



**A Blueprint for Ending Chronic Homelessness
And Reducing Overall Homelessness**

In Dayton and Montgomery County, OH

2006



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Dear Community Member,

The Homeless Solutions Leadership Team is pleased to present the *10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness*. The Plan's Findings and Recommendations were shaped by the involvement of a broad cross-section of the community who took part in interviews, surveys, work groups, focus groups and facilitated discussions with the Leadership Team. Approximately 200 persons participated during the past two years, including current and formerly homeless persons, service providers, and representatives of community, business, health and human services, criminal justice and neighborhood organizations.

We have learned these facts about the people who are homeless in our community:

- **More than 6,000 people experienced homelessness in Montgomery County during 2004. African-American residents experience disproportionately higher rates of homelessness than do Caucasian residents. A significant portion of the homeless population consists of children and teens under 18 years of age. Two-thirds of homeless persons are in families with children or are runaway youth between the ages of 11 and 17. The remainder are single men and women.**
- **The chronically homeless, defined as single adults with a disability who live on the street or in shelters for extended periods of time, make up only 6% of all homeless single adults in our community. However, their heavy use of shelters, emergency rooms, the Jail and other community services is very costly.**

Homelessness is a moral and ethical challenge for our community. Our community will be judged by how it treats its most vulnerable residents. The community cannot allow our citizens to live on the street or in shelters. The toll that homelessness exacts on all of the people who experience it, especially children and teens, coupled with the negative impacts on neighborhood revitalization and economic development, is too great. The cost – in human and economic terms – is staggering.

The Homeless Solutions Leadership Team has developed its recommendations based on the following findings:

- **Homelessness and poverty are inextricably connected.**
- **The role of housing in ending homelessness cannot be overstated.**
- **The solution to homelessness is bigger than the network of homeless providers.**
- **Homelessness affects our entire community and is not just a City of Dayton issue.**

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Changing the community conversation about homelessness will require educating and engaging the community about 1) the realities that homeless adults, children and teens face on a daily basis; and 2) the importance of jointly constructing a roadmap that eliminates barriers and ensures better outcomes for all persons who are homeless in our community. One of the key elements is increasing access to affordable quality housing for our lowest income residents. The development of this *10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness in Dayton & Montgomery County* was the first step in this process. The Plan is data-driven, based on best practice models and challenges all of us to redirect our efforts from *managing* homelessness to working to *end* chronic homelessness and *reduce* overall homelessness. We urge you to review the Plan and join with us as we move into the implementation phase of this critical community initiative.

Sincerely,

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Executive Summary

People become homeless for different reasons, remain homeless for different lengths of time, and – if they are able to find a home – have different degrees of success in avoiding a return to homelessness. As a result, it is not surprising that there is no single response to homelessness and no simple solution. In fact, no public agency or system is charged by law with the responsibility for solving homelessness. Into this void have stepped a number of different programs and services, each usually directed at a limited part of the problem. Despite the best intentions of those involved, the net result of such an entrepreneurial approach has been a system that *manages* homelessness but doesn't *end* it.

This was the reality confronting the Homeless Solutions Leadership Team as it began its work in October, 2004. Convened by the City of Dayton and Montgomery County at the request of the Shelter Policy Board, and co-chaired by the Dayton City Manager and the Montgomery County Administrator, nineteen community leaders from the fields of business, faith, healthcare, criminal justice, education, housing, mental health, social services, media, and philanthropy were charged with developing solutions to homelessness by working across organizational and jurisdictional boundaries. Bolstered by dozens of additional community members forming a number of work groups, and supported by staff from the City, the County, and the Shelter Policy Board, the Homeless Solutions Leadership Team has now issued a call to action: The Community 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness. Implementing the 10-Year Plan will be neither easy nor quick and will require commitment and leadership from every sector and quadrant of the county.

Dayton and Montgomery County join scores of other communities across the country being encouraged by the U.S. Department of Housing and Urban Development (HUD) – the nation's largest funder of services for the homeless – to develop and implement new ways of responding to this problem. HUD was inspired by the vision, first articulated by national advocacy groups, that chronic homelessness can be significantly reduced – or even *ended* – only if communities stop assuming that spending an ever-increasing amount of resources just to contain the problem is an acceptable way to operate. HUD calls such a paradigm shift an “essential element” for communities hoping to make significant progress in reducing chronic homelessness.

The Leadership Team's willingness to make this shift and to think differently about homelessness was fortified by a sobering review of local statistics generated by the Shelter Policy Board's Homeless Management Information System (HMIS). More than 6,000 people experienced homelessness in the county in 2004. Although 70% of the homeless population is from Dayton, every other jurisdiction within Montgomery County was also identified as the last permanent address of someone who is homeless, meaning homelessness affects the entire community and is not just a City of Dayton issue. Well over half of the people who are homeless (61%) are families with children and another 5% are youth between the ages of 11 and 17. Because the vast majority of homeless families are single-parent families, this means that a startling proportion of homeless people are younger than 18. Beyond families and youth, the remaining one-third of homeless people are single adults, about 20% of whom are between 18 and 24. Most of the older homeless adults are male and have a high school diploma or GED; most of the younger homeless adults are female and do not have a high school diploma or GED. African-Americans are disproportionately represented in the homeless population, comprising over half.

Thinking differently about homelessness led the Leadership Team to consider *all* of the homeless, not just those whom HUD defines as chronically homeless, i.e., single adults with a disability (typically a serious mental illness and/or alcohol or drug addiction) who have been living on the street or in an emergency shelter for a year or longer or who have had multiple episodes of homelessness over a several year period. By some estimates only 6% of homeless single adults meet this definition locally. Responding to the chronically homeless demands much more than 6% of the available resources, so it is certainly important to address this population. However, the Leadership Team could not ignore the toll that homelessness exacts on *all* of the people who experience it, especially children. Therefore, it was unacceptable to mobilize the community to address only the needs of the chronically homeless without also addressing the needs of homeless youth, of families with children, and of singles without disabilities.

Thinking differently about homelessness also meant taking a critical look at how the existing spectrum of services is funded and how it operates. In Montgomery County, 35 different funding sources provide nearly \$23 million annually either to prevent or to respond to homelessness. Most of the funding comes from public sources, with HUD alone accounting for 38% of the total. Less than one-third of the funding is from private sources, with a significant portion of the private funding coming from the faith community. Applying for and administering this money requires agencies to juggle multiple budget and grant calendars and to comply with multiple sets of reporting requirements.

Perhaps the only thing more complicated than the funding mosaic is the maze that people must navigate as they try to prevent – or try to escape from – homelessness. A measure of this complexity is the fact that the Leadership Team created four Work Groups to help it understand how the system works. The **“Closing the Front Door” Work Group** was charged with developing a better understanding of efforts to *prevent* homelessness and identifying the policies or resource gaps that contribute to homelessness. The **“Shortening the Stay” Work Group** was charged with developing a better understanding of the current system of shelters and services for people who become homeless and determining how the circumstances facing young adults, older adults, families with children, and youth who are on their own differ from each other. The **“Opening the Back Door” Work Group** was charged with determining how to provide additional housing, affordable and supportive, for people who *are* homeless as well as those *at-risk* of homelessness. The **Behavioral Health Work Group** was charged with developing a better understanding of the publicly funded behavioral health system and how it “fits” with the homeless system, primarily focusing on homeless single adults with mental illness and/or substance abuse problems.

Having explored the maze confronting homeless people and those on the edge of homelessness, and having considered the challenges facing the agencies that serve all of them, the Work Groups were asked to identify key systemic or policy changes that would make an impact. They were also asked to suggest some specific, fundable programs that would close the gaps in the existing network of services. As they deliberated, they drew from the best practices of other communities that are making great strides in their efforts to reduce homelessness. The Work Groups’ detailed recommendations can be structured using four key principles as guidelines.

- **Homelessness and poverty are inextricably connected.** While homelessness has other contributing factors such as mental illness and substance abuse, poor people with these

issues are much more likely to become homeless than persons with similar disabilities and a higher income.

- **Earlier intervention and prevention of homelessness are key.** Prevention strategies include short-term emergency assistance programs to help people maintain housing, housing placement as an integral part of discharge planning from mainstream systems such as criminal justice and behavioral health, and an increase in the supply of affordable housing so that low-income households do not pay more than 30% of their income for housing.
- **Access to affordable and supportive housing options is the best tool.** An adequate supply of supportive and affordable housing is needed. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious mental illnesses.
- **A multi-system response will result in better outcomes.** The solution to homelessness is bigger than the network of homeless providers. A multi-system response that breaks down funding, planning, and service “silos” and directly involves the mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice in the solution is needed.

As the Leadership Team reflected on the body of data, research, best practices and recommendations produced by the Work Groups, the following conclusions emerged:

- (1) The community cannot afford to have people *living* on the street or in gateway shelters. The negative impact on people’s lives, neighborhood revitalization, and economic development is too great. The cost – in human and economic terms – is staggering.
- (2) Homelessness affects the entire community and is not just a City of Dayton issue. *Every* jurisdiction in Montgomery County was identified as a last permanent address for one or more homeless persons in the HMIS, and every jurisdiction has a role to play in the solution.
- (3) The role of housing in ending homelessness cannot be overstated. Keeping people housed and rapidly re-housing those who become homeless is the primary answer.
- (4) Mental illness and alcohol or drug addiction play a major role in extending homelessness for many single adults. Alternative shelter and Housing First options are needed to engage this population as it is much easier to work on substance abuse and mental health issues when clients are stably housed.
- (5) Persons who experience homelessness fall into one of two groups – those who can become self-sufficient and live independently and those who will need a lifetime of support.
- (6) Community education about who is at-risk of homelessness and why is a critical strategy to develop the community will and financial resources required to end or reduce homelessness.
- (7) The community must work together to develop a unified plan and approach to poverty reduction to impact homelessness decisively.

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Committed leadership and strong governance are essential if the ambitious, multi-system response envisioned by the Work Groups is to be achieved. A Homeless Solutions Policy Board will be convened by the Dayton City Commission, the Montgomery County Board of Commissioners, and the United Way of the Greater Dayton Area to address the thorny issues of funding allocation and interagency coordination and to provide overall policy direction for the implementation of the 10-Year Plan. Establishing the Homeless Solutions Policy Board will be one of the first recommendations to be implemented. One of its early tasks will be to establish a Funders Collaborative to generate funds and set funding priorities. The Policy Board will also establish accountability and evaluation tools and take steps to strengthen the Homeless Management Information System's ability to support the homeless system. To minimize start-up time and costs, initial staffing will be provided through the Montgomery County Office of Family and Children First.

While there are more than 40 recommendations in the 10-Year Plan, of particular note are the plan's housing goals. The Plan calls for the development of a minimum of 1,800 units of affordable housing through a combination of new construction, rehabilitation of existing units, and rental subsidy. An additional 750 units of supportive housing will also be developed over the 10 years of the Plan's implementation.

Although the Leadership Team will forward the bulk of its recommendations to the Homeless Solutions Policy Board, some of them are so urgent that implementation has already begun. Foremost are some immediate and short-term strategies for shortening the length of stay that a homeless person faces in a gateway shelter and for addressing the impact that the density of gateway services (St. Vincent Hotel and The Other Place) has on the Patterson Boulevard corridor. In May 2006 Montgomery County made a significant commitment of Human Services Levy resources to allow the gateway agencies to begin to restructure their operations right away. Physical enhancements to their facilities and other operational improvements will continue through 2007.

Other key recommendations include strategies for developing an early warning system of sustained prevention and intervention, developing shelter resources or Housing First programs for single young adults, implementing an eviction prevention program, increasing employment opportunities for homeless persons, increasing access to behavioral health services, and developing a coordinated case management system.

The Leadership Team is asking the community to commit human, financial, and political resources to end homelessness. Success will depend, in part, on identifying new financial resources and redirecting current resources toward supportive and affordable housing. Success will also depend on the willingness of providers to embrace new models of service provision targeted to ending rather than managing homelessness and on community leaders making the commitment to increase the supply of affordable and supportive housing all across the county.

The Homeless Solutions Leadership Team believes the community is up to the challenge. While it may not be possible to prevent all episodes of homelessness, it is possible to reduce significantly the numbers of people who experience homelessness and to ensure that *no one in our community* gets relegated to a life on the street.

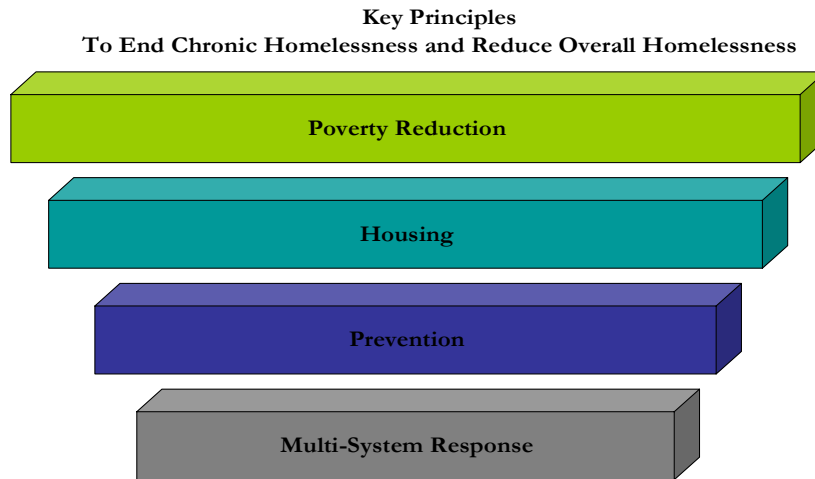
Introduction

“Things need to move faster for homeless people. It took 8 months to get me into a place. There aren’t enough places. I have had five case managers. You have five different people telling you five different things, and I fell through the cracks.”

That statement, from a 50-year old formerly homeless man, summarizes the current state of affairs for persons experiencing homelessness in Dayton and Montgomery County. The lack of affordable and supportive housing options or the means to connect people rapidly to those that do exist creates a backlog throughout the system. As a result, too many people spend too much time *waiting* for an opening in the next phase of the continuum. The community’s day shelter, emergency overnight shelter, and healthcare clinic for the homeless all serve as gateways to the rest of the homeless continuum, meeting immediate crisis needs for shelter and healthcare, and making appropriate referrals to programmatic shelters, temporary supportive housing programs, or permanent housing. As a result of the logjam, the average length of stay at the gateways has nearly doubled from just over 30 days in 2001 to close to 60 days in 2005.

The opening quote also highlights another systemic issue – the lack of a coordinated case management system to help individuals and families efficiently navigate the homeless system. Today, individuals could indeed have five different case managers either concurrently or sequentially as they move from one agency or program to another. Possibilities include case managers in the homeless system, probation or parole officers, a mental health case manager, a child welfare case manager, and a Job and Family Services case worker.

Until recently, the problem of homelessness would undoubtedly have continued to suffer from benign neglect outside of the homeless provider community and a belief that more of the same – more beds, more shelters – was the answer. Slowly, a paradigm shift has occurred in the community. This shift is the result of the recognition that, while there has been an increase in the resources spent on homelessness, the number of persons experiencing homelessness has also continued to increase. By various estimates, the homeless population has increased by 13% to 20% during a time that the funding awarded to the community through the Continuum of Care process has nearly doubled. This clearly shows that instead of spending more money to *manage* homelessness, resources must be targeted to those strategies that will *end* homelessness. There are four key principles that underlie the Dayton-Montgomery County 10-Year Plan to end homelessness.



Poverty Reduction: Homelessness and poverty are inextricably connected.

- ◆ In Montgomery County, a full-time worker must earn \$11.44 per hour (approximately \$23,000 annually) or work 89 hours per week at minimum wage to afford a two-bedroom apartment. The Fair Market rent in Montgomery County for a two-bedroom apartment is \$595 per month (National Low Income Housing Coalition).
- ◆ More than half of all annual job openings in Montgomery County pay less than \$11/hour (Bureau of Labor Market Information, August 2003)
- ◆ More than 20,000 households in Montgomery County have incomes below \$10,000 (2000 Census).

Prevention: Earlier intervention and prevention of homelessness are key.

- ◆ More than 12,000 very-low income renter households in Montgomery County pay more than 30% of their income for housing (2000 Census).
- ◆ There were 5,700 court ordered evictions in Montgomery County in 2004. 501 evictions were from public housing. The estimated cost to shelter and re-house a family who enters the homeless system in our community is \$5,000. The average cost to prevent an eviction from public housing in Louisville, KY through the Louisville Eviction Prevention Program is \$445.
- ◆ Reorienting homelessness prevention from work with specific at-risk individuals to efforts to increase the supply of affordable housing and sustainable sources of livelihood will have a greater impact on overall numbers of persons experiencing homelessness (Shinn, Baumohl, and Hopper, 2001).

Housing: Access to affordable and supportive housing options is the best tool.

- ◆ Homelessness could be ended for an estimated 20-30% of the persons who experience homelessness in Montgomery County with immediate access to affordable housing.
- ◆ Homelessness could be ended for an estimated 80% of persons experiencing chronic homelessness in Montgomery County with immediate access to permanent supportive housing through programs like Housing First.
- ◆ Housing stability is essential for successful treatment and/or recovery of homeless persons who are addicted to alcohol or drugs (Oakely and Dennis, *Homelessness in America*, 1996).

Multi-System Response: A multi-system response will result in better outcomes.

- ◆ Insufficient income, mental illness, substance abuse, and domestic violence are some of the contributing factors to homelessness. A one-size fits all response, focused primarily on the homeless providers, will not be successful.
- ◆ Homeless persons with a serious mental illness or addiction experience longer episodes of homelessness. Approximately 20-25% of the single adult homeless population has some form of severe and persistent mental illness. In Montgomery County, this percentage represents between 400 and 500 homeless adults. (National Resource and Training Center on Homelessness and Mental Illness, 2003; National Low Income Housing Coalition).
- ◆ Compared to poor, housed children, homeless children have worse health, more developmental delays, more anxiety, depression and behavior problems, and poorer school attendance and performance (Buckner, 2004; Shinn and Weitzman, 1996).

The Nature and Extent of Homelessness in Montgomery County

At varying levels of analysis, homelessness is a housing problem, an employment problem, a demographic problem, a problem of social disaffiliation, a mental health problem, a substance abuse problem, a family violence problem, a problem created by cutbacks in social welfare spending, a problem resulting from the decay of the traditional nuclear family, and a problem intimately connected to the recent increase in persons living below the poverty line, as well as others.

James Wright, "The Worthy and Unworthy Homeless", 1988

The same is true in Dayton and Montgomery County – there is no single cause of homelessness. Homelessness is, at some level, the by-product of the failure of society and its mainstream systems to provide an adequate safety net. Insufficient income, mental illness, addiction, poor health, and domestic violence are some of the factors contributing to homelessness. Between 20-25% of homeless single adults have a serious mental illness; a high percentage of the remainder has general mental health issues.

Even with other contributing factors, at its core, homelessness is a poverty issue. Poor people who have a serious mental illness or addiction are at higher risk for homelessness than are people with those disabilities who are not poor. People living in poverty face difficult, if not impossible, choices between housing, healthcare, food, childcare, transportation, and other living expenses and are often one family or financial crisis away from becoming homeless. Rent and utility arrearages, high medical bills, bad credit, inadequate income, and family conflicts can result in formal or informal evictions and homelessness

Based on information collected from more than 3,500 homeless adults in 2005, 58% had no source of income. Sources of income that were identified are listed below. People were able to select more than one source of income.

- Public Assistance 29%
- Disability Income 24%
- Earned Income 21%
- Retirement Income 3%
- Other 16%

Thousands of people – men, women, and children – experience homelessness in Montgomery County every year. And they come from all quadrants of the County. While the majority of those who become homeless in Montgomery County were living in Dayton, every jurisdiction within Montgomery County has been identified as a last permanent address for people entering the homeless system. The Shelter Policy Board manages the implementation of the Dayton-Montgomery County Homeless Management Information System (HMIS), a database into which almost all of the community's emergency shelter, temporary supportive housing, and permanent supportive housing programs enter client data. The majority of clients in the HMIS had a last permanent address in Montgomery County. (See Appendix J for a complete list of participating HMIS agencies.)

Last Permanent Address	
◆	Montgomery County – 81%
•	City of Dayton – 86%
•	Suburban jurisdictions – 14%
◆	Greene, Preble, Darke, Miami, Clark, Warren counties – 4%
◆	Balance of State – 7%
◆	Outside Ohio – 8%
•	40 other states identified

Persons experiencing homelessness fall into one of four groups: families with children, single older adults (ages 25+), single young adults (ages 18-24), and homeless youth (ages 11-17), with persons in families comprising the largest group. Family status is determined by who accompanied the individual when he/she came into contact with the homeless system. For example, adults who access the shelter system by themselves are considered to be unaccompanied or single adults,

regardless of marital status or whether they have dependent children. Similarly, youth between the ages of 11-17 who are sheltered on their own are considered to be homeless youth.

Single adults make up one-third of the overall homeless population. The majority of this group is age 25 or older (82%), with just 18% of single adults falling between the ages of 18-24. Based on research in New York and Philadelphia, an estimated 10% of the adult homeless population can be considered chronically homeless. In Montgomery County, an estimated 6% of single homeless adults meet HUD's definition of chronic homelessness. Persons who are considered to be chronically homeless are single adults with a disability, most typically a serious mental illness and/or alcohol or drug addiction, who have been living on the street or in an emergency shelter for a year or longer or who have had multiple episodes of homelessness over a several year period.

Homelessness can be counted in two ways – over time and on a single night. More than 6,000 people experienced homelessness in Montgomery County during 2004.

- Families with children 61%
- Single adults (age 25+) 27%
- Single young adults (age 18-24) 7%
- Homeless youth (age 11-17) 5%

A point-in-time survey conducted on January 27, 2005 identified 581 persons living on the street or in an emergency shelter in Montgomery County. This number does not include those who experience homelessness but do not enter the homeless system, such as those who live precariously doubled up with family or friends.

Nationally, families with children comprise one of the fastest growing segments of the homeless population. Poverty and the lack of affordable housing are the principal causes of family homelessness (National Coalition for the Homeless). In Montgomery County, more than 1,100 families were identified as homeless during 2004. Nearly half of these families were never sheltered due to a lack of programmatic shelter beds.

Adults in Families

Much more likely to be headed by an older adult (ages 25+) – 74%
More likely to be African-American – 59%
Adults ages 25+ are more likely to have at least a high school diploma or GED – 66%
Young adults 18-24 are less likely to have at least a high school diploma or GED – 42%

Point-in-time count in January 2005: 89 families in shelters

There is no single predominant cause of homelessness among single adults. More than 2,000 single adults experienced homelessness in Montgomery County in 2004.

Single Adults (25+)

Much more likely to be male – 74%
Slightly more likely to be African-American – 52%
More likely to have at least a high school diploma or GED – 73%

An estimated 100-150 are chronically homeless

Point-in-time count in January 2005: 339 adults (18+) in shelters or on the street

There were close to 500 young adults who experienced homelessness in Montgomery County in 2004. Young adults who experience homelessness are caught between the youth and adult homeless systems – too old for the former, yet not entirely appropriate for the adult system. These young adults have unique developmental needs and can too easily become acclimated into a culture of homelessness in the adult system. A limited number of 18-year olds are able to receive shelter through the single youth shelter in Montgomery County.

Single Young Adults (18-24)

More likely to be female – 60%

More likely to be African-American – 63%

Less likely to have at least a high school diploma or GED – 46%

Family conflict is the primary reason homeless youth enter a shelter. Almost 300 homeless youth were sheltered in 2004. Many of these youth are also involved with the child welfare system. Most youth stay in shelter for one week or less and are reunited with their families upon exiting the shelter.

Homeless Youth

More likely to be female – 56%

More likely to be African-American – 60%

Highly likely to be between the ages of 13-17 – 95%

Likely to be attending school – 68%

Point-in-time count in January 2005: 7 youth in shelter

The Cost of Chronic Homelessness

Chronically homeless individuals are often caught in a revolving door, shuttling back and forth between expensive crisis and treatment services such as hospital emergency rooms, jail, substance abuse treatment, or crisis psychiatric services and the street or emergency shelter. A limited but growing body of research suggests that stabilizing individuals in supportive housing can reduce their use of expensive crisis services. (Corporation for Supportive Housing). Local examples show similar results.

A case study was compiled on “Mr. J” in early 2005 as part of the Homeless Solutions planning process. Mr. J, a single male in his mid 40s has been homeless off and on since 1992. He has a diagnosis of Schizo-affective disorder and depression and a long history of using drugs and alcohol. Mr. J also has a long history of asthma and hypertension – two chronic health problems that can be easily managed for people with a stable home. Mr. J. has no criminal history. A chronology of service from April 2004 – January 2005 identified a partial cost to the community of more than

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\$56,000. This cost includes several hospitalizations at Good Samaritan, substance abuse treatment, and shelter. It excludes costs incurred by Grandview, Miami Valley Hospital, Crisis Care, Nova House, and additional services that were not tracked by case managers.

The second example demonstrates both the high cost of chronic homelessness and the success of supportive housing in reducing those costs and preventing a return to the streets. Cobblegate, the community's first Housing First program, opened in September 2004 with a 10-unit apartment building. The program provides supportive housing to homeless mentally ill men and women who were not linked with the public mental health system. The average length of homelessness for the original 10 tenants was close to four years. All the tenants had a history of substance abuse and many also had serious medical issues. Seven of the ten original tenants remain housed.

Five of the tenants who remained housed self-reported shelter episodes, incarceration, emergency room usage, in-patient hospital days, nursing home stays and inpatient residential treatment in the 12 months prior to housing. The cost for the 12 month period was estimated at \$370,354 (\$203 per day per person). The initial cost to provide supportive housing to these five tenants for one year was less than half that cost, \$155,125 (\$85/day per person for housing and services).

While chronically homeless individuals create a significant cost to some of the community's institutions such as hospitals and the Jail, there is also a cost to provide the permanent supportive housing that will enable these individuals to leave a life on the street. The cost differential between doing nothing and stabilizing individuals in supportive housing will not always be as dramatic as that found at Cobblegate. Research co-sponsored by the Corporation for Supportive Housing shows that providing supportive housing for homeless people with severe mental disabilities does reduce the usage and cost of additional crisis services (e.g., shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated). At the same time, use of ongoing community services to address physical or behavioral health concerns is likely to increase. Even in instances where the cost to providing supportive housing may be close to or equal to the reduction in crisis costs, the non-financial benefits – the societal and human rewards – tip the scales in favor of investing in supportive housing. The challenge is to find a way to connect the savings from lower use of crisis/treatment services to offset the cost of developing and operating new permanent supportive housing.

The Planning Process

In the spring of 2004, the Shelter Policy Board created an action plan for developing a 10-year plan to end chronic homelessness and reduce overall homelessness in Dayton and Montgomery County. Inspired in part by the national goal to end chronic homelessness first articulated by the National Alliance to End Homelessness and later adopted by the U.S. Department of Housing and Urban Development (HUD) and the newly reconstituted Interagency Council on Homelessness (ICH), the planning process was unanimously endorsed by the City of Dayton Commission and the Board of Montgomery County Commissioners.

A Homeless Solutions Leadership Team was convened to lead the planning process. Co-chaired by the Dayton City Manager and the Montgomery County Administrator, the 19-member Leadership Team was composed of community leaders from the business and faith communities, healthcare,

criminal justice, education, housing, mental health, social services, media, and philanthropy. An interagency staff team, composed of upper-level staff from the City of Dayton, Montgomery County, and the Shelter Policy Board, worked cooperatively to support the planning process. The process was designed to develop solutions to homelessness by working across organizational and jurisdictional boundaries.

A key decision was made upfront to broaden the focus of the plan beyond chronic homelessness. Given that the majority of the homeless in Montgomery County are in families, it was unacceptable to all involved to galvanize the community energy and resources needed to end homelessness for a small percentage of individuals without also working to solve homelessness for families and or singles without disabilities. While only a small percentage of homeless individuals are considered chronically homeless, this group presents a two-fold challenge to communities. Chronically homeless individuals use significantly more than their “share” of existing shelter and other high-cost services such as jail, emergency rooms, and psychiatric beds. In addition, chronically homeless individuals are often the most public or visible face of homelessness in downtowns and on street corners and can negatively impact economic and neighborhood development efforts.

Unlike other social service systems such as child welfare and mental health, no organization has a legal mandate to solve homelessness. This has led to an entrepreneurial approach to the issue, with various faith-based and secular non-profits stepping up to fill the void and address ever-growing needs. What has often been missing is strong community leadership and broad governmental and business support.

The recognition by providers and community leaders that a paradigm shift was needed was critical. The solution could not just be to do more of the same and expect different results. The five most important elements of success that have been identified in communities that have seen a reduction in chronic homelessness are:

1. Creating a **paradigm shift that (recognizes that) existing approaches are not reducing or ending homelessness**, particularly chronic homelessness;
2. Setting a **clear goal of reducing chronic street homelessness**;
3. Committing to a **community-wide level of organization**;
4. Having **leadership and an effective organizational structure**; and
5. Having **significant resources from mainstream public agencies** that go well beyond homeless-specific funding sources. (*Strategies for Reducing Chronic Street Homelessness, January 2004*)

On October 14, 2004, the City of Dayton and Montgomery County formally kicked-off the planning process with a community meeting. Both the Mayor of Dayton and the President of the Montgomery County Commission spoke passionately about the need for a community-wide process to develop solutions to homelessness. Phil Mangano, Executive Director of the Interagency Council on Homelessness, gave a keynote address that challenged the community to live up to its history of innovation and invention. “Dayton is well positioned to make a national impact, not only by virtue of your size and innovative legacy, but also because of the political and good will your mayor, county administrator, city manager, and community are extending. The Leadership Council you crafted is expansive and inclusive. With representatives from the business community, the public sector, media, the faith-based community, the United Way, and others, you have assembled a ‘can do’ council in the great tradition of your city,” indicated Director Mangano.

The Homeless Solutions Leadership Team established outcomes for the process. As a community, we will be successful if we have:

- **Closed the front door** to keep more individuals and families housed and prevent their entry into the homeless system;
- **Opened the back door** to re-house quickly those individuals and families who do become homeless into safe, affordable housing in the community;
- **Rebuilt the infrastructure** of housing, income and services that supports poor people;
- **Ensured an efficient and coordinated system** of services; and
- **Educated the community** about the causes of homelessness **and changed attitudes and stereotypes** about persons who experience homelessness.

Data Collection

“I’m not bad; I just couldn’t get along with my step dad. He made my mom choose. She did and I lost.” (19 year old male)

“Drugs, jail sentences, prison, probation. I had no stability.” (46 year old female)

“My mom moved from place to place. She could never keep us in a house. We moved all of our lives. Never staying put anywhere.” (19 year old female).

What Consumers Had to Say

In the summer and fall of 2004, 41 homeless and formerly homeless adults were asked directly for their perspective on and experiences with the services and programs they encountered while homeless – those that made a difference in helping them find and maintain housing and those that didn’t. Persons who were interviewed included people who were currently homeless, living on the street or in emergency shelters or temporary supportive housing programs, and formerly homeless individuals now living in permanent housing.

The interview results provide a glimpse into the lives and experiences of these 41 individuals. Key interview findings validated what was already known anecdotally: a majority of homeless persons interviewed have experienced violence in their lives; homeless persons have needs beyond just housing; there are many pathways into homelessness and usually it is a diversity of contributing factors rather than a single cause; and comprehensive case management is often the key to success. With the multiplicity of paths into homelessness, the research suggests that a one-size-fits-all response will not be effective. (See Appendix C for summary results of the interviews.)

What Community Stakeholders Had to Say

Additional feedback came from surveys of community stakeholders and providers of shelter, housing, and other services. Both surveys rated the quality and availability of existing services, identified the systemic changes in policy or practice that would have the greatest impact on preventing or shortening stays of homelessness, and noted the most important issues for the planning process to address. The stakeholder survey was distributed to representatives of the business community, the faith community, neighborhood groups, school districts, criminal justice, all jurisdictions within the county, housing developers, and local foundations and other funders. Over half of the respondents believed that homelessness is a serious problem in the Dayton and

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Montgomery County area. However, more than 60% did not feel homelessness was a problem in the community where they lived.

A majority of the respondents to the provider survey rated as good or excellent the quality of services available in the community but only a few of those services received the same high rating for availability. The top issues identified were the lack of available, affordable housing and the need to resolve more effectively the mental health issues that contribute to homelessness. (See Appendix C for a summary of survey results.)

The SWOT Analysis

Between February and April 2005, the Homeless Solutions Leadership Team held a series of joint meetings with providers of shelter, housing, and other services. The result was an analysis of the most critical **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT) to the current homeless system. Also developed was a list of the “tough” questions that needed to be addressed during the planning process to keep the focus on ending rather than managing homelessness. The top issues prioritized through the SWOT analysis follow. (See Appendix C for more detailed results of the SWOT analysis.)

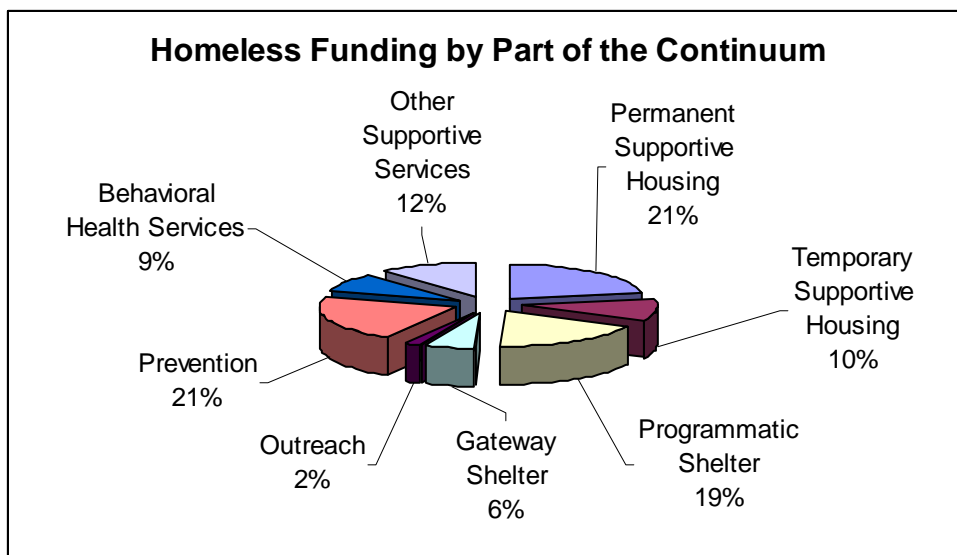
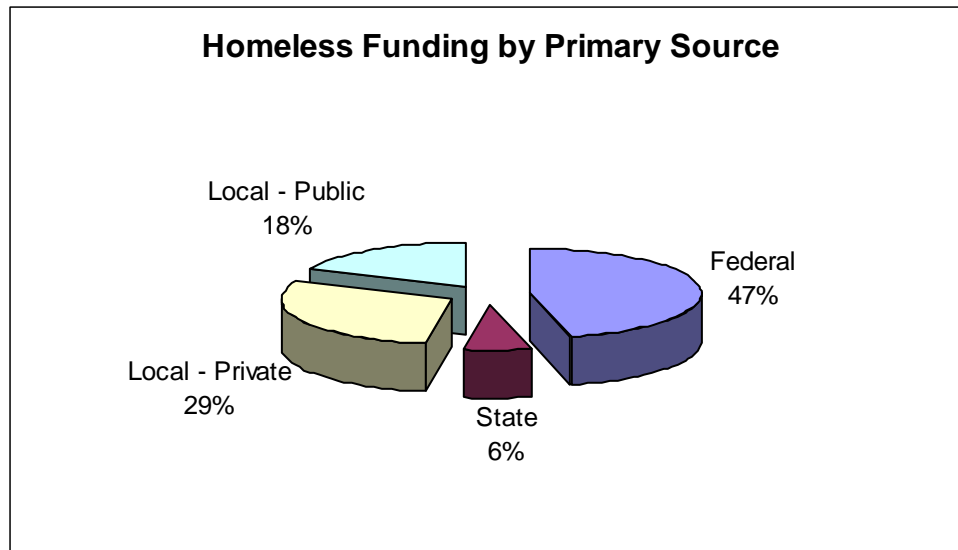
- *Opportunity* to realign the overall system and construct a system that truly interconnects all of the providers;
- *Strength and opportunity* of a strong sense of cooperation in system – between government and providers, among providers, between City of Dayton and Montgomery County;
- *Weakness and threat* of an inadequate supply of safe, affordable housing;
- *Threat* of the failure to resolve underlying causes of homelessness and address impact of other mainstream systems on homelessness;
- *Threat* of major decreases in funding for programs and services for very-low income individuals; and
- *Weakness* of restrictions on how many housing and service dollars can be spent.

Where the Money is Going

The next step was to develop a better understanding of the flow of dollars and people through the homeless system. A detailed financial overview was constructed of the financial resources targeted to homelessness in Montgomery County, broken down by part of the continuum – prevention, outreach, emergency shelter, temporary supportive housing, permanent supportive housing, substance abuse treatment, mental health treatment, and other supportive services including child care, health care, employment assistance, and housing relocation. The financial overview was accompanied with programmatic detail on staffing and service coverage. Nearly \$23 million is spent on managing or preventing homelessness in Montgomery County annually. Agencies and programs included in the overview ranged from those who serve only homeless individuals or families to those serving only a small percentage of homeless persons (less than 10%). (The complete financial overview is included in Appendix D.)

- Funding for homeless services comes predominantly from public sources, with private sources contributing less than one third of the total.
- The faith community contributes a significant portion of the private funding.
- The system is very HUD dependent – 38% of the total comes from HUD.
- Agencies are juggling multiple funders, budget and grant cycles, and reporting requirements – 35 different funding sources were identified.

- Approximately one third of the total is spent on temporary or permanent supportive housing; one quarter is spent on outreach or emergency shelter (gateway or programmatic).



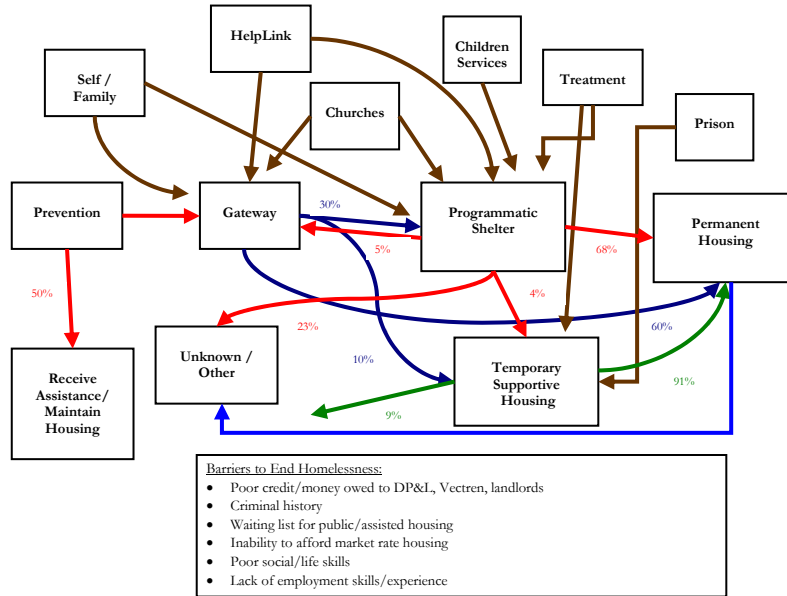
How Persons Experiencing Homelessness Access & Move through the System

The movement through the system of three distinct groups of homeless persons (young adults, families, chronically homeless adults) was mapped to determine how well the current array of housing and services matches the needs of homeless persons and to identify the “clogs” that are creating barriers to preventing or ending homelessness. The flow charts were developed in conjunction with the providers and present a good picture of the majority of those persons in each category who move, or try to move, through the homeless system and into housing.

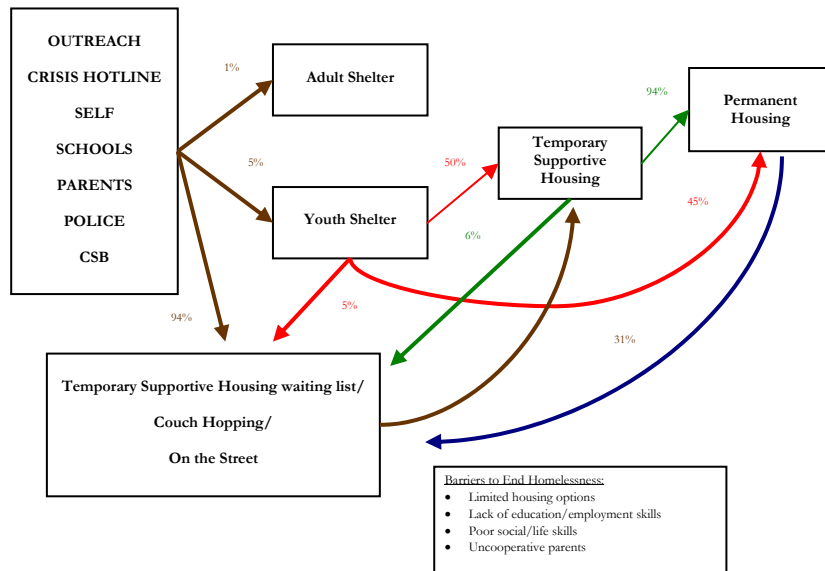
While the current system works fairly well for young adults and families, that is not the case for individuals who are chronically homeless. The system is not designed to end homelessness for this group of individuals, who tend to get “stuck” at the front end, rarely making it beyond contact with an outreach worker or a gateway shelter. Development of the flowchart underscored the need for

more Housing First options in the community, thereby allowing these individuals to bypass the homeless system and move directly into permanent housing with appropriate wrap-around services.

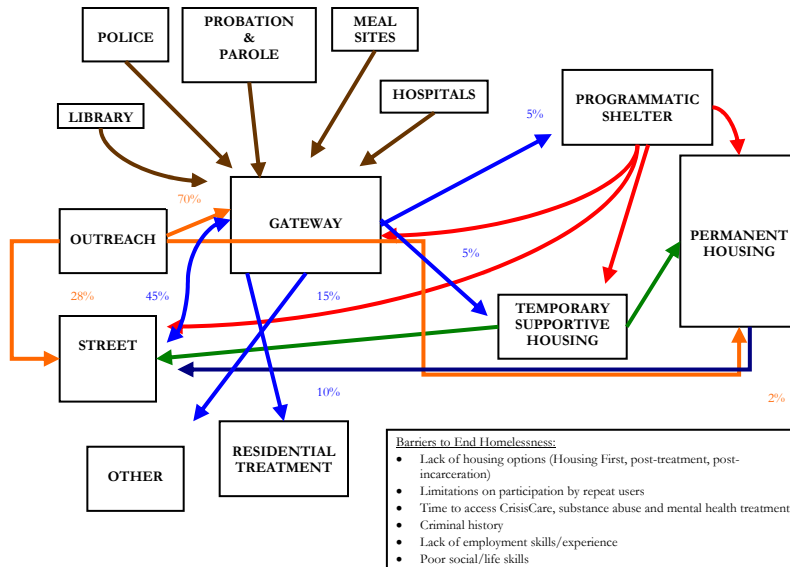
Families



Young Adults



Chronically Homeless Adults

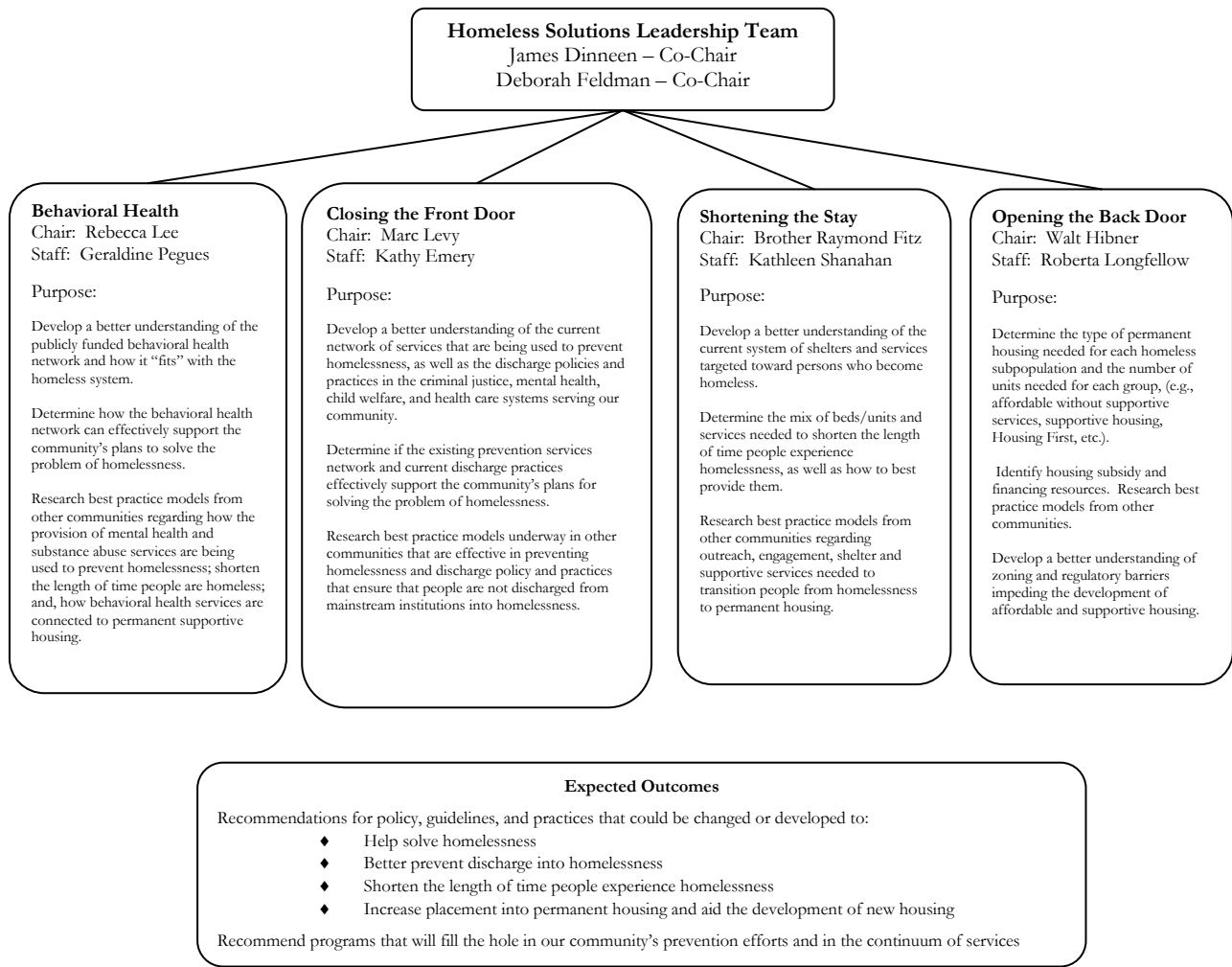


Developing the Strategies

Armed with the results of the data collection and analysis, the Leadership Team convened four community work groups to develop the systems change strategies and new initiatives needed to prevent homelessness and shorten the length of time persons experience homelessness. The work groups focused on two things: a **systems change agenda**, the two or three systemic or policy changes that would make an impact, and **closing the gaps**, the specific, fundable, implementable programs that would fill holes in the continuum. As an integral part of developing a set of recommendations, staff and the Work Groups identified best practices from communities across the country that have already developed 10-year plans to end chronic homelessness and are in varying stages of implementation. These best practices include programs and policies that have made a difference in the areas of prevention, shelter and services, housing, and behavioral health for those who are homeless or at-risk of homelessness. (The practices with the best chance for success in Montgomery County can be found in Appendix E.)

Strategies for ending homelessness from each of the work groups are incorporated into the overall recommendations section of this report, beginning on page 29. (Final reports from each of the work groups are included in the Appendix F-J.)

Homeless Solutions Work Groups



“People who are homeless are people first. The fact that they have illnesses that may significantly disrupt their lives doesn’t diminish their rights, their responsibilities, or their dreams.” (Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness, SAMHSA)

The **Behavioral Health Work Group** began by reviewing the public behavioral health system in Montgomery County, where mental health and substance abuse services are coordinated under one entity, the Alcohol, Drug Addiction, and Mental Health Services Board (ADAMHS). The Work Group focused its attention on homeless single adults with mental illness and/or substance abuse disabilities. The Work Group divided into two smaller groups to address the issues of mental health and substance abuse in more detail. Access to services, treatment models, outreach, and funding are some of the issues that were addressed by this Work Group.

After an initial review of the current array of prevention programs and the key issues to be addressed, the **Closing the Front Door Work Group** split into three subgroups. The first, People Living on the Edge, focused on very-low income families and individuals who are at-risk of becoming homeless. The second group, Emancipating Youth, focused on low-income teens and young adults without the financial, social, educational or life skills to make a successful transition from adolescence to adulthood on their own. This group includes young adults who are emancipating from foster care, and “gapper” youth who don’t qualify for ongoing protective care through either the mental health or developmental disability systems but who are too low-functioning to live on their own. The third group, Adult Re-entry, focused on adults re-entering the community from prison, mental health facilities or substance abuse treatment facilities.

The **Shortening the Stay Work Group** focused its attention on four distinct populations: homeless youth, families with children, young adults (ages 18-24), and older adults (25+), including those who are chronically homeless. While this group, too, believed that the best strategy for shortening the length of time people experience homelessness is through connection to affordable and supportive housing, strategies were also developed for improving service coordination and filling gaps in the existing continuum. The key is to reconnect people with housing rapidly. The longer people are homeless, the harder it is to reintegrate them back into mainstream society – habits needed to cope with homelessness are not necessarily suited to mainstream living.

The **Opening the Back Door Work Group** made a deliberate distinction between the housing needed for persons who experience homelessness and housing needed for those at-risk of homelessness. Both groups need a better connection to decent, vacant housing stock in the County. Many individuals who are currently homeless need housing with supportive services, either on a temporary or permanent basis. Additional affordable units, through rehabilitation, new construction or the provision of rental assistance, should be provided outside areas of current low-income concentration.

Collectively, the Work Groups determined that

- *preventing* homelessness is far cheaper than allowing it – it costs less to keep someone in their current housing than it does to provide emergency shelter and to re-house them;
- thousands of families and single individuals are “living on the edge” and are at-risk of becoming homeless;
- the safety net currently in place provides inconsistent coverage and is stretched very thin;
- very low-income households require deep subsidies in order to afford housing in the private market;
- there is no efficient, reliable way to connect affordable housing to the low-income people who need it, despite an abundance of vacant units;

- ensuring housing stability for young adults should be a high priority in order to prevent patterns and habits of chronic homelessness from developing;
- some homeless people are never successfully engaged by the existing set of shelter and service providers;
- current policies and procedures of many human service agencies sometimes make it difficult for homeless people who *are* in the system – or those at-risk of becoming homeless – to get all of the help they need and/or to get it quickly enough;
- homeless people needing mental health services are sometimes required to wait from two weeks up to three months;
- for people affected by drug or alcohol abuse, mental illness or other disabilities, local zoning laws, insufficient resources and the prevalence of the NIMBY syndrome (“not in MY backyard”) combine to produce a shortage of appropriate supportive housing options; and
- the NIMBY syndrome also complicates efforts to find locations for shelters and for affordable housing for low-income people.

Because committed leadership and strong governance of the system are fundamental requirements for successful implementation of the Homeless Solutions 10-Year Plan, the Leadership Team established a fifth, internal work group on governance. The **Governance Work Group** was charged with recommending an effective structure to provide policy direction, allocate funding, and coordinate local efforts to end chronic and reduce overall homelessness. Three models were examined: an informal collaborative model, a formal non-profit model, and a governmental model. Leadership Team members visited Columbus to learn first hand about the Community Shelter Board model of governance. Horace Sibley, the chair of the Atlanta Commission on Homelessness, visited Dayton to meet with the Leadership Team and share lessons learned from the development and initial implementation of Atlanta’s 10-Year Blueprint for Ending Homelessness.

Critical Issues

Resolving complex community issues requires the commitment and participation of key stakeholders, including those with competing interests. Bringing these competing interests to the same table results in a greater level of understanding among all involved and leads to better solutions. The Work Groups developed many excellent recommendations on the prevention of homelessness, improving services to move people out of homelessness, and governance of the homeless system. However, as the Work Groups drew to a close, it was clear that two issues remained as critical, yet unresolved, requiring the attention and focus of the Leadership Team as a whole – the role and future of public housing and gateway services.

Role and Future of Public Housing

Access to housing as the single most important factor in ending homelessness rose to the top in each of the four community work groups. As the largest single landlord of rental units for low-income households, the Dayton Metropolitan Housing Authority (DMHA) holds a unique place in Montgomery County. DMHA recognizes its role in housing the homeless by making this population its number one priority. DMHA is key to preventing homelessness for thousands of extremely low-income families in Montgomery County.

DMHA’s Board of Housing Commissioners adopted a Strategic Plan in 2004 which will reduce the number of DMHA owned public housing units over a ten year period and increase the use of housing vouchers. The plan will provide for greater choice and improved housing quality for low-income families. The public housing sites identified for demolition were chosen based upon the density, condition and age of the structures. The Board of Housing Commissioners determined it necessary to make these tough decisions in order to provide decent, safe and sanitary affordable housing. This new strategy will enable resources to be directed toward the improvements of other remaining housing authority sites. In addition, maintaining a manageable size will enable the housing authority to provide better customer services and improve the quality of housing DMHA offers its clients.

Due to the high number of homeless families in Montgomery County, the decision to reduce public housing was difficult. It is important to note that the particular sites identified by the Board for demolition are obsolete, have the highest crime rate, and the highest rejection rate by all families looking for affordable housing in Montgomery County.

Through several presentations and staff participation on the Homeless Solution Leadership Team, DMHA has helped the community understand why the Board made the decision to demolish targeted sites in our community. Although the housing authority has chosen to reduce public housing units, the goal is to increase the ability to issue Section 8 Vouchers throughout Montgomery County, resulting in an overall increase in the total number of families that the housing authority can serve. The goal of this restructuring is to ensure DMHA plays a leading role in the development of enhanced affordable housing in Montgomery County. This role is described in more detail in the “Where We Go From Here” section of the report beginning on page 34.

DMHA at a Glance			
	Public Housing	Section 8 Vouchers	Total
Units/Vouchers in 2006	3,489	4,026	7,515
Units/Vouchers in 2010 (projected)	2,109	5,736	7,845
Average Cost per Month	\$386	\$365	
Budget shortfall per Month	\$ 95	--	
Average Family Size	2.1	2.7	
Average Annual Income	\$9,900	\$12,000	

Gateway Services

The final issue addressed by the Leadership Team was gateway services – the combination of day and night services needed to engage and assess homeless individuals and families and *quickly* connect

them to appropriate housing and services from programmatic shelter to temporary supportive housing to permanent housing. The St. Vincent Hotel, the Samaritan Clinic, and The Other Place are the community’s gateway providers for homeless adults and families. The three facilities are located in close proximity to each other on the southern edge of downtown. There has been a great deal of debate about the clustering of the gateway providers in the same neighborhood and not always consensus about whether this is best for consumers or to what extent the clustering has resulted in an increase in crime or other negative impacts in the surrounding neighborhoods. There was consensus, however, that the issue of gateway services in all its complexity – what? where? how? targeted to whom? – is significant enough that it had to be resolved as a part of the Homeless Solutions planning process.

A small work group of Leadership Team members and gateway providers was convened to develop agreement on the best way to meet the dual goals of dramatically shortening the length of time spent in a gateway shelter to less than 14 days and reducing the impact on the neighborhoods surrounding the gateway shelters. Approximately 150-180 single adults have contact with the gateway providers on any given day. Of these, 60 are chronically homeless. Working with the gateway providers, staff developed the following breakdown of the pathways out of the gateway shelters for homeless adults.

Pathway out of Gateway	% of single adults for whom this is the best/most likely pathway	% of chronically homeless for whom this is the best/most likely pathway
Programmatic shelter	15%	0%
Treatment	10%	0%
Temporary supportive housing	20%	10%
Permanent supportive housing	30%	80%
Affordable housing/rental subsidy	20%	0%
Would remain homeless	5%	10%

More detail on the recommendations from the Gateway Work Group can be found in the “Where We Go From Here” section of the report, beginning on page 34.

Major Conclusions

- (1) The community cannot afford to have people literally *living* on the street or in gateway shelters. The negative impact on people’s lives, neighborhood revitalization, and economic development is too great. The cost – in human and economic terms – is staggering.
- (2) Homelessness is not just a City of Dayton issue. *Every* jurisdiction in Montgomery County was identified as a last permanent address for one or more homeless persons in the HMIS, and every jurisdiction has a role to play in the solution.
- (3) The role of housing in ending homelessness cannot be overstated. Keeping people housed and rapidly re-housing those who become homeless is the primary answer.
- (4) Mental illness and alcohol or drug addiction play a major role in extending homelessness for many single adults. Alternative shelter and Housing First options are needed to engage this

population as it is much easier to work on substance abuse and mental health issues when clients are stably housed.

- (5) Persons who experience homelessness fall into one of two groups – those who can become self-sufficient and live independently and those who will need a lifetime of support.
- (6) Community education about who is at-risk of homelessness and why is a critical strategy to develop the community will and financial resources required to end or reduce homelessness.
- (7) The community must work together to develop a unified plan and approach to poverty reduction to impact homelessness decisively.

Recommendations

I. Poverty Reduction

Homelessness and poverty are inextricably connected. Poverty reduction strategies include those designed to get more money directly into the pockets of homeless persons and those that take a broader, more systemic approach to poverty reduction.

- 1) Improve access to benefits for persons who are eligible.
 - Establish an SSI (Supplemental Security Income) Outreach program of presumptive eligibility, similar to the Baltimore, Maryland model.
 - Advocate for a state-level combined application process for SSI, SSDI (Social Security Disability), Medicaid and Food Stamps.
 - Determine eligibility for SSI or Medicaid for persons being released from prison so that benefits commence upon re-entry into the community.
- 2) Increase employment of homeless persons.
 - In collaboration with the Job Center, develop and implement flexible, longer-term training programs that also address life skills, job readiness, and job training.
 - Establish partnerships with employers to hire homeless persons.
 - Develop supportive employment programs targeted to persons in the gateway and programmatic shelters.
 - Explore Conservation Corps model for young adults.
- 3) Form an alliance of local and state public interest/policy groups to focus on homelessness and poverty reduction issues and advocate for policy and funding changes. Work toward a unified community plan and approach to poverty reduction.
- 4) Support the poverty reduction work already underway in the community, particularly through workforce development initiatives at the Job Center, EITC (earned income tax credit) outreach, and initiatives in the education and the behavioral health systems. Focus on those initiatives that reduce poverty by increasing an individual's skills and employability.

II. Prevention

Earlier intervention and prevention are key. Prevention strategies include short term emergency assistance programs to help people maintain housing, housing placement as an integral part of discharge planning from mainstream systems such as criminal justice and behavioral health, and an increase in the supply of affordable housing so that low-income households do not pay more than 30% of their income for housing.

A) Additional Housing Assistance for those at-risk of Homelessness

- 1) Develop a minimum of 1,800 additional low-income housing units over a ten-year period through a combination of new construction, rehabilitation of existing units, and rental subsidy.
- 2) Preserve the current number of public and federally assisted housing units in Montgomery County, and secure the financing and rental subsidies necessary to replace in scattered sites *outside areas of concentration* the 1,000 – 1,500 units of public housing that will be demolished.
- 3) Support and strengthen efforts to develop a cross-jurisdictional rental rehabilitation program that would provide funding to rehab rental units that are cost effective to repair and make them available to appropriate low-income households.
- 4) Advocate for the implementation of a County-wide Affordable Housing Implementation Plan, consistent with the community's Consolidated Plans, with incentives for jurisdictions to assist in the provision of affordable housing *outside areas of current concentrations*.
- 5) Provide gap financing or additional funding to complement the Low-Income Housing Tax Credit program to ensure that newly-constructed units are affordable to lower-income households.
- 6) Explore implementation of land use/zoning regulations requiring a percentage of new or rehabbed multi-family or single family units to be set aside as affordable units.

B) Emergency Assistance

- 1) Implement an eviction prevention program that includes financial and behavioral intervention, targeted to residents of public housing and Section 8 tenants, similar to a collaborative model in Louisville, KY.
- 2) Consolidate emergency financial assistance into a shared system of fund raising, management and disbursement, with appropriate case management follow-up.
- 3) Develop an early warning system of sustained prevention and intervention resources that includes the development of an eviction database using the existing court records information system. Coordinate efforts with the 211-Hotline initiative led by United Way and the Clerk of Courts.
- 4) Identify and resolve those discharge policies and practices from the criminal justice and behavioral health systems that lead to homelessness.

III. Housing

Access to affordable and supportive housing is the best tool for ending homelessness. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious mental illnesses. These housing strategies are targeted to persons who experience homelessness.

1) Develop a minimum of 750 units of supportive housing over a ten-year period. Increase the level of supportive services provided to persons in permanent supportive housing.

Population	Temporary Supportive Housing	Permanent Supportive Housing			Total
	Moderate Services	Limited Services	Moderate Services	Intensive Services	
Young Adults 18-24	95	--	--	20	115
Single Adults 25+	60	75	150	75	360
Chronically Homeless	--	--	--	100	100
Families	75	--	100	--	175
Total	230	75	250	195	750

2) Establish a Rental Assistance Subsidy program to provide temporary rental subsidy to homeless individuals and families moving into permanent housing.

3) Implement a web-based Centralized Housing Locator to connect potential tenants to vacant/available units, using one of several locally or nationally developed products.

4) Implement a model of temporary supportive housing for homeless families sponsored by the faith community, similar to Bridge of Hope and Catholic Refugee Resettlement.

IV. Multi-System Response

The solution to homelessness is bigger than the network of homeless providers. A multi-system response that breaks down funding, planning, and service “silos” is needed. The mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice must be directly involved in the solution.

A) Governance

1) Establish formal policy oversight of the homeless system through the creation of a Homeless Solutions Policy Board, convened initially by the Dayton City Commission, the Montgomery County Board of Commissioners, and the United Way of the Greater Dayton Area.

2) Establish a Funders Collaborative to provide formal fiscal oversight for all locally controlled and influenced resource decision-making in the homeless system.

3) Establish a Consumer Advisory Board to provide feedback and guidance on the implementation of the Homeless Solutions plan.

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- 4) Establish a Provider Agency Directors Group to increase collaboration between provider agencies and identify policy issues and problems.
- 5) Implement strategic community education and advocacy program to support the implementation of the Homeless Solutions 10-Year Plan by conveying the message that homelessness is an issue that affects *everyone* and *everyone* is a stakeholder in resolving this issue.
 - Develop an advocacy program designed to provide a voice for the homeless.
 - Increase participation in homeless solutions by the suburban municipalities and townships.
 - Educate the community about the benefits of successful re-entry & the costs of failed re-entry from criminal justice and behavioral health facilities.
 - Educate the community about the importance of providing affordable housing throughout Montgomery County.
- 6) Implement a single Homeless Management Information System, flexible and robust enough to be a good Homeless Case Management System with participation from all homeless providers, emergency assistance providers, and other providers who also serve homeless persons.
- 7) Integrate the mainstream systems that have an impact on homelessness into the development and implementation of the solutions. Review policies and practices to identify and resolve those that create barriers for ending homelessness.
- 8) Recruit and coordinate volunteers from the faith and broader community.

B) Integrated Services

- 1) Co-locate CrisisCare staff at the Samaritan Healthcare Clinic to conduct Behavioral Health Assessments for general mental health, serious mental health and alcohol or drug abuse as needed.
- 2) Implement a Multi-Agency High Users team to identify and engage homeless persons who frequently access crisis services (Seattle's High Users of Crisis Public Services model).
- 3) Add a "homeless system" Service Broker to the group of Service Brokers from the large, publicly funded agencies to resolve issues of access and questions about practices or policies that impact homelessness.
- 4) Implement the Continuum of Care concept within the criminal justice system, with re-entry planning and support from adjudication through the first 6 months of re-entry.
- 5) Develop an interagency triage system for youth at-risk of homelessness with multiple points of access including Children Services, ADAMHS, MR/DD, Daybreak, and Juvenile Court.
- 6) Explore the creation of a homeless court designed to help homeless citizens resolve outstanding misdemeanor criminal warrants and ease court case-processing backlogs. (San Diego Homeless Court program)
- 7) Increase availability of alcohol and other drug treatment services.

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8) Develop Mobile Outreach Teams to include members from multiple disciplines and expand availability of needed mental health services, including coverage beyond traditional business hours (Monday-Friday, 8:00 a.m – 5:00 p.m.)

C) Homeless Services

- 1) Redesign gateway shelter services to reduce density and overall neighborhood impact.
- 2) Develop a replacement solution for the Red Cross family shelter at Parkside.
- 3) Explore development of a single entry point into the homeless system, with assessments provided on-site by CrisisCare staff for all adults who enter the homeless system.
- 4) Develop a better coordinated case management system, with a single case management system for the gateway shelters and client advocates who maintain contact and follow the client from entry into the homeless system through stabilization in permanent housing.
- 5) Strengthen connections with existing life skills and parenting programs.
- 6) Increase the number of programmatic shelter beds for single women from 7 beds to 15.
- 7) Develop 15 units of Pre-Treatment Supportive Housing for homeless individuals who have been assessed by CrisisCare and are waiting to access substance abuse treatment.
- 8) Provide adequate healthcare services appropriate to the needs of homeless persons.
- 9) Develop shelter resources or Housing First programs for single young adults (18-24).
- 10) Develop a 25-30 bed, 24-hour alternative shelter for homeless persons who are actively using alcohol or drugs, similar to MaryHaven in Columbus, OH or the Healing Place in Louisville, KY.

Housing Summary

There are recommendations calling for the development of housing units in more than one section of this report. Units will be developed through a combination of new construction, rehabilitation of existing units, and rental subsidy. Some of the housing units are designed to prevent homelessness and others are targeted to persons who experience homelessness. The following table summarizes the total number of units to be developed during the implementation of the Homeless Solutions 10-Year Plan.

Shelter Beds	Temporary Supportive Housing	Permanent Supportive Housing	Affordable Housing w/out services	Rental Subsidy
50	230	520	1,800	To be determined

Where We Go From Here

The report, in working draft form, was shared with providers, consumers, and community groups to get their input and begin to build consensus on the strategies needed to end chronic homelessness and reduce overall homelessness. Initial implementation will focus on priority recommendations in three critical areas: governance, gateway services, and housing.

Governance

One of the first orders of business in the summer of 2006 will be the establishment of a Homeless Solutions Policy Board to replace the Shelter Policy Board. The Homeless Solutions Policy Board will provide policy direction, allocate funding, and coordinate programs and projects in the four areas outlined below.

- (1) Provide homeless system oversight and develop and implement strategic plans and policies to end chronic homelessness and reduce overall homelessness in Dayton and Montgomery County.
- (2) Establish a Funders Collaborative to generate funds and set funding priorities and criteria consistent with the Homeless Solutions 10-Year Plan and policy goals.
- (3) Ensure an effective management information system is in place to support the homeless system. Require all agencies in the homeless system network to participate through consistent data collection and data management to provide high quality data for planning, performance measurement, funding allocation, and accountability.
- (4) Establish clear outcome and accountability measures consistent with the strategic plans and policy goals. Use the management information system data and other evaluation tools to measure effectiveness and progress.

The Homeless Solutions Policy Board will establish working committees and ad-hoc teams to assist with the implementation of the 10-Year Plan. Committee membership will include an effective mix of Policy Board members, policy makers, technical experts, and others with a vested interest in solving homelessness, including provider agencies. A Consumer Advisory Board will be established to provide direct feedback on the development and implementation of solutions to homelessness from the vantage point of individuals who have experienced homelessness firsthand. As a first step, focus groups were held with homeless and formerly homeless adults to obtain feedback on the recommendations. Their input and suggestions will be provided to the Policy Board. A Provider Agency Directors Group with the mandate to increase collaboration between provider agencies and to identify policy issues and problems that should be addressed by the Homeless Solutions Policy Board will also be established. The Chair of the Provider Agencies Director Group will sit on the Homeless Solutions Policy Board.

Staffing of the Homeless Solutions Policy Board will be provided through the Montgomery County Office of Family and Children First. The use of an existing governmental organization for staff support will allow the new structure to “hit the ground running” and keep initial start-up costs low. The Office of Family and Children First will add key staff who will focus solely on homelessness, supported by existing overhead and support staff. An assessment will be made after some

experience has been gained to determine if the staffing and operation should be spun-off from the Office of Family and Children First and, if so, its proper placement.

The Funders Collaborative called for in recommendation IV.A.2 above will be a subcommittee of the Homeless Solutions Policy Board, establishing formal fiscal oversight for all locally controlled and/or influenced resources targeted to the homeless system. The Funders Collaborative will ensure that funding criteria and decisions are made in alignment with the policies and outcomes established by the Homeless Solutions Policy Board. Draft membership for each group follows.

Homeless Solutions Policy Board

<u>Organization</u>	<u>Member</u>
ADAMHS Board	ADAMHS Board Chair
At-Large	Selected by HSPB
At-Large	Selected by HSPB
Bank / Financial institutions	Selected by HSPB
Business Community	Dayton Business Committee
Business Community	Downtown Dayton Partnership
Business Community	Dayton Urban League
Business Community	Dayton Area Chamber of Commerce
City of Dayton	City Manager
Consumer Representative	Formerly Homeless Individual(s)
Dayton Foundation	President / Designee
Dayton Metropolitan Housing Authority	DMHA Board Chair
Faith-Based Community	Selected by HSPB
Faith-Based Community	Selected by HSPB
GDRIA (Greater Dayton Real Estate Investors Association)	Designee
Human Services Levy	HSL Council Chair
Kettering Health Network	President / Designee
Mathile Foundation	President / Designee
Mayors and Managers	Chair / Designee
Montgomery County	County Administrator
Premier Health Network	President / Designee
Provider Representative	Chair of Provider Agency Directors Group
Sinclair Community College	President / Designee
United Way of the Greater Dayton Area	United Way Board Chair / Designee
University of Dayton	President / Designee
Wright State University	President / Designee

Funders Collaborative

<u>Organization</u>	<u>Member</u>
ADAMHS Board	ADAMHS Board Chair
City of Dayton	City Manager
Dayton Foundation	President / Designee
Dayton Metropolitan Housing Authority	DMHA Board Chair
GDAHA	President

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(Greater Dayton Area Hospital Association)

Human Services Levy

Mathile Foundation

Montgomery County

United Way of the Greater Dayton Area

HSL Council Chair

President / Designee

County Administrator

United Way Board Chair / Designee

Housing

A second, simultaneous task will be to begin immediately implementing some of the plan's key housing recommendations. As a result of its participation in the Homeless Solutions process, the Dayton Metropolitan Housing Authority Board of Commissioners evaluated its Strategic Plan to identify opportunities for reuse of its facilities to help achieve the community's goal of ending chronic homelessness and reducing overall homelessness. Three sites have been identified to provide a combination of shelter, affordable, and permanent supportive housing for homeless individuals and families. Successful reuse of these sites will require a community partnership which includes the Housing Authority, the City of Dayton, Montgomery County, and others. Financial resources must be identified to modernize and improve the facilities, provide funding for security, operating subsidy and social services at the targeted locations. Without adequate financial support from the community, these sites cannot be reused.

The site with the most immediate potential to break the logjam at the gateway shelters is Helena Hi-Rise which is currently slated for demolition. This facility could be converted to permanent supportive housing for homeless individuals. The adjacent property, Parkside Homes, is slated for demolition as well. In the event that redevelopment of the site would include Helena Hi-Rise in the total project, alternative options may need to be explored.

The two other DMHA sites that have been identified as potential solutions are Dunbar Manor and Hilltop Homes. Dunbar Manor could become the new home for the Sojourner program. The Red Cross Emergency Housing Program could relocate to Hilltop Homes once Parkside has been demolished.

Memorandums of Understanding for the Helena Hi-Rise facility, clearly detailing responsibilities and obligations of DMHA, the City of Dayton, Montgomery County, and any other partners, will need to be negotiated and signed before any reuse.

Gateway Services

The third implementation track will focus on the immediate and short-term strategies for shortening the stay in a gateway shelter to less than 14 days and reducing density and impact in the neighborhoods surrounding the gateways. While some of the recommendations are relatively minor and easy to accomplish, others are much more significant and will require both a shift in operations at the St. Vincent Hotel and The Other Place *and* community leadership and commitment for them to happen. Resolving the issues surrounding the Patterson Boulevard corridor where the gateway shelters are located is critical to the success of the overall Homeless Solutions 10-Year Plan and to the ongoing economic and neighborhood development in the area. Recognizing that, Montgomery County made a significant commitment of resources from the Human Services Levy in May 2006 to implement the immediate gateway strategies. Implementation of the short-term gateway strategies will require additional community resources.

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IMMEDIATE STRATEGIES (Spring 2006)

1. Convert the St. Vincent Hotel to a 24 hour family shelter, while continuing to shelter single adults overnight. Convert The Other Place (TOP) into a singles only daytime facility.
2. Extend the current operating hours at both the St. Vincent Hotel and The Other Place to eliminate gaps in coverage in the morning and early evening, thereby providing 24/7 gateway coverage for singles with the following hours:

The Other Place	7:00 a.m. – 7:00 p.m.
St. Vincent Hotel	6:30 p.m. – 7:30 a.m. (can return to the St. Vincent grounds at 6:00 p.m.)
3. Develop “peak hours” programming at TOP to encourage clients to remain indoors during morning and evening high traffic hours.
4. Keep “winter shelter” beds at the St. Vincent Hotel open year round.
5. Install lockers at the St. Vincent Hotel for those guests who don’t have to make a reservation every day.
6. Work with House of Bread and other community and faith-based meal providers to provide lunch onsite for singles at The Other Place and families at the St. Vincent Hotel.
7. Reconfigure entry access to TOP using side door (parking lot side) instead of front door facing Patterson.
8. Make an enclosed smoking area using TOP’s green space off Catherine St.
9. Develop outdoor space at St. Vincent Hotel to include covered shelter areas, children’s playground equipment, basketball hoops (adult and child size), etc.
10. Strategically place City of Dayton police officers to reduce wandering/impact on neighborhood.

SHORT-TERM STRATEGIES (Next 18 months)

1. Develop 100 units of temporary and permanent supportive housing for homeless adults.
2. Provide rental subsidies to individuals who will move directly from the gateway into permanent housing.
3. Relocate The Other Place to another neighborhood.
4. Develop 24/7 intake and assessment access to homeless system.

10-Year Plan Evaluation

Evaluation and performance measurement will be an integral part of implementation. Evaluation will provide an objective way to track progress toward meeting the goal of ending chronic homelessness and reducing overall homelessness and keep the community focused on what is

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working well and where plans may need to be modified. Action plans for each of the recommendations will be developed with benchmarks, outcomes measures, and responsible persons identified.

Indicators of success will include decreases in:

- the number of individuals who are chronically homeless;
- the average length of stay in the gateway shelters;
- the average length of stay in the homeless system; and
- the recidivism rate back into homelessness.

Other indicators of success will include increases in:

- housing stability (7+ months in permanent housing), and
- income from employment or benefits.

The Homeless Management Information System (HMIS) will be used to track key outcomes and enhance the community's understanding of the nature and extent of homelessness in Montgomery County. The HMIS currently is an underutilized resource, with much of its potential for making referrals and sharing data untapped. As implementation of the Homeless Solutions 10-Year Plan moves forward, the HMIS will be a key tool for measuring effective programs and enabling the Homeless Solutions Policy Board to make informed programming and funding decisions.

Conclusion: A Call to Action

The Homeless Solutions 10-Year Plan outlines ambitious goals to prevent homelessness in our community, complemented by strategies to assure the availability of safe affordable housing throughout the County by building on local, state, and national resources and best practices. Success will require commitment and leadership from all sectors and quadrants of the county – the City of Dayton and Montgomery County governments, suburban jurisdictions, neighborhoods, business, the faith community, and social service providers, and consumers. Those experiencing homelessness have a personal responsibility to assist with the development and implementation of the solutions. The community has an equal obligation to provide the housing and services necessary to prevent homelessness and to assist those who become homeless to make quickly the transition from homelessness to housed.

It will be neither easy nor quick. The plan calls for human, financial, and political resources to be galvanized to end homelessness. Success will depend, in part, on identifying new financial resources and redirecting current resources toward supportive and affordable housing. Success will also depend on the willingness of providers to embrace new models of service provision targeted to ending rather than managing homelessness and on community leaders making the commitment to increase the supply of affordable and supportive housing all across the county.

The Homeless Solutions Leadership Team believes the community is up to the challenge. While it may not be possible to prevent all episodes of homelessness, it is possible to reduce significantly the numbers of people who experience homelessness and to ensure that *no one in our community* gets relegated to a life on the street.

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Appendices

Appendix A	Roster of Work Group Chairs and Members
Appendix B	Background Material on the Current Homeless System
Appendix C	Results from Consumer Interviews, Stakeholder Surveys, and SWOT Analysis
Appendix D	Financial Overview of Current Homeless System
Appendix E	Best Practices
Appendix F	Behavioral Health Work Group Report
Appendix G	Closing the Front Door Work Group Report
Appendix H	Shortening the Stay Work Group Report
Appendix I	Opening the Back Door Work Group Report
Appendix J	Governance Work Group Report

All appendices are available on-line on the following websites:
City of Dayton www.cityofdayton.org
Montgomery County www.co.montgomery.oh.us
United Way of the Greater Dayton Area www.dayton-unitedway.org

Glossary

ADAMHS – The Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County. Coordinates and funds mental health and substance abuse treatment services.

Affordable Housing – Housing is considered affordable when a tenant pays no more than 30% of his/her income for rent and utilities. Households earning less than 50% of the area median income (\$30,000 for a family of four) have the greatest need.

Chronically Homeless – A single, unaccompanied individual with a disability who has been homeless for more than one year or has had at least four episodes of homelessness in the last three-years. The disability can be substance abuse, serious mental illness, developmental disability, or chronic physical illness.

Continuum of Care (CoC) – A collaborative funding approach that helps communities plan for and provide a full range of emergency, temporary, and permanent housing and supportive services designed to assist homeless individuals and families to move to permanent housing.

Engagement Center – An alternative shelter targeted to homeless adults who are addicted to alcohol and/or drugs.

Gateway Shelter – The primary entry points into the homeless system, designed to meet immediate, crisis needs for shelter and/or healthcare.

General Mental Health Disorder – The presence of a psychiatric disorder that is not usually accompanied by significant functional impairment or a disruption of normal life (i.e., depression, anxiety, etc.). Treatment is usually short term.

Homeless Management Information System (HMIS) – A computerized data collection system designed to capture client-level information over time on the characteristics and service needs of homeless men, women and children, while also protecting client confidentiality.

Housing First – Low-demand housing, generally targeted to chronically homeless adults who are mentally ill and/or addicted. Tenants are placed into housing directly from the street or a gateway shelter without a prerequisite that they successfully complete treatment or be connected to a mental health center.

Permanent Supportive Housing – Long-term, permanent housing with varying levels of supportive services. Targeted to homeless persons with disabilities, including serious mental illness, chronic substance abuse, developmental disabilities, or HIV/AIDS. There are many different models of permanent supportive housing.

Programmatic Shelter – A shelter that, by design, has a longer length of stay than a gateway shelter. Programmatic shelters provide more intensive case management services, life skills training, and connection to employment and other mainstream resources.

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Safe Haven – A form of supportive housing serving hard-to-reach homeless persons with severe mental illness who are living on the streets and have been unwilling or unable to participate in supportive services.

Section 8 Housing Voucher – Federal rent subsidy that can be used by low-income households to lease privately-owned housing throughout the community. The voucher program is administered by the public housing authority.

Serious Mental Health Disorder – The presence of a severe psychiatric disorder accompanied by significant functional impairment, disruption of normal life tasks, periods of hospitalization, and need for psychotropic medication (i.e., psychosis, schizophrenia, etc.).

Shelter Policy Board – The collaborative board created in 1986 to serve as the coordinating, oversight body for the homeless system.

Substance Abuse Disorder – Excessive, compulsive drinking of alcohol and/or physical dependence on drugs resulting in a chronic disorder affecting physical health and/or personal or social functioning.

Temporary Supportive Housing – Housing combined with supportive services on a temporary basis. Sometimes referred to as transitional housing, residents can stay for up to two years while they acquire the independent living and job skills needed to obtain and maintain permanent housing. There are many different models of temporary supportive housing.