CITY OF NORFOLK BLUEPRINT OF THE PLAN TO END HOMELESSNESS

"Everyone Deserves a Place to Call Home."

MAY 2005

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BLUEPRINT OF THE PLAN TO END HOMELESSNESS
"EVERYONE DESERVES A PLACE TO CALL HOME."

I. INTRODUCTION – A CALL TO ACTION

In February, 2004, Norfolk Mayor Paul D. Fraim declared the City would end homelessness within ten years, changing course from past history where "it has been [policy] for us not to have a policy on homelessness and to leave it to the nonprofits." Mayor Fraim vowed the time had come for the City to face this daunting task headfirst, stating "...it is a challenge we will not shirk from or try to avoid."

A few months later, the City Council appointed a broad group of citizens representing elected government, public officials, civic leaders, corporations, foundations, nonprofits, the faith community, homeless service providers, homeless persons, community action agencies, public schools, higher education institutions, and experts to develop an action plan to end homelessness within ten years.

Great appreciation and thanks are due the Commission to End Homelessness members:

- Paul D. Fraim, Mayor
- Daun S. Hester, Vice Mayor
- Regina V.K. Williams, City Manager
- Bernard Pishko, City Attorney
- Barbara Zoby, Chair, Norfolk Planning Commission
- W. Sheppard Miller III, Chairman of the Board of the Norfolk Redevelopment and Housing Authority
- Joni Ivey, Chief of Staff for Congressman Bobby Scott
- Nash Bilisoly, Partner, Vandeventer, Black LLP.
- Gwen Cherry, representing Norfolk Public Schools
- Deborah DiCroce, President, Tidewater Community College
- Calvin Durham, Pastor, New Hope Church in Christ
- Rich Hardison, Senior Pastor, Tabernacle Church; and Sherron Hiemstra, citizen representative
- Bruce Holbrook, Partner, Business Development, Goodman and Company
- Linwood Howard, Senior Vice President, SunTrust Bank
- Mike Hughes, President, United Way of South Hampton Roads
- Edith Jones, President and CEO, the STOP Organization
- Mechelle Lassiter
- Bernard Liedl
- John Massey, representing the Homeless Advisory Council
- Thaler McCormick, Executive Director, For Kids, Inc.
- Barbara Murphy, Project Director, AARP Senior Community Service Employment Program
- Gina Pitrone, Executive Director, Sentara Health Foundation
- Edwin Roberts
- Thomas Weaver, representing the Norfolk Community Services Board of Directors

We are also grateful for the service of former member, and long-standing civic leader, Bob Keogh, who passed away before the plan was completed; and to La Verne Parker Diggs, Assistant City Manager, and Barbara Lai, Assistant to the City Manager who provided critical staff support to the Commission throughout the process.

The Commission put forth tremendous effort in reviewing the issues of homelessness and making recommendations on steps needed to end homelessness in Norfolk within ten years.

After the Commission had completed its work, a Director of the Office to End Homelessness was appointed, providing additional staff resources to focus on exploring best practices and evaluations of strategies being implemented across the country. The Director, Katie Kitchin, also serves on the Governor's Policy Academy to the Virginia Interagency Council on Homelessness and is working with the United States Interagency Council to End Homelessness to identify promising strategies and programs. These efforts are expected to yield information that may be utilized in the plan's execution and refinement.

As with any strategic planning process, this action plan will be revised either annually or as needed to react to changing conditions or additional information.

The partnerships formed or reinforced as a result of the Commission's work will be critical in delivering on the City's promise to end homelessness. In every neighborhood and in every office building across the City, are people who must come together to respond to the challenges identified in the Blueprint.

II. EXECUTIVE SUMMARY

On any day in the City of Norfolk between 600 and 800 people, including children, are homeless. Housing costs in the City have risen by double-digit percentages over the past two years putting more and more families at risk of homelessness. While Norfolk has more services for the homeless population than neighboring localities, there remain significant service gaps.

The Commission to End Homelessness, appointed by City Council in 2004, identified numerous priorities to be implemented both in the short and long-term. In addition, earlier analysis by the Norfolk Homelessness Advisory Committee and subsequent input from community stakeholders contributed to the development of this draft plan. The priorities include intensive case management, employment and support services (e.g. mental health, substance abuse), and housing policies to increase transitional, permanent supportive, and affordable housing options. The City's goal is to implement these strategies (and others as implementation progresses) to end homelessness as we know it within ten years. Additional information and work is needed before the ten year plan is finalized, therefore this plan is deliberately entitled the "Blueprint."

INTENSIVE CASE MANAGEMENT SERVICES:

Three action items identified by the Commission and stakeholders address the need for enhanced case management services:

- Assess the feasibility of centralized intake and case management.
- Assess the level of case managers available for homeless adults and the need for additional case managers. Develop adequate case management resources, with priority consideration given to performance-based contracts.
- Enhance case and program management through improved data collection and reporting, specifically utilization of the Homelessness Management Information System (HMIS) and improvements to the point in time count.

EMPLOYMENT AND SUPPORT SERVICES:

There are many service strategies that need enhancement to ensure homeless adults have income (either through employment or disability benefits), and are physically and mentally stable:

- Develop standards of care to be implemented by homeless service providers with respect to the expectations for employment and self-sufficiency.

- Explore the results of Atlanta's 24-hour Day Center and the feasibility of developing that capacity in Norfolk. Seek foundation or other grant funds to support the project.

- Adopt strategies developed by the Virginia Commission to End Homelessness to facilitate the procurement of IDs for homeless adults.

- Establish a regularly scheduled working group of Human Services, Norfolk Public Schools, Department of Health, homeless service providers, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children; in particular to ensure school attendance for homeless children as provided for in the McKinney Vento Act.

- Review existing research on effective models for substance abuse and mental health treatment. Identify funding needs and seek grant funding to enhance service capacity in the region.

- Develop a volunteer database, in conjunction with Volunteer Hampton Roads, to connect willing community members with service needs.

HOUSING STRATEGIES:

The Commission and stakeholders identified key housing action priorities, ranging from permanent supportive housing for the disabled to affordable housing:

- Support the start-up and implementation of Virginia Supportive Housing's Single Room Occupancy (SRO) dwelling.

- Work with the City's Planning Office and Consultant to develop strategies to offset the loss of affordable housing units, including consideration of reuse strategies for abandoned or condemned properties in the City.

- Work with NRHA to prioritize homeless individuals and families on the waiting list for public housing and/or set-aside a portion of newly available units for the homeless.
- Assess the feasibility and potential impact of inclusionary zoning strategies.
- Review best practices on permanent supportive housing; seek grant funds to develop additional housing options for persons with disabilities.
- Support the expansion of additional transitional housing capacity.
- Assess discharge planning (from correctional facilities, foster care, and hospitalization) and step down programs in the City.
- Work with realtors to develop an affordable housing database.
- Establish a Low Income Housing Trust Fund to support improvements to existing affordable housing stock, prevent evictions and/or develop additional affordable housing units for low income residents.
- Increase awareness and market low income housing tax credits to encourage rehabilitation of existing multi-family units.

The 19 items identified in the Blueprint reflect what is known today about the service needs in Norfolk and the strategies most likely to be successful. As more is learned about these issues, revisions to the draft are anticipated and encouraged. The next revision to the plan is expected to be issued no later than June 1, 2006.

III. SCOPE OF THE PROBLEM

Any action plan must be guided by information on the number of homeless persons in Norfolk and the effectiveness of existing programs and services designed to serve them. The first piece of this puzzle is an accurate count.

On a certain day in January every year, the Norfolk Homeless Consortium convenes concerned community members and staff of homeless services providers to canvass the City in an attempt to answer the question "how many people are homeless in Norfolk?" This one day count has yielded the only quantifiable evidence of the scope of homelessness in Norfolk -- 600 individuals in January, 2005.

The point in time count has varied from year to year, in large part due to further refinement of the counting process and closer adherence to regulations by the Department of Housing and Urban Development (HUD) defining who is "homeless." Chart 1 below illustrates the count over four years.

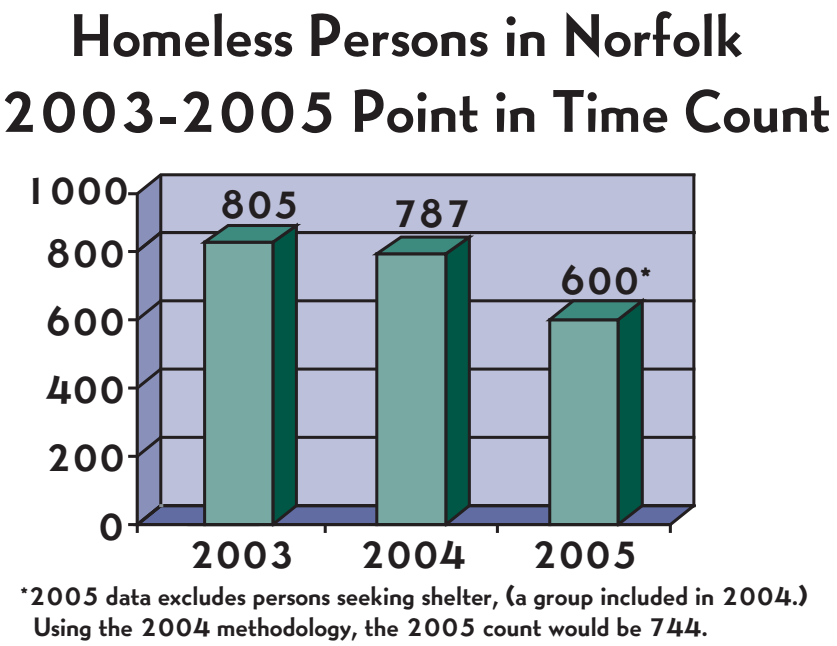

Chart 1: Point in Time Count, Source: The Norfolk Homeless Consortium

This number by no means captures the true prevalence of homeless individuals and families in the City. Many more individuals and families experience crisis situations and are episodically homeless each year. Other efforts to define the scope of the problem through surveys, research studies, or use of HUD's required Homeless Management Information System (HMIS) will yield a more complete description of the problem. Such efforts are identified as a critical element in this action plan.

Until additional data is available, the diagram below identifies the sources of homelessness as identified by service providers working with Norfolk's homeless population. They include both short-term crisis situations and chronic issues such as mental illness and addiction.

Points of Entry Into Homelessness In Norfolk

Figure 1: Points of Entry into Homelessness

PRISON OR JAIL: As has been widely publicized, the past 20 years has seen a dramatic increase in the number of persons incarcerated a threefold increase in Virginia between 1980-2002. Norfolk is home to the highest number of prisoners reentering in the state. Seven hundred sixty four prisoners were released to Norfolk in 2002[1]. Former prisoners experience numerous barriers to housing from outright bans on public housing to discrimination by landlords. While there is little data collected on the connection between prisoner reentry and homelessness, various studies have shown that between 10% and 50% of former prisoners experience homelessness[2]. This translates to a range of 76 to 320 former prisoners in Norfolk who will be homeless at some point during the year.

Halfway houses and transitional programs for individuals leaving jail or prison have received diminished funding in recent years. While there are many programs designed to help this population transition back into the community, many of the homeless providers report that former prisoners experience homelessness at some point. The Urban Institute's National Survey of Homeless Assistance Providers and Clients conducted in 1996 found that 51% of currently homeless persons and 43% of formerly homeless persons had been incarcerated as an adult[3].

SNAPSHOT of Norfolk's homeless:

"JOE," a veteran who cannot read or write, is HIV positive, and formerly addicted to crack cocaine, was recently released from the Norfolk jail. Joe has been homeless off and on for 20 years and is currently living at the Union Mission. He is anxious to rebuild his life and is an active participant in a job readiness skills program.

FOSTER CARE: Too many young people in Norfolk "graduate" from foster care without reuniting with their parents or being adopted. An estimated 20-25 young adults will leave foster care without a permanent home in 2005. Research has shown that roughly 20% of these individuals will experience homelessness[4].

FAMILY VIOLENCE: During the fiscal year 2003-2004, 125 women in Norfolk were placed in emergency shelters as a result of domestic violence. These women brought with them 101 children. Many more sought shelter but were referred to shelters in other localities due to capacity shortages.

ADDICTION OR MENTAL ILLNESS: The Norfolk Community Services Board served approximately 7,300 Norfolk community members with mental health, mental retardation and substance abuse services in fiscal year 2004. We do not have data on those receiving services through private insurance, but national studies have shown that nearly 85% of those needing treatment do not receive it[5]. The prevalence of mental illness and substance abuse is estimated at between 10% and 30% of the general population and approximately 70% of the homeless[6]. Mental illness and addictions are often kept inside a family, considered too shameful to seek help until a crisis erupts. These crises can fracture family relationships as well as cause job loss, leaving the person both sick and isolated, and ultimately homeless.

SNAPSHOT of Norfolk's homeless:

"SARAH," a mother of six, is a victim of domestic violence. She and her family have lived in a series of hotel rooms for over two years where she has home schooled her children. While her husband works sporadically, they both have a history of substance abuse. All of her children were recently removed from her and placed with relatives.

CHRONIC/STREET HOMELESS: In the most recent point in time count, 89 individuals in Norfolk were identified as chronically homeless. These individuals typically have serious mental illness or addictions that have persisted for many years and they have lived on the street for over a year. Many more would be considered chronically homeless but refused to participate in the count or their stay

with friends or relatives did not meet HUD's definition of "chronic." National policy changes around de-institutionalization of the mentally ill combined with reduced funding for outpatient services are frequently cited as factors that have led to increased homelessness and need to be addressed at the Federal and State level.

FINANCIAL OR PERSONAL CRISIS: During 2004, in the City of Norfolk, nearly 2,600 families or individuals were evicted from their homes[7]. As the gap between wages and housing costs continues to widen, more and more families face financial crises that put them at risk of homelessness. An unexpected illness and associated medical costs, or separation from a partner may cause a downward financial spiral from which low-wage workers can not recover. The typical cash welfare benefit for families with children is $300/month and the typical Social Security benefit is $550/month while the average rental rate for a two bedroom apartment in 2003 was $752.

The Advisory Committee on Homelessness' December 2003 report highlighted a notable reduction in the number of affordable housing units between 1990 and 2000. HUD considers housing affordable if the monthly costs are less than 30% of a household's income[8]. Looking at Norfolk residents earning 80% of the area median income ($25,335 in 1989 as adjusted for inflation, and $25,452 in 1999) or less, rental rates would be considered affordable at $634/month in 1989 and $637/month in 1999. There were 42,003 units affordable for the lowest quintile earners in 1989 and 40,449 in 1999.

Those paying more than 35% of their monthly income on housing costs may represent a population at risk of homelessness. Chart 2 on the next page identifies the number of renters and owners in the City who paid 35% or more of their monthly income on housing costs.

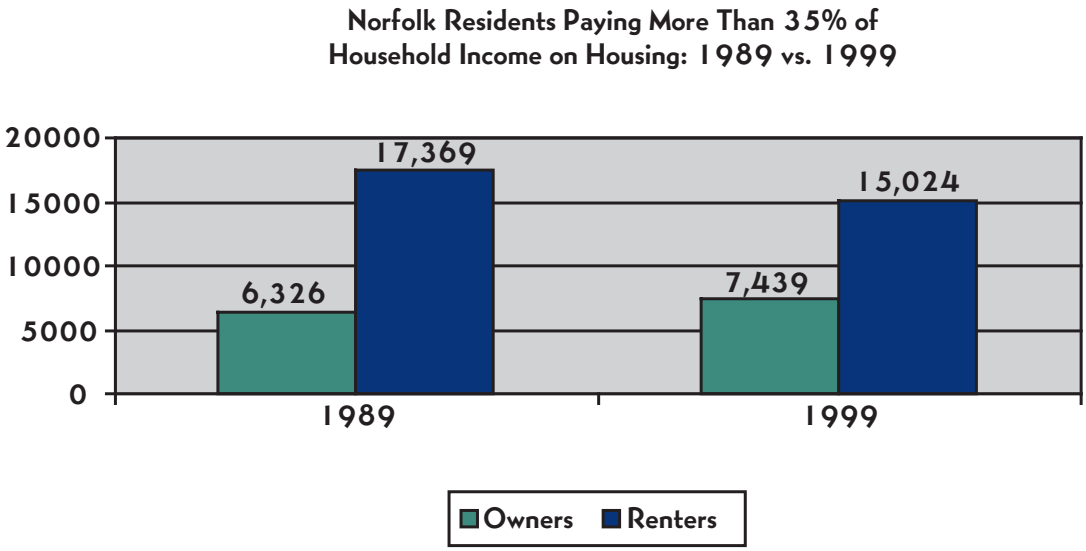

Chart 2: Housing Cost Burdens.

It is important to note that some portion of this population (33% in a study of Virginia Beach residents with housing problems) is composed of single, non-elderly adults who may not be at risk of homelessness. These include students and others who receive contributions to household expenses from parents, roommates or others[9].

Changes in the real estate market in Norfolk since 2000 have undoubtedly caused additional strains on low-income renters and homebuyers; however this data will not be available through the US Census Bureau until 2006. We do know that there has been rapid escalation in the rental market rate, with average rents increasing from just over $600/month in 2003 to just over $700/month in 2005[10].

The City of Norfolk has historically and continues to house a high share of persons living below poverty in Hampton Roads. The poverty rate in Norfolk, according to the 2000 Census was 19.4%, significantly higher than the 10.6% rate in the rest of the region. The loss of affordable units both in Norfolk and across Hampton Roads is a regional issue that requires regional solutions to ensure that housing is available for every income bracket of our workforce.

The decrease in family support in Norfolk, particularly in impoverished communities, is also an important factor. Many children grow up without the benefit of both parents, without an extended family nearby, or without a strong sense of community that may prevent homelessness. While much has been written about the importance of intact biological families to children, there is a less-publicized but very real impact on the well-being of noncustodial fathers – single adult males making up the largest component of Norfolk's homeless population. Child support arrearages affect fathers' ability to work in the mainstream economy. Their wages are garnished and their licenses are taken away. Research also indicates there is a stabilizing effect of sharing responsibility for a household with another parent[11].

SNAPSHOT of Norfolk's homeless:

"TOM," a 20 year veteran of the US Navy lives in a tent in the woods. What remains of his monthly income after paying child support and alimony isn't enough to pay rent.

IV. DESCRIPTION OF EXISTING SERVICES AND IDENTIFICATION OF SERVICE GAPS

While the statistics driving homelessness are daunting, Norfolk is home to a strong array of community-based homeless service providers. In comparison to other localities studied by the Urban Institute, Norfolk has a relatively high number of emergency shelter beds and permanent supportive housing, and ranks roughly in the middle in the area of transitional housing.

BEDS PER 10,000 POOR PEOPLE

	Permanent Supportive Housing	Transitional Housing	Emergency Shelter
Memphis, Shelby County, TN	5	68	29
Lake County, IL	5	93	41
Denver, CO	9	19	17
Balance of Cook County, IL	9	28	35
SW, PA	11	22	22
Tacoma/Pierce County, WA	12	31	41
Orlando/Orange County, FL	14	67	66
Winston-Salem/Forsyth County, FL	15	105	96
Shreveport, LA	16	56	25
Long Beach, CA	28	63	35
Chicago, IL	38	47	54
Ft Lauderdale/Broward, FL	38	86	48
Norfolk, VA	45	30	97
Phoenix/Maricopa County, AZ	51	107	47
Alameda County, CA	54	53	40
Montgomery County, MD	63	75	57
Washtenaw County/Ann Arbor, MI	70	78	78
Madison/Dane County, WI	115	75	106
Columbus/Franklin County, OH	122	110	105
Boston, MA	176	192	336
St Paul/Ramsey County, MN	186	146	85
Washington, DC	263	229	268
Essex County, NJ	264	50	42
San Francisco, CA	365	183	147

Chart 2: Bed Capacity Comparison. Source: Burt, Martha et al "Evaluation of Continuums of Care for Homeless People." US Dept of Housing and Urban Development/Urban Institute. May 2002.

The Norfolk homeless provider community has successfully competed for roughly $2,400,000 in HUD FY'05 Continuum of Care funding to enhance housing opportunities and supportive services for our homeless population. Twenty-five service providers operate six emergency shelter sites, six transitional housing programs, two day service centers and 134 permanent supportive housing beds in Norfolk. This level of service greatly exceeds that of our neighboring cities but still falls far short of meeting demand.

Specifically, the Norfolk Homelessness Advisory Committee issued a report in December of 2003 which identified numerous service gaps. These include a shortage of affordable housing units, reduced outpatient mental health and substance abuse services, too few case managers for the homeless mentally ill and the lack of an SRO (Single Room Occupancy) dwelling for single homeless adults.

Further, many of the services available in Norfolk are seasonal (the NEST program operated by local churches provides emergency shelter during the winter months only), limited to specific populations (most of the permanent supportive housing is restricted to eligibility groups such as persons living with HIV/AIDS, families with children, etc.), or available on limited days of the week (day centers for homeless adults and families).

The 2005 Continuum of Care plan identified the table below as the unmet need/gap based on the January 2005 point in time count. This information is intended to guide the prioritization of new funding, and the numbers do not represent a scientific analysis of capacity in the City. For example, numerous families with children are turned away from emergency and transitional shelter on a daily basis, but zero emergency shelter and transitional beds for families are identified as unmet need. The Norfolk Homeless Consortium anticipates that by increasing capacity in permanent housing, additional transitional and emergency shelter space will be made available.

	Unmeet Need (# of beds)
Individuals	
Emergency Shelter	35
Transitional Housing	58
Permanent Supportive Housing	204
Total	333
Persons in Families with Children	
Emergency Shelter	0
Transitional Housing	0
Permanent Supportive Housing	559
Total	559

Other needs have been identified through the work of the Commission to End Homelessness.

V. COMMISSION RECOMMENDATIONS

The Commission to End Homelessness was created in July, 2004 to develop an action plan to end homelessness.

The Commission was divided into five subcommittees: Support Services, Mental Health/Substance Abuse, Resources and Awareness, Prevention and Elimination, and Housing. The five subcommittees developed reports and recommendations, many of which were offered by more than one subcommittee, that are summarized below.

EMPLOYMENT AND ACCESS TO SERVICES:

Securing stable employment for homeless adults is a top priority identified by the Commission. One suggestion is to provide a single point of entry for homeless adults through whom they would seek housing, employment, and training services. Currently, there are numerous employment, job readiness, and job training programs operating in Norfolk that could serve homeless adults. The Virginia Employment Commission enables job seekers to register via a web-based database for employment services and job opportunities. The local workforce investment board, Opportunity Inc. operates a One Stop workforce development center in Norfolk through which numerous services are available. Case managers are needed to help homeless persons navigate the available community resources and ensure that they have the transportation and support to follow through on employment and training opportunities, as well as maintain employment.

The Commission also identified the need to standardize the requirements or expectations among homeless service providers in order to increase participation in job development activities and decrease the length of stay in emergency or transitional housing.

Finally, the Commission identified the need for expanded Day Center services (separate facilities for families with children and single adults). Currently, day centers are open only certain days a week and employment and other mainstream resources (Food Stamps, health care, etc.) are not always available on site. Atlanta recently opened a 24-hour, 7 day a week day center that facilitates access to a wide array of services.

A common theme in both the Commission and in earlier analysis by the Norfolk Homeless Advisory Committee is the need for a streamlined service delivery structure. This may require a centralized case management and referral process. Currently, the homeless service delivery structure is a cooperative network of community-based non-profits, with growing participation from the Department of Human Services, but with limited administrative support and very few case managers to serve single homeless adults.

The Urban Institute study of Continuum of Care models across the country found that several communities have developed centralized intake for families and few have developed centralized intake

for all homeless persons. This may be more readily achieved in Norfolk through the Department of Human Services or a non-profit as is the case in Richmond. The Department of Human Services will be a critical partner, if not the central referring agency, as they may purchase case management and other services for homeless families through existing funding streams, including the Comprehensive Services Act and the Virginia Initiative for Employment not Welfare program.

ACTION ITEMS:

Assess the level of case managers available for homeless adults, the need for additional case managers, and the feasibility of a single point of entry for case management services.

The Norfolk Homeless Consortium will develop standards of care to be implemented by homeless service providers with respect to the expectations for housing, employment, and self-sufficiency.

Explore the results of Atlanta's 24-hour Day Center and the feasibility of developing that capacity in Norfolk. Seek foundation or other grant funds to support the project.

Another challenge to securing employment for homeless persons is the lack of personal identification (ID). The Virginia Commission to End Homelessness is currently working with the Virginia Department of Motor Vehicles to improve the ability of homeless persons to secure IDs and/or vital records required for Virginia IDs.

ACTION ITEM:

Adopt strategies developed by the Virginia Commission to End Homelessness to facilitate the procurement of IDs for homeless adults.

Families with children who experience homelessness face a host of additional difficulties as they relate to healthy child development and access to appropriate education and mental health services for children exposed to violence or trauma. While there are many Federal, State, and local programs and requirements designed to serve these children (e.g. IDEA part C, McKinney Vento Act education services, the Comprehensive Services Act), homeless shelters and other service providers may be unfamiliar with the rights and resources available to these families.

ACTION ITEM:

Establish a regularly scheduled working group of Human Services, Norfolk Public Schools, Department of Health, homeless service providers, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children.

HEALTH/MENTAL HEALTH/SUBSTANCE ABUSE:

State and federal budget reductions have had a substantial impact on the services available through the Norfolk Community Services Board, the primary mental health, mental retardation, and substance abuse service provider in the City. The State has not opted to cover substance abuse or adult dental services in the Medicaid program, creating additional strains on local health care providers.

The Commission identified the need for a multi-disciplinary outreach team and residential treatment program, specializing in mental illness, substance addiction, and/or co-occurring disorders. The outreach team would consist of outreach specialists, case managers, a psychiatrist, nurses, and other clinical support. Other options could be to focus on culturally-competent outreach workers who could be trained to identify these issues and who might have better success encouraging homeless persons to participate in treatment. The Commission identified two potential best practice models for residential treatment programs - Visions Place in New York State and The Healing Place in Raleigh, NC.

Either strategy would require that additional service capacity be developed in the region to serve individuals who do not meet current screening requirements for CSB services or do not have private insurance.

The Commission also identified the need for alternatives to jail for homeless persons needing to "sober up" and for effective residential treatment programs for homeless persons (particularly women) with co-occurring mental illness and substance abuse issues.

ACTION ITEM:

Review existing research on effective substance abuse and mental health treatment models for the homeless to participate in treatment. Identify funding needs and seek grant funding to enhance service capacity in the region.

RESOURCES AND AWARENESS:

As stated previously, the City of Norfolk needs better data on the homeless population. Currently, the point in time count is the only source of citywide information. Even the point in time count could be improved to ensure it is comprehensive. HUD requires homeless service providers to operate a Homelessness Management Information System (HMIS), yet only providers that recieve Continuum of care funding must comply with HUD's requirement, leaving out several key service providers. Without a more accurate count and full utilization of HMIS, Norfolk's Continuum of Care funding and ability to plan for and implement effective service strategies will be in jeopardy.

ACTION ITEM:
Identify and implement best practices in the point in time count and provide support to providers in order to ensure full utilization of HMIS.

HOUSING:

Strategies to provide housing for homeless individuals and families fall into four general categories: emergency shelter, transitional housing, permanent supportive housing, and affordable or workforce housing. All four are important elements in any strategy to address homelessness. The recommendations for expanded housing programs in these four areas are summarized below.

EMERGENCY SHELTER:

The Commission recommends shifting the service community's focus on emergency shelter to a strategy of permanent housing. As illustrated by the Urban Institute's review, Norfolk has a relatively high number of emergency shelter beds. While the emergency shelter system in Norfolk has played and will continue to play a critical role in housing the homeless, the City should seek ways to encourage the development of additional permanent housing beds.

The most comprehensive evaluation of homelessness services to date demonstrated that the chronically homeless drive high public costs when left to navigate the shelter system with or without case management[12]. The study, published by the Fannie Mae Foundation in 2002, found that a typical emergency shelter user costs the public an estimated $20,000+ per year in medical, criminal, and homeless service costs. A person utilizing a permanent supportive housing bed will yield annual savings to the public of $12,146, nearly offsetting the cost of the placement.

The Commission identified the Hennepin County, Minnesota homelessness prevention model as a potential alternative best practice. Hennepin's model focuses on outcome-based performance contracts with homeless service providers. In other words, the County pays providers to the extent they successfully place homeless persons or families in stable housing. Hennepin's model reduced the length of time individuals are homeless by 50% and observed an overall 65% reduction in homelessness.

The City currently has only recently become active in the primary funding program for homeless service providers, (HUD's Continuum of Care) and management of other funding streams (Emergency Services Grants, Community Development Block Grant, Human Services Grants, etc.) is not necessarily connected to an overall City strategy to end homelessness. In order to shift the focus of the estimated $3 million in Federal, State, and local grants that come to the City each year, the City will have to take a more assertive role.

TRANSITIONAL HOUSING:

The Commission recommends the need to expand transitional housing capacity to 75 units for families, 75 units for single men, and 50 units for single women.

The Commission also recommends the development of "step-down" facilities for persons discharged from medical facilities, substance abuse treatment programs, correctional facilities, and foster care.

PERMANENT SUPPORTIVE HOUSING:

The 2005 point in time count identified that 20% of Norfolk's single adult homeless (89 single adults) met HUD's definition of "chronically" homeless (an unaccompanied homeless individual with a disabling condition who has been continuously homeless for at least twelve months consecutively or at least four times in the past three years.) Research over the past decade has demonstrated that permanent supportive housing and/or transitional housing with intensive case management services is a cost-effective strategy for the chronically homelrss.

For many years, the Norfolk Homeless Consortium has worked to develop a Single Room Occupancy (SRO) dwelling facility for homeless adults. SRO's are permanent supportive housing options (typically for the chronically homeless) utilized by numerous cities across the country. Currently, the Virginia Supportive Housing organization is purchasing a property in the Park Place section of Norfolk to provide efficiency apartments for 60 homeless adults. The project anticipates funding of $2.7 million in Low Income Housing Tax Credits, $500,000 in-state funds, $1.175 million in City, HOME, and CDBG funds, (Norfolk, Portsmouth, and Virginia Beach) and $400,000 in private foundation funds. The project is expected to become operational in the fall of 2006. Forty-two of the units will be reserved for Norfolk's homeless, 12 for Virginia Beach, and six for Portsmouth.

Even after the SRO is operational, additional low-cost housing for disabled persons is needed in the City.

AFFORDABLE/WORKFORCE HOUSING:

State law requires affordable housing to be included in local comprehensive plans. The City is currently developing a contract with a consultant to develop an updated Comprehensive Plan and will incorporate strategies to enhance the affordable housing supply.

The Commission recommends that the City consider inclusionary zoning or density bonuses to encourage developers to offer reduced cost housing for low- or moderate-income residents. One model requires developers to set-aside between 10% and 15% of units in developments of certain sizes for low-income residents. These models are predicated on dispersing populations of low- and moderate income to avoid concentrating poverty in particular parts of the city.

Strategies to engage landlords in order to prevent evictions or place homeless persons were also identified as a promising practice.

Finally, the Commission suggested the City identify abandoned properties that may be available for rehabilitation or conversion to affordable housing units.

ACTION ITEMS:

Support the start-up and implementation of Virginia Supportive Housing's SRO.

Work with the Planning Office and Consultant to develop strategies to offset the loss of affordable housing units; consider reuse of abandoned or condemned properties in the City.

Assess the feasibility and potential impact of inclusionary zoning strategies.

Review best practices on permanent supportive housing; seek grant funds to develop additional housing options for persons with disabilities.

Support the expansion of additional transitional housing capacity.

VI. ADDITIONAL RECOMMENDATIONS

The Norfolk Homelessness Advisory Committee and other stakeholders provided the following additional recommendations.

DISCHARGE PLANNING:

A common element in the background of many homeless persons is a somewhat recent stay in a jail or prison, foster care, medical, psychiatric, or substance abuse treatment facility. While much has been accomplished to ensure that persons released from institutions have a place to go, these plans may not be accurately reported by the person being released or the plans may be unstable. For example, a person leaving prison or jail may report the address of the Union Mission but may not meet the criteria to stay there. The Office to End Homelessness should work with the Virginia Department of Corrections, Court Services Unit, sheriff's office, the Second Chance program, the Department of Human Services, homeless service providers, medical professionals, hospital administrators, and other affected stakeholders to review discharge planning procedures and identify additional strategies to prevent homelessness.

AFFORDABLE HOUSING DATABASE:

Several housing strategies may also be worth exploring. Alameda County, California has a successful model where a web-based affordable housing database is made available to case managers in shelters across the county to quickly move homeless families into permanent housing. The Office on Homelessness should seek to develop a similar database.

LOW INCOME HOUSING TRUST FUND:

Low Income Housing Trust Fund can be used to make improvements to existing affordable housing stock, prevent evictions, and/or develop additional affordable housing units for low income residents. The fund would be created through a set-aside of a portion of real

estate transfer fees, or as payments in lieu of setting aside affordable housing units should an ADU ordinance be adopted.

LOW-INCOME HOUSING TAX CREDITS (LIHTC):

LIHTC has been an effective tool to promote construction of affordable housing units. The City may increase utilization of these tax credits through marketing and education campaigns. This strategy will encourage rehabilitation of existing multi-family units that are considered either obsolete or marginal. Other local tax incentives may be worth considering that would encourage developers to construct higher density units (attached homes, multi-family dwellings, etc.) in sections of Norfolk where poverty is not already concentrated.

SET-ASIDE OF SECTION 8 VOUCHERS OR PROJECT-BASED HOUSING UNITS FOR THE HOMELESS:

Section 8 tenant-based housing subsidies and project based housing units administered by the Norfolk Redevelopment and Housing Authority are critical resources but are difficult to access due to long waiting lists. Current federal regulations allow priority consideration to be given to homeless individuals and families in distributing Section 8 vouchers. The City should work with NRHA to ensure that homeless persons are placed at the top of the waiting list at minimum, or pursue a set-aside of vouchers or project-based units that come available.

VOLUNTEERISM:

The City of Norfolk has a long history of civic engagement. Volunteerism is alive and well in the City and may be a very effective tool in efforts to eliminate homelessness. The Office to End Homelessness should work with Volunteer Hampton Roads to develop a database of interested volunteers in order to connect willing community members with service needs.

VII. ACTION PLAN DETAILS

This section is a work in progress and will be revised as the plan is further defined to incorporate more specific results-oriented measurements.

ACTION ITEM	TIMELINE	PERFORMANCE BENCHMARKS/OUTCOMES
INTENSIVE CASE MANAGEMENT		
1.) Assess the feasibility of centralized intake and case management.	May 2 - August 1, 2005: Conduct literature review, interview localities with centralized intake process, conduct site visits as appropriate. August 1-October1, 2005: Develop recommendation with the Commission, City, and Norfolk Homeless Consortium.	Best practice information identified and disseminated. Recommendation provided in a timely manner.
2.) Assess the level of case managers available for homeless adults and the need for additional case managers. Develop adquate case management sources with priority consideration given to a performance based model as in Hennepin County.	May2 - September 1, 2005: Work with the Norfolk Homeless Consortium (NHC) and the Veterans Administration to conduct a survey to identify baseline service levels and outcomes. Conduct a literature review of recommended case management staffing levels. September 1 – December 1, 2005: develop recommended case management plan, including	Baseline data is captured on current service provision levels and outcomes and made available to the service community and public. Income among homeless individuals and families increases by 20%. 250 additional evictions are prevented or housing is secured without a lapse for evicted persons or families. Permanent housing is secured for an additional 100 individuals or families.

	identification of cost and funding sources, and where resources would be focused (e.g. outreach, discharge planning, permanent supportive housing, shelters.) December 1, 2005 – June 1, 2006: secure funding, develop strategies in connection with items 3, 4, and 5 to ensure funds are used effectively and yield improved outcomes for homeless persons. June 1, 2006: implementation of service enhancements. June 1, 2006 – May 31, 2008: data collected and evaluated.	
3.) Enhance case and program management through improved data collection and reporting, specifically utilization of the Homelessness Management Information System (HMIS) and improvements to the Point in Time Count.	May 2, 2005 – October 1, 2005: HMIS uniformly implemented among all service providers in the City. Best practice information on Point in Time Counts and other potential survey instruments identified and disseminated particularly within region. October 1, 2005 – February 1, 2006: Monthly reports developed and shared by Office on Homelessness. January 2006 – Point in Time Count conducted using proven methodology.	Point in Time Count is comparable year to year and among neighboring localities by January 2006. Monthly reports on homelessness are available and disseminated informing decisions on service levels and effectiveness.

EMPLOYMENT/SUPPORTIVE SERVICES

4.) Develop standards of care to be implemented by homeless service providers with respect to the expectations for employment and self-sufficiency.	May 2 – August 31, 2005: Convene a task force of providers and all relevant agencies to explore varying expectations and standards of care. Develop consensus and research-based standard of care model. September 1, 2005 – September 30, 2005: implement standard across all service providing agencies in the City.	Uniform standard of care is implemented in a timely manner. Income among homeless individuals and families increases by 20%. Permanent housing is secured for an additional 100 individuals or families.
5.) Explore the results of Atlanta's 24-hour Day Center and the feasibility of developing that capacity in Norfolk. Seek foundation or other grant funds to support the project.	May 2 – August 1, 2005: Convene service providers and review existing resources. Review Atlanta's model, funding, and results. August 1 – April 1, 2006: Develop recommendation including funding strategy, timeline, and outcomes anticipated.	Recommendation presented in a timely manner.
6.) Adopt strategies developed by the Virginia Interagency Council on Homelessness to facilitate the procurement of IDs for homeless adults.	May 15 – October, 2005: Participate in and monitor progress as VIACH develops a protocol and disseminate to stakeholders. October 1, 2005: Implement strategy.	100 current or formerly homeless persons secure ID by October 2006.

7.) Establish a regularly scheduled working group of Human Services, Department of Health, homeless service providers, Norfolk Public Schools, and Norfolk Interagency Consortium staff to facilitate and/or expedite the coordination of services to homeless families with children.	May 15 – July 15, 2005: Convene City agencies and Schools to identify protocols. July 15 – August 15, 2005: Convene working group and begin collecting data. August 15 – May 31, 2007: Group meeting occur regularly, data captured on services provided.	150 homeless families with children receive coordinated care plans. 25% increase in regular school attendance.
8.) Review existing research on substance abuse and mental health treatment models . Identify funding needs and seek grant funding to enhance the service capacity in the region.	May 2 – October 1, 2005: Convene stakeholders, including NHC, Veterans Administration, and CSB to and review best practice models and effectiveness of existing strategies. Develop recommendations and funding requirements. October 1, 2005 – June 1, 2006: Secure funding for service enhancements. June 1, 2006 – May 31, 2007: Implement strategies identified above, collect data and measure effectiveness.	Recommendations identified in a timely manner. Funding secured and programs implemented. Homeless persons who report having received treatment in the past year increased by 25%. Treatment completion rates increase by 15%, relapses reduced by 15% (by May 2007).
9.) Develop a volunteer database, administered by Volunteer Hampton Roads to connect willing community members with service needs.	May 2 – December 1, 2005: Database developed, stakeholders convened to assess volunteer needs. November 1 – March 1, 2006: Public	100 volunteers register in database. 75 volunteers participate in at least one program activity by March 2006.

	awareness and marketing campaign to elicit volunteer support.	
10.) Support the start-up and implementation of Virginia Supportive Housing's Single Room Occupancy (SRO) dwelling.	May 2, 2005 – October 1, 2006: Planning requirements met and construction takes place. October 2006: SRO operational.	42 chronically homeless persons are placed in permanent housing by October 2006. 36 remain housed as of October 1, 2007 either at the SRO or in other permanent dwelling.
11.) Work with the City's Planning Office and Consultant to develop strategies to offset the loss of affordable housing units.	May 2, 2005 – March 1, 2006: Identify appropriate involvement in City Comprehensive Planning effort and participate as identified. March 1, 2006 – 2016: Strategies adopted and additional affordable housing units come on line.	1500 afforable housing units by 2016.
12.) Work with NRHA to prioritize or set-aside public housing units for homeless persons.	May 2, 2005 - August 1, 2005: Work with NRHA to assess feasibility and identify strategy. August 1, 2005 - January 1, 2006: Develop protocols and implementation strategy. January 1, 2006 - January 1, 2007: Implement policy and collect data on the number of public housing units provided to formerly homeless individuals and families and lengths of stay.	100 formerly homeless individuals are placed in public housing. 80% remain housed after two years.

13.) Assess the feasibility and potential impact of inclusionary zoning strategies.	May 2, 2005 – October 1, 2005: In conjunction with city planning office and comprehensive plan development, review inclusionary zoning proposals and develop recommendations for City.	Recommendations presented in timely manner.
14.) Review best practices on permanent supportive housing; seek grant funds to develop additional housing options for persons with disabilities.	May 2, 2005 – March 1, 2006: Conduct literature reviews, site visits, and community surveys to identify recommendations on expanding permanent supportive housing. March 1, 2006 – February 28, 2007: Secure funding to fulfill recommendations and implement programs.	50 additional permanent supportive housing beds available by February 2008 (beyond planned SRO).
15.) Support the expansion of additional transitional housing capacity.	May 2, 2005 – November 1, 2005: Convene stakeholders to review existing capacity, service needs and develop recommendations.	Recommendations presented in timely manner.
16.) Assess discharge planning (from correctional facilities, foster care, and hospitalization) and step down programs in the City.	May 2, 2005 – October 1, 2005: Convene working group (preferably regional) to assess existing discharge planning and its effectiveness. October 1, 2005: present a report on the current situation and strategies identified through best practice review to decrease entries to homelessness.	20% reduction in Point in Time homeless count by January 2007.

	October 1, 2005 – June 1, 2006: Implement no-cost strategies and begin development of other (regional) strategies.	
17.) Work with realtors to develop an affordable housing database.	May 2, 2005 – October 1, 2005: Convene realtors and service providers to identify strategies for an affordable housing database. October 1, 2005 – March 1, 2006: Identify and secure resources to implement database. March 1, 2006: database brought on-line.	120 persons identified as homeless or facing eviction secure affordable permanent housing within 30 days of referral to a service provider by March 2007.
18.) Establish an Low Income Housing Trust Fund to support improvements to existing affordable housing stock, prevent evictions, and/or develop additional affordable housing units for low income residents.	May 2, 2005 – April 1, 2006: work with City planning office and consultant to assess feasibility. April 1, 2006 – April 1, 2007: If found feasible, put forward appropriate legal documents to establish trust fund (including Council approval, etc.).	$500,000 in fees collected to support affordable housing through a Trust fund by June 1, 2007.

19.) Promote/market/increase awareness of low income housing tax credits to encourage rehabilitation of existing multi-family units or explore other local tax incentives to encourage developers to provide affordable housing.	May 2, 2005 – November 1, 2005: Convene stakeholders including City planning, Tidewater Builders Association, City communications, and others to develop and initiate a marketing plan. Establish baseline data on utilization of LIHTC. May 2, 2005 – March 30, 2006: Work with City planning and consultant on Comprehensive plan to assess feasibility of local tax incentives including estimated economic input and units likely to be produced.	Annual utilization of LIHTC increases 10% by June 1, 2007.

VIII. CONCLUSION

The City of Norfolk's Blueprint of the Plan to End Homelessness identifies key strategies in the areas of intensive case management, employment and supportive services, and housing strategies that can be put to work in both the short and long-term. These strategies must be assessed and implemented in a regional framework to avoid unintended consequences of shifting homeless populations among cities.

The Blueprint will be evaluated and revised by June 1, 2006 in order to incorporate additional information, evidence-based strategies, and measurable outcomes.

NEED FOR REGIONAL STRATEGIES:

Mayor Fraim has solicited the support of the Mayors in neighboring Virginia Beach, Chesapeake, Portsmouth, Suffolk, Franklin, and Isle of Wight to develop a regional collaborative to begin working together on homelessness issues. Norfolk's current homeless service capacity is frequently utilized by neighboring localities and it is clear that each city's response to homelessness has an impact on its neighbors.

The Blueprint must be informed by the Continuum of Care plans and ten year plans in neighboring localities, as well as any regional collaborative strategies developed in the near future. The June 2006 revision to the plan will incorporate regional strategies to end chronic homelessness.

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A grateful community extends its appreciation to the Mayor, Vice Mayor, members of the Commission, the Norfolk Homelessness Consortium, and the City's management staff for tackling the complex issues of homelessness. With great challenges come great opportunities to make a difference in people's lives.

"NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS."

--MARGARET MEAD

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