leadership is most needed. To have a successful plan, best practices indicate that one major element is the designation of a “sustainer” – a collaborative body with the responsibility to oversee the implementation of the plan. This guiding body should include political and service provider representation that provides oversight of the plan, reports on progress, encourages participation, and ensures that “system changes” within each locality are implemented.

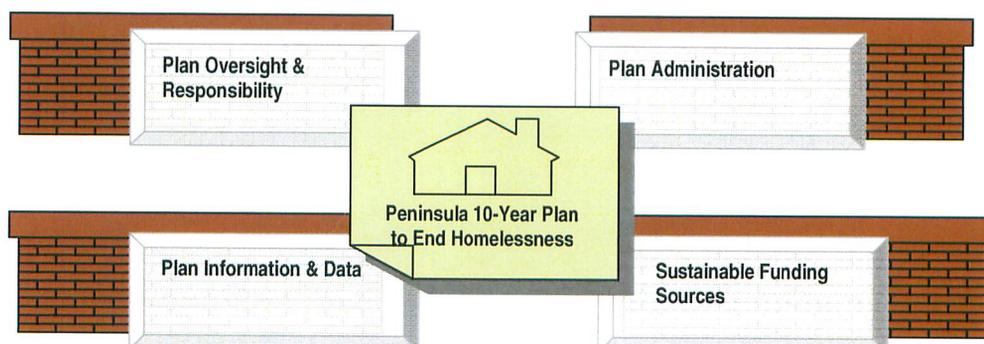
Recommended Strategies Common to All Work Groups:

The working group forums resulted in initial recommendations for regional and local strategies and actions around the five primary objectives. However, in reviewing the results of the forums, the Commission noted that there were four major recommendations that were repeatedly identified by the working groups. These four areas were emphasized as requiring local government leadership and support in order to actualize and further develop the other strategies and actions. The working groups noted that the foundation for the actual plan implementation requires: leadership, accountability, accurate data, and, not surprising, funding support. These four areas were labeled as The 4 Cornerstones to building a regional plan to end homelessness.

The 4 Cornerstones – A Regional Initiative

The recommendations from the public forums included increased and coordinated prevention, coordinated service delivery, housing – permanent and supported using Housing First and Rapid Exit strategies, and changes in the way the various systems work with each other and in support of the action plan. The recommendations were compared to the collaborative and successful best practices in other jurisdictions throughout the nation. Although the various actions and strategies may be undertaken by various non-profits and governmental agencies, the 4 Cornerstones require leadership initiative on the part of the participating jurisdictions. The 4 Cornerstones are:

1. Formalizing the Mayors and Chairs Commission on Homelessness to provide **leadership and oversight** on the regional plan to eliminate homelessness with membership at the highest possible level of local government from each participating jurisdiction.
2. Ensuring universal regional participation in a single **data collection and reporting** system - Homelessness Management Information System (HMIS).
3. Identifying a Plan Administrator **whose mission is to provide support to the Commission, analyze and report on data**, and provide information, communications, and reports on **plan implementation and monitoring** to the Commission, Continuum of Care Task Force on Homelessness, localities and service providers.
4. Establishing sustainable, on-going sources of funding to provide **consistent, flexible, and need-driven support** for plan-based activities.



The 4 Cornerstone Recommendations

Plan Oversight and Responsibility

The recommendation and best practice here is the assignment of the 10-Year Plan to an entity or body with the responsibility of oversight of the Peninsula Plan to End Homelessness by the jurisdictions committed to its implementation in collaboration with the Greater Virginia Peninsula Continuum of Care Task Force on Homelessness. Without an entity that is “tasked” with ensuring that the plan is implemented and has to make regular reports to the stakeholders on progress, it is likely that the plan will gather dust on shelves. It was recommended that the Commission on Homelessness be given this responsibility, since it may take high level communications to help facilitate plan implementation across various local departments and agencies. This entity would make possible some of the internal systems changes that improve regional communications and cooperation.

Plan Information and Data

An issue that has consistently been at odds to good decision-making is the lack of regional data relevant to this problem. There is not a cohesive data-collection system that allows for basic information outside that collected by the Point in Time count done annually by the GVPCCC Task Force on Homelessness. While this annual homelessness count meets HUD requirements; it does not convey as much information as would be useful at the local plan oversight level. HUD has initiated guidelines for a Homeless Management Information System (HMIS) in which all HUD-funded projects are required to participate. HMIS provides uniform and consistent data collection and reporting for all participants. There is an HMIS system that all the Peninsula HUD-funded projects participate in. The system is administered by the Planning Council. This system is also used almost exclusively throughout the state. The Planning Council also provides training, technical assistance and ensures HUD compliance. This system would assist the Commission in decision-making and help with the annual Point in Time count that is a mandatory part of the annual Continuum of Care Statement. The statement must be submitted and scored in order for the GVPCCC to continue to fund the \$1.4 million in homeless projects now supported by HUD.

Plan Administration

Successful plan implementation and coordination of action steps and strategies requires that someone or entity has the task of making the Plan to End Homelessness their job. Best practices show that plans that have such a designation are actually implemented. This designation is not recommended to comprise the Commission who may be tasked with plan oversight. The members of the Commission also have very demanding job requirements that preclude adding such extensive plan implementation and coordination. Some communities have hired specific staff to do the work especially where the plan is for one jurisdiction only, some have contracted with a service provider, and others have created an office on homelessness staffed to handle all the various administrative and coordination requirements, data analysis, and reporting, web creation and upkeep, etc.

Plan Funding

Although the Continuum of Care has been able to secure funding from HUD and the Virginia Department of Housing and Community Development annually, the initiatives and priorities of the federal and state are not necessarily the same priorities that the localities and region may have. The Federal Government does not fund any emergency shelter operations because they are no longer considered a best practice. The state has limits and an ever-decreasing budget. In one review of public funds for homeless projects, only 4% were from local jurisdictions, with the majority coming from federal sources, closely followed by the state.

Although not all the strategies and actions recommended require funds, some top priorities do. The best practice recommended includes consistent and sustainable sources of funds to support the strategies of the plan. A variety of funding streams should be evaluated to determine the most appropriate sources and uses for those particular funds. This should also be evaluated in view of the federal and state sources and the targeted uses of those funds to determine gaps and funding needs. It was recommended that the jurisdictions explore a variety of alternatives in view of the current economic environment in addition to long-term needs and fund development.

Virginia Peninsula 10-Year Plan to End Homelessness

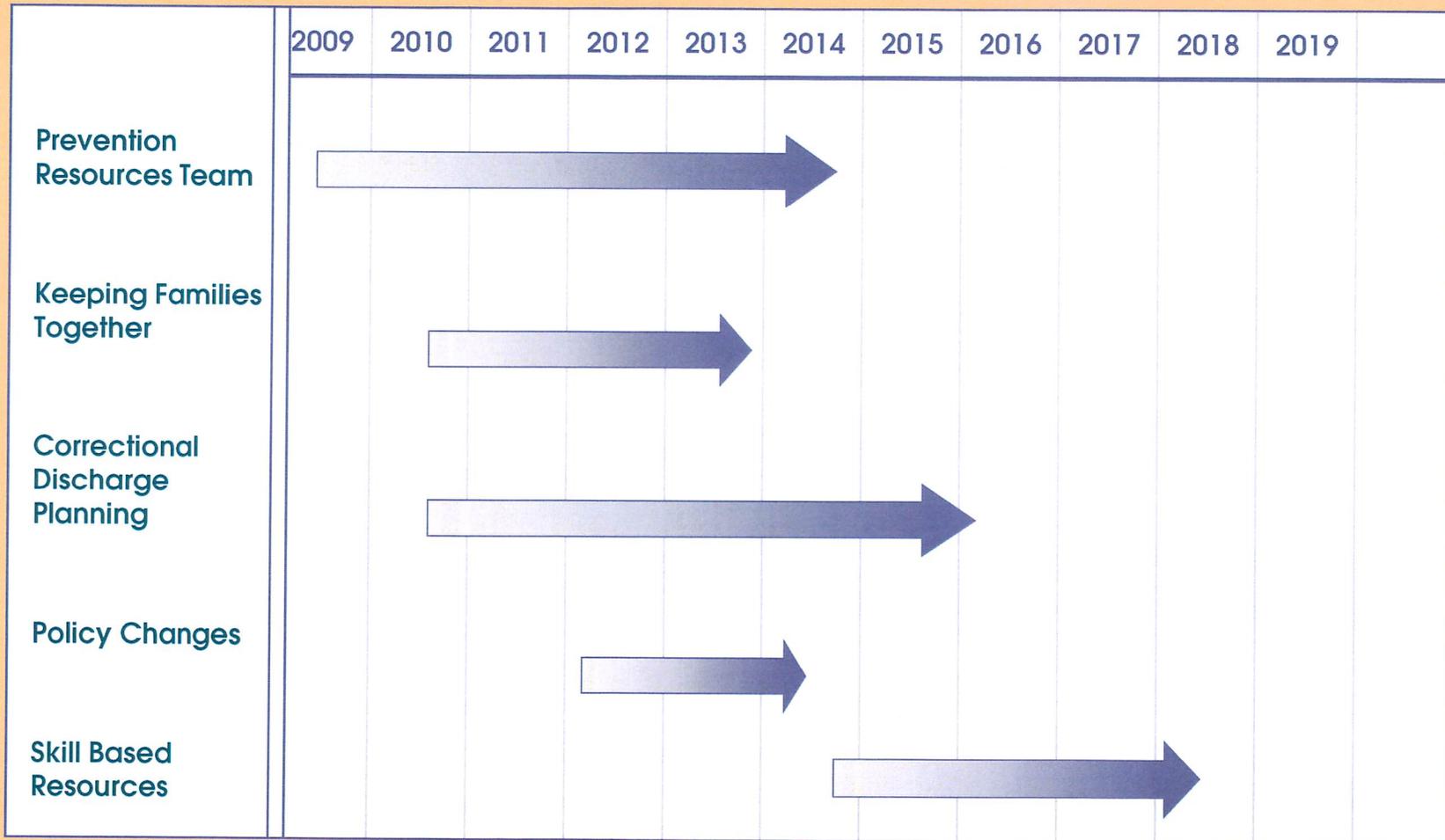


Strategies and Timelines

Strategy 1: Prevention – Close the Front Door

Strategy	Action Steps	Key Agencies	Expected Outcomes	Priority
Coordinated Prevention Resources Team (PRT)	❖ 1. Initiate regional Prevention Resources Team (PRT)	Commission HIP recipients FEMA recipients Energy Share recipient – SA HMIS admin	<ul style="list-style-type: none"> • Know how much \$ is in region: HIP, FEMA, etc. • Dedicated Agency funds • Know gaps • Better understand unmet needs • Coordinate responses • Unify intake • Avoid duplication 	1
	❖ a. Identify major prevention/ intervention funding sources and agencies			
	❖ b. Collate regulations and limitations of each source or entity			
	❖ c. Create tool for regular reporting of utilization of prevention funds			
	❖ d. Analyze gaps and utilization			
	❖ 2. Create sub-regional Prevention Resources Teams that can coordinate sub-regional funds to focus on total solutions for individual and family crises vs. “band-aid” and disconnected approaches			
Keeping Families Together Initiative	❖ 1. Initiate core group to identify major needs and costs related to reunifying families separated by work or housing or homelessness	PRT Service providers	<ul style="list-style-type: none"> • More efficient use of funds • Reduction in numbers of people “stuck” on Peninsula due to lack of transportation to family 	2
	❖ a. Coordinate efforts with PRT to effectively use funds			
	❖ b. Identify less traditional funding for possible use for prevention, such as CSA and CDBG funds to fill gaps			
Correctional Discharge Planning – Prevent Homelessness from Jails by Developing Local Discharge Protocols	❖ 1. Establish regional Correctional Discharge Task Force with representatives from local jails in region and housing providers	Jails, Sheriff’s Dept, Service providers, GVPCCC agencies, Probation/parole	<ul style="list-style-type: none"> • Understand barriers to housing and return to community • Reduce homelessness caused by discharges from local jails. • Written, coordinated protocols for use by correctional facilities • Improved mutual support 	3
	❖ a. Document current discharge plans/processes			
	❖ b. Identify and evaluate barriers to housing upon discharge			
	❖ c. Review best practices for discharge planning and incorporate in protocols			
	❖ d. Correctional TF to meet regularly to evaluate data on post-protocol activities and effectiveness			
Policy Changes – Work with Systems Change Group on Effective Prevention Policies	❖ 1. Identify limitations or restrictions in funding sources counter to effective prevention of homelessness. Policies that may need change include the requirements for “pay or quit” notices, limits on use of funds for a household	Commission PRT	<ul style="list-style-type: none"> • Eliminate unnecessary restrictions • Better use of funds • Improved flow of funds 	4
Build Skills and Resources of Individuals and Families to Reduce Vulnerability to Homelessness	❖ 1. Develop skill-based curriculum targeting areas of vulnerability: home care, budgeting and money management, employment interview skills, etc.	Service providers School system	<ul style="list-style-type: none"> • Improved life skills of vulnerable groups • Reduction in numbers of people who become homeless 	5
	❖ 2. Identify appropriate core providers for skill training			
	❖ 3. Tie useful “reward” to successful completion of curriculum, such as free checking for money management course, etc.			

Timeline - Prevention

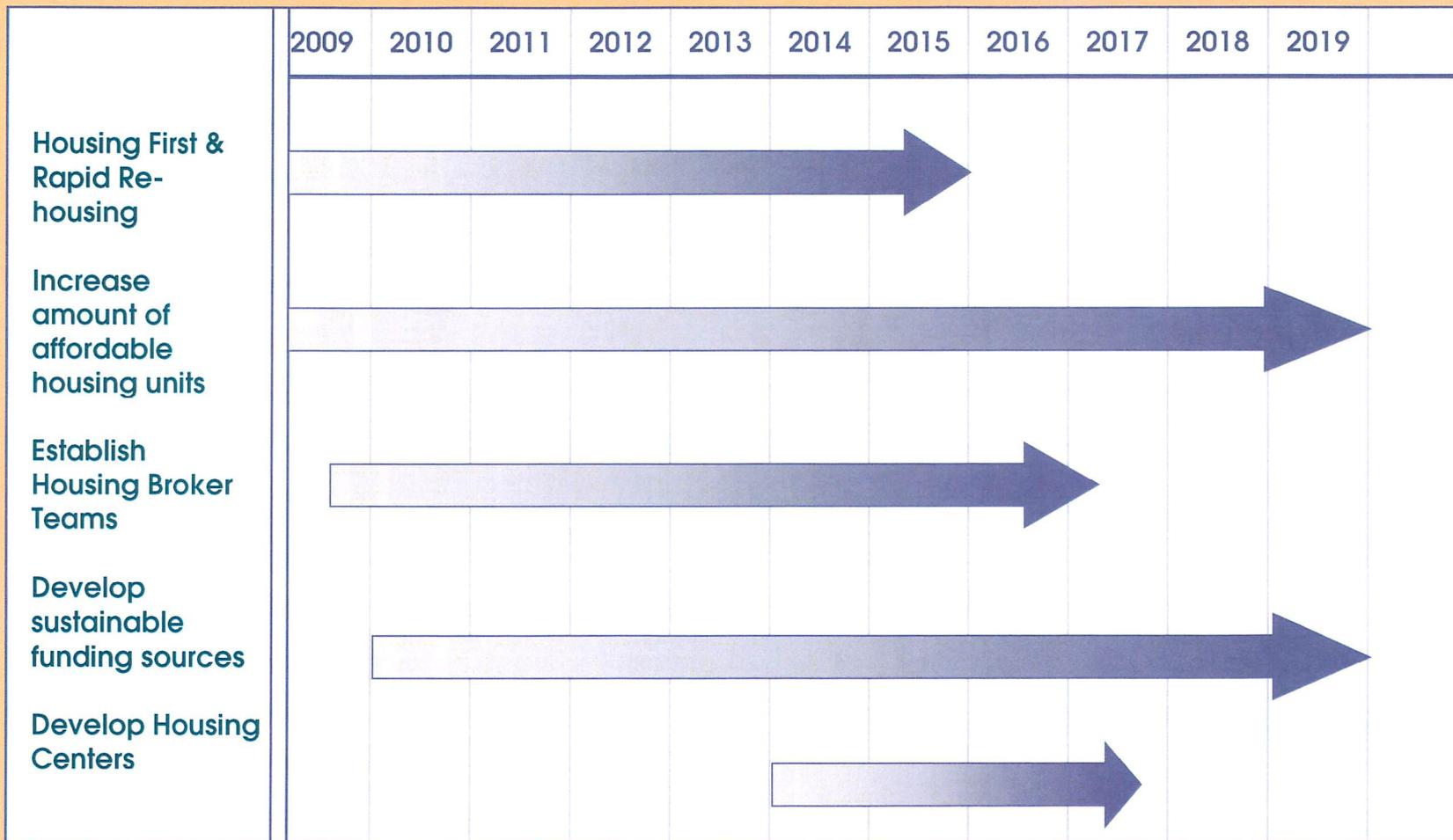


Strategy 2: Permanent Housing – Open the Back Door

Objective: Increase affordable housing opportunities for various homeless populations.

Strategy	Action Steps	Key Agencies	Expected Outcomes	Priority
Implement Housing First, Rapid Exit, and Rapid Re-housing Models and Priorities in Housing	❖ 1. Develop and initiate projects using Housing First, Rapid Exit, and Rapid Re-housing models as best practices	Task Force on Homelessness	<ul style="list-style-type: none"> • Move people more quickly out of shelters • Reduce the need for emergency shelter beds 	1
Increase the Number of New Affordable Housing Units in the Region	❖ Create an Affordable Housing Inventory that is web-based to more quickly house individuals and families	PHAs Task Force on Homelessness Planning Offices Development & Building Officials Housing developers	<ul style="list-style-type: none"> • Knowledge of what actually currently exists • Understanding of gaps in need for housing • Reduction in unnecessary regulations that limit development of affordable housing • More affordable housing stock 	2
	❖ 2. Establish pro rata targets for housing units based upon homeless populations			
	❖ 3. Identify and reduce local governmental regulatory barriers to the development of affordable housing in each jurisdiction			
	❖ 4. Create a streamlined process for developing affordable units that are part of the 10-Year Plan			
	❖ 5. Work with the Education and PR committee to promote the development of housing to developers tied to the 10-Year Plan			
Establish Housing Broker Teams	❖ 1. Establish Housing Broker Teams that are trained housing counselors to work with and between landlords and tenants to prevent evictions and create new housing opportunities	PHAs, Housing providers Housing Specialists, Prop Mgmt Co	<ul style="list-style-type: none"> • Reduce Evictions • House people more quickly • Better use of existing housing stock 	3
	❖ 2. Develop resource list of collaborative landlords			
Establish Sustainable Housing or Homelessness Funding Sources	❖ 1. Establish a team or committee to evaluate local funding options	Commission Task Force on Homelessness	<ul style="list-style-type: none"> • Create on-going, sustainable, local sources of funding for projects • Close the gap in funded services 	4
	❖ 2. Evaluate current mechanisms for establishing regional funding sources			
	❖ 3. Work with Fort Monroe Base Closure Board to identify potential for Homelessness Trust Fund			
Establish Regional or Sub-regional Housing Support Centers	❖ 1. Identify needs to be met in Centers – designate core services	Task Force on Homelessness, Commission, agencies, faith communities	<ul style="list-style-type: none"> • Reduce vagrancy • Increase access to service providers • Reduce length of time in homelessness 	5
	❖ 2. Identify potential sites for Centers			
	❖ 3. Identify potential funding sources			
	❖ 4. Sign MOU with participating agencies			
	❖ 5. Recruit volunteer base for hospitality and services			

Timeline - Permanent Housing

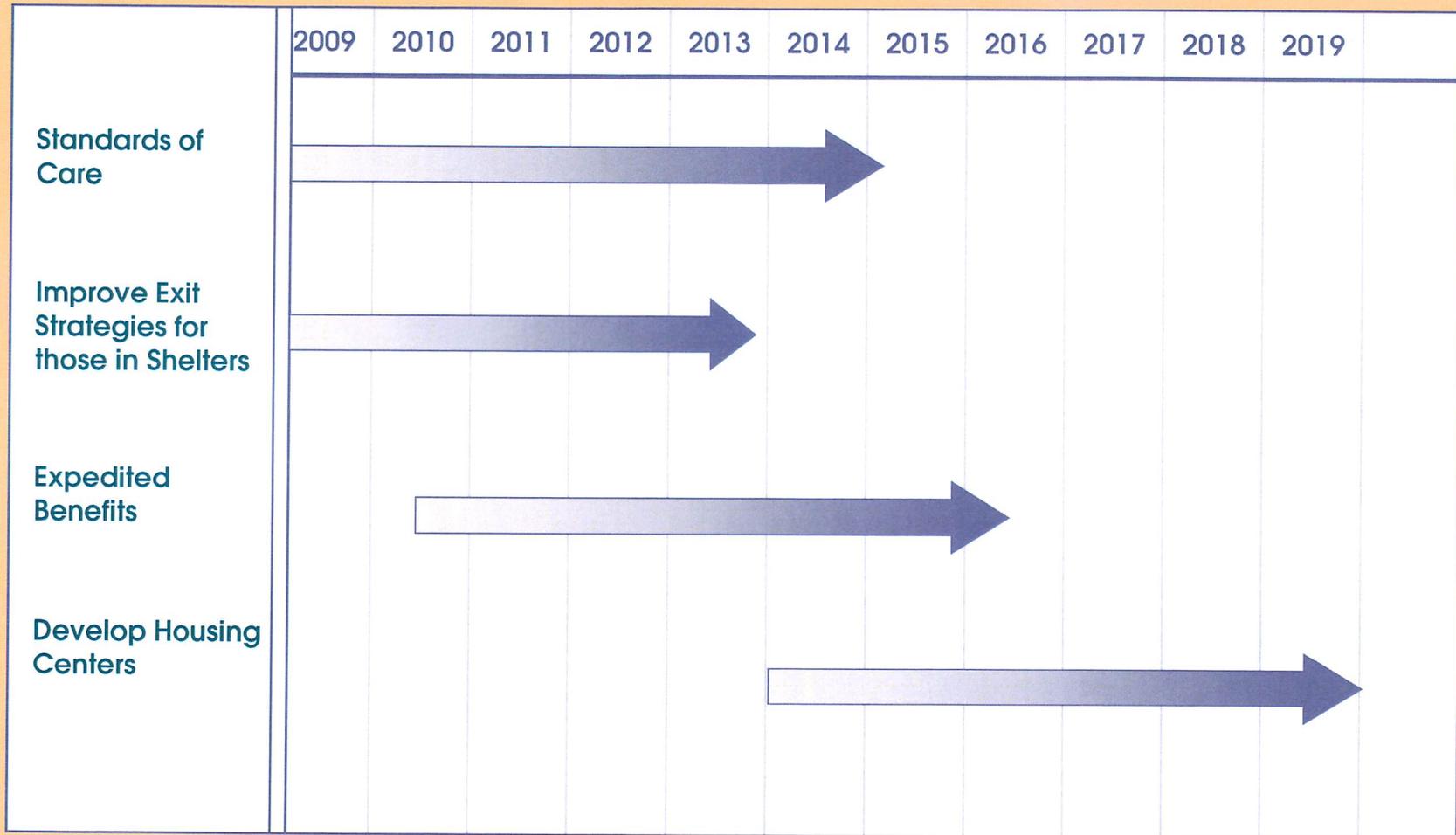


Strategy 3: Appropriate and Coordinated Individualized Services – No Wrong Door

Objective: Services are in place and coordinated among and between agencies that meet the needs of homeless individuals and families that increase their personal and support systems that reduce the vulnerability of people to episodes of homelessness.

Strategy	Action Steps	Key Agencies	Expected Outcomes	Priority
Establish Coordinated Standards of Care for Services	❖ 1. Review samples of standards – other communities/states	GVPCCC Shelter providers Housing providers Service providers	<ul style="list-style-type: none"> • Have a minimum level of quality for all shelter, service, and housing providers • Benchmarks for funding • Reduce unqualified participants from simply setting up shop in order to “get grants” 	1
	❖ 2. Develop and adopt standards appropriate for region			
	❖ 3. Develop mechanism/tool for evaluating organizations/projects according to standards			
	❖ 4. Use standards to guide decisions for funding			
	❖ 5. Communicate with funding entities to prioritize funding for organizations that meet or exceed Standards			
Improve Exit Strategies for Individuals/Families in Shelters – Rapid Exit through Coordinated Services	❖ Create SCAT – Shelter Coordination and Assessment Team to improve service coordination & case management to quicken exit from shelters	Service providers, PHA’s , HMIS administrator	<ul style="list-style-type: none"> • Reduce the amount of time people stay in shelters • Improve access to appropriate services • Improve cooperation and communication among service providers • Local service funding stream 	2
	❖ Identify lead agency for each individual or family in shelter			
	❖ Hold regular SCAT “staffings” of each family with all relevant service agencies to expedite service connections and referrals			
	❖ Monitor HMIS participation outcomes			
	❖ Develop appropriate funding support for services			
Expedite Benefits	❖ 1. Have more agencies trained in SOAR	SSA SOAR trained entities	<ul style="list-style-type: none"> • Faster benefits • SSI/SSDI used for rent • Medicaid used for services 	3
	❖ 2. Improve communication with SS Office on SOAR			
Establish Regional/ Sub-regional Day Service Centers (see Prevention)	❖ 1. Establish Coordinated Comprehensive Day Center not “owned” by any one group	Task Force on Homelessness Commission Targeted agencies	<ul style="list-style-type: none"> • Provide for basic needs • Provide outreach and engagement during daytime • One-stop services versus people going all over Peninsula 	4
	❖ 2. Place for showers, some food, washers/dryers, meeting space, volunteers, agencies, clothing, etc.			
	❖ 3. Agencies have shared time and space to engage and provide services			

Timeline - Coordinated Services

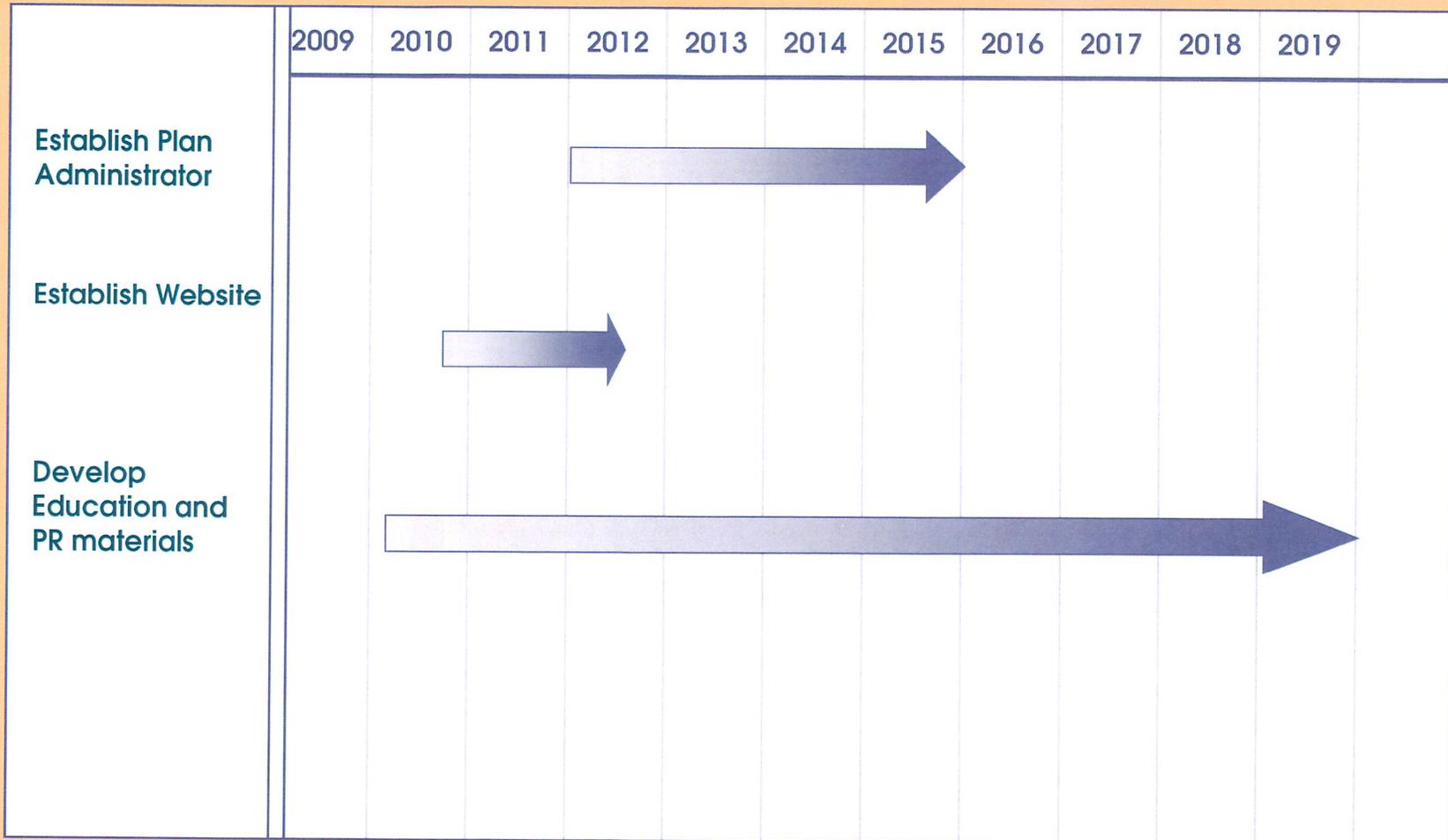


Strategy 4: Education and Public Awareness – Continuum of Care and Commitment

Objective: Throughout and between participating jurisdictions there exists a focused commitment to ending homelessness with the information in place to communicate services and resources and reduce the misinformation about homelessness to various stakeholders and participants.

Strategy	Action Steps	Key Agencies Involved	Expected Outcomes	Priority
Develop Plan Administration Responsibility	❖ 1. Review how other jurisdictions ensure plan administration	Commission Task Force on Homelessness	<ul style="list-style-type: none"> • A place where info & data gathered and analyzed • Better regional reporting • Education and training • Info on programs and services • Central Web-based info 	1
	❖ 2. Identify responsibilities			
	❖ 3. Identify funding if and as required			
	❖ 4. Hire or contract for services			
Create Website Dedicated to Regional Homelessness and 10-Year Plan Efforts	❖ 1. Develop website that provides information on programs, services, statistics, dispels myths, etc.	Commission IT staff	<ul style="list-style-type: none"> • Improved communications • Improved services 	2
	❖ 2. Provide links to the Regional Homelessness website on local government websites			
Develop Education and Public Relations Information	❖ 1. Develop “branding” of participating agencies and programs	Commission Task Force on Homelessness Service agencies	<ul style="list-style-type: none"> • Identification of Plan participants and approved projects • Better understanding of situation by all sectors • Less NIMBY issues • Increased regional funding opportunities 	3
	❖ 2. Develop educational material for agencies to help relate their programs and services to the needs of the homeless			
	❖ 3. Create mechanism for linking local, regional, state and federal updates, reports, etc, and communicating with wider community			
	❖ 4. Use local media resources for disseminating information, such as local access TV channels, websites, etc.			

Timeline - Education and Public Relations

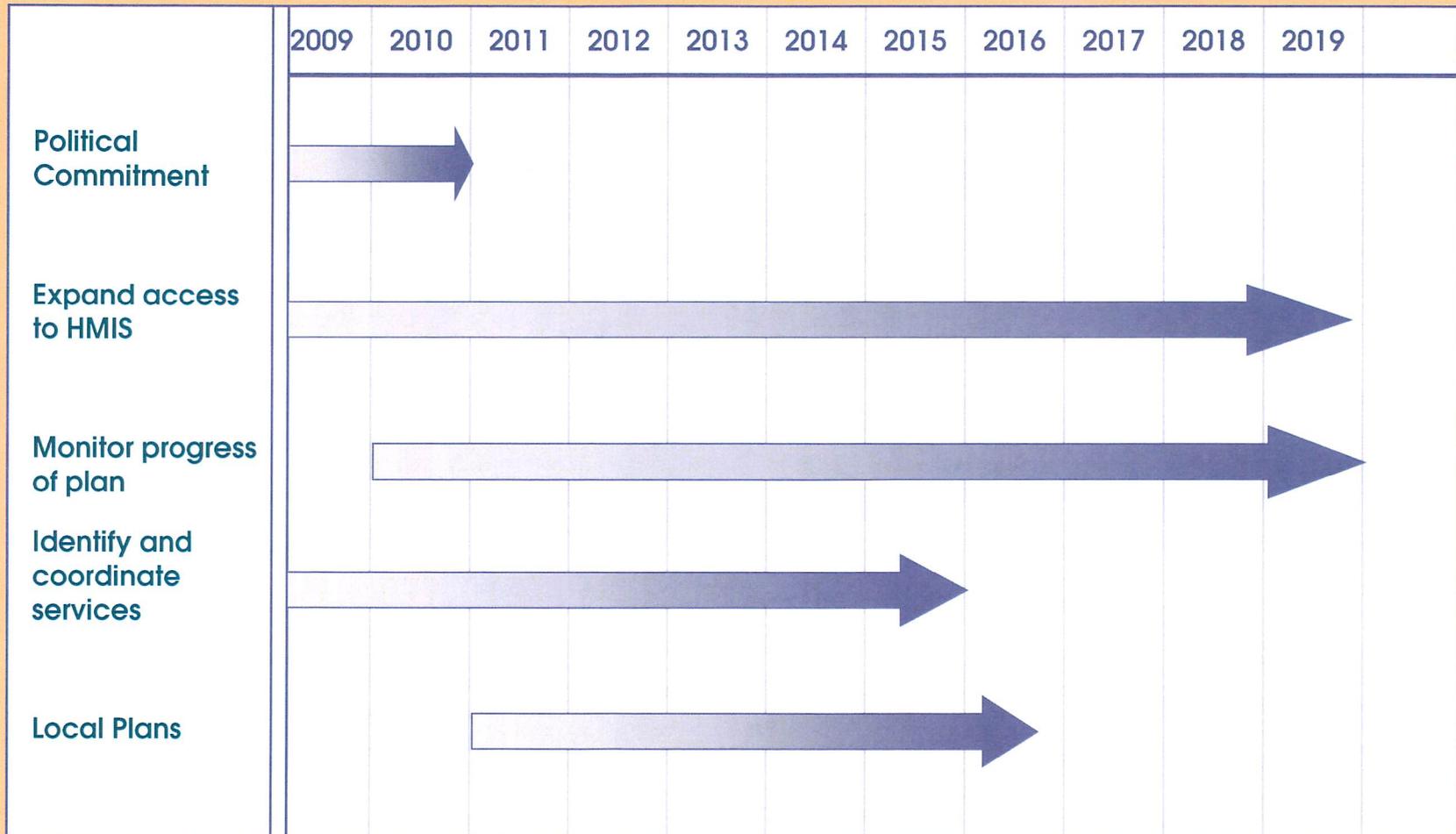


Strategy 5: Systems Improvements – A New Way of Doing Business

Objective: Throughout and between participating jurisdictions there exists a focused, unified, and consistent commitment to ending homelessness and the data available to make well-informed decisions.

Strategy	Action Steps	Key Agencies Involved	Expected Outcomes	Priority
Political Commitment	❖ 1. Adopt 10-Year Plan	Mayors & Chairs Chief Administrative Officers Commission Task Force on Homelessness	<ul style="list-style-type: none"> • Local political support • Improved local participation • Local leadership • Improved outcomes and resources 	1
	❖ 2. Designate a Guiding Body – responsible for overseeing the implementation and monitoring of the 10-Year Plan components			
	❖ 3. Incorporate “The Ten Essentials” as a planning framework-see appendices			
	❖ 4. Develop accountability measures and communications linkages			
Expand Access to Homeless Management Information System – HMIS	❖ Identify client level data needs and HUD data requirements	HMIS contractor HMIS participants Task Force on Homelessness	<ul style="list-style-type: none"> • Improved regional data as basis for reporting and decision-making • More informed decisions • Improved client outcomes 	2
	❖ Identify service level data indicators			
	❖ Explore and adopt a regional model for data management			
	❖ Track participation			
	❖ Fund licenses for participating agencies, especially small non-profits			
Monitor Progress of 10-Year Plan	❖ Designate responsible entity to monitor plan	Mayors and Chairs Commission Task Force on Homelessness	<ul style="list-style-type: none"> • Plan more likely to be implemented • Outcomes Progress Reports • Improved resource/funding • Better response to changes 	3
	❖ Develop tracking/monitoring system and tools			
	❖ Provide for regular reports to localities			
	❖ Review, revise and augment plan components regularly			
Identify and Coordinate Services	❖ Collect, compile and analyze services to end homelessness	Commission Service providers Task Force on Homelessness HMIS agencies	<ul style="list-style-type: none"> • Regional services inventory • Better and consistent service delivery • Identify gaps and additional funding 	4
	❖ Develop Capacity Building locally and regionally to increase quality of providers through Standards of Care			
	❖ Identify and categorize funding sources (the resource stream) attached to outcomes by service providers			
Local Homeless Plans that Support and are Integrated with the Regional Plan	❖ Incorporate “The Ten Essentials” into a local plan	Mayors & Chairs Commission Planning/ PHA’s	<ul style="list-style-type: none"> • More consistency in region • Less likelihood of overlaps and gaps in services • Better client and plan outcomes 	5
	❖ Integrate the goals and strategies in the Peninsula Plan into local strategic, comprehensive, and housing plans			

Timeline – System Improvements



NEXT STEPS

The Mayors and Chairs Commission and the local community stakeholders provided the foundation to develop the 10-Year Plan to meet our goal of ending homelessness on the Greater Virginia Peninsula. The plan focuses around the five primary objectives that build a solid foundation. Prevention, Permanent Housing, Appropriate/Coordinated Services, Education and Public Awareness and Systems Change are the keys to success. We developed “4 Cornerstones” that are critical to the success of our plan. They will require leadership and initiative on behalf of the local governmental agencies and the partnering non-profits. Until we convert this plan to action, nothing will change. The next step in implementing the plan will be to manage the transition from old models for programs and funding to new models which focus on increasing the supply of affordable housing and preventing people from becoming homeless. Managing this transition will be the primary focus for the first year after the plan is approved and issued. This will be the principal objective of the Mayors and Chairs Commission on Homelessness.

Local political “will” must be present to implement policy changes and monitor resource allocation. Service providers must be willing to examine their programs to incorporate the strategies necessary to end homelessness - not simply to manage it. Funding partners, in collaboration with housing developers, must be willing to provide financial support for new housing initiatives. The corporate community must become a major stakeholder in contributing to the health of our community. The public must believe this plan can end homelessness and therefore improve the quality of life for our most vulnerable residents of the Virginia Peninsula.

Gain the Support of Local Elected Officials

Implementing strategies will require systematic changes to policies affecting homeless people and housing development. To make these changes a reality, the local political leadership must support policy changes. They must recognize the benefits of the plan to the community and the consequences of inaction. The Mayors and Chairs Commission will work with the political leadership to ensure that policies benefiting homeless people are carried out through partner agencies and the larger community.

Identify What Changes Need To Be Made and How Much It Will Cost

Making the changes needed to move from the current approach of managing homelessness to actually ending homelessness is not a simple process. Work has already begun with current stakeholders in our communities in order to identify barriers and gaps in needs as well as the opportunities to transition to a new way of doing business. New and stronger partnerships between localities and service providers are keys to the success of this endeavor. Community members, who have not been involved previously, are invited to join in the collaborative effort to eliminate homelessness. The end result will be the implementation of a shared agenda among collaborative stakeholders focused on meeting the needs of very vulnerable members of our communities.

Educate the Community

Many people are neither aware of the nature and scope of homelessness in our communities nor are they aware of promising new strategies aimed at ending homelessness. There will be a regional campaign to educate our communities about ending homelessness and to promote the strategies within this plan. The

public will learn about promising best practices. Feedback will be solicited from the community and re-evaluation of our plan will occur on a regular basis. Concerns about the implementation of the strategies will be addressed and the community will be encouraged to play a role in ending homelessness.

Changing the way we as a community think about homelessness is perhaps the hardest item on our agenda, and we need to start now.

Implementation Schedule

Implementation of the plan has already begun. Key stakeholders and community leaders have been identified and will be invited to continue to participate. They will also be asked to commit to making the changes needed in their programs and to providing necessary resources. We have included schedules for implementation for current strategies. Work will begin to make the changes needed in policies, programs and practices and to redirect resources.

Although it takes time to fully implement these changes and strategies, people can start immediately to make the philosophical change in thinking from “managing” homelessness to “ending” homelessness. There are opportunities to employ new strategies immediately. Nonprofits can begin an inventory of their skills and assess their programs in areas of housing and services and decide what they need to change in order to help prevent and end homelessness. Faith communities can be involved through mentoring and tutoring, or by purchasing/building housing units and subsidizing rent. As a community, we can go beyond just giving people shelter for one night in a church because it is too cold outside, and begin to connect these people with the help they need to get a permanent roof over their heads.

Call to Action

This plan is a call to action, that when implemented, can radically change the face of homelessness in our community.

When we change direction to ending homelessness, early and comprehensive intervention services at the neighborhood level will prevent homelessness.

When we change direction to ending homelessness, no person will be discharged directly from a hospital, foster care, or a jail cell into homelessness.

When we change direction, the preservation and the increase of affordable housing for those at the lowest income levels will be the priority, not the expansion of shelter and transitional housing systems.

When we change direction to ending homelessness, the role of the shelter system will become one of assessment and triage, not housing and treatment, and staff will provide the assistance necessary to facilitate a return to permanent housing as quickly as possible.

When we change direction to ending homelessness, persons who are homeless, or near homeless, will be a priority population for housing, mental health, substance abuse and health services provided by our localities and partner agencies.

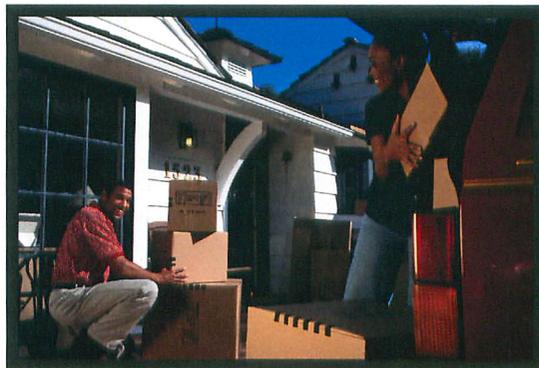
We must have the courage to change policies, practices, and systems; to redirect resources; develop new and innovative housing and service models; collaborate better with each other and monitor our progress through accountability as we never have before. Only then, can we end homelessness.

For the localities that constitute the Greater Virginia Peninsula, we are taking steps to apply this bold, yet simple idea, to our local homelessness and housing issues. We have the wealth of knowledge, capacity, resources, compassion, and will necessary to end homelessness in our communities; and we will do it in the next ten years by working together, using this plan as our guide.

From This



To This



It Can Happen!

Appendices

Useful Information

- **America's Road Home Statement of Principles and Action**
- **Abbreviations**
- **Definitions**
- **CSH - Financing Supportive Housing Guide**
- **HMIS Fact Sheet**
- **The Ten Essentials**

America's Road Home Statement of Principles and Action

Whereas: The governing bodies of the Cities of Hampton, Newport News, Poquoson, and Williamsburg, and the Counties of James City and York, pursuant to the Virginia Joint Powers Act, Section 15.2-1300 of the Code of Virginia (1950) as amended, formed the Virginia Peninsula Mayors and Chairs Commission on Homelessness (referred to as ("the Commission")); and

Whereas: Each of the above localities, through their respective governing bodies, adopted an Agreement between the Virginia Peninsula Localities on Homelessness for the purpose of creating the "the Commission," and developing a 10-Year Regional Plan to End Homelessness on the Virginia Peninsula; and

Whereas: More than 2 million Americans across our country each year experience homelessness in our local communities, compromising the quality of life of the person, and the community; and

Whereas: The aforesaid localities and the Commission are on the frontlines of homelessness and accountable to our communities for the well-being of all citizens; and

Whereas: We recognize that no one level of government can remedy homelessness alone; and

Whereas: We affirm that we will work together with our partners in state and federal government as well as in the foundation community and private sector to maintain and enhance the sustainable investment of resources needed to respond; and

Whereas: We have taken action to create jurisdictionally led, community-based 10-Year Plans to end chronic homelessness in our communities in partnership with the United States Interagency Council on Homelessness (USICH), the U.S. Conference of Mayors (USCM), and the National Association of Counties (NACO) to end the disgrace;

Now, therefore, we resolve to work together in a national partnership of every level of government and the private sector, with our fellow cities and counties and the United States Interagency Council of Homelessness to identify, adopt, and create innovative initiatives to advance the following principles and actions:

America's Road Home Statement of Principles and Action

Page 2 of 4

- 1. End the homelessness of our most vulnerable and disabled citizens who reside on our streets and in our shelters, those experiencing chronic homelessness, especially including homeless veterans.**
- 2. With the support of our partners work to shorten the time any person is homeless.**
- 3. Accept jurisdictional responsibility for accountability and results in the broader partnership that includes other levels of government and the private sector for an issue that is visible, expensive, and unacceptable in our communities.**
- 4. Affirm our jurisdictionally led, community-based 10-Year Plans as the community's primary planning strategy to effect accountability and results in ending and preventing homelessness.**
- 5. Develop these plans to ensure that the measurable outcomes are sustainable and render lasting solutions to homelessness.**
- 6. Endorse housing solutions as our primary investment to end homelessness, recognizing that shelter and punitive responses are often expensive and ineffective in reducing numbers and restoring lives and affirm that permanent supportive housing and rapid re-housing models offer our most disabled citizens the housing and services they need in a cost effective response.**
- 7. Affirm the work of faith- and community-based agencies for the work they have done on the frontline for decades and partner with them to fashion innovative responses that are results-oriented.**
- 8. Invite the business and philanthropic communities to be a partner in our efforts, especially local business associations, foundations, Business Improvement Districts, the United Way, and Chambers of Commerce.**
- 9. Work with the United States Interagency Council on Homelessness, the United States Conference of Mayors Task Force on Hunger and Homelessness, the National Association of Counties (NACo), and the Partnership to End Long Term Homelessness to assure rapid dissemination of innovations that ensure that every community will have equal access to the best ideas that create results in ending homelessness.**
- 10. Create Project Homeless Connect events, the one-day, one-stop, targeted to homeless people in offering an array of housing, employment, and treatment services along with quality-of-life resources, as a component of our 10-Year Plan response.**
- 11. Support all local, state, and federal legislation and resources that will offer new capabilities for investment in results.**
- 12. Invite other communities to join us in this national effort.**

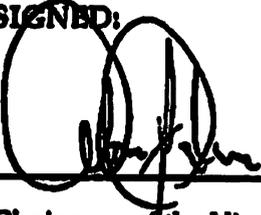
America's Road Home Statement of Principles and Action
Page 3 of 4

We, the undersigned, City and County Officials do hereby commit to this Statement of Principles and Actions, embrace its goals, and announce our intention to work in partnership in bringing the homelessness of our most vulnerable and disabled neighbors to an end in the United States.

**AMERICA'S ROAD HOME
STATEMENT OF PRINCIPLES AND ACTIONS**

On behalf of itself and the aforementioned Cities and Counties, the Commission does hereby commit to the America's Road Home Statement of Principles and Actions, embrace its goals, and announce our intention to work in partnership in bringing the homelessness of our most vulnerable and disabled neighbors to an end in the United States.

SIGNED:



Chairman of the Virginia Peninsula Mayors and Chairs Commission on Homelessness

Alan K. Archer

Printed Name

2400 Washington Avenue, Newport News, Virginia 23607

Address

July 30, 2009

Date

**When this Signature Page is complete, please FAX the signed copy
to the U.S. Interagency Council on Homelessness at 202-708-1216.**

Please mail the original copy to:

U.S. Interagency Council on Homelessness

Federal Center SW

409 Third Street SW, Suite 310

Washington, DC 20024

Alphabet Soup – A Short List of Abbreviations Often Used

ACCESS – Access to Community Care and Effective Services and Supports
ACT – Assertive Community Treatment
CDBG – Community Development Block Grant
CDC – Centers for Disease Control
CDC – Community Development Corporation
CHDO – Community Housing Development Corporation
CMHC – Community Mental Health Centers
CoC – Continuum of Care
CSA – Comprehensive Services Act
CSB – Community Service Board
CSCG – Child Services Coordinator Grant
CSP – Community Service Program
DHCD – Virginia Department of Housing and Community Development (located in Richmond)
DMAS – Department of Medical Assistance
DSS – Department of Social Services
EITC – Earned Income Tax Credit
ESG – Emergency Shelter Grants
FMR – Fair Market Rent
FQCHC – Federally Qualified Community Health Center
FSG – Federal Shelter Grants
GBHI – Grants for the Benefit of Homeless Individuals
GVPCCC – Greater Virginia Peninsula Continuum of Care Council
HHS – Health and Human Services
HIP – Homeless Intervention and Prevention
HIPP – Health Insurance Premium Payment Program
HMIS – Homeless Management Information Systems
HOME – Home Investment Partnership Program
HOPWA – Housing Opportunities for Persons with AIDS
HOT – Homeless Outreach Teams
HRSA – Health Resources and Services Administration
HTF – Housing Trust Fund
HUD – Housing and Urban Development
NIMBY – Not In My Backyard
PATH – Projects for Assistance in Transition from Homelessness
PHA – Public Housing Authority
PSH – Permanent Supportive Housing
SAMHSA – Substance Abuse and Mental Health Services Administration
SHP – Supportive Housing Programs
SIP – Serial Inebriate Program
SOAR – SSI/SSDI Outreach, Access and Recovery
SRO – Single Room Occupancy
SSDI – Social Security Disability Income
SSG – State Shelter Grants
SSI – Supplemental Security Income
Super NOFA – Notice of Funding Availability through HUD to fund homeless projects
TANF – Temporary Assistance for Needy Families
TH – Transitional Housing
VHDA – Virginia Housing Development Agency
WIA – Workforce Initiative Act
WIC – Women with Infant Children



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Toolkit for Ending Long-Term Homelessness

Definitions and Terminology

While creating this Toolkit, we were distinctly aware of the importance of terminology. Definitions often vary by region, discipline, and other factors, and many of the definitions below are closely related to each other. For clarity, we have attempted to define key terms whenever possible.

Search CSH

Search All Local Programs

- [Assertive Community Treatment \(ACT\)](#)
- [Harm Reduction](#)
- [Housing First](#)
- [Long-Term Homelessness](#)
- [Low-demand Housing](#)
- [Permanent Housing](#)
- [Tenant](#)
- [Voluntary Services](#)

For more information on the topics defined here, please review the Toolkit's Resource List.



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Long-Term Homelessness: This term includes all people who have been homeless for long periods of time, as evidenced by repeated (three or more times) or extended (a year or more) stays in the streets, emergency shelters, or other temporary settings, sometimes cycling between homelessness and hospitals, jails, or prisons. This definition intentionally includes a larger group of people than the federal government's definition, such as families and youth. The federal government (and as a result, many states, cities, and service providers) frequently uses the term "chronically homeless," defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years" (Notice of Funding Availability for the Collaborative Initiative to Help End Chronic Homelessness/Federal Register, Vol. 68, No. 17/Monday, January 27, 2003, 4019). This definition excludes homeless families and partnered homeless people as well as those who do not have a documented disability. We believe that anyone who has been homeless for the long-term may be well served by the services and housing offered by permanent supportive housing providers.

Permanent Housing: In the world of supportive housing, the term "permanent" typically refers to affordable rental housing in which the tenants have the legal right to remain in the unit as long as they wish, as defined by the terms of a renewable lease agreement. Tenants enjoy all of the rights and responsibilities of typical rental housing, so long as they abide by the (reasonable) conditions of their lease.

Voluntary Services: The term "supportive" in supportive housing refers to voluntary, flexible services designed primarily to help tenants maintain housing. Voluntary services are those that are available to but not demanded of tenants, such as service coordination/case management, physical and mental health, substance use management and recovery support, job training, literacy and education, youth and children's programs, and money management.

Housing First: The goal of "housing first" is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing first can be contrasted with a

continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver housing first, such as an adequate housing stock, every community has what it takes to move toward this approach.

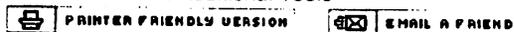
Low-demand Housing: Housing provided in a low-demand environment emphasizes ease of entry and ongoing access to services with minimal requirements. The focus is on helping tenants retain their housing, rather than layering the housing within various program participation requirements. The application and admission processes, admission criteria, and conditions of tenancy are limited in their demands of tenants and potential tenants. This term is usually closely related to "voluntary services" and "harm reduction."

Tenant: Whenever possible, this Toolkit uses the term "tenant" (rather than consumer, resident, client, or participant) to refer to the people who live in supportive housing projects. This emphasizes the importance of permanent housing in ending homelessness and recognizes that in many programs, tenants may or may not also be voluntary customers of support services provided. This is not meant to minimize the great amount of time and energy some programs spend with people before they are actually tenants. It is, however, intended to underscore that tenants of supportive housing should have the same rights and responsibilities of tenants of other lease-based, permanent housing.

Harm Reduction: Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior. This approach fosters an environment where individuals can openly discuss substance use without fear of judgment or reprisal, and does not condone or condemn drug use. Staff working in a harm reduction setting work in partnership with tenants, and are expected to respond directly to unacceptable behaviors, whether or not the behaviors are related to substance use. The harm reduction model has also been successfully broadened to reducing harms related to health and wellness as well as many other issues.

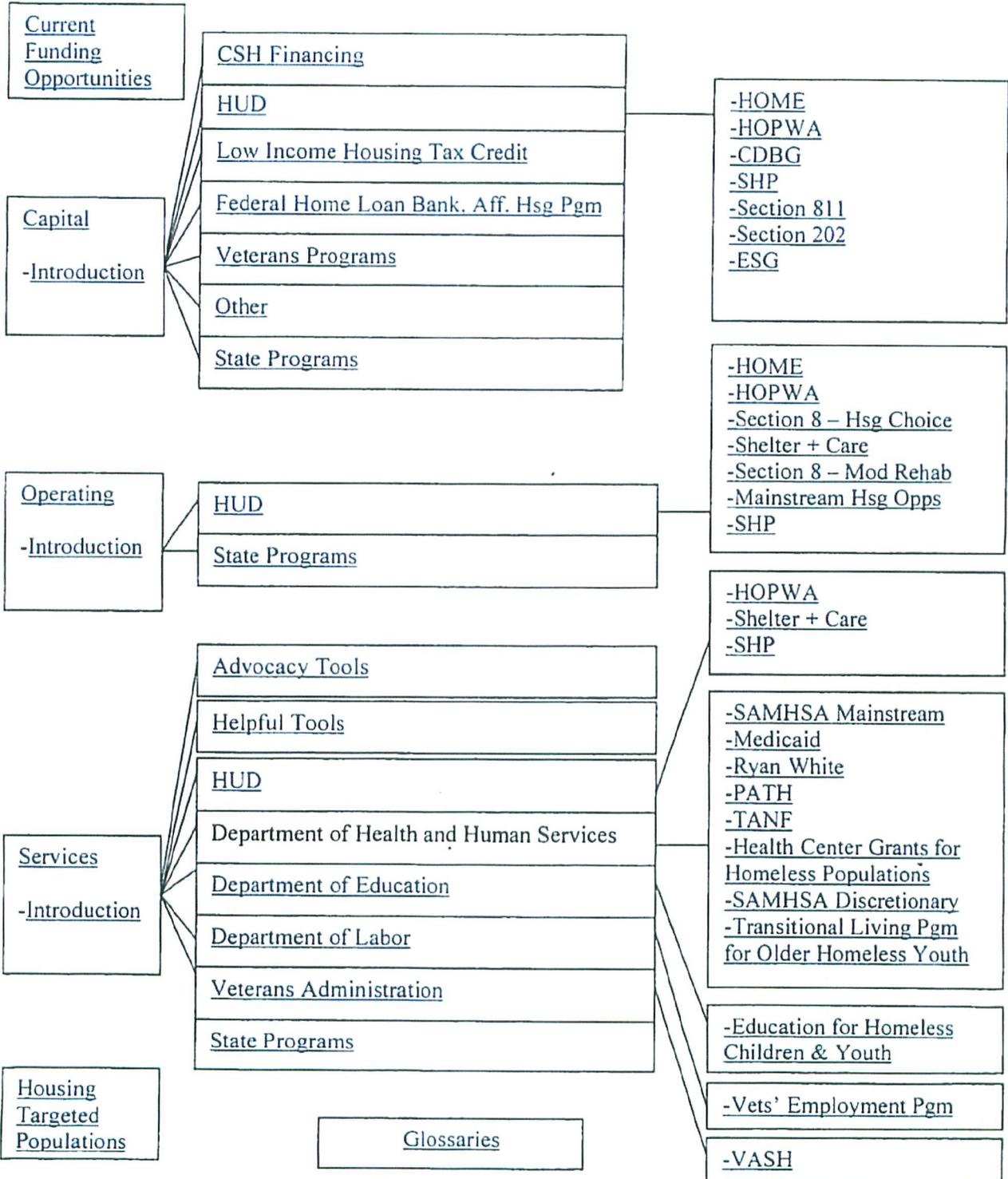
Assertive Community Treatment (ACT): ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance use, and vocational rehabilitation. (This definition is excerpted from the National Alliance for the Mentally Ill, www.nami.org).

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Financing Supportive Housing Guide: Site Map





Homeless Management Information System (HMIS) Fact Sheet

What is a Homeless Management Information System (HMIS)?

A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons throughout a Continuum of Care (CoC)¹ jurisdiction. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate service provision, manage their operations, and better serve their clients.

HMIS implementations can encompass geographic areas ranging from a single county to an entire state. An HMIS knits together homeless assistance providers within a community and creates a more coordinated and effective housing and service delivery system.

How do HUD and Congress use and support HMIS?

Policymakers and planners at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. HUD's HMIS initiative is in response to 2001 Congressional direction on the need for data and analysis on the extent of homelessness and the effectiveness of the McKinney-Vento Act² Programs including: developing unduplicated counts of clients served at the local level; analyzing patterns of use of people entering and exiting the homeless assistance system; and evaluating the effectiveness of these systems. Additional information on the Congressional Direction and an annual report to Congress on HUD's Strategy for Homeless Data Collection, Analysis and Reporting can be found at: <http://www.hud.gov/offices/cpd/homeless/hmis/strategy/>.

What data is entered into HMIS and how is it protected?

In 2004, HUD published data and technical standards for the implementation of HMIS. These requirements detail the data collection, participation, privacy, and security requirements for all agencies entering data into or having access to the HMIS. A copy of the HMIS Data and Technical Standards Final Notice can be found at: <http://www.hud.gov/offices/cpd/homeless/hmis/standards/>.

All users of the HMIS must adhere to the privacy protections and security protocols in the Final Notice. Each organization must adopt a privacy notice, post a privacy sign that discloses uses of information, and implement a consent protocol (i.e. inferred, written, oral). Each individual workstation (i.e. computer), network, and server accessing, transmitting, or storing HMIS data must conform with the security standards. Each individual user must have a unique username and password to access the individual workstation and the HMIS application. Each computer must be stored in a secure location with updated virus protection, a locking screen saver, and be protected by an individual or networked firewall. Additional security provisions for system servers and networks include transmission encryption, mechanisms to limit access to the HMIS to previously approved workstations, off-site backup and recovery, proper disposal of storage devices, and system monitoring procedures. Data Standards training modules are available at: <http://www.hmis.info/resources.asp?cvid=235&ccid=1>.

What questions can HMIS help to answer at the local and national level about homelessness?

HMIS is not a national database of homeless people. Data on homeless persons is collected and maintained at the local level. HMIS can help local communities understand how many people are homeless in shelters and on the street; how many people are chronically or episodically homeless; the characteristics and service needs of those served, and which programs are most effective at reducing and ending homelessness.

HMIS can help HUD and Congress understand: how many people are homeless in the United States; who is homeless; where people receive shelter and services and where did they live before they became homeless; the patterns of homeless residential program use; and the nation's capacity for housing homeless people.

¹ For more information on HUD's Continuum of Care Homeless Assistance Programs visit: <http://www.hud.gov/offices/cpd/homeless/programs/>

² For more information on the McKinney-Vento Act visit: <http://www.hud.gov/offices/cpd/homeless/rulesandregs/laws/>

Why is HMIS a better alternative than point-in-time counts or aggregate service provider reports for gathering community-wide information on homelessness?

One night counts, commonly referred to as point-in-time counts provide a head count of the number of persons that are homeless in a community on one given night. Point-in-time counts do not usually provide information on whether a person was homeless for one day or a longer period of time and have been shown to under represent those persons who move in and out of homelessness throughout a time period.

Aggregate program level information provides duplicated information on the number of persons served, their characteristics, and needs by adding up program level data across a community about those persons who were served during a given time period. Although aggregate program information may offer broad based knowledge about the population served, the same person is often counted multiple times by the different programs and can lead to a limited understanding of patterns of service use or population size.

HMIS generates unduplicated counts of clients served and is designed to capture information over time (i.e. longitudinal data) about those persons moving in and out of the homeless assistance system, including changes in residential status, family composition, and service use. HMIS provides the most accurate picture of the extent and nature of homelessness within a community.

Who is responsible for implementing the HMIS?

The CoC is at the core of planning and service delivery for homeless individuals and families within any given community or geographic area. Each CoC is responsible for HMIS implementation, including planning, software selection, implementation and management of the database according to HUD's HMIS Data and Technical Standards.

The HMIS administering agency and/or the applicant/sponsor of a SHP dedicated HMIS project are agents of the CoC, manage HMIS operations on behalf of the CoC, and provide HMIS administration functions at the direction of the CoC. The experience of successful HMIS implementations has shown that active participation by CoC members in the management of the HMIS process, including establishing policies, procedures and protocols for privacy, data sharing, data analysis, reporting, and data validity is essential. Additional questions about HMIS grant requirements and funding are available under the Questions and Answers section of the 2006 Notice of Funding Availability at: <http://www.hud.gov/offices/adm/grants/nofa06/grpcoc.cfm>.

What are the requirements regarding data submission by homeless service providers to the CoC?

Homeless assistance providers who participate in the local HMIS are required to submit data to the central server that is maintained by, or on behalf of the CoC's system administrator, at least once a year. With the exception of domestic violence agencies, the standard requires that all HUD McKinney-Vento funded programs that assist homeless persons submit the universal data elements (Name, SSN, DOB, Ethnicity/Race, Gender, Veteran's Status, Disabling Condition, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry/Exit Date) for each client served annually. In addition, HUD McKinney-Vento programs that complete Annual Progress Reports (APRs)³ are required to submit program-specific data elements (Income and Sources, Education, Physical Disability, Developmental Disability, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Services Received, Destination and Reasons for Leaving) for each client served.

Given the unique circumstances of their clients, domestic violence shelters are not required to submit personal identifying client-level information to the CoC. In January 2006, the Violence Against Women Act (VAWA) Reauthorization of 2005⁴ became law and contains provisions that amend the McKinney-Vento Homeless Assistance Act relating to the disclosure of data to HMIS by domestic violence providers. HUD is analyzing the legislation to determine the most appropriate instructions and advice to convey to communities and domestic violence programs.

Where can I find additional information on HMIS?

Additional information is available at: HUD's website: <http://www.hud.gov/offices/cpd/homeless/hmis/> or on HUD's HMIS technical assistance website: www.HMIS.info.

³ For more information on HUD's Annual Progress Report visit: <http://www.hud.gov/offices/cpd/homeless/apr.doc>

⁴ Public Law 109-162 is available at [http://thomas.loc.gov/cgi-bin/bdquery/z?d109:H.R.3402:\(Section 605\)](http://thomas.loc.gov/cgi-bin/bdquery/z?d109:H.R.3402:(Section 605))



NATIONAL ALLIANCE TO END HOMELESSNESS

THE TEN ESSENTIALS

What Your Community Needs To Do To End Homelessness

The National Alliance to End Homelessness has created the following checklist as a guide to help communities identify the minimum requirements for an effective permanent solution to prevent and end homelessness.

The essentials are based on the Alliance's Ten Year Plan to End Homelessness, which draws from over twenty years of research and experience with communities around the country.

No essential is more important than another. All require participation from every sector of the community.

PLAN

Your community has a set of strategies focused on ending homelessness. A wide range of players (government programs, elected officials, homeless providers, etc.) has made funding and implementation commitments to these strategies.

DATA

Your community has a homelessness management information system that can be analyzed to assess how long people are homeless, what their needs are, what the causes of homelessness are, how people interact with mainstream systems of care, the effectiveness of interventions, and the number of homeless people.

EMERGENCY PREVENTION

Your community has in place an emergency homelessness prevention program that includes rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and homelessness.

SYSTEMS PREVENTION

- I. Mainstream programs (mental health, substance abuse, TANF, child welfare, etc.) that provide care and services to low-income people consistently assess and respond to their housing needs.
- II. There is placement in stable housing for all people being released from public institutions.

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WEB www.endhomelessness.org

OUTREACH

Your community has an outreach and engagement system designed to reduce barriers and encourage homeless people so that they enter appropriate housing (including safe havens) linked with appropriate services.

SHORTEN HOMELESSNESS

The shelter and transitional housing system in your community is organized to reduce or minimize the length of time people remain homeless, and the number of times they become homeless. Outcome measures will be key to this effort.

RAPID RE-HOUSING

Your community has skilled housing search and housing placement services available to rapidly re-house all people losing their housing or who are homeless and who want permanent housing.

SERVICES

When households are re-housed, they have rapid access to funded services, and mainstream programs provide the bulk of these services.

PERMANENT HOUSING

- I. Your community has a sufficient supply of permanent supportive housing to meet the needs of all chronically homeless people.
- II. Your community is implementing a plan to fully address the permanent housing needs of extremely low-income people.

INCOME

When it is necessary in order to obtain housing, your community assists homeless people to secure enough income to afford rent, by rapidly linking them with employment and/or benefits. It also connects them to opportunities for increasing their incomes after housing placement (opportunities provided primarily by mainstream programs).