CITY OF ALEXANDRIA, VIRGINIA

TEN-YEAR PLAN TO END CHRONIC HOMELESSNESS AND OTHER FORMS OF HOMELESSNESS

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Prepared by the
Alexandria Homeless Services Coordinating Committee

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ALEXANDRIA HOMELESS SERVICES COORDINATING COMMITTEE (HSCC)

CONTINUUM OF CARE MEMBERS

ALEXANDRIA HEALTH DEPARTMENT

ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. (ANHSI)

ALEXANDRIANS INVOLVED ECUMENICALLY (ALIVE!)

ALEXANDRIA PROBATION AND PAROLE

ALEXANDRIA REDEVELOPMENT & HOUSING AUTHORITY – PUBLIC HOUSING AUTHORITY

ALFRED STREET BAPTIST CHURCH

ARLINGTON-ALEXANDRIA COALITION FOR THE HOMELESS (AACH)

ARLINGTON COUNTY – HOMELESS & HEALTH CARE REPRESENTATIVES

BLESSED SACRAMENT CATHOLIC COMMUNITY

CARPENTER'S SHELTER
DAVID'S PLACE
TRANSITIONAL HOUSING PROGRAM

CATHOLIC CHARITIES

CHILD & FAMILY NETWORK CENTER

CHRIST CHURCH

CHURCH OF ST. CLEMENT

COMMISSION ON PERSONS WITH DISABILITIES

COMMUNITY LODGINGS, INC. (CLI)

COMMUNITY SERVICES BOARD (CSB) – DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE
SUBSTANCE ABUSE CASE MANAGEMENT SERVICES & HOMELESS OUTREACH
MENTAL HEALTH SERVICES – OUTREACH
MENTAL HEALTH/SUBSTANCE ABUSE RESIDENTIAL SERVICES
CLUBHOUSE & SUBSTANCE ABUSE DAY SUPPORT

DEPARTMENT OF HUMAN SERVICES (DHS)
*JOB*LINK ONE-STOP CENTER FOR WORKFORCE INVESTMENT
OFFICE OF AGING & ADULT SERVICES
OFFICE OF COMMUNITY SERVICES
FAMILY SERVICES - FOSTER CARE - INDEPENDENT LIVING

FAIRLINGTON UNITED METHODIST CHURCH

GUEST HOUSE

HOMELESS CONSUMER REPRESENTATIVES

HOUSING ACTION

INTERFAITH COALITION FOR AFFORDABLE HOUSING

MEADE CHURCH

NORTHERN VIRGINIA FAMILY SERVICE (NVFS)

OFFICE OF HOUSING

OFFICE ON WOMEN-DOMESTIC VIOLENCE SHELTER (OOW)

OLD PRESBYTERIAN MEETING HOUSE – FAMILY TO FAMILY MINISTRIES

SALVATION ARMY - ALEXANDRIA COMMUNITY SHELTER &
TURNING POINT TRANSITIONAL HOUSING

STOP CHILD ABUSE NOW (SCAN) OF NORTHERN VIRGINIA

ST. CLEMENT'S

ST. PAUL'S EPISCOPAL

VIRGINIA COALITION FOR THE HOMELESS

VETERANS ADMINISTRATION-NORTHERN VIRGINIA (VA)

WESLEY HOUSING DEVELOPMENT CORPORATION

WESTMINSTER PRESBYTERIAN CHURCH

WHITMAN-WALKER CLINIC OF NORTHERN VIRGINIA

WORKFORCE ORG. FOR REGIONAL COLLABORATION (WORC)

TEN-YEAR PLAN TO END CHRONIC HOMELESSNESS AND OTHER FORMS OF HOMELESSNESS IN ALEXANDRIA, VIRGINIA

VISION

IN TEN YEARS, ALL INDIVIDUALS EXPERIENCING CHRONIC AND OTHER FORMS OF HOMELESSNESS IN THE CITY OF ALEXANDRIA, VIRGINIA WILL HAVE ACCESS TO SAFE, DECENT, AFFORDABLE HOUSING.

BACKGROUND

The goal of ending chronic[1] homelessness was described in 2000 by the *National Alliance to End Homelessness (NAEH)* as part of its ten-year plan. U.S. Department of Housing and Urban Development (HUD) Secretary Mel Martinez announced HUD's acceptance of this goal in 2001. In 2002, the *NAEH* published, "A Plan: Not a Dream – How to End Homelessness in Ten Years." By 2003, the *United States Interagency Council on Homelessness* had been resurrected to pursue this goal, and the Council published "The 10-Year Planning Process to End Chronic Homelessness in Your Community: A Step-by-Step Guide." In June 2003, the U.S. Conference of Mayors unanimously endorsed the 10-year planning process and urged cities across the nation to create and implement strategic plans to end chronic homelessness in 10 years. Since 2002, HUD has required jurisdictions receiving HUD Supportive Housing Program (SHP) and other HUD funding to develop a concrete plan to end chronic homelessness.

ALEXANDRIA'S PLAN[2]

Prior to this nationwide effort, in 1999, Alexandria's *Homeless Services Coordinating Committee (HSCC)*[3] developed a strategic plan to address the pressing needs of the chronically homeless population, as well as other homeless persons (family members and individuals not experiencing chronic homelessness). Five objectives (the creation of a Safe Haven for unsheltered, chronic homeless individuals; the addition of mental health/substance abuse

[1] HUD defines chronic homelessness 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." A "disabling condition" is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living."

[2] For a comprehensive description of housing and supportive services available to the homeless in the City of Alexandria (i.e., its Continuum of Care) and the history and role of the *Homeless Services Coordinating Committee*, see Appendix 1. Appendix 2 provides a summary of the HSCC's accomplishments over the past year.

[3] The members of Alexandria's HSCC are shown on the previous two pages.

staffing to provide additional outreach and follow-up to the homeless population; the creation of medical respite beds; the expansion of affordable health care services, and the addition of transitional housing units for singles and youth aging out of foster care) were incorporated into the City's *Five Year Consolidated Plan for Housing and Community Development*. While significant progress has been made on three of the objectives (the creation of a Safe Haven, the expansion of health services, and the creation of transitional housing units), much remains to be done to house and provide services for the chronically homeless population and those needing medical respite beds. In addition, affordable housing opportunities for the non-chronic population must be created if the homeless problem is to be resolved.

Over the past several months, the Commonwealth of Virginia, through its *Policy Academy on Chronic Homelessness*, has developed an action plan entitled, "Virginia: A Common Wealth to End Homelessness." This plan has been approved by Virginia's Governor Warner and can be found at www.dhcd.virginia.gov. Representatives of Alexandria's HSCC, including an individual who was chronically homeless and had lived on the streets, serve on the *Policy Academy*. Alexandria's plan, delineated on the following pages, is tied into Virginia's plan, and also utilizes the research and guidance provided by the *National Alliance to End Homelessness*, as well as models of "best practices" from throughout the country. In developing the plan, the HSCC held several meetings, including a focus group with consumers of *David's Place*, a day program for unsheltered homeless adults, to obtain input on the plan. Representatives of all of the agencies identified as "Responsible Parties" throughout the plan also provided input.

The key components of any successful plan to end chronic homelessness, according to the NAEH are: Plan for Outcomes; Close the Front Door; Open the Back Door; and Build the Infrastructure. Alexandria's plan addresses these key components.

PLAN FOR OUTCOMES: INVOLVEMENT OF DIVERSE STAKEHOLDERS, DATA ANALYSIS, RESEARCH, DEFINING THE PROBLEM, AND "THINKING OUTSIDE THE BOX"

The NAEH report notes that "Today most American communities plan how to manage homelessness – not how to end it." A first step in planning for outcomes is to collect data at the local level on the nature and extent of homelessness. Alexandria has collected point-in-time data since 1996, and since 2000, has participated in an ongoing Council of Governments (COG) regional effort to establish an unduplicated count of homeless families and individuals in the region. The fourth regional enumeration took place on January 21, 2004. In the Fall of 2004, Alexandria's Homeless Continuum of Care will have its *Homeless Management Information System (HMIS)* in place. The HMIS will use an integrated data tool to record and report uniform system-wide information on client needs and services. (A description of the steps taken to date by HSCC's *HMIS Task Force* is provided at Appendix 2.)

According to longitudinal research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. Nationally, it is estimated that 10% of the single adult homeless population experiences this persistent homelessness. Because many of these individuals use the shelter system for extended periods of time, they have been found to consume 50% of the resources.

The chart below shows the breakout of the chronic homeless population in Alexandria identified by surveyors in the 2004 point-in-time count.

January 2004 Point-in-Time Count: Alexandria, Virginia

Survey Location	Total	Chronic
Outreach	73[1]	41
Winter Shelter	49[2]	33
Emerg. Shelter Individuals[3]	55	12
Emergency Shelter Family Members[4] (16 families)	53	-
Trans. Housing	184[5]	7
Total:	414	93

As is evident in the above chart, 93, or 22% (93 of 414) of the Alexandria homeless population identified above, were determined to be chronically homeless. (Another 35 individuals, all with either a disability of severe mental illness or a dual diagnosis, are housed in permanent supportive housing units.)

According to the NAEH report, because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. People who are homeless:

- Are **more likely to access costly health care services** (spending an average of four days longer per hospital visit than comparable non-homeless individuals). Homelessness both causes and results from serious health care issues, including addictive disorders. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.

- **Spend more time in jail or prison** – sometimes for crimes such as loitering – which is an extremely costly and inefficient use of scarce resources.

[1]Unsheltered – 53; awaiting discharge – 20; Male-56; Female-17.
[2]Male-46; Female-3.
[3]Male-32; Female-23.
[4]20 Adults (Female-16; Male-4); 33 children.
[5]Of the 184 persons in Transitional Housing, 36 were individuals (7 of whom were chronic); 148 were persons in 39 families.

- **Use emergency shelters, a costly alternative to permanent housing.** (According to one study, the cost of an emergency shelter bed was approximately $8,067 more than the average annual cost of a federal housing subsidy.)

- **Lose future productivity.** Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity.

Once adequate data are available, the second step is to create a planning process that focuses on the outcome of ending homelessness, and then brings to the table not just the homeless assistance providers, but the mainstream State and local agencies and organizations whose clients are homeless. As is evident from the HSCC membership list on the previous pages, Alexandria has broad representation on its committee.

CLOSE THE FRONT DOOR: PREVENTING HOMELESSNESS

Our current approach has proven inadequate to the challenge of eliminating homelessness. The most effective solution, a core tenet of the new approach recommended by NAEH, is to prevent homelessness whenever possible ("close the front door"), and to rapidly re-house people when homelessness cannot be prevented. The NAEH report notes that:

> "People who become homeless are almost always clients of public systems of care and assistance (the mental health system, the public health system, the welfare system, veterans system, criminal justice system). . . . to end homelessness, these mainstream programs must prevent people from becoming homeless."

Alexandria's plan addresses goals and action steps aimed at improving its emergency homelessness prevention programs.

OPEN THE BACK DOOR: CREATING PERMANENT HOUSING

The national effort focuses on helping people to exit homelessness as quickly as possible through a "housing first approach." For the chronically homeless, this means permanent housing, with services available as the consumers establish trust with treatment workers. For families and non-disabled single adults, it means getting people very quickly into permanent housing and linking them with services, if needed. The development of permanent supportive housing for the chronically homeless and affordable permanent housing for other homeless individuals is one of the biggest challenges facing Alexandria's homeless continuum of care. In addition to limited financial resources, lack of land and property for project development are also constraints facing Alexandria's continuum; however, the plan does address the development of new housing units for the homeless population, as well as other methods for "opening the back door."

BUILD THE INFRASTRUCTURE: MAXIMIZE MAINSTREAM RESOURCES

The NAEH report notes that remedies to homelessness must take place within the context of "re-building the infrastructure": housing, income, and services. Those individuals living in poverty who are working are paying more than half of their income for rent. There is an ever-growing shortage of affordable housing units throughout the country; this problem is particularly severe in Alexandria. To rent an efficiency apartment in Alexandria, an income of about $36,500[4] is required, or about 70% more than a person working two full-time jobs at minimum wage. For the chronically homeless, with severe mental disabilities, permanent supportive housing is the only solution. The NAEH report states, "A great deal of current chronic homelessness can be traced to the lack of a system of community treatment, linked with housing, to replace the system of state hospitals that have been closed in large numbers in recent decades."

The goals and action steps for each of the foregoing areas are addressed below.

PLAN FOR OUTCOMES – DATA COLLECTION & ANALYSIS

GOAL 1: ESTABLISH HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Action Steps

1. Define data elements to be included in the HMIS and train providers in the use of HMIS.

   Responsible Parties: *Bowman Internet Services,* CSB & DHS IT staff Target Date: July 2004

2. Implement *ServicePoint*[5] to standardize assessment of consumer needs, create service plans, coordinate case management, and track housing and services.

   Responsible Parties: *Bowman Internet Services* CSB & DHS IT staff Target Date: Aug. 2004

3. Analyze data and evaluate HMIS functioning.

   Responsible Parties: HMIS Sub-Committee Target Date: Jan. 2005

4. Recommend HMIS program improvements based on evaluation.

   Responsible Parties: HMIS Sub-Committee Target Date: March 2005

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[4] Household income needed by a new buyer if payment is 30% of gross income. *National Low Income Housing Coalition, "Out of Reach, 2002 – Alexandria, VA."*

[5] See Appendix 2 for a description of HSCC's activities over the past year, including steps taken by the HMIS Sub-Committee to identify *ServicePoint.*

5. Adopt HMIS improvements.

   Responsible Parties: *ServicePoint*, CSB & DHS IT staff Target Date: May 2005

6. Coordinate with Statewide HMIS plan (Virginia Commonwealth Plan, Priority Five, Strategies 5.1, 5.2).

   Responsible Parties: CSB & DHS IT staff Target Date: June, 2005

GOAL 2: ANALYZE HMIS DATA TO EFFECT IMPROVEMENTS IN PROGRAMS AND SERVICES

Action Steps

1. Extract reports from HMIS that identify number of homeless persons, reason for entry into the continuum of care, housing and service needs by sub-population, how people are interacting with mainstream systems of care, and the effectiveness of interventions.

   Responsible Parties: CSB, DHS Target Date: Dec. 2005

2. Review the entire Continuum of Care (i.e., shelter/transitional facilities' bed use, populations served, services provided, barriers, etc.), meet and coordinate with other providers throughout the region, and develop priorities and strategies for improvements throughout the Continuum and the region so that the maximum number of persons are served in the most efficient and effective manner. Review and provide input to other annual needs assessments (e.g., United Way, CSB).

   Responsible Parties: HSCC Strategic Planning/ Evaluation Sub-Committee and senior representatives of all homeless providers Target Date: Jan. 2006

3. Implement recommended strategies. Ensure that linkages are made with entities identified in Step 2 for carrying out the strategies.

   Responsible Parties: Homeless Svcs. providers and other parties identified in Step 2, HSCC Strategic Planning/ Evaluation Sub-Committee Target Date: April, 2006

4. Evaluate effectiveness of program changes.

   Responsible Parties: HSCC Strategic Planning/ Evaluation Sub-Committee and senior representatives of all homeless providers Target Date: Oct. 2006

5. Recommend program improvements based on evaluation.

   Responsible Parties: HSCC Strategic Planning/ Evaluation Sub-Committee Target Date: Nov. 2006

6. Adopt improvements.

   Responsible Parties: Homeless Svcs. providers Target Date: Jan. 2007

NOTE: The Action Steps in Goal 2 will continue throughout the ten-year plan.

CLOSE THE FRONT DOOR – PREVENTING HOMELESSNESS

GOAL 3: UTILIZE EFFECTIVE DISCHARGE PLANNING MODELS

Action Steps

1. Collect and analyze data through the HMIS on persons who become homeless after discharge from State and local hospitals, jail, detention center, prisons, and foster care.

   Responsible Parties: DHS, Va. Cares, Strategic Plng/Eval Sub-Comm. OAR, CSB Pre-Release: Detention Ctr, Homeless providers, Alex. Probation & Parole Target Date: Dec. 2005

2. Develop and adopt "best practice" strategy to ensure persons being released after incarceration do not become homeless.

   Responsible Parties: DHS,Va. Cares, Jail/Prison Staff, OAR, CSB Pre-Release: Detention Ctr, Homeless providers, Alex. Probation & Parole Target Date: Dec. 2004

3. Develop and adopt "best practice" strategy to ensure persons being discharged from psychiatric hospitals and medical facilities do not become homeless, including linkage with CSB's discharge planning process.

   Responsible Parties: CSB, DHS, Hospital staff Target Date: Dec. 2004

4. Ensure compliance with Statewide discharge policy for all at-risk individuals (Virginia Commonwealth Plan, Priority Three, Strategy 3.1) after implementation.

   Responsible Parties: CSB, DHS, DOC, Ex-Offender Programs Target Date: Nov. 2004

5. Increase the number of prisoners and mental health consumers who have applications pre-filed for Medicaid and other entitlements (e.g., SSI, SSDI) and expedite processing of benefits before release from institutions (Virginia Commonwealth Plan, Priority Four, Strategy 4.1).

   Responsible Parties: CSB, DHS Target Date: Dec. 2004

6. Refer juvenile offenders and juveniles aging out of foster care to *Job Corps* (Virginia Commonwealth Plan, Priority Three, Strategy 3.2), Independent Living Program (ILP), and scholarships for higher education.

   Responsible Parties: DSS/DJJ, JobLink, Youth Employment Svcs. Target Date: Nov. 2004

7. Attend State DSS training on placing more emphasis on preparing young adults leaving foster care to become self-sufficient (Virginia Commonwealth Plan, Priority Three, Strategy 3.3) and ensure resources available through HB1109 (passed by the Virginia State legislature in 2004 to provide transitional assistance for young people ages 18 – 21 who are moving from foster care to self-sufficiency) are utilized.

   Responsible Parties: DSS foster care staff Target Date: Oct 2004

8. Identify funding to support and strengthen family members who deal with individuals who are at risk of becoming homeless. (Virginia Commonwealth Plan, Priority Three, Strategy 3.4).

   Responsible Parties: TBD Target Date: TBD

GOAL 4: ENSURE VETERANS RECEIVE ENTITLEMENTS

Action Steps

1. Ensure that all organizations serving the chronically homeless identify those consumers who are veterans, inform them of available benefits, and have the necessary POA forms to allow veterans services to act on behalf of the veteran (Virginia Commonwealth Plan, Priority Four, Strategy 4.2)

   Responsible Parties: DHS, VA Target Date: Sept. 2004

GOAL 5: DEVELOP HOMELESS PREVENTION PLAN WITH LANDLORDS

Action Steps

1. Identify landlords willing to participate in "housing first" approach.

   Responsible Parties: Office of Housing; Landlord Tenant Relations Board (LTBC), ARHA, DHS, CSB, non-profit providers Target Date: Sept. 2007

2. Meet with landlords to develop homeless prevention plan.

   Responsible Parties: Office of Housing; Landlord Tenant Relations Board (LTBC), ARHA, DHS, CSB, non-profit providers. Jail/Prison staff Target Date: Jan. 2006

3. Identify funding to hire a housing specialist to act as a broker between homeless persons and those being released/discharged from institutions and private landlords. The housing specialist, a "one-stop shop housing counselor," would also develop and maintain a centralized housing network.

   Responsible Parties: Non-Profits & Homeless Services Providers Target Date: March 2007

4. Implement plan with 1 – 2 landlords

   Responsible Parties: Identified in Step 3 Target Date: 2008

5. Expand plan to additional landlords.

   Responsible Parties: TBD Target Date: 2009 – 2012

6. Review CSB policies/procedures (e.g., program rules/admittance criteria for residential properties, residential fee setting, etc.) to promote residential housing stability.

   Responsible Parties: CSB Target Date: Oct. 2005

GOAL 6: PREVENT EVICTIONS & ENHANCE OTHER PREVENTION EFFORTS

Action Steps

1. Develop a marketing plan to expand the number of persons informed of Alexandria's eviction prevention program . Ensure that information about the prevention program is widely disseminated so that tenants are informed long before receiving an eviction notice.

   Responsible Parties: Office of Housing; Landlord Tenant Relations Board (LTRB), DHS, Legal Svcs. Target Date: Sept. 2005

2. Conduct workshops (e.g., in shelters, day support programs) and/or provide individual counseling for consumers to increase understanding of tenant responsibilities, and distribute materials.

   Responsible Parties: Housing, Shelters/TH Target Date: Oct. 2005

Providers, Landlords, ARHA

3. Form a task force to review/assess current policies and procedures for preventing evictions, study "best practices," and recommend improvements in current system.

   Responsible Parties: DHS, Courts, Landlords Target Date: Nov. 2005

GOAL 7: IMPROVE LEGAL SERVICES FOR THE CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Through the HMIS and other sources, identify the number of chronically homeless and other homeless persons who could benefit from legal services (e.g., individuals with severe mental illness or women who become chronically homeless as a result of domestic violence).

   Responsible Parties: All homeless providers, DHS, CSB Target Date: Dec. 2005

2. Develop a plan to provide pro bono legal services to those needing assistance. (As part of this plan, review the work of the newly-formed State-level *Indigent Defense Commission*, which will establish standards for court-appointment layers and ensure adequate representation for the poor.)

   Responsible Parties: Legal Svcs staff, DVS, Jail/Prison staff, DHS, CSB Target Date: Nov. 2004

3. Work with police, judges, and landlords to identify those at risk of homelessness.

   Responsible Parties: DHS, providers Target Date: June 2005

GOAL 8: ADVOCATE FOR SUPPORT FOR FUNDING AND SERVICES FOR CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Prepare public relations materials documenting the lack of funding for homeless programs, e.g., Homeless Intervention Program (HIP), TANF, FSG/SSG, etc.

   Responsible Parties: Virginia Coalition for the Homeless, DHS, providers, consumers Target Date: Oct. 2004

2. Participate in public hearings concerning homeless issues and in legislative advocacy at the Federal, State, and local levels.

Responsible Parties: Virginia Coalition for the Homeless, providers, consumers Target Date: As hearings are scheduled

3. Support the Virginia Coalition for the Homeless in its efforts to secure a Rental Assistance program for homeless (Virginia Commonwealth Plan, Priority One, Objective 2, Strategy 1.8); to increase funding for affordable housing through a State-level Housing Trust Fund (Objective 2, Strategy 1.10); to increase State funding for support of emergency and transitional housing (Objective 2, Strategy 1.12).

   Responsible Parties: Providers, consumers Target Date: As legislation comes forward

4. Develop case history vignettes of chronically homeless and other homeless consumers in Alexandria to increase public awareness and political support (Virginia Commonwealth Plan, Priority Five, Strategy 5.5). Use vignettes in public hearings and materials developed in Action Step 1.

   Responsible Parties: CSB/DHS case workers, Shelter/T.H. providers Target Date: Oct. 2004

5. Expand collaboration with the wider community (public and private) to garner support for addressing the needs of chronically homeless and other homeless individuals. Identify Federal, State, and local funders, neighborhood organizations, private foundations, citizens, local businesses, public officials who may be instrumental in assisting the HSCC in providing goods, services, and advocacy.

   Responsible Parties: HSCC, Housing Action, Congregations, Housing, DHS, CSB Target Date: Feb. 2005

OPEN THE BACK DOOR – CREATING PERMANENT HOUSING

GOAL 9: DEVELOP A 12-BED PERMANENT HOUSING SAFE HAVEN FACILITY FOR CHRONICALLY HOMELESS PERSONS

Action Steps

1. Submit HUD 2004 application for funding.

   Responsible Parties: CSB Target Date: July 2004

2. Communicate with neighbors, engage community support through meetings and discussions and initiate recruitment/hiring of Project Director.

   Responsible Parties: CSB Target Date: June-July 2004

3. Obtain HUD notice of funding.

Responsible Parties: CSB Target Date: Dec. 2004

4. Begin building renovation.

Responsible Parties: Gen. Svcs., CSB Target Date: Jan. 2005

3. Complete renovation.

Responsible Parties: Gen. Svcs, CSB Target Date: March 2006

4. Develop program, including steps for managing crises and non-intrusive, non-punitive, "low-demand" rules which promote safety, cleanliness, privacy. Hire Safe Haven staff.

Responsible Parties: CSB Target Date: Nov. 2005-Apr 2006

5. Begin Safe Haven operations.

Responsible Parties: CSB Target Date: June 2006

GOAL 10: DEVELOP A PERMANENT HOUSING SRO[6] (SINGLE-ROOM OCCUPANCY) FACILITY

Action Steps

1. Identify funding sources, meet with City officials and staff (e.g., Housing, Planning & Zoning) and begin preparation of applications/proposals for funding.

Responsible Parties: Community Non-Profit Target Date: July 2004

2. Identify site, meet with Architect to determine project design & costs.

Responsible Parties: Community Non-Profit Target Date: December 2004

3. Develop business plan and apply for funding.

Responsible Parties: Community Non-Profit Target Date: Jan-Apr 2005

[6] SRO housing is defined as a residential property that includes multiple single room dwelling units. First priority for occupancy of SRO units is given to homeless individuals.

4. When funding secured, develop program, communicate with neighbors, engage community support through meetings and discussions.

   Responsible Parties: Community Non-Profit, Congregations, homeless providers Target Date: Jan-Mar 2006

5. Complete renovation.

   Responsible Parties: Community Non-Profit Target Date: Sept 2006

6. Open SRO

   Responsible Parties: Community Non-Profit Target Date: Oct 2006

GOAL 11: INCREASE HOUSING OPPORTUNITIES AVAILABLE TO CHRONIC HOMELESS AND OTHER PERSONS EXPERIENCING HOMELESSNESS BY MAXIMIZING USE OF EXISTING FUNDING STREAMS AND DEVELOPING ADDITIONAL PERMANENT AND PERMANENT SUPPORTIVE HOUSING

Action Steps

1. Apply for VHDA/DMHMRSAS *Mainstream Housing Opportunities for Persons with Disabilities* vouchers (Special Project identified in Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.2/1.3)

   Responsible Parties: CSB Target Date: June 2004

2. Determine whether any Veterans Administration, HUD, or USDA foreclosed properties exist in Alexandria; Coordinate with Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.4).

   Responsible Parties: CSB, DMHMRSAS Target Date: March 2005

2. Coordinate with DHCD/VIACH/VCH to expand use of housing resources available through the Veterans Administration-Per Diem. (Virginia Commonwealth Plan, Priority One, Objective 1, Strategy 1.6)

   Responsible Parties: DHS, VA, CSB Target Date: Mar-Nov 2004

3. Coordinate with NOVAM, Whitman-Walker and others to expand use of housing resources available through HOPWA.

   Responsible Parties: DHS, Health Dept., CSB Shelter providers Target Date: Mar-Nov 2004

4. Target two of the group homes, 10 apartment/condos, and 10 Section 8 Certificates in the CSB's *Five-Year Housing Plan* to homeless individuals.

Responsible Parties: CSB, ARHA Target Date: 2008

5. Identify resources (e.g., VA, HHS, HUD, State, private) and community partners for the planning and development of additional permanent and permanent supportive housing units, acquisition of additional Section 8 vouchers, and other permanent housing solutions for the homeless population.

   Responsible Parties: Housing, ARHA, CSB, Housing Action, DHS, HSCC, Faith-based non-profits Target Date: 2008

6. Establish linkages with faith-based non-profits to improve access to federal funding opportunities, as well as to increase the number of volunteers serving the homeless.

   Responsible Parties: HSCC, faith-based entities Alexandria Interfaith Coalition for Affordable Housing Target Date: Nov. 2005

BUILD THE INFRASTRUCTURE – MAXIMIZE MAINSTREAM RESOURCES

GOAL 12: REDUCE BARRIERS IN DELIVERY OF SUPPORTIVE SERVICES TO CHRONIC HOMELESS AND OTHER INDIVIDUALS EXPERIENCING HOMELESSNESS

Action Steps

1. Identify opportunities for coordination of intake eligibility determinations, assessment and data collection to facilitate access to mainstream services, such as TANF, Medicaid, Primary Health Services, MH and SA Services. (Virginia Commonwealth Plan, Priority 2, Strategy 2.3: "No Wrong Door.")

   Responsible Parties: CSB, DHS, Health Dept. State Policy Academy Target Date: July 2005

2. Department of Social Services designates an eligibility worker (and back-up) to expand outreach to David's Place and shelters to take applications from homeless individuals. (Virginia Commonwealth Plan, Priority 2, Strategy 2.5)

   Responsible Parties: DHS/DSS Target Date: Oct 2005

3. Ensure distribution of State-Produced Resource Guide (Strategy 2.4) and communication to all providers of Statewide 211.

   Responsible Parties: HSCC, all providers DHS, CSB Target Date: July 2005

4. Identify funding to add a minimum of 1.5 FTE (e.g., through PACT team) to increase services to chronically homeless consumers with mental health and substance abuse issues in shelters and on the street (e.g., CSB application to SAMHSA, State funding for PACT).

   Responsible Parties: CSB, Carpenter's Shelter Target Date: Jan. 2006

5. Each year of the plan, increase the number of chronically homeless and other homeless individuals applying for disability benefits.

   Responsible Parties: CSB, DHS, all homeless Providers, VA Target Date: 10/yr throughout duration of plan

6. Attend State-sponsored workshop on Disability Determination and Presumptive Decision Making to increase the number of chronically homeless receiving disability benefits. (Virginia Commonwealth Priority 2, Strategy 2.2)

   Responsible Parties: CSB, DHS, other providers Target Date: TBD when State announces workshop dates

GOAL 13: PROVIDE COMPREHENSIVE HEALTH SERVICES TO THE CHRONICALLY HOMELESS AND OTHER PERSONS EXPERIENCING HOMELESSNESS

Action Steps

1. Identify barriers to health care access for the chronically homeless and other individuals experiencing homelessness.

   Responsible Parties: *HSCC, Providers,* Faith-based non-profits Target Date: Dec. 2005

2. Work with health care providers to remove barriers.

   Responsible Parties: *Health Dept., HSCC, Community Health Center, Clinica Hispana, Queen Street Clinic, Health Care Task Force, INOVA Alexandria Hospital* Target Date: Jan – March 2006

3. Identify entities that could provide long-term shelter and health services for persons requiring on-going medical supervision. (Virginia Commonwealth Plan, Strategy 1.9)

   Responsible Parties: *Health Dept., HSCC, Community Health Center, Health Care Task Force, INOVA Alexandria Hospital* Target Date: 2007

4. Educate local health care entities and others about successful medical respite facilities for homeless.

   Responsible Parties: *HSCC, Health Care* Task Force, Va. Coalition for the Homeless Target Date: Jan. 2006

5. Create a medical respite facility.

   Responsible Parties: TBD Target Date: January 2008

6. Submit application to HHS/HRSA for *Health Care for the Homeless* grant.

   Responsible Parties: *Community Health Center, Health Care Task Force, Health Dept., INOVA Alexandria Hospital* Target Date: April 2005

GOAL 14: INCREASE THE AVAILABILITY OF TRAINING OPPORTUNITIES AND JOBS TO THE CHRONICALLY HOMELESS AND OTHER HOMELESS INDIVIDUALS

Action Steps

1. Identify employers willing to hire chronic homeless and other homeless individuals who are able to work.

   Responsible Parties: , *Task Force On Prisoner Re-Entry,* CSB, DRS, WORC
   Primary: JobLink One-Stop Center for Workforce Investment
   Target Date: 2005 (2 employers)
   2006 – 2010 (2 new employers per year)

2. Identify how chronically homeless who are able to work and other homeless persons can access existing training programs, and identify training programs needed by these populations that are not currently being provided.

   Responsible Parties: *Task Force On Prisoner Re-Entry* CSB, DRS, WORC
   Primary: JobLink One-Stop Center for Workforce Investment
   Target Date: 2005 (2 programs)
   2006 – 2010 (2 new programs per year)

3. Coordinate with JobLink One-Stop Center to access training/educational opportunities that may be available to chronic and other homeless persons through the Workforce Investment Act (Virginia Commonwealth Plan, Priority Four, Strategy 4.3 – 4.5) and to improve access to, and accelerated completion of, GED training by homeless persons.

   Responsible Parties: *Task Force On Prisoner Re-Entry* CSB, DRS, DHS, WORC
   Primary: JobLink One-Stop Center for Workforce Investment
   Target Date: Oct. 2005

4. Increase employment opportunities for chronic and other homeless persons who are able to work and prisoner re-entry populations by accessing Work Opportunity Tax Credit (WOTC) employment (Virginia Commonwealth Plan, Priority Four, Strategy 4.6).

   Responsible Parties: *Task Force On Prisoner Re-Entry, DHS, CSB, DRS, WORC* Target Date: Nov. 2005
   Primary: JobLink One-Stop Center for Workforce Investment

5. For those chronically homeless and other homeless individuals who are working, increase annual income through the Federal *Refundable* and *Virginia Non-Refundable Earned Income Tax Credit* (Virginia Commonwealth Plan, Priority Four, Strategy 4.8).

   Responsible Parties: DSS, *Refunds for Free In Metro D.C., all providers* Target Date: Feb-Apr 2005 & Annually

6. Apply for Job Opportunites for Low-Income People (U.S. HHS, U.S. Department of Labor, Employment and Training Administration *Workforce Investment Board* grants to assist homeless, chronically homeless and ex-offenders.

   Responsible Parties: *TFOPR* Target Date: April – Sept 2004
   Primary: JobLink One-Stop Center for Workforce Investment

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APPENDIX 1

HOMELESS FACILITIES IN ALEXANDRIA, VIRGINIA[7]

Day Shelter

David's Place (Carpenter's)

Emergency Shelters

Alexandria Community Shelter (ACS)
(ACS is City-funded and operated under contract by The Salvation Army)

ALIVE! House

Carpenter's Shelter

Domestic Violence Shelter (Office on Women)

Transitional Housing Programs

Adopt-A-Family (Arlington-Alexandria Coalition for the Homeless)

Carpenter's Shelter

Door to Independence (Community Lodgings, Inc.)

Guest House

Alexandria Transitional Housing Program (Northern Virginia Family Service)
(Funded through Alexandria's Housing Trust Fund)

Turning Point (Salvation Army)

Men's Recovery Home (ACSB)[8]

Aspen House (ACSB)

Permanent Supportive Housing

Mayflower/Canterbury (ACSB)

Columbus and Wythe (ACSB)

Notabene (ACSB)

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[7] Visit our website at www.alexandriahscc.org for a complete listing of facility addresses and contacts. Definitions for the various types of facilities are provided on the following page.

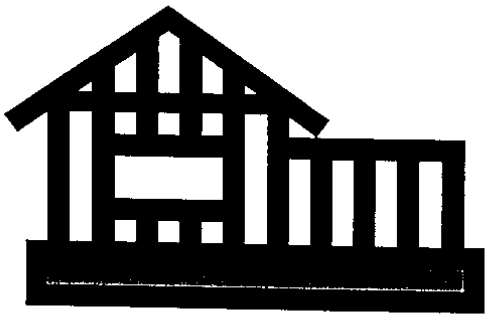
[8] ACSB: Alexandria Community Services Board HUD-funded properties are shown above. Other group homes and supervised apartments operated by the ACSB throughout the City are also available to homeless individuals.

DEFINITIONS

DAY SHELTER: Provides unsheltered homeless adults a safe environment during daytime hours, along with services such as laundry and locker facilities, showers, phone, mailing address and service referrals, but does not provide overnight accommodations.

EMERGENCY SHELTER: Emergency housing in conjunction with food and supportive services to enable individuals and families to stabilize their lives, obtain jobs, and move on to transitional, permanent, or permanent supportive housing. Emergency shelters may provide a place for homeless persons to be during the day while conducting job searches, working or attending training.

TRANSITIONAL HOUSING: Transitional Housing facilitates the movement of homeless individuals and families to permanent housing, usually within 24 months. This temporary housing is combined with support services, such as substance abuse education, crisis stabilization services, transportation, supportive counseling, medication management, case management, training in activities of daily living, vocational skills training and emergency financial assistance, to enable homeless individuals and families to live as independently as possible.



PERMANENT SUPPORTIVE HOUSING: Permanent Supportive Housing is long-term housing. Permanent housing is combined with support services, such as those noted above for Transitional Housing, to enable homeless individuals and families to live as independently as possible in a permanent setting.

SECTION 8 CERTIFICATE: Housing assistance, in the form of direct payments to a private landlord, secured from a local housing authority, that low-income people can use to rent apartments and homes on the private market.

MISSION AND ORGANIZATION
OF THE
HOMELESS SERVICES COORDINATING COMMITTEE
Alexandria, Virginia

MISSION

The *Homeless Services Coordinating Committee (HSCC)*, established in 1989, is committed to creating and implementing an effective continuum of care[9] for the homeless in Alexandria, Virginia, with particular attention to homeless prevention and self-sufficiency. In addition to emergency shelter, the HSCC ensures the provision of support services including, but not limited to, substance abuse and mental health services, child care, job training/placement and financial counseling, transitional housing with supportive services, and case management to assist in the transition to permanent housing and self-sufficiency.

MEMBERSHIP and MEETINGS

The HSCC is a collaborative partnership that includes public and private homeless service delivery agencies, advocates, business interests, former consumers, faith-based organizations and individual citizens interested in alleviating homelessness in Alexandria, Virginia. (A listing of current Committee members is provided on pages 3 and 4 of this report.) The Director of the Office of Community Services and a member representative of a non-profit agency, rotated on an annual basis, serve as the Co-Chairpersons of the HSCC. The non-profit Co-Chair is elected by a majority of voting members present at the May meeting each year. The primary function of the Co-Chairs is to preside over all regular meetings of the HSCC and to ensure that Sub-Committee seats are filled. Appointments to Sub-Committees are made at the May meeting.

The HSCC meets monthly at a time and location agreed upon by the membership. A meeting agenda prepared by the Strategic Planning Sub-Committee and minutes of each meeting prepared by the City's Office of Community Services are distributed to all members in advance of each monthly meeting.

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[9] The Continuum of Care is a **community-based, long-range plan** that addresses the needs of homeless persons in order to help them reach maximum self-sufficiency. The Continuum of Care is developed through collaboration with a broad cross section of the community and based on a thorough assessment of homeless needs and resources. The Continuum of Care is recommended by the U.S. Department of Housing and Urban Development (HUD) as a comprehensive and strategic approach to addressing homelessness. HUD Definition of the Continuum of Care: "A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." (Every year, the HSCC prepares the Continuum of Care document for submittal to HUD.

ORGANIZATION

In order to carry out its mission in the most efficient manner, the HSCC has established the following sub-committees that meet outside of regular meetings to accomplish studies/tasks, and then make recommendations for review and approval by the full committee. Each sub-committee designates a member to serve as its chairperson for a term of one year.

Membership Sub-Committee

The Membership Sub-Committee ensures that the membership of the HSCC is broad-based and inclusive of all agencies, groups, businesses and individuals impacting the homeless in Alexandria. Recruitment of new members is an on-going process to ensure that vacancies are filled and all groups are adequately represented.

Winter Shelter Sub-Committee

The Winter Shelter Sub-Committee annually assesses winter shelter needs, ensures that adequate facilities exist to house homeless persons during the winter months, identifies alternate sites, if needed, and develops policies related to winter shelter operations for review by the HSCC.

Strategic Planning & Evaluation Sub-Committee

The Strategic Planning & Evaluation Sub-Committee has the following major functions:

(1) Conducts an annual ***Needs Assessment*** to identify gaps in housing and services for the homeless population.

(2) Provides data to the HSCC on existing resources/current inventory and identifies major needs by homeless sub-groups.

(3) Develops guidelines for the HSCC to use in determining priority ranking of the gaps in housing resources and existing services.

(4) Provides a method for the HSCC to use in developing long-range plan strategies to address the high-priority gaps identified.

(5) Drafts a ***Long-Range Strategy Statement*** to address the gaps identified.

(6) Develops a ***One-Year Plan*** identifying actions which can be undertaken in the next 12 - 18 months.

(7) Establishes procedures for obtaining evaluation feedback for all projects on an on-going basis.

(8) Develops agenda and calendar for the HSCC.

(9) Prepares documents for City Council and/or others advocating for policies/programs to support homeless individuals in Alexandria. (Members may also testify at hearings, meet with Council members, and so forth, to present HSCC plans and recommendations for addressing homeless issues in Alexandria.) A major responsibility is to draft HSCC input for the City's Consolidated Plan.

(10) Reviews HSCC By-Laws annually and presents revisions, if needed, to the HSCC.

(11) Coordinate the work of the Transitional Housing and Health Care Task Forces, providing input for the Task Forces' strategic goals and action steps.

Homeless Management Information System (HMIS) Sub-Committee

The HMIS Sub-Committee is comprised of the entire Alexandria network of homeless and social service providers. The goal of the HMIS is for all providers to use an integrated data tool to record and report uniform system-wide information on client needs and services. This system will meet mandated reporting requirements and improve planning and service delivery. The HMIS Sub-Committee will ensure that the HMIS meets the following goals:

1. Identify gaps in the service delivery system.
2. Improve availability of data to aid Alexandria in making planning and funding decisions about services provided to homeless people.
3. Improve the quality of client services by providing faster linkage to housing, benefits and services.
4. Meet Federal mandates
5. Ensure that data are secure and privacy is protected.
6. Centralized intake (possible for the future)
7. Unduplicated intakes
8. FSG/SSG and other required State and Federal reports will be generated by the system.

Continuum of Care Sub-Committee

The Continuum of Care Sub-Committee has the following major functions:

(1) Conducts a "Point in Time" shelter and street survey.

(2) Establishes procedures for submittal of applications (deadlines, etc.) and ensures that procedures are in place to notify all potential applicants.

(3) Develops procedures for project presentations to the HSCC (e.g., criteria to be presented by

applicant, time limits, etc.).

(4) Recommends proposal evaluation and ranking criteria for use by the HSCC. Determines which HSCC members will vote on the final list of proposals to be sent to HUD or other funding sources and ensures that the HSCC adheres to the established Attendance and Voting rules.

(5) Drafts the Continuum of Care document for review and approval by the HSCC.

APPENDIX 2
HSCC ACTIVITIES & ACCOMPLISHMENTS OF THE PAST YEAR

The activities and accomplishments of the various Sub-Committees and Task Forces of the *Homeless Services Coordinating Committee* (HSCC) during Calendar Year 2003 and the first quarter of CY2004 are described below.

The *Strategic Planning Sub-Committee* met with the City Manager and provided an update on the ten-year strategic plan process for ending chronic homelessness and HSCC's participation in a regional approach to health care for the homeless. Strategic Planning members and CSB staff also met with HUD representatives to discuss the development of a Safe Haven for persons experiencing chronic homelessness. Liaison with *Virginia's Policy Academy on Chronic Homelessness* took place throughout the year with two HSCC members assigned to the Academy and several Sub-Committee members attended a *Virginia Coalition for the Homeless* meeting to provide feedback on Virginia's plan. Strategic Planning members also analyzed data trends for chronic homeless and provided public comment on the City's One-Year Update of the Consolidated Plan. The Strategic Planning Chair met with the Mayor concerning the ten-year plan. The Chair also met with several members of City Council concerning the plan for the Safe Haven. Two Strategic Planning members are also members of the Steering Committee for *Housing Action*, an advocacy group for affordable housing, and participated in recruiting members for a new *Housing Development Corporation*. Sub-Committee members identified the need for Representative Payees for consumers and initiated a recruitment strategy to obtain volunteers through local congregations. Members also identified the need for a breakfast program for chronic homeless and made contacts with several local churches to respond to this need. Members viewed HUD webcasts throughout the year concerning chronic homelessness and discussed implications for Alexandria. The HSCC web site was updated and advertised within the community. Strategic Planning members also reviewed the point-in-time data and participated with the *Continuum of Care Sub-Committee* in making recommendations for priority rankings of needs. Members also met with the Executive Director and staff of a local non-profit human services agency concerning the high-priority need for an SRO.

The *Homeless Management Information System (HMIS) Sub-Committee* reviewed HUD's "Data & Technical Standards Notice" in detail and discussed funding options for initiating the HMIS. HMIS members developed a mission and vision statement and goals for the HMIS implementation (see Appendix 1 of this report). The HMIS Chair attended several meetings and HMIS training sessions conducted by HUD/DC Field Office staff, as well as by State Department of Housing Community Development (DHCD) representatives who were exploring the possibility of developing a Statewide system. The Task Force met monthly to review the HMIS requirements, the technical design decisions needed, and policy and procedure considerations necessary for successful implementation. Through the Statewide DHCD meetings, four different software options were studied, with Committee members deciding that Bowman System's *ServicePoint* would meet the needs of most providers and Continuum of Care groups. (*ServicePoint* is currently used in 48 States.) Task Force members met and spoke with representatives of surrounding jurisdictions to discuss mutual HMIS needs. Two near-by jurisdictions selected *ServicePoint*. Alexandria Task Force members and HSCC representatives attended two presentations of *ServicePoint* by a Bowman Systems representative, and

recommended that Bowman Systems' *Service Point* be the system utilized by Alexandria's homeless services providers. Funding for the start-up costs in implementing HMIS were secured through the City's Office of Housing and it is anticipated that HMIS training for homeless providers will begin in Summer 2004.

The *Continuum of Care Sub-Committee* conducted its annual Point-in-Time Survey of homeless persons in cooperation with the Washington regional Council of Governments (COG) survey. This Sub-Committee also established procedures for submittal of applications for HUD funding and ensured that procedures were in place to notify applicants of timelines and voting criteria, reviewed attendance records, and ensured that the HSCC was in compliance with the established Attendance and Voting rules as specified in the HSCC By-Laws. Members of this Sub-Committee also have primary accountability for the drafting of the Continuum of Care document, ensuring that goals and action steps are addressed throughout the year through the full participation of HSCC members in the process.

The HSCC's *Employment and Training Sub-Committee* held meetings to discuss the need for an Employment and Training Survey, the Workforce Investment Network, and other resources for the homeless. A CSB intern was assigned in the Fall to conduct the Employment and Training Survey. She conducted interviews with employers, trainers, and providers and met with Sub-Committee members to discuss results. The final survey was completed in February 2004 and distributed to all HSCC members and other interested community members.

The HSCC's *Winter Shelter Sub-Committee* met regularly throughout the winter months to ensure that hypothermia shelter was provided to the unsheltered homeless population.

The HSCC's *Health Care Task Force* reviewed service delivery models providing health care for the homeless and discussed respite care needs for Alexandria's homeless population. Task Force members recruited Arlington County representatives to sit on the Task Force to address health care needs for the homeless in both jurisdictions and the *Health Care Task Force* Chair attending a meeting of Arlington's *Primary Care for the Homeless Action Team.* The Executive Director of the Arlandria Neighborhood Health Services, Inc. (ANHSI), a member of the Task Force, has kept the group apprised of the new HHS-funded Community Health Center operated by ANHSI. Task Force members are working with ANHSI to address homeless health care needs by applying for additional grant funding to serve this population, and one member of the Task Force is a member of a regional roundtable addressing access to prescription medications for the low-income population. Task Force members also participate throughout the year in Northern Virginia's *Access to Health Care Consortium* meetings.

HSCC's *Transitional Housing Task Force* addressed access to mental health services for consumers in transitional housing. Speakers attended Task Force meetings to discuss services for disabled persons and elderly. Throughout the year, the Task Force discussed the need for Housing Choice Vouchers for transitional graduates, and met with ARHA representatives concerning Section 8 set-asides for this population.