

**2012 Plan to End Homelessness**  
*Working Draft 04-19-06*

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## 2012 Plan to End Homelessness

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### I. Executive Summary

The Thomas Jefferson Planning District Commission (TJPDC) adopted the following charge to the Task Force to Develop the 2012 Plan to End Homelessness at its regular meeting on April 7, 2005: To develop a region-wide plan to end chronic and episodic homelessness by 2012. The plan should:

- Identify and address the needs of both the urban and rural homeless.
- Identify the factors contributing to homelessness
- Include a comprehensive continuum of care plan for the homeless
- Include a permanent solution for those who become homeless.
- Establish an action agenda to end homelessness by 2012
- Identify sources of funds
- Identify prevention strategies
- Identify methods to link the full scope of service providers

TJPDC made formal appointments to the Task Force on June 2, 2005. The Task Force held its first meeting on July 1, 2005 and met regularly over the course of a year to develop this plan. The group recommends the following basic strategies:

- **Regional Approach:** The Task Force views the issue of homelessness as a regional issue. Many of the area's homeless are concentrated in the City of Charlottesville due to access to services and transportation, but originate in other localities. To be effective in addressing the issue of homelessness, all localities in the Planning District need to be involved in the solution, including identification, prevention, housing, provision of services and funding.
- **Housing First Model:** Housing First is a model of supportive housing that provides homeless persons with permanent housing as the first step in service provision. Comprehensive services are then offered to the tenant for as long as they may be needed. This model can be applied in various ways, including:
  - Scattered site housing. This Plan proposes a pilot project based on this approach.
  - A communal approach
  - Multi-site housing development
- **Central Intake and Coordination of Services:** The Charlottesville area is rich in services, but the system is difficult to navigate and access. The Task Force recommends that an agency or organization be designated and equipped to coordinate service delivery to those who are homeless or at risk of becoming homeless.

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### **II. History of the area's problem and the Task Force's charge**

The issue of homelessness in the Thomas Jefferson Planning District has been growing both in terms of the number of people identified as homeless and the recognition that the area must address the issue in a systematic way to eliminate homelessness. A brief history of efforts to address homelessness includes these milestones:

- In 1998, the Thomas Jefferson Area Coalition for the Homeless (TJACH) was founded. TJACH is a broad-based coalition of individuals and organizations working to end homelessness in our region through strategic planning, coordination of services, and public education/advocacy on the causes and impacts of homelessness. TJACH functions as the region's HUD-defined Continuum of Care Committee, conducting the required activities for establishing a strategic planning process and plan for addressing the area's homeless needs. TJACH has submitted an annual Continuum of Care since 1999.
- In July 2002, TJACH created and distributed the "Street Sheet", a two-page guide to agencies and services in the region. It includes locations, contact information, services offered and maps. The Street Sheet is updated periodically to provide current information to the homeless and service providers.
- In January 2003, TJACH conducted its first Street Census in conjunction with the statewide Point In Time count scheduled by the Virginia Inter-Agency Coalition for the Homeless. This annual census has been conducted each year, providing valuable data on the number of homeless in the region and their characteristics. Results are included in this Plan.
- In 2003, the Thomas Jefferson Planning District Commission (TJPDC) launched a regional Homeless Management Information System (HMIS). HMIS is a web-based tool for data collection, case management, and program management.
- On March 30, 2004, over 140 participants representing local service providers, faith-based organizations, concerned citizens, government workers, and homeless individuals joined TJACH and TJPDC to discuss homelessness in the Thomas Jefferson Planning District.
- On November 15, 2004, People and Congregations Engaged in Ministry (PACEM) opened a low-demand shelter to provide shelter to men. Over the 124 days from opening night of November 15, 2004 through our closing night of March 18, 2005, PACEM provided 3,714 nights of shelter to 136 different men. The average nightly census this winter was 30 guests, ranging from a low of 5 on opening night to a high of 48 on March 9, 2005. In addition, PACEM was able to provide 91 nights of hotel lodging to 23 different women (some with children) through the Women and Children's Emergency Shelter Fund.
- On January 20, 2005, TJACH launched the ID Ride as part of the Re-entry Initiative for ex-offenders. The ID Ride is offered periodically, approximately once a month.

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The Salvation Army van picks up people at Offender Aid and Restoration (OAR), who also handles referrals, and transports them to the Bureau of Vital Statistics in Richmond to obtain birth certificates. A volunteer mentor accompanies the riders. The ID Ride was originally planned to meet the needs of ex-offenders, but is open to others as well.

- The Thomas Jefferson Planning District Commission (TJPDC) adopted the charge to the Task Force to Develop the 2012 Plan to End Homelessness at its regular meeting on April 7, 2005 and made formal appointments to the Task Force on June 2, 2005. The Task Force held its first meeting on July 1, 2005 and met regularly over the course of a year to develop this plan. The Task Force was created to raise homelessness to a community issue, with the involvement of all localities and additional stakeholders, building on TJACH's planning and initiatives.

The TJPDC adopted this charge to the Task Force: To develop a region-wide plan to end chronic and episodic homelessness by 2012. The plan should:

- Identify and address the needs of both the urban and rural homeless.
- Identify the factors contributing to homelessness
- Include a comprehensive continuum of care plan for the homeless
- Include a permanent solution for those who become homeless.
- Establish an action agenda to end homelessness by 2012
- Identify sources of funds
- Identify prevention strategies
- Identify methods to link the full scope of service providers

### **A. Definition of Homeless**

The legal definition of the term "homeless" is established by the U.S. Department of Housing and Urban Development (HUD) and means a person sleeping in a place not meant for human habitation (e.g. living on the streets or in an emergency shelter), or residing in an emergency shelter, transitional housing, or other supportive housing program. This definition has been used as the basis for the Street Census count.

The Task Force has expanded the scope of this plan to also include persons who are temporarily living with family or friends and/or people living in overcrowded conditions. The US Census defines overcrowding as a household with greater than 1.01 persons per room, excluding bathrooms, kitchens, hallways, and porches.

### **B. Definition of Affordable Housing**

The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Housing costs include rent or mortgage payments, utilities, and taxes. Households spending more than 30% of their income for

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housing are considered to be “cost burdened” since they may not be able to afford basic necessities such as food, clothing, transportation and medical care. The term “affordable housing” has no meaning without further reference to the income level for which the property is affordable

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Income levels are judged in relation to the median income in a given area, with various levels serving as eligibility guidelines for public programs. Median income is the level at which 50% of the population make more and 50% make less, and is not the same as “average income.” The Task Force also considered other income levels in defining the term “affordable housing.”

A “living wage” is a minimum rate of hourly pay calculated so that a person working 40 hours per week for 52 weeks per year (or full-time) at that rate could adequately afford the basic needs of a family of four, which includes two working adults and two children. Basic needs are defined as the local costs of food, housing, childcare, healthcare, transportation, taxes, and other necessities. As of January 2006, a living wage in Charlottesville is \$10.72 per hour.

The minimum wage was first enacted in 1938 as part of the Fair Labor Standards Act (FLSA). The minimum wage has been raised several times in the decades since. The last change went into effect in 1997, raising the minimum wage to \$5.15 per hour from its previous level of \$4.25.

Social Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security taxes) to help the elderly and people with disabilities who have little or no income. SSI recipients usually also qualify for food stamps and Medicaid. Monthly SSI payments are about \$603 per month.

Social Security Disability Insurance (SSDI) is a federal program that pays monthly cash benefits to people who are unable to work for a year or more because of a disability. Benefits vary based on work history and other factors, but an amount of about \$770 is common.

<b>For Charlottesville Metropolitan Statistical Area (MSA) 2006</b>	<b>Income</b>	<b>Affordable monthly rent (30% of income)</b>
Median household income – 4 person	\$66,700	\$1,667/month
80% area median income – 4 person	\$53,359	1334/month
50% area median income – 4 person	\$33,350	834/month
30% area median income – 4 person	\$20,000	500/month
Median household income – 1 person	\$46,700	1167/month
80% area median income – 1 person	\$37,350	934/month

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50% area median income – 1 person	\$23,350	584/month
30% area median income – 1 person	\$14,000	350/month
“Living wage” \$10.72/hour full time	\$22,298	557/month
Minimum wage \$5.15/hour full time	\$10,712	267/month
SSDI (average assumed as \$770/month)	\$9,240	231/month
SSI (\$603/month)	\$7,236	180/month

For this Plan, the Task Force defines affordable housing as rental units with a monthly rate of \$550 or less, including rent, utilities, and taxes. This housing cost would be within 30% of income for a family of four making a living wage or an individual earning 50% of area median income.

### **III. Define the current situation/problem**

#### **A. Who are our homeless?**

The Thomas Jefferson Planning District (TJPD) is located in central Virginia and includes the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson. Population for the Planning District in 2000 based on the United States Census was 199,648. Provisional population figures from the Weldon Cooper Center for Public Policy Research indicate that the population in 2004 had grown to 214,545, a growth rate of approximately 2% per year across the region. The region is the home of the University of Virginia and is known for its historic heritage and natural beauty. The presence of the University lends stability to the local economy, which has one of the lowest unemployment rates in the state and nation.

In Charlottesville, a worker earning minimum wage must work 124 hours per week to afford Fair Market Rent on a 2-bedroom unit.  
*National Low Income Housing Coalition, Out of Reach 2005*

Based on the 4<sup>th</sup> annual Point in Time Street Census in January 2006, at least 175 people meet HUD’s definition of homeless, with most of these living in emergency shelters. The number of homeless identified increased from 2003 to 2005, and remained steady in 2006. The number of unsheltered homeless decreased in 2005 due to the opening of the low-demand shelter operated by PACEM.

<b>Street Census Results</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>GENERAL</b>				
Surveys given	115	144	137	108
Homeless adults surveyed	74	77	76	52
Dependent children of adults surveyed	-	37	16	6
Shelter occupancy at point in time (PIT)	125	129	154	163
Adults unsheltered at PIT	12	25	14	10

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<b>Street Census Results</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
# of dependent children unsheltered at PIT	-	8	7	0
Total number found homeless at PIT	137	162	175	173
<b>Of Adults Found Homeless (18 years and above)</b>				
Male	58%	56%	58%	72%
Female	42%	44%	42%	26%
<b>Duration of Homelessness</b>				
< 6 months	62%	-	56%	49%
< 1 year	-	69%	68%	61%
First time homeless	31%	26%	-	-
<b>AGES</b>				
Mean	38.8	39.2	39.3	41.3
StdDev	9.2	11.7	12.2	10.3
Median	40	39	39	43
Mode	44	25,39	40	49
<b>HOMETOWN</b>				
Within the TJPDC	-	59%	70%	56%
Charlottesville	-	41%	42%	38%
<b>INCOME SOURCES</b>				
Currently employed	36%	41%	37%	39%
Worked full or part time w/in 30 days	51%	-	57%	59%
Food Stamps	-	-	29%	10%
SSI or SSDI	11%	-	10%	12%
Panhandling	8%	-	6%	10%
<b>REASONS FOR LEAVING LAST HOUSING</b>				
Unemployment	33%	-	23%	29%
Eviction	22%	-	28%	23%
Discharged from a hospital, jail, or treatment center	8%	-	13%	8%
Domestic violence	-	-	16%	4%
Abuse	-	-	8%	6%
Rent increase or home sold	-	-	14%	13%
<b>EDUCATION</b>				
HS diploma or equivalent	76%	67%	62%	73%
College degree	7%	12%	12%	22%
<b>CIRCUMSTANCES</b>				
Veteran	7%	8%	18%	19%
Divorced	-	16%	24%	24%
Homeless with dependent children	23%	26%	21%	4%
Victims of Domestic Violence	-	14%	18%	17%
Physical Disability	-	10%	26%	27%
Cannot find work	-	38%	24%	24%
Cannot find affordable housing	-	55%	40%	69%

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<b>Street Census Results</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>UNMET NEEDS</b>				
Dental services	-	23%	33%	31%
Job Training or Job Placement	-	22%	24%	10%
Emergency Shelter or Transitional Housing	-	47%	18%	12%
Medical Services	-	29%	36%	22%
Substance abuse services/counseling	-	18%	12%	6%

Homeless Liaisons in area school systems were able to identify 319 homeless children in the region in January 2006. A child is considered homeless when "sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason." Adult parents living under identical circumstances are excluded from the Federal definition of homelessness.

In order to present a comprehensive strategy to end homeless, the Task Force has expanded the scope of this plan to include people living in overcrowded conditions as well as those meeting the legal definition. Overcrowded conditions are defined as more than one person per room. Data from the 2000 Census reports 512 overcrowded units in the region.

**Overcrowded Housing Units: 2000 - TJPD**

	<b>Number Occupied Units</b>	<b>Number Overcrowded</b>	<b>Percent Overcrowded</b>
Albemarle	31,876	205	0.6%
Charlottesville	16,851	169	1%
Fluvanna	7,387	18	0.2%
Greene	5,574	34	0.6%
Louisa	9,945	72	0.7%
Nelson	5,887	14	0.2%
Region	77,520	512	0.7%

Source: 2000 U.S. Census

Though the causes of homelessness are numerous and varied, the one most commonly cited is the high cost of housing. Housing prices in the area continue to rise at a rate much higher than increases in income. Developers focus their efforts in production of rental housing on high-end rentals. There is a trend toward conversion of apartment complexes to condominiums, which reduces the number of rental units available and may displace some current renters.

The homeless population consists largely of the working poor and people with disabilities. Even those stabilized in shelter and fully employed are frequently unable to secure permanent housing. The most common source of income for the homeless is

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employment. 37% are currently employed and 57% have worked in the last 30 days. Most have received no public assistance funds in the last six months. Despite the occasional visibility of a few panhandlers, these are a tiny percentage of the population.

In rural areas homelessness exists almost invisibly. People losing their housing in rural areas will often live with relatives and friends in crowded, temporary arrangements. With few shelter options, many stay in automobiles, campgrounds, farm buildings, or other places that researchers cannot effectively search.

### **B. Service matrix**

The Task Force undertook a comprehensive review of local services available for the homeless. While a broad variety of services are offered, but many programs are overwhelmed by demand and are practically inaccessible to many in need. Federal and state programs operate in a sea of complex eligibility requirements and cumbersome application procedures. Wait lists for public housing are three years or longer, and these lists are only rarely opened for new applications. Waiting lists for dental assistance through the Charlottesville Free Clinic are also over 3 years long. Those with criminal records are barred from many public assistance programs, including public housing, student loans, and Temporary Assistance for Needy Families (TANF).

The Task Force found several key areas in which services for the homeless were easily accessible. Individuals experiencing homelessness in Charlottesville are likely to be able to access:

- Emergency shelter
- Clothing
- Financial Counseling
- Job preparation assistance
- Legal advice
- Public meals

The following services were found to be overloaded and/or inaccessible to many in need.

- Childcare
- Dental care
- Eviction prevention
- Financial assistance
- Public housing
- Supportive housing
- Transitional housing

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The Task Force found the following services entirely absent

- Shelter for intact families
- Year-round housing for the chronically homeless

The services in the region were compiled in tabular form. These service matrices are provided in the appendices of this Plan.

### **C. Definition of target population**

For this Plan, the homeless population is divided into three basic categories, based on their housing and supportive services needs:

- **People Needing Housing:** Those individuals or families who are stable in employment and social characteristics, but who cannot find housing in the local area that is affordable. This population needs affordable housing, but does not require supportive services. These people may not be homeless per the legal definition, but may be paying over 50% of their income for housing, doubled up with friends or family, or at risk for eviction or default.
- **People Needing Housing and Supportive Services:** This population includes people who require support to live independently due to disability, substance abuse, or other barriers.
- **People unable to live independently:** This population consists of individuals with severe or multiple barriers that prevent them from living independently, even with supportive services.

Although the Pilot Project described later in this plan addresses only the second group, the Plan in its entirety includes strategies to address homelessness among all three categories, including unaccompanied adults, single parents with children, and intact families.

## **IV. The Plan – Housing First Model**

The traditional model of service delivery that has arisen over the last twenty year uses a "Housing Ready" approach. The Housing Ready model begins by taking homeless clients into time-limited emergency shelters and working to stabilize their immediate crises. Once admitted, clients are grouped into dormitory style accommodations to facilitate access to counselors and staff. Given success in this environment, a person may be able to secure longer term "transitional housing" that provides some amount of supportive services. Throughout the process housing is strictly dependent on sobriety, compliance with treatment, and behavioral control. This is called "housing ready."

By contrast, a Housing First approach provides homeless persons with permanent housing as the first step in service provision. Comprehensive services are then offered

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to the tenant for as long as they may be needed. This form of supportive housing has been found particularly effective with chronically homeless persons who have serious mental issues or co-occurring substance use disorders.

### **A. What approaches will we use?**

#### **1. Regional Approach**

The Task Force views the issue of homelessness as a regional issue. Many of the area's homeless are concentrated in the City of Charlottesville due to access to services and transportation, but originate in other localities. Typically, the rural homeless or near-homeless are less visible, but are equally in need. To be effective in addressing the issue of homelessness, all localities in the Planning District need to be involved in the solution, including identification, prevention, housing, provision of services and funding.

#### **2. Housing First model**

The Housing First model can be applied in various ways, including:

- Scattered site housing. This approach involves subsidizing or paying for rent in units available on the open market, providing supportive services as needed, drawing from existing services in the region. This is a consumer-driven model, with residents selecting the services providing. This model relies on available rental units in the area, and agreements with Landlords to participate in the program. This approach is appropriate for people needing supportive services.
- A dedicated building. This approach involves the development of a new building or adaptive reuse of an existing building into small, single-room units with cooking and bathroom facilities, intended for occupancy by an unaccompanied adult. This is often referred to as a "Single Room Occupancy" project. Housing is combined with an array of supportive services.
- Multi-site housing development. This is a development approach, increasing the supply of affordable rental housing through new construction or renovation.
- Congregate Living: This is a group home approach, where several individuals reside in a single residence (home). Varying levels of service may be provided, including a counselor, transportation, shopping assistance, health care services or 24-hour personal assistance. This approach is appropriate for people who cannot live independently.

#### **3. Coordination of Services**

In addition to a Housing First approach, the Task Force recommends the creation of a Central Intake System and Coordination of Services: The Charlottesville area is rich in services, but the system is difficult to navigate and access. The Task Force has tentatively identified the Monticello Area Community Action Agency, MACAA, as the lead agency to coordinate service delivery to those who are homeless or at risk of becoming

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homeless. A stable source of funding will be needed to ensure that this system can be developed and sustained.

The lead agency will need to become a partner in the Homeless Management Information System (HMIS) in order to coordinate services through a managed referral system. HMIS includes case management and reporting capabilities. The lead agency will also need to develop procedures and agreements with other community partners, who have their own systems for intake and service delivery, including the Salvation Army and Region Ten. The coordination of services is intended to create a central point of access for people seeking services. This coordination can include multiple intake sites and case managers, linked together to form a unified network. Individuals and families need to be able to access the full network from any service delivery agency in the network, with the lead agency serving as a full-service center to link people to case management and community services. The lead agency will require at least one full-time staff person, a computer system capable of supporting HMIS, and policies and procedures for establishing and maintaining a coordinated network of services.

### **4. Prevention**

The majority of people who are homeless will be homeless for less than six months, and only once or twice during their lives. The precursor to episodic homelessness is usually a financial event, such as job loss or a significant financial burden resulting from a health care emergency.

The most effective strategy for individuals and families at risk of homelessness is prevention. In January 2006, the Piedmont Housing Alliance, acting as a member of the Housing Directors Council, launched a pilot project to establish a default prevention program for moderate- and low-income homeowners. This program would assist homeowners at risk of losing their homes due to financial difficulties resulting from job loss or health care costs or to restructure predatory loans. The pilot project will be funded with proceeds from a separate housing project and a participant has been selected.

For renters, a program of eviction prevention intervenes as soon as possible after the initial financial crisis. The lead agency will contact utility companies, hospitals and banks to request the inclusion of contact information with cut-off notices, overdue notices or non-sufficient fund notices as a printed message on the notice or as an enclosure. To prevent eviction, the lead agency will intervene to discuss options with the landlord and to link the individual with sources of financial assistance, including the Coalition Assisting Residents in Emergency Situations (CARES) housed at MACAA and Departments of Social Services. The lead agency will also explore other sources of graduated financial assistance for individuals and families at risk of eviction as part of this strategy.

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### **5. Decrease Length of Stay in Emergency Shelters**

Not all instances of homelessness can be prevented, since some homelessness is caused by fire or other crisis. Some people at risk for homelessness may not be identified in time to prevent eviction. Emergency shelter for displaced individuals is available through the Salvation Army, but this is not intended to be a long-term solution. The lead agency and network of providers will develop a management system to move individuals and families into the permanent housing as soon as possible using the housing first model, minimizing the length of stay in an emergency shelter. The system will include linking people to appropriate services and financial assistance as well as finding suitable housing.

### **6. Link Homeless to Mainstream Services**

A chronically homeless person is 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." This definition is shared by the U.S. Department of Housing and Urban Development, the Department of Health and Human Services, and the U.S. Department of Veterans Affairs. In addition to providing permanent housing as soon as possible to provide stability, the lead agency and network of providers will work with chronically homeless individuals to secure benefits, including, but not limited to, Social Security Income (SSI) or Social Security Disability Income (SSDI), Food Stamps, Temporary Assistance to Needy Families (TANF), food banks, Commuter Information Team (CIT), and financial counseling. Linking people to services can address some of the barriers to securing decent housing, such as poor credit histories, insufficient funds for security deposit and first month's rent, and a lack of transportation from cheaper housing in outlying areas to services and employment center.

### **7. Day Shelter**

A group has been meeting to establish a day shelter to provide a place for homeless people to gather, use the telephone, receive mail, and store possessions. The name chosen for the day shelter is The Compass Day Haven. The group has constituted a board, established an account with the Virginia Organizing Project to receive donations and other services, has received some donations, and has hired a part time consultant to coordinate planning and seek grants. The group is searching for a location in the downtown Charlottesville Area. This shelter would meet some of the immediate needs of the homeless and provide a mechanism for outreach and for linking the homeless to community services.

### **8. Single Room Occupancy (SRO) Facility**

The Thomas Jefferson Coalition for the Homeless (TJACH), through the Piedmont Housing Alliance, applied for and was awarded a Pre-Development Grant by the

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Department of Housing and Community Development. The grant provides \$39,850 to conduct a feasibility study and marketing study, and to pay for fees related to securing an option on property for a Single Room Occupancy (SRO) site, associated fees, and preliminary architectural and engineering work. The grant period is 24 months, ending December 2007. A committee of TJACH is working on the tasks associated with the pre-development grant, including property search, development of partnerships, and seeking funding. Preliminary work indicates a facility for ten to fifteen residents, in or near the downtown Charlottesville area, on a bus route, consisting of 200 to 300 square foot units with cooking and bathroom facilities.

### **9. Development of Affordable Rental Units**

The most frequently cited cause of homelessness is the lack of affordable housing in the area. The Blue Ridge Apartment Council (BRAC), is a non-profit association of rental property owners in the Charlottesville area. BRAC members represent over 7,000 apartments, houses, townhouses, and other properties in the Charlottesville area. On April 19, 2006, the BRAC website ([www.brac.com](http://www.brac.com)) listed 580 available units. Of these, 69 were listed for \$550 per month or less. The 2012 Task Force has begun conversations with area developers to come up with specific plans to develop affordable rental units with access to public transportation to serve individuals who are homeless or near homeless. With the developers and local agencies, TJACH and partners will seek public funding for projects. Rentals will be restricted to moderate- and low-income people.

### **10. Group Homes**

A group home may be the most appropriate setting for some people. The Oxford House Model is a group home with no paid staff, where residents make every decision and fund the house by paying modest rent. All Oxford Houses have in common these characteristics:

- The House must be democratically self-run.
- The House membership is responsible for all household expenses.
- The House must immediately expel any member who uses alcohol or drugs.

Parallel to this concept lies the organizational structure of Oxford House, Inc. This publicly supported, non-profit 501(c)3 corporation is the umbrella organization which provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept where needs arise. The number of residents in a House may range from six to fifteen; there are houses for men, houses for women, and houses that accept women with children. Today there are nearly 900 Oxford Houses. A strategy of this plan is to explore the possibility of establishing one or more Oxford Houses in the region.

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**B. Who will be our key players?**

- 1. Lead agency**
- 2. Landlords**
- 3. Developers**
- 4. Banks**
- 5. Service providers**
- 6. Businesses**
- 7. Employers**
- 8. Local Foundations**

**C. Marketing Plan**

**D. Pilot Program**

The Pilot Program will focus on a few individuals drawn from the chronically homeless population. The chronically homeless make up about 20% of the homeless population, but account for about 80% of the services and costs to the homeless. The pilot will be based on the Housing First Model in scattered site rental housing, with consumer-directed services.

**1. Target population**

The target population for the pilot program will be chronically homeless men or women, primarily selected from those served through the PACEM Shelter Program or their hotel voucher program. Program participants will be selected based on their willingness to participate in the program, and through an analysis of the current costs of service by accessing information on emergency room visits and other public services.

**2. Program Design**

Individuals participating in this pilot program will be housed in apartments rented on the open market. Recruitment of landlords will be completed before selection of individuals to participate in the program. Each participant will be assigned a case manager. The services provided through the program will be based on the participant's choice. Participants keep appointments and follow through on the selected services. Supportive services will be provided through agencies as part of their regular mission and program. The budget for the pilot program will include housing costs, case management costs, and staff costs for monitoring and evaluating the program. Estimated cost for the pilot program is \$75,000 for one year.

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It will be the responsibility of the selected participants to:

- Be honest and forthcoming in providing information and sign a release to access information from service providers
- Agree to participate for a minimum of 1 year
- Reliably attend all appointments
- Prepare personal budget
- Maintain housing
- Be willing to provide information or access to information for an additional year beyond the pilot program year.

### **3. Number served**

The Pilot Program will serve five chronically homeless men or women.

### **4. Outcomes**

Outcomes will be measured at the end of the program year and again at the end of the following year.

Specific outcomes are:

- A decrease in costs for emergency rooms – measured in number of visits to the emergency room before and after participation in the program
- Improved health management and physical health – measured by visits to primary care physician compared with previous incidence of emergency room visits
- Greater longevity in permanent housing – measured by length of stay in housing unit secured through this project versus length of previous stays in permanent housing
- More efficient use of mainstream resources (e.g. Food Stamps; SSI) – measured by number of appropriate resources in place after one year and two years
- Improved mental health, reduced incidence of substance abuse – measured by the percent of mental health and substance abuse sessions attended versus missed
- Greater longevity in employment – measured by length of employment in the two years prior to participation compared with the length of employment during participation and in the following year

An additional outcome – improved social engagement for participants and the attendant community benefits – is more difficult to measure yet is a qualitative outcome anticipated from this project.

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### **5. Partners**

A wide range of partners will be needed to provide the case management, supportive services, funding for housing, housing units, and monitoring and evaluation.

- Monticello Area Community Action Agency (MACAA)
- People and Congregations Engaged in Ministry (PACEM)
- Region Ten Community Services Board
- On Our Own Drop-In Center
- Departments of Social Services
- Soup Kitchens
- Food Banks
- Charlottesville Transit Service (CTS) and Commuter Information Team (CIT)
- Private Foundations
- Landlords
- Police Departments
- Local Elected Officials
- Thomas Jefferson Coalition for the Homeless (TJACH)
- Thomas Jefferson Planning District Commission (TJPDC)
- UVA Health Services
- UVA Nursing School and Public Health Program
- Social Security Administration
- Veterans Administration

### **6. Marketing Plan**

First, this project will be first marketed through the region's providers of services to the homeless in order to identify the five participants. Second, representatives from the project partners will convene as the project advisory team to guide the pilot project and to take on appropriate roles in its implementation.

A series of press events and presentations to local elected officials will be held at the beginning of the project, at six months, at one year, and at the end of the second year. This will communicate to the public the kick-off of the project, and its successes through a two year period.

Recommendations will follow at the conclusion of the project, also to be marketed to the public and local elected officials, as well as to the Thomas Jefferson Planning District Commission (TJPDC) and the Thomas Jefferson Coalition for the Homeless (TJACH).

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- E. Costs and Funding**
  - 1. Public funds**
  - 2. Private funds**
- F. Evaluation**
- G. Oversight/follow-through**
- V. Challenges**
  - A. Establishing long-term community partners**
  - B. Publicity and marketing of plan**
  - C. Transportation for clients**
  - D. Employment for clients**
  - E. Legacy – Sustainability of plan**

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**VI. Appendices**

**A. Thomas Jefferson Planning District Commission – FY06**

**Jeri Allen**

Greene County

**Kevin Lynch, Vice Chair**

City of Charlottesville

**Ken Roberts, PE**

Greene County

**Cheri Lewis**

City of Charlottesville

**Fred Boger**

Nelson County

**Connie Brennan**

Nelson County

**Charles Allbaugh, CPA**

Fluvanna County

**Richard Havasy**

Louisa County

**Eric Purcell**

Louisa County

**Grant Tate, Chair**

Fluvanna County

**Sally Thomas**

Albemarle County

**David Wyant**

Albemarle County

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### **B. Task Force to Develop 2012 Plan to End Homelessness**

#### **Albemarle County**

Ron White, Director of Housing

Tony LaBua, Downtown Business Association

#### **City of Charlottesville**

Robert A "Buz" Cox, Director of Department of Social Services

Rudy Beverly, Monticello Area Community Action Agency (MACAA)

Laura Hawthorne, University of Virginia (Vice Chair of Task Force)

#### **Fluvanna County**

Shelly Wright, Assistant County Manager

Ms. Judith Pitts, TJACH Liaison

#### **Greene County**

James Howard, Director of Department of Social Services

[Mr. Kevin Kirst, Albemarle County Schools](#)

Timothy Longo, Chief of Police, City of Charlottesville

#### **Louisa County**

Paul Oswell, Director of Department of Social Services

Susan Shellito, Love In the Name of Christ

#### **Nelson County**

George Krieger, Executive Director, Nelson County Community Development Foundation

#### **Staff**

Evan Scully, Homeless MIS Manager, TJPDC

Harrison B. Rue, Executive Director, TJPDC

#### **Other Task Force Member**

Mark Lorenzoni, Corner Merchants (Chair of Task Force)

Billie Campbell, Chief Operating Officer, TJPDC

Dave Norris, Executive Director, PACEM

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**C. Service Matrices**

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### **D. Glossary**

#### **Chronically Homeless**

A person who is disabled and who 1) has been homeless for a year or more and has not resided in a transitional housing program during that time, or 2) has had at least four episodes of homelessness within the past three years.

#### **Doubled Up**

Living in a unit with more than one household.

#### **Fair Market Rent (FMR)**

Fair Market Rents are annual rent estimates based on market surveys of units occupied by people moving during the previous 15 months. They do not include public housing or units less than two years old. Estimates include the cost of rent and utilities except telephone service. HUD publishes FMRs annually.

#### **Harm Reduction**

The strategy of "meeting people where they're at" by providing services to an individual, based on their specific needs and ability to adhere to service requirements. This method is most commonly used with individuals who struggle with substance use or other addictive behaviors.

#### **Permanent Supportive Housing**

Permanent affordable housing, in any housing configuration (scattered, clustered, single site, mixed tenancy, mixed use, etc.) with supportive services attached that are designed to help people maintain the housing, and that is designed and intended for, and or the most part actually occupied by, people who have been or are at risk of homelessness and who have special needs including disabilities or other substantial barriers to maintaining housing stability. Permanent housing means housing with no limit or length of stay and no requirement that tenants move out if their service needs **change**.

#### **Single Room Occupancy (SRO)**

Private rooms that contain either food preparation or sanitary facilities, or both, and are designed for occupancy by a single individual.

#### **Sobriety Requirement**

The amount of "clean time" from drugs or alcohol required by a provider before applicant is eligible for housing.

#### **Supportive Services**

Assistance made available to residents to help them maintain residential stability and/or achieve improvements in health, wellness, independent living skills, income, employment, socialization, and quality of life.

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**Transitional Housing**

Housing that has a time limitation on occupancy, usually of no more than two years. The goal of transitional housing is to provide the support needed for participants to move into permanent housing.