

THE ROAD HOME:



Ten Year Plan to End Homelessness and Promote Housing Stability

2015–2018 Update

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EXECUTIVE SUMMARY

Since 2008, the Greater Richmond region has witnessed a marked reduction in the number of individuals and families who are homeless. This achievement has come through the coordinated efforts of public, private, and faith-based organizations, combined with the creativity, resourcefulness, and compassion of neighbors throughout the region.

A guiding document in shaping efforts to combat homelessness has been the *Ten Year Plan to Prevent and End Homelessness in the Richmond Region*, 2008–2017, published by Homeward in 2008 and implemented by a broad regional coalition. The time has come to recalibrate the plan to ensure that the region continues to meet its original goals. Why now, in 2015?

“ A REGIONAL GOVERNMENT AGREEMENT OR APPROACH TO HOMELESSNESS WOULD BE HELPFUL. WITHOUT IT, THE RISK IS THAT NONE OF THE PLANS ARE CONSISTENT OR HAVE THE SAME COMPONENTS. ”

- LOCAL GOVERNMENT REPRESENTATIVE

THE PROBLEM OF RESIDENTS NOT BEING ABLE TO FIND, AFFORD, OR STAY IN A SAFE AND STABLE HOME PERSISTS THROUGHOUT THE REGION AND IS FAR FROM BEING RESOLVED. While the region’s localities have witnessed steady reductions in the number of residents who find themselves homeless, there were still 2,893 men, women, and children without homes in 2014.

MUCH MORE IS KNOWN TODAY ABOUT HOW TO REDUCE HOMELESSNESS THAN IN 2008. New national research has emerged about which services are most effective and where they are needed most.

THE GREATER RICHMOND CONTINUUM OF CARE IS MUCH STRONGER AND BETTER

ORGANIZED THAN IT WAS IN 2008. The coalition representing many of the public and private organizations implementing the plan has an eight-year track record of funding programs that work and is poised to help end homelessness.

The Road Home: Ten Year Plan to End Homelessness and Promote Housing Stability builds on the successes of the last seven years and recommends action for the next two and a half years in the areas where limited or no progress was made. The plan’s recommendations were researched and formulated by a Planning Committee that Homeward—the backbone organization for the collective effort—convened, with representation of both the public and private sectors. The report’s findings reflect the input of homeless individuals and families and incorporate the ideas of many working in the fields of housing and homelessness.

REGIONAL SUCCESSES SINCE PLAN IMPLEMENTATION IN 2008

AREAS OF LIMITED OR NO PROGRESS SINCE PLAN IMPLEMENTATION IN 2008

POLICY

- | | |
|---|--|
| <ul style="list-style-type: none"> ◆ Shift from shelter to housing first ◆ State leadership emerged with emphasis on permanent housing ◆ Increased media awareness | <ul style="list-style-type: none"> ◆ Local government ordinances and inclusionary zoning to support very low income housing have not been implemented |
|---|--|

POPULATIONS

- | | |
|--|---|
| <ul style="list-style-type: none"> ◆ More permanent supportive housing and rapid re-housing for families and veterans | <ul style="list-style-type: none"> ◆ Insufficient targeted services for at-risk populations (e.g., young people, persons with mental health needs or substance abuse issues) |
|--|---|

COORDINATED SYSTEMS

- | | |
|--|---|
| <ul style="list-style-type: none"> ◆ Funding and Capacity: built and incentivized capacity among rapid re-housing providers; improved case management and standardized assessment tools among agencies ◆ Coordination: integrated best practices locally; included children experiencing homelessness and collaboration with public schools ◆ Education: increased awareness and visibility of need for permanent supportive housing for residents below 30% AMI; increased media coverage of regional homelessness; increased understanding of at-risk population’s demographics, service usage, and needs | <ul style="list-style-type: none"> ◆ Housing Development: no rental subsidies to private developers ◆ Strategic Alliances: out-placement of homelessness specialists at partner agencies, such as jails ◆ Access to Resources: monitoring on financial stability, child care, and medical and transportation needs |
|--|---|

DATA AND RESEARCH

- | | |
|---|---|
| <ul style="list-style-type: none"> ◆ Increased use of and quality of the Homeward Community Information System (HCIS) database ◆ Homeward established as a central research and data management source for information about homelessness ◆ Increased knowledge of housing and service needs of ex-offenders and chronic homeless ◆ Documented cost effectiveness of permanent supportive housing | <ul style="list-style-type: none"> ◆ Insufficient upgrades to the Homeward Community Information System (HCIS) for case management, intake, evaluation, or interface with other systems ◆ Limited sharing of targeted client outcomes on regional status report |
|---|---|

The geographical scope of the plan is the Greater Richmond region, spanning the City of Richmond and the Counties of Henrico, Hanover, Chesterfield, Goochland, Powhatan, Charles City, and New Kent.

The Road Home aims to increase housing stability by ten percent annually through 2018 for residents in the region who are homeless or in severe danger of becoming homeless. The vision for the plan is that:

Individuals and families are able to live among their neighbors in stable housing with the resources they need to thrive on their own.

The mission of *The Road Home* is to help individuals move quickly and with dignity from homelessness to housing through coordinating services, improving practices, using data strategically, and engaging the community in solutions.

By adopting the following four goals and aligning the necessary resources the region can accomplish this task.

GOAL ONE: Coordinated Systems

ESTABLISH A COORDINATED ENTRY SYSTEM WITH A HOUSING-FIRST FOCUS THAT IS EASY FOR PEOPLE TO ACCESS, IDENTIFIES AND ASSESSES THEIR NEEDS, AND PRIORITIZES THOSE FACING THE GREATEST RISKS.

Strategies:

- ◆ Provide entry into the homeless services system that is geographically accessible to all target populations.
- ◆ Coordinate Continuum of Care workgroups to find housing for intended populations.
- ◆ Replicate and expand successful coordinated entry models to improve access to services for intended populations.
- ◆ Increase outreach and communication to mainstream resources and community-based services to facilitate cross referrals.
- ◆ Monitor and improve the accessibility of the homeless services system.

“ THAT’S THE POINT OF GETTING THE HOUSING FAST. YOU CAN GET A JOB. YOU DON’T HAVE TO WORRY ABOUT THE DEADLINE, YOU CAN GO HOME AND GET THE REST YOU NEED... YOU CAN GIVE BACK TO THE COMMUNITY, GET A JOB. ”

- PERSON WHO IS HOMELESS

GOAL TWO: Strategic Alliances

DEVELOP STRATEGIC, CROSS-SECTOR PARTNERSHIPS TO ADDRESS GAPS IN HOMELESS SERVICES AND AFFORDABLE HOUSING.

Strategies:

- ◆ Create and implement a coordinated pathway for homeless individuals to access workforce development resources in the region.
- ◆ Develop prioritized and targeted referral processes with regional affordable housing providers to place individuals in affordable housing.
- ◆ Increase and target resources to meet the mental health and substance abuse needs of clients experiencing homelessness.
- ◆ Decrease the number of individuals who become homeless or return to homelessness after incarceration in local and regional jails.
- ◆ Support local and regional efforts to reduce poverty and meet the basic needs of people experiencing or at risk of homelessness.
- ◆ Increase engagement of faith-based organizations in changing the system of services to end homelessness.

“ IT WAS HARD TO CONNECT WITH SERVICES WHEN I FIRST GOT HERE. ”

— — — — —
- PERSON WHO IS HOMELESS

GOAL THREE: Data

USE REAL-TIME, COMMUNITY-LEVEL DATA TO TARGET AND ALIGN SERVICES, POLICIES, AND FUNDING WITH CLIENT AND COMMUNITY NEEDS AND RESOURCES.

Strategies:

- ◆ Launch evaluation of targeted programs and systems to assess program efficacy.
- ◆ Understand the scope of housing instability and risk factors of youth and young adults experiencing homelessness or residing in dangerous and unstable housing situations.
- ◆ Identify, coordinate, and increase the efficiency of resources available to the homeless population in schools, jails, and supportive housing and health care systems.
- ◆ Engage consumers in the planning and evaluation of system-level outcomes.

GOAL FOUR: Policy and Engagement

INCREASE SUPPORT OF POLICY MAKERS FOR EFFECTIVE POLICIES AND SERVICES TO END HOMELESSNESS THROUGH EDUCATION, ENGAGEMENT, AND ADVOCACY.

Strategies:

- ◆ Increase awareness and action on homelessness by sharing accessible research and analysis.
- ◆ Develop and align city and county government plans to end homelessness and promote housing stability.
- ◆ Advance annual policy priorities aligned with *The Road Home* for federal, state, regional, and local consideration.

The Road Home guides the region to end homelessness and promote housing stability. The effectiveness of the plan depends on collective community efforts and a shared commitment to making homelessness “rare, brief, and non-recurring.”¹

By strategically investing resources to achieve the four goals, the Greater Richmond region can end homelessness. Implementing and funding the four goals will improve coordination of and access to services, expand services through partnerships, align state and local policies with ending homelessness, and target resources where they are needed most. Based on a shared vision of a region without homelessness, the plan serves as a road map to accelerate results, focus resources and policies, and help those who find themselves homeless seek permanent housing stability.

“ OVER THE LAST FEW YEARS, THERE HAS BEEN A STEADY INCREASE, A NEED FOR FINANCIAL ASSISTANCE, UTILITIES, AND RENT, BUT ALSO MEDICAL NEEDS. ”

- SOCIAL SERVICE DEPARTMENT REPRESENTATIVE

INTRODUCTION

Since 2008, the region has witnessed a marked reduction in the number of individuals and families who are homeless. The achievement has come through the coordinated efforts of public, private, and faith-based organizations, combined with the creativity, resourcefulness, and compassion of neighbors and organizations. A guiding document in shaping efforts to combat homelessness has been the *Ten Year Plan to Prevent and End Homelessness in the Richmond Region, 2008–2017*, published in 2008 by Homeward—a backbone coordinating entity for the effort—and implemented by a broad regional coalition, now in its eighth year.

HOMEWARD

“Homeward is the planning and coordinating organization for homeless services in the greater Richmond region. Homeward fulfills its mission to prevent and end homelessness in the Richmond region through three core areas of focus:

- ◆ *“Identifying Needs and Trends*
- ◆ *“Serving as a Community Catalyst for Change in Service Delivery, and*
- ◆ *“Educating the Community for System Change.”*

<http://homewardva.org/about/homeward>

Through the efforts of these local governments and private agencies, private funders, state organizations, and individuals, since 2007, the region has experienced a:

- ◆ 21% overall decrease in the number of persons who are homeless,
- ◆ 30% decrease in the number of children living in shelters, and
- ◆ 30% decrease in the number of homeless veterans.²

In addition, the number of permanent supportive housing units in the region funded with federal dollars has increased by more than 150 percent—from 233 units (and long-term subsidies) in 2008 to 595 (including 224 Veterans Affairs Supportive Housing [VASH] vouchers from the U.S. Department of Housing and Urban Development [HUD] for homeless veterans) in 2015.³

Many of these improvements have been the result of **targeted efforts** to help specific populations in need and find individuals **housing first**, rather than require participation in transitional programs before they may obtain permanent housing. In the region’s coordinated approach, once individuals are in stable housing, they are connected to the services they need in health, education, employment, and addiction recovery.

With this positive track record, why does it make sense to revisit or change the *Ten Year Plan* in 2015?

1. THE PROBLEM OF CITIZENS NOT BEING ABLE TO FIND, AFFORD, OR STAY IN A SAFE AND STABLE HOME PERSISTS THROUGHOUT THE REGION AND IS FAR FROM BEING RESOLVED. *The Road Home*, like its predecessor, pursues the goal of ending homelessness by providing a blue print for reducing the numbers of individuals without safe and stable housing. While the region's localities have witnessed steady reductions in residents who find themselves homeless, there were still an estimated 2,893 men, women, and children without homes in 2014.⁴ The number of individuals seeking shelter in cold weather at a facility designated for "overflow" clients—that is, those unable to find emergency shelter in existing facilities—increased 20 percent over the past two winters, from 633 individuals served during the winter season of 2013–2014 to 788 in the winter of 2014–2015. According to HUD, the region has an unmet need for 80 emergency shelter beds, 40 transitional housing units, 15 Safe Haven units, and 210 permanent supportive housing apartments.

2. MUCH MORE IS KNOWN ABOUT HOW TO REDUCE HOMELESSNESS NOW THAN IN 2008. New national research has emerged about which services are most effective and how to maximize collective impact approaches nationally and regionally to generate community-wide support for ending homelessness. In the Greater Richmond region, for example, Homeward facilitated a collective impact approach that resulted in housing over 100 veterans in approximately four months, called "The 100-Day Challenge." The Greater Richmond Continuum of Care was also part of the effort to help the Commonwealth of Virginia identify 1,000 homes for homeless individuals with chronic and serious medical conditions through coordination and alignment with a shared vision. These lessons and practices can be applied to streamline efforts and put resources where they are needed most.

3. THE GREATER RICHMOND CONTINUUM OF CARE, WHICH REPRESENTS THOSE AGENCIES IMPLEMENTING MUCH OF THE PLAN, IS MUCH STRONGER AND BETTER ORGANIZED THAN IT WAS IN 2008, WITH THE ADDED EXPERIENCE OF ALLOCATING APPROXIMATELY \$6 MILLION DOLLARS ANNUALLY THROUGH A COORDINATED AND RIGOROUS PROCESS IN THE REGION. This group has gained an understanding of the core issues facing homeless individuals and families as well as the most effective ways to fund programs that reduce the numbers. The Continuum of Care has helped launch and implement successful campaigns to house families, veterans, and others in need. As a result, it is better positioned to take on the challenge of ending homelessness than ever before.

GREATER RICHMOND CONTINUUM OF CARE

"The Greater Richmond Continuum of Care serves as the Continuum of Care (CoC) for its geographic area of the city of Richmond, and the counties of Chesterfield, Hanover, Henrico, Powhatan, Goochland, New Kent and Charles City. The Continuum of Care (CoC) was designed to address homelessness through a coordinated community-based process of identifying needs and building a system of housing and services to address those needs. The Greater Richmond CoC seeks to prevent, reduce, and end homelessness through effective and coordinated community-wide efforts and services."

<http://homewardva.org/about/grcoc>

This recalibration of the original *Ten Year Plan* is entitled *The Road Home: Ten Year Plan to End Homelessness and Promote Housing Stability*. It builds on the successes of the last eight years and suggests new inroads in the areas where limited or no progress was made. *The Road Home* takes into consideration successful methods and employs them to help prepare and house populations in greatest need. It leverages the expertise and collective resources of those individuals and organizations committed to finding solutions to homelessness.

I. RECALIBRATING THE REGION'S VISION AND PLAN

TO ADDRESS HOMELESSNESS

Ending homelessness and keeping people in housing relies on the coordinated efforts and resources of a broad regional coalition. As the intermediary organization for ending homelessness for the region, Homeward was charged by the Greater Richmond Continuum of Care and its board to facilitate and coordinate the 2015–2018 recalibration process.

“ THERE IS VIRTUALLY NO AFFORDABLE HOUSING STOCK AVAILABLE. FOR OUR POOR, 30% OF THEIR INCOME MAY BE \$200-\$300 A MONTH, AND THERE IS NOTHING AVAILABLE FOR THAT. ”

— LOCAL GOVERNMENT REPRESENTATIVE

Together, Homeward and the Greater Richmond Continuum of Care invited a Planning Committee representing the public and private sectors and leaders with a history of working across sectors on aspects of homelessness—including affordable housing, food security, and health care—to lead the planning process. They engaged Saphira Baker of Communitas Consulting in Charlottesville, Virginia (www.communitasconsulting.com) to facilitate the process and produce the final report.

The Planning Committee was charged with developing a set of recommendations to end homelessness in the Greater Richmond region, spanning the City of Richmond and the Counties of Henrico, Hanover, Chesterfield, Goochland, Powhatan, Charles City, and New Kent. Its members met over seven months to focus attention and resources on four central areas—policy and engagement, coordination of services, strategic alliances, and data and research. These areas were identified as those that can be advanced through coordinated regional

action in the remaining two and a half years of *The Road Home* and significantly decrease homelessness in the region.

Planning Committee members followed a results-oriented process that included reviewing local data, recommending intended populations, discussing strengths and weaknesses of current approaches,

exploring promising models, and generating effective strategies for improving conditions. Homeward and Communitas Consulting held focus groups, interviews, and discussion sessions with homeless individuals and families, representatives of service organizations that work with persons who are homeless, and local government leadership. Building on these efforts, the Planning Committee crafted the recommendations in this report. A full description of the review and recalibration process is available in Appendix 1.

Vision of *The Road Home*

The Road Home aims to increase housing stability by ten percent annually through 2018 for residents in the region who are homeless or in severe danger of becoming homeless. This increase will be measured annually, with the aim of achieving a 10 percent decrease in the number of homeless persons recorded in the region's point in time count, a 10 percent increase in the number of exits to permanent housing from all program types (inclusive of rapid re-housing, transitional housing, Safe Haven units, and emergency shelter) and a 10 percent decrease in the number of people who return to homelessness.

The vision for the plan is that:

Individuals and families are able to live among their neighbors in stable housing with the resources they need to thrive on their own.

The mission of *The Road Home* is to help individuals move quickly and with dignity from homelessness to housing through coordinating services, improving practices, using data strategically, and engaging the community in solutions.

The Planning Committee adopted core principles that guide its recommendations. They are:

- ◆ Stability. Individuals have access to a safe, stable, and affordable home.
- ◆ Access. Coordinated services are efficient and easy to find.
- ◆ Choice. Individuals make choices based on needs and available resources.
- ◆ Responsiveness. Resources are quickly prioritized to the most vulnerable populations.
- ◆ Knowledge. Data and community input drives program design, decisions, and approach.

The Planning Committee endorses the core principle of the National Alliance to End Homelessness that “homelessness should be rare, brief, and non-recurring.”⁵

“ I AM HOMELESS, NOT HELPLESS. ”

— PERSON WHO IS HOMELESS

Updated Scope of *The Road Home*

In 2008, the scope of the *Ten Year Plan* included a targeted focus on only those individuals and families who were defined by the U.S. Department of Housing and Urban Development (HUD) as homeless and were therefore eligible for services supported by HUD funding (see Figure 1).⁶ The Greater Richmond Continuum of Care determines the use of and allocates HUD funds in accordance with specific federal guidelines and definitions of which individuals are eligible to receive these funds.

“ THE BENEFIT TO ADDRESSING HOMELESSNESS IN A COLLABORATIVE WAY IS THAT WE WOULD END HOMELESSNESS. ”

- LAW ENFORCEMENT REPRESENTATIVE

FIGURE 1

SCOPE OF THE RECALIBRATED PLAN (DEFINITION OF POPULATIONS SERVED)

The intent of this plan is to increase housing stability for persons who are homeless or in severe danger of losing their homes. The plan concerns not only individuals and families who are, according to HUD's definition:

- ◆ *living in the streets, in cars, or in other places not meant for habitation;*
- ◆ *staying in emergency or transitional shelters;*
- ◆ *fleeing domestic violence with no place to go;*
- ◆ *living with others but need to leave; or*
- ◆ *staying in hotels where the agency or a community organization is paying;*

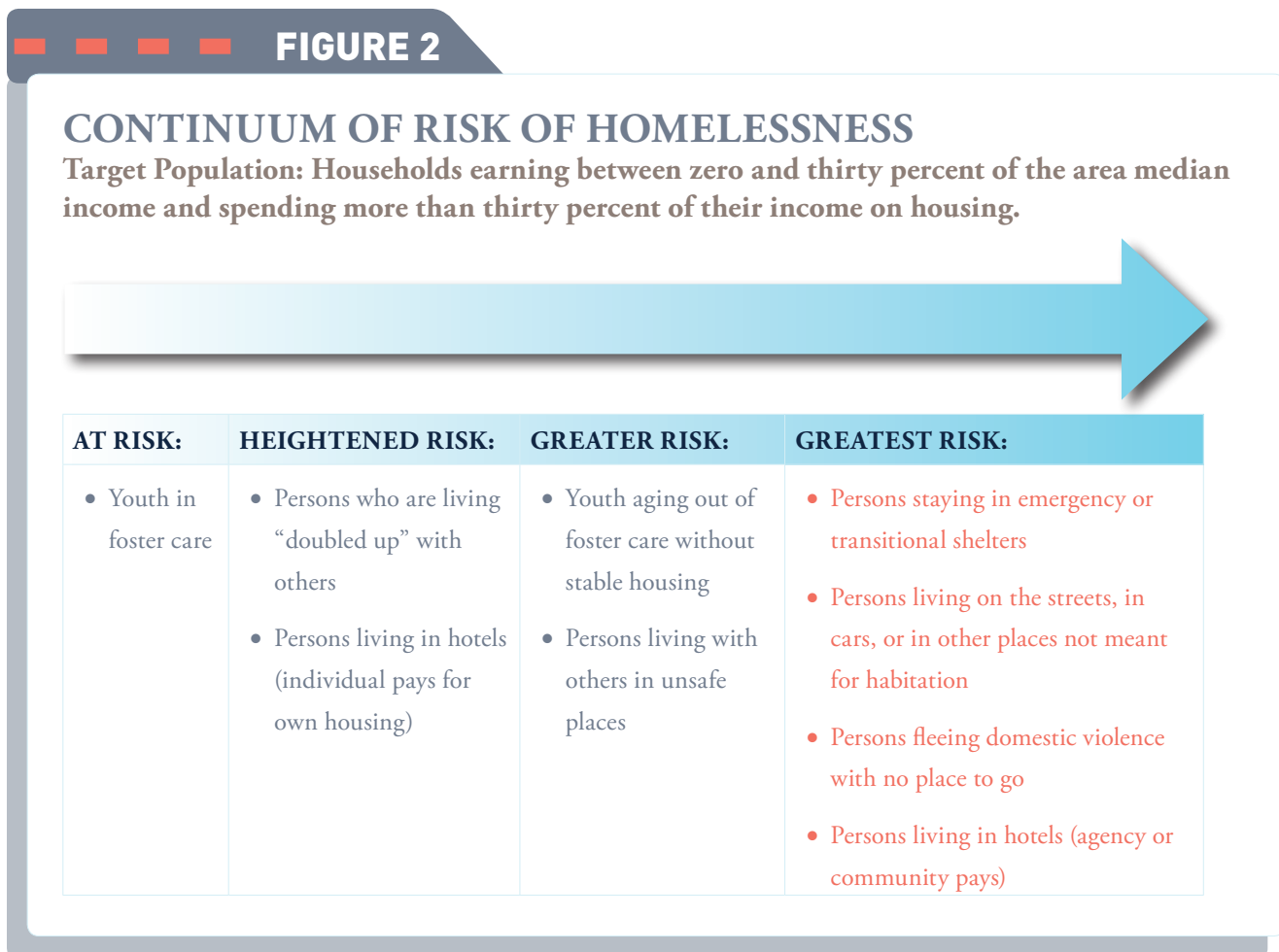
but additionally residents at risk of homelessness who are

- ◆ *living with others in unsafe places or*
- ◆ *youth and young adults without stable housing.*

The Road Home seeks to increase housing stability for those who are homeless or in severe danger of becoming homeless and targets a more expansive population than in 2008. Due to federal regulations, HUD funds cannot be used to meet the needs of the broader population of individuals in unsafe housing targeted by this updated plan. Achieving the goals set forth in the recalibrated plan will require donations from private charitable organizations and generous individuals, support from faith-based and civic organizations, and funding by state and local governments. Homeward estimates the infrastructure

and services dedicated to ending homelessness in the Greater Richmond area at approximately \$13 million annually. About 35 percent—approximately \$4.5 million annually—is funded by HUD.⁷

To address the needs of this broader population, the Planning Committee recommends that Homeward and the Greater Richmond Continuum of Care provide guidance and support to those efforts that fall outside the HUD definition, particularly in finding other private and public sources of funding. As the population with the greatest immediate need, individuals and families eligible for HUD funding will continue to be the primary priority of the plan. The populations in blue font in the diagram below represent populations reflected in *The Road Home*.



What Worked Well in the Original Plan?

A FOCUS ON HOUSING FIRST

Housing first is a best practice in homelessness policy that prioritizes finding housing for families and individuals without preconditions concerning their sobriety, employment, and participation in

transitional or treatment programs. This emphasis has meant that more federal dollars, state policies, and private foundations have funded housing first programs—such as rapid re-housing and permanent supportive housing—in the Greater Richmond area. Service organizations that had historically provided emergency shelter also made the transition to housing first practices. To facilitate this, Homeward convened local organizations and shared national research and techniques to help bring effective rapid re-housing programs and housing first practices to the region. In 2014, 198 single adults and 150 households with minor children in the region were served with rapid re-housing.⁸

ALLIANCE BETWEEN FEDERAL AND STATE POLICIES

Both rapid re-housing and a more targeted approach to reducing homelessness were recommended in President Obama’s plan to reduce homelessness, “Opening Doors,” published in 2010.⁹ The Commonwealth of Virginia developed policies in close alignment with the federal approach, particularly the emphasis on finding permanent supportive housing for individuals and rapidly re-housing families. The Commonwealth of Virginia also focused its funds and policies on reducing homelessness among specific populations such as families, veterans, and the chronically homeless.¹⁰

COLLECTIVE IMPACT APPROACH

Homeward and the Greater Richmond Continuum of Care conduct their work based on a collective impact model with a “common agenda [of housing first], shared measurement, mutually reinforcing activities, continuous communication, and backbone support.”¹¹ Homeward serves as the backbone organization to coordinate and align efforts to end homelessness and promote housing stability across populations, cities, and counties and reflect community needs.

For example, between January 2014 and January 2015, the number of homeless veterans in the region dropped by 12 percent. The effort was supported through a highly visible federal, state, and local initiative to end veteran homelessness. To reach this goal, the Greater Richmond Continuum of Care, facilitated by Homeward, adopted a unified and easy-to-access assessment tool, identified needy veterans in the region through data and coordinated outreach, allocated and leveraged housing resources and prevention dollars to support the effort, and, once housing was secured, helped manage veterans’ transition to housing through coordinated case management from multiple agencies. This approach

“ WE ARE DOING MORE WITH LESS. WE HAVE HAD TO DECREASE HOW MUCH WE ARE DOING FOR OUR CUSTOMERS. ”

– SOCIAL SERVICE DEPARTMENT REPRESENTATIVE

FIGURE 3

WHAT HAS WORKED IN THE REGION SINCE THE 2008 *TEN YEAR PLAN*'S IMPLEMENTATION

POLICY

- ◆ *Shift from shelter to housing first*
- ◆ *State leadership emerged with emphasis on permanent housing*
- ◆ *Increased media awareness*

POPULATIONS

- ◆ *More permanent supportive housing and rapid re-housing for families and veterans*

COORDINATED SYSTEMS

- ◆ ***Funding and Capacity:*** *built and incentivized capacity among rapid re-housing providers; improved case management and standardized assessment tools among providers*
- ◆ ***Coordination:*** *local integration of best practices; inclusion of children experiencing homelessness and collaboration with public schools*
- ◆ ***Education:*** *increased awareness and visibility of need for permanent supportive housing for residents below 30% AMI; increased media coverage of regional homelessness; increased understanding at-risk population demographics, service usage, and needs*

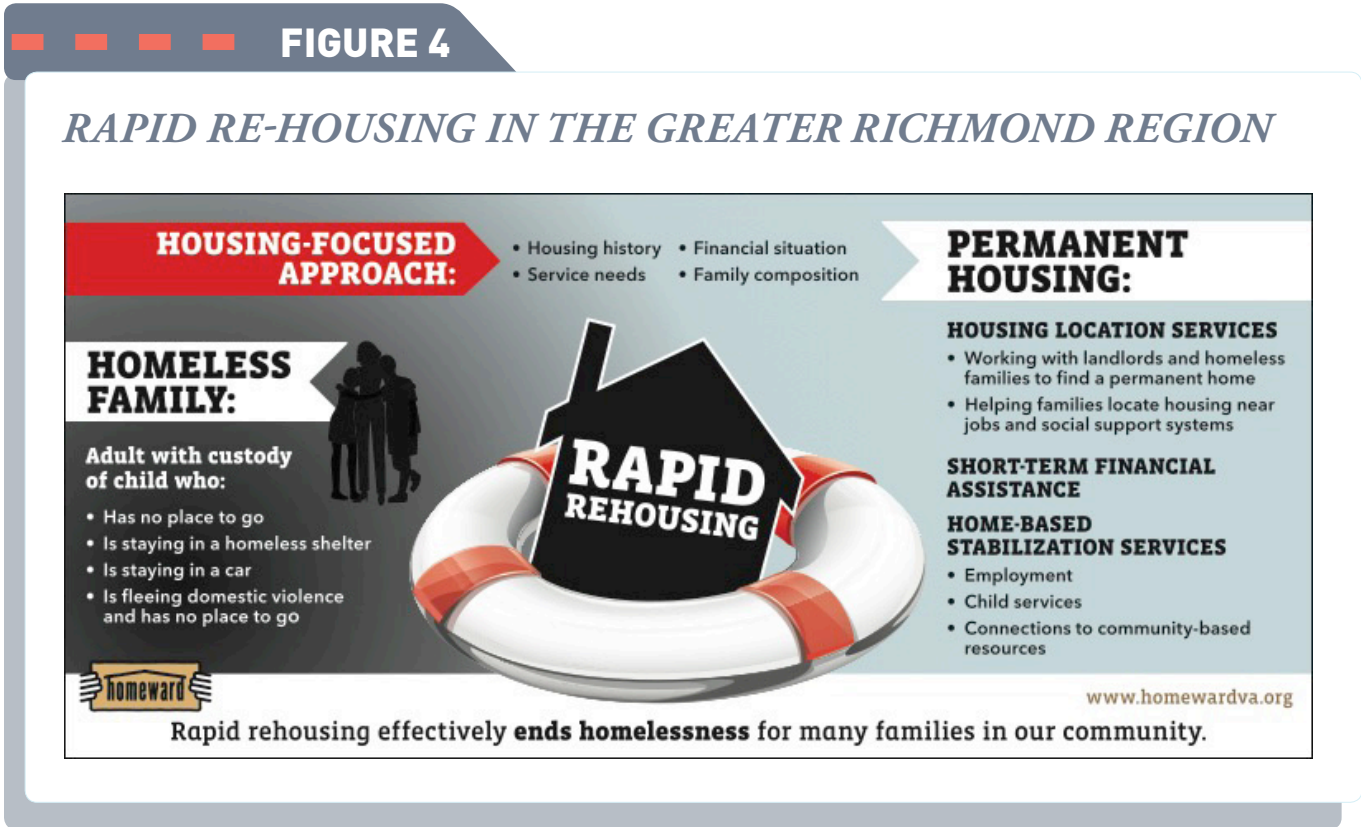
DATA AND RESEARCH

- ◆ *Increased use of and quality of Homeward Community Information System (HCIS) database*
- ◆ *Homeward established as a central research and data management source for information about homelessness*
- ◆ *Increased knowledge of housing and service needs of ex-offenders and chronic homeless*
- ◆ *Documented cost effectiveness of permanent supportive housing*

“ WITH THE BUDGET CUTS, WE JUST STARTED PARTNERING WITH THE COMMUNITY...WE SEE THAT THE COMMUNITY LOVES BEING ENGAGED AND WE DO A BETTER JOB, AND HELP MORE PEOPLE BECAUSE OF THEM. ”

— LOCAL GOVERNMENT REPRESENTATIVE

is documented in a case study (Appendix 2). Because of its success in housing veterans, *The Road Home* recommends replicating many of the methods and approaches of the veterans campaign to help additional populations in need.



STRATEGIC USE OF DATA

The use of a shared data system among homeless service providers and the commitment and resources to understand the breadth and scope of homelessness have been instrumental in targeting resources and increasing public understanding of the homeless population. Regional data has led to a better understanding of the barriers to housing faced by people experiencing homelessness (2010), a collective response to family homelessness (2013), and an increased recognition among policymakers of the regional nature of homelessness.

What Still Needs Attention?

INSUFFICIENT AFFORDABLE HOUSING

Between 2008 and 2014, the availability of affordable housing for very low income residents throughout the region remained scarce. Based on 2012 data, 46.5 percent of renters in the Richmond Metropolitan Statistical Area (MSA) were cost burdened (i.e., paying more than 30 percent of their household income

FIGURE 5

AREAS OF LIMITED OR NO PROGRESS SINCE THE 2008 *TEN YEAR PLAN*'S IMPLEMENTATION

POLICY

- ◆ *Local government ordinances and inclusionary zoning to support very low income housing have not been implemented*

POPULATIONS

- ◆ *Insufficient targeted services for at-risk populations (e.g., young people, persons with mental health or substance abuse issues)*

COORDINATED SYSTEMS

- ◆ ***Coordinated Systems***
- ◆ ***Housing Development:*** *no rental subsidies to private developers*
- ◆ ***Strategic Alliances:*** *out-placement of homelessness specialists at partner agencies, such as jails*
- ◆ ***Access to Resources:*** *monitoring on financial stability, child care, and medical and transportation needs*

DATA AND RESEARCH

- ◆ *Insufficient upgrades to HCIS for case management, intake, evaluation, or interface with other systems*
- ◆ *Limited sharing of targeted client outcomes on regional status report*

on housing expenses). Among renters with incomes below \$20,000, 87.8 percent were cost burdened, and for those with incomes from \$20,000 up to \$35,000, 78.0 percent were cost burdened.¹² The City of Richmond's overflow shelter continued to be at capacity for individuals during the cold weather months, serving 788 individuals in 2014–2015, a 20 percent increase from the 2013–2014 season.¹³

FEW SERVICES TO ADDRESS SUBSTANCE USE AND PROMOTE MENTAL HEALTH

While the region benefited from new resources to aid families, veterans, and those seeking permanent supportive housing, the number of homeless individuals reporting mental health or substance abuse concerns and those receiving treatment has not experienced the same positive trend. Agencies have struggled to find and maintain funding for supportive services, while HUD resources prioritize meeting housing needs. Among people experiencing homelessness in the Greater Richmond area, 25% of adults

surveyed in the January 2015 PIT count indicated that they had a drug or alcohol problem that limited their ability to take care of their responsibilities, and 17% reported a serious mental health problem that also had a significant impact on their lives.

In a related finding, the number of singles and families who meet the definition of chronic homelessness—which is based on the presence of a disability and being homeless for a full year or four times in the past three years—has fluctuated since 2008. Most recently, the January 2015 count showed a marked increase (54 percent) in the number of people ($n = 114$) who are chronically homeless in the region. 59% of those who are chronically homeless have a mental health disability, and 44% have a substance abuse problem, with 61% reporting a physical disability.¹⁴

INACCESSIBLE SERVICES

The ways in which people who are homeless access shelter and related services have evolved since 2008 into a centralized shelter intake program called “homeless point of entry” in the Greater Richmond region. The program was originally designed to focus on getting people into emergency shelter and is in the process of changing the questions and approach to facilitate putting housing first for clients. Further, as more individuals access services and goods online and through their phones, the physical location and limited hours make it challenging for those who are homeless and without transportation to take advantage of available resources, particularly in the surrounding counties. Additional intake processes and programs that target specific subpopulations—such as veterans, those fleeing sexual and domestic violence, and those living on the streets—have been developed since 2008 in an attempt to quickly refer individuals to appropriate resources. New resources and funding streams (e.g., HUD-VASH for veterans, supportive services for veterans and their families, rapid re-housing, and permanent supportive housing for chronically homeless persons) have become available since 2008, but the access system was not previously updated to incorporate coordination of these new resources for all individuals.

“ OUR BIGGEST NEED IS HAVING A PSYCHIATRIST THAT CAN COME INTO THE COMMUNITY FOR PEOPLE WHO ARE NERVOUS ABOUT COMING IN [TO THE OFFICE] OR DON'T BELIEVE THEY HAVE A MENTAL ILLNESS. ”

— LOCAL COMMUNITY SERVICE BOARD REPRESENTATIVE

“ AGENCIES MAKE YOU JUMP THROUGH HOOPS TO SEE IF YOU'RE INTERESTED. ”

— PERSON WHO IS HOMELESS

II. THE ROAD MAP: RECOMMENDATIONS AND RATIONALE

The intent of *The Road Home* is to reduce homelessness by ten percent annually in the region over the next two and a half years. The Planning Committee recommends adopting four goals with accompanying strategies and measurements to accomplish this task.

GOAL ONE: Coordinated Systems

Establish a coordinated entry system with a housing first focus that is easy for people to access, identifies and assesses their needs, and prioritizes those facing the greatest risks.

STRATEGIES	INDICATOR OF SUCCESS
<ul style="list-style-type: none"> ◆ Provide entry into the homeless services system that is geographically accessible to all target populations. ◆ Coordinate Continuum of Care workgroups to find housing for intended populations. ◆ Replicate and expand successful coordinated entry models to improve access to services for intended populations. ◆ Increase outreach and communication to mainstream resources and community-based services to facilitate cross referrals. ◆ Monitor and improve the accessibility of the homeless services system. 	<ul style="list-style-type: none"> ◆ Designation of the region as a “High Performing Community” by HUD. This designation requires fair and open funding processes, high expenditure rates of federal funds, a ten percent reduction in the mean length of homelessness episodes, a 20 percent reduction in rates of return to homelessness, high Homeward Community Information System (HCIS) bed coverage, street outreach that covers 100 percent of the geographic area, training for street outreach efforts, and more people in shelters than on the streets.¹⁵

“ A REGIONAL GOVERNMENT AGREEMENT OR APPROACH TO HOMELESSNESS WOULD BE HELPFUL. WITHOUT IT, THE RISK IS THAT NONE OF THE PLANS ARE CONSISTENT OR HAVE THE SAME COMPONENTS. ”

— LOCAL GOVERNMENT REPRESENTATIVE

THE NEED FOR A COORDINATED SYSTEM

Homeless residents participating in focus groups emphasized the need to streamline existing intake systems so that they could find housing more quickly and directly. Several individuals described a slow-paced system and waiting for long lengths of time to obtain public resources such as food stamps, disability payments (if eligible), and ID cards in addition to shelter and housing through the coordinated entry system and various programs. Most focus group

participants learned about the system of services through word-of-mouth or a case manager. Few of the single adults interviewed knew, for example, about the regional rapid re-housing programs that are part of the coordinated entry system, yet families interviewed were aware of the rapid re-housing approach. Two Richmond law enforcement officials interviewed described bringing clients to the Commonwealth Catholic Charities' Homeless Point of Entry program to access shelter and resources provided by area churches for meals, showers, and bus tickets.

The need to streamline and expedite the coordinated entry system was further reinforced in interviews with local government leaders and in the focus groups of regional departments of social services. County government leaders indicated that the current shelter intake program does not work well for them due to lack of transportation to services, limited hours of the main point of intake, and inefficient referrals resulting in delays and unnecessary trips to the City of Richmond for clients prior to receiving help. For example, there is currently only one facility in the region—based in Richmond—that opens during the cold weather months for its homeless residents, informally called the “cold weather shelter.” County representatives were open to exploring the idea of either making this a regional cold weather shelter accessible to residents of all area localities or finding sheltering alternatives for county residents. For any regional initiative, transportation to services and accessibility is high on the list of issues to address.

The region is well situated to improve access to services through a coordinated system. Communities are becoming more engaged in participation with the annual homelessness point in time counts. Local government leaders and staff gave high marks to the coordination of planning, making funding allocation decisions, and sharing of information within the Continuum of Care and Homeward networks.

FUTURE DIRECTION

In 2015, HUD produced a policy brief on “coordinated entry” that clarified the primary goals of any shared intake and referral approach for persons who are homeless and informed its funding criteria and priorities. It also standardized terminology, clarified funding requirements, and identified the qualities of effective

“ ...RESIDENTS DON'T WANT TO GO INTO THE CITY OF RICHMOND [FOR INTAKE.] IT'S FOREIGN; THEY ARE AFRAID THEY WILL BE RE-LOCATED THERE... THERE IS NO TRANSPORTATION FOR CLIENTS TO GET TO A PLACE. THERE IS A REAL DISCONNECT. ”

- LOCAL GOVERNMENT REPRESENTATIVE

coordinated entry.¹⁶ The brief noted that an effective coordinated entry approach is one in which homeless assistance:

- ◆ is allocated as effectively as possible,
- ◆ is easily accessible no matter where or how people present themselves,
- ◆ is prioritized based on
- ◆ vulnerability and
- ◆ the severity of the household’s service needs,
- ◆ is timely, and
- ◆ is connected to local need and gaps.¹⁷

The Greater Richmond Continuum of Care used HUD’s recent policy brief on coordinated entry to draft its own resolution in March of 2015, informed by the Coordinated Access Committee (established in late 2013) and made the commitment to include the following design principles in its revised design for a homeless point of entry, employing a “housing first” strategy:

- ◆ transparent,
- ◆ evidence-based and data driven,
- ◆ strength-based and client focused,
- ◆ easily accessible,
- ◆ housing focused,
- ◆ continually improving, and
- ◆ meeting the needs of all subpopulations experiencing homelessness in the Richmond region.¹⁸

“ THERE ARE MORE PEOPLE THAN WE CAN SERVE, HIGH DEMAND ON STAFF TIME, LESS TIME TO COORDINATE. WE ARE STILL SEEING INDIVIDUAL AGREEMENTS, NOT A SYSTEM. ”

— HUMAN SERVICE AGENCY REPRESENTATIVE

GOAL TWO: Strategic Alliances

Develop strategic cross-sector partnerships to address gaps in homeless services and affordable housing.

STRATEGIES	INDICATOR OF SUCCESS
<ul style="list-style-type: none"> ◆ Create and implement a coordinated pathway for homeless individuals to access workforce development resources in the region. ◆ Develop prioritized and targeted referral processes with regional affordable housing providers to place individuals in affordable housing. ◆ Increase and target resources to meet the mental health and substance abuse needs of clients experiencing homelessness. ◆ Reduce the overlap between homelessness and incarceration in local and regional jails. ◆ Support local and regional efforts to reduce poverty and meet the basic needs of people experiencing or at risk of homelessness. ◆ Increase engagement of faith-based organizations in changing the system of services to end homelessness. 	<ul style="list-style-type: none"> ◆ Formal strategic alliance to end homelessness formed with at least one coordinating entity in housing, mental health services, or law enforcement. ◆ Increased employment for adults experiencing homelessness (in HCIS). ◆ Reduction in length of homelessness (HCIS). ◆ Increased number of MOUs between homeless and affiliate agencies.

THE NEED FOR STRATEGIC ALLIANCES

A central premise of *The Road Home* is to connect the coalition with other regional and local efforts that are addressing the same issues or working with similar populations. By forming more deliberate and structured “strategic alliances,” the coalition can stay focused on a housing first philosophy while helping more people who are homeless get the services they need to acquire and stay in affordable and safe housing in the region.

Members of the strategic alliances work group acknowledged that the breadth of need for individuals and families was too vast for homeless service providers to address with existing resources and that more deliberate and formal partnerships,

“ ORGANIZATIONS NEED TO PUSH A LITTLE HARDER; THEY GET A LITTLE TOO LAID BACK ABOUT FINDING [YOU] A HOUSE. ”

— PERSON WHO IS HOMELESS

including Memorandums of Understanding (MOUs), are the way to accelerate the overall goal of reducing homelessness. They recommended partnerships in the following priority areas:

Housing

A primary reason for continued homelessness in the region is a lack of affordable housing. The gap between what low-income households can afford and the average rent for a safe and stable housing unit is significant. As indicated earlier, nearly half of renters in the Richmond region are paying more than 30 percent of their income on rent. That figure rises to 87.8 percent for those earning \$20,000 or less.¹⁹ As one county government representative noted, “There is virtually no affordable housing stock available. For our poor, 30 percent of their income may be \$200 to \$300 a month, and there is nothing available for that.”²⁰

A recent study by the Partnership for Housing Affordability estimates conservatively that there is a gap of 15,000 affordable housing units for individuals earning 30 to 50 percent of the region’s area median income (AMI). Thirty percent AMI is \$15,300 for an individual or \$23,850 for a family of four and 50 percent AMI is \$25,550 for an individual or \$36,450 for a family of four.²¹ The authors note that the gap is due both to a lack of affordable housing stock overall and the fact that households with higher incomes are occupying lower-priced units. There is a need to identify land and development opportunities, encourage the building of more affordable units, improve transportation between housing and regional employment opportunities, and promote zoning that facilitates the development of affordable housing near employment centers. The Partnership for Housing Affordability report cites a compelling example of greater regional sharing of the housing burden in South Richmond, where Henrico, Chesterfield, and Richmond each invested \$250,000 into a single room occupancy (SRO) complex for individuals who are homeless, developed by Virginia Supportive Housing. The Partnership seeks more of this type of cooperation around affordable housing.²²

“ IN HOUSING, YOU CAN GET LINKED TO PROVIDERS FOR MEDICAL AND DENTAL CARE. ”

— COMMUNITY SERVICE BOARD PROVIDER

“ WHERE DOES THAT LEAVE US WHEN YOU WORK AT WENDY’S AND HAVE KIDS? WHERE ARE WE SUPPOSED TO GO? ”

— PERSON WHO IS HOMELESS

Homeless individuals and families interviewed in focus groups for the plan echoed the difficulty of finding and keeping affordable housing. For the families interviewed, the location and safety of housing was a primary concern, particularly with regard to schooling for their children. They wanted to be sure they could afford to stay in the neighborhood over time and sought time to find the right fit. For individuals, location wasn’t as much a concern as was the long wait for affordable housing of any kind.

Local governments were particularly concerned with individuals and families on the verge of homelessness, such as those living in mobile home parks or old hotels that have been transformed into lodging for low-income residents. The low quality and lack of availability of affordable housing for very low income residents was confirmed as a serious problem by local government representatives interviewed in the localities of Chesterfield, Hanover, Henrico, and Richmond.

Behavioral Health and Substance Abuse Resources

Individuals experiencing homelessness in the Greater Richmond area report higher rates of mental health concerns and abuse of substances than Virginia residents. In the Commonwealth of Virginia, approximately 3% of adults are expected to report having experienced serious mental illness in the past year and about 8% would report dependence or abuse of illicit drugs or alcohol,²³ compared with 17% of individuals who are homeless reporting mental illness, and 25% reporting a drug or alcohol problem in the region's point in time count.

In assessing progress on recommendations advanced in the 2008 plan, action steps aimed at helping people access mental health and substance abuse treatment did not result in measurable gains. For example, between January 2012 and January 2015, between 39% and 49% of homeless persons surveyed in annual point in time counts reported alcohol abuse at some point in their lives, with between 71% and 75% receiving treatment; 34% to 50% of respondents reported experiencing drug abuse, with treatment rates between 61% and 82%; and 34% to 37% of those surveyed reported experiencing mental health issues at some point in their lives, with between 60% and 74% receiving treatment. Of those reporting substance abuse and/or mental health concerns to access effective treatment, between 25% and 40% have gone untreated.²⁴

Local law enforcement officials interviewed shared a concern about waiting lists and lack of mental health and substance abuse resources, citing a gap in services for them to take persons who are homeless and in immediate need. Representatives from city and regional community services boards sought quicker and greater access to mental health services and, in particular, were concerned about wait lists at local facilities for psychiatric care.

A statewide effort is underway in 2015 to unite health care systems with the organizations working with persons who

“ [PEOPLE WITH MENTAL HEALTH PROBLEMS] ARE GIVING US MORE PROBLEMS BECAUSE THEY WON'T STAY ON MEDS ... BUT YOU CAN'T MAKE SOMEONE DO WHAT THEY DON'T WANT TO DO. ”

— LAW ENFORCEMENT REPRESENTATIVE

are homeless to help reduce the numbers of the chronically homeless—along with individuals who are disabled and living with HIV/AIDS—improve clients’ health outcomes and reduce Medicaid and other health care costs. The Virginia Healthcare and Housing (H2) Action Plan notes that “it has become increasingly clear that stable housing is a fundamental base both for maintaining good health and controlling costs due to unnecessary emergency room utilization and hospital admissions.”²⁵

Employment and Workforce Preparation

According to the January 2015 homelessness point in time count conducted by Homeward, only 19 percent of people experiencing homelessness are employed (day labor, part-time, or full-time work). This level is reduced from 2007, when over 30 percent of homeless individuals surveyed were employed.

A report from Virginia Coalition to End Homeless (VCEH) notes that there are few connections between those providing housing and support to persons who are homeless in the Commonwealth and those finding people jobs, even though finding and keeping a job is key to ending homelessness and obtaining stability:

“...a 2013 survey of homeless service providers conducted by the Virginia Coalition to End Homelessness found that there is a disconnect between the homeless services system and the workforce development system in Virginia, meaning formerly-homeless residents are missing out on resources that might otherwise be available to assist them in accessing jobs or job training opportunities. A similar disconnect was reported between local homeless services providers and local employers.”²⁶

VCEH’s statewide report concludes with several observations for connecting persons who are homeless with employment and training, including a need to focus on retention once individuals are in jobs—providing experiences that bridge unemployment to full time work such as “on-the-job training, transitional jobs, temporary-to-permanent hires.” VCEH also notes the importance of connecting with regional Workforce Investment Boards and publicly funded workforce investment systems at area agencies and community colleges.

As a follow up to the 2010 Opening Doors report on reducing homelessness, the U.S. Interagency Council held a national summit in October 2014 encouraging ways for better integration between those working to provide employment and support to persons who are homeless.²⁷ Members of the Greater Richmond Continuum of Care, in preparation for the summit in September 2014, identified barriers and resources in the region to help families and individuals find family-sustaining employment. Fifteen of fifteen participants reported that it was very difficult for their clients to find jobs.²⁸ In a grant coming out of the summit in 2015, the Richmond region was awarded technical assistance from HUD to strengthen the connections between the workforce development and housing systems locally and increase the number of individuals who are homeless or recently housed find and keep employment.

Faith-based Organizations

Local governments, in particular, rely on the support of charitable organizations and faith-based organizations to provide emergency housing, food, and clothing assistance for individuals and families without shelter. Many faith-based institutions in the Richmond region provide this type of support as part of their community mission. As a county leader remarked,

“With the budget cuts, we just started partnering with the community. It is so simple. All across the services (including libraries), we see that the community loves being engaged and we do a better job and help more people because of them.”

Local government and law enforcement representatives noted that congregations might not be necessarily aware of or engaged in the region’s coordinated and housing first approach, although they provide significant, generous resources.

Local law enforcement representatives expressed a desire to have faith based organizations re-orient some of their generosity from ameliorating poverty to ending homelessness, noting that faith based organizations “are not taking people off the streets...or working to end homelessness...they are caring for the poor.”

““ THEY [FAITH-BASED ORGANIZATIONS] TRY HARD, BUT THEY ARE NOT TAKING PEOPLE OFF OF THE STREETS. THEY ARE NOT WORKING TO END HOMELESSNESS— THEY ARE CARING FOR THE POOR. ””

— — — — —
- LAW ENFORCEMENT REPRESENTATIVE

FUTURE DIRECTION

Housing: The Strategic Alliances Work Group recommends (1) working closely with the Partnership for Housing Affordability to help the members identify locations and support for developing affordable housing in the region and (2) strengthening referral processes with landlords, REALTORS®, and homeowners to place individuals and families in available lower cost housing.

Behavioral Health and Substance Abuse: The Strategic Alliances Work Group recommends forming an alliance with the leaders of the Virginia Healthcare and Housing (H2) Action Plan to leverage the talent, expertise, and resources of this group in connecting homeless individuals to mental health support and substance abuse treatment. Specifically, there is a recommendation in the H2 Action Plan to link homeless individuals to better care by helping individuals coming out of correctional institutions to maintain their primary and behavioral health care and to target permanent supportive housing to populations with health care needs, such as the chronically homeless.

“ THE REAL OPPORTUNITY HERE WITH THE PLAN MAY BE THINKING ABOUT THOSE ON THE BRINK...CAN THE REGIONAL PLAN SERVE THOSE WHOSE NEED [IS] FOR HOUSING STABILITY...RATHER THAN ONLY THOSE WHO ARE HOMELESS ALREADY? ”

— LOCAL GOVERNMENT REPRESENTATIVE

Employment and Workforce Preparation: To create greater linkages for consumers with regional workforce resources, the Planning Committee will establish a Greater Richmond Continuum of Care Employment Committee co-chaired by stakeholders from the Continuum of Care and the Workforce Investment Board. Homeward will develop a formal organizational collaboration with workforce development and employment systems funded by the U.S. Department of Labor, with an emphasis on shared planning and program coordination. Fueled by technical assistance from HUD, Homeward will engage committee members in designing and implementing a more effective and connected pathway to employment.

Faith-based Organizations: For *The Road Home*, Planning Committee members recommend strategic outreach and coordination with faith-based organizations to engage members, increase efficiency and coordination of services, and work with organizations to target services where and how they are needed most.

“ WE NEED TO IDENTIFY THE HOMELESS NO MATTER WHOSE DEFINITION YOU USE... ”

— LOCAL GOVERNMENT REPRESENTATIVE

Poverty Reduction: Most recently, the City of Richmond and the County of Henrico have outlined strategies to reduce poverty. The Planning Committee notes that stable housing contributes to economic security and recommends that the Greater Richmond Continuum of Care and Homeward assist with these efforts, particularly where they pertain to finding housing first for individuals and families.

GOAL THREE: Data

Use real-time, community-level data to target and align services, policies, and funding with client and community needs and resources, and promote coordinated decision-making.

STRATEGIES	INDICATOR OF SUCCESS
<ul style="list-style-type: none">◆ Launch evaluation of targeted programs and systems to assess program efficacy.◆ Understand the scope of housing instability and risk factors of youth and young adults experiencing homelessness or residing in dangerous and unstable housing situations.◆ Identify, coordinate, and increase the efficiency of resources available to the homeless population in schools, jails, and supportive housing and health care systems.◆ Engage consumers in the planning and evaluation of system-level outcomes.	<ul style="list-style-type: none">◆ Annual count of young people who are homeless in the region.◆ Improved retention of individuals and families in rapid re-housing programs.

THE NEED FOR AN ENHANCED DATA STRATEGY

In 2014, the Commonwealth of Virginia’s Interagency Partnership to Prevent & End Youth Homelessness completed an action plan. The authors noted that the numbers of young people facing homelessness were unclear at the state and local levels. They argued that in order to increase housing stability among young people, one of the primary objectives of the strategic plan must be to “[i]dentify youth who are experiencing homelessness or at risk of experiencing homelessness.”²⁹

Young people, particularly those between the ages of 18–24, are not often identified as homeless because they do not tend to use shelters at a high rate or seek housing through traditional services. In the last several years, local service providers have witnessed greater numbers of these young people seeking shelter anecdotally, though reliable data about young people at risk of homelessness is unavailable. National, state, and local conversations have focused on the vulnerability of youth opting out of the shelter system and the high correlation of youth homelessness with issues related to sexual orientation and identity. Understanding how many young people are in need of stable housing, the resources they access, and effective methods of outreach and engagement are important for preventing and addressing youth homelessness in the region. *The Road Home* includes a strategy to begin counting young people annually and will require cooperation of public and private partners to do so effectively.

In addition, a recent national evaluation of rapid re-housing programs found that the majority of families placed in rapid re-housing (75.5 percent) moved at least once during the twelve months after they exited the project.³⁰ This outcome raises questions as to the effectiveness of some housing first approaches in keeping families in stable housing in the long run. Additional research and understanding of the situation will help regional leaders utilize resources effectively.

FUTURE DIRECTION

The Planning Committee seeks to use data strategically to target services and resources where they are needed most. Committee members confirmed two primary areas for research and exploration by 2018, based on immediate need: (1) the extent of the population of homeless young people and (2) the effectiveness of the region’s housing first approach. Data and research would be part of an overall effort to keep standards high, continuously improve upon programs, and in particular, evaluate emerging rapid re-housing programs.

Planning Committee members seek to keep the standards high within and across rapid re-housing programs in the region and understand the extent to which the programs contribute to individuals’ and families’ long-term housing stability. In their deliberations, Planning Committee members shared anecdotal information about rapid re-housing clients who had not been able to pay their rents once the initial support from the program ended. Members noted the balance of encouraging independence among consumers with the risks of their not having the resources to meet financial obligations once they appear ready to be on their own. In consumer focus groups, families and individuals also voiced concern about the challenges of maintaining housing once they were placed. In the spirit of continuous improvement, members opted to engage consumers in the planning and evaluation of regional programs.

GOAL FOUR: Policy and Engagement

Increase support of policy makers for effective policies and services to end homelessness through education, engagement, and advocacy.

STRATEGIES	INDICATOR OF SUCCESS
<ul style="list-style-type: none"> ◆ Increase awareness and action on homelessness by sharing accessible and focused research and analysis. ◆ Develop and align city and county government plans to end homelessness and promote housing stability. ◆ Advance annual policy priorities for federal, state, regional, and local consideration aligned with <i>The Road Home</i>. 	<ul style="list-style-type: none"> ◆ Development and adoption of four locality plans to address homelessness within the region that are aligned with <i>The Road Home: Ten Year Plan to End Homelessness and Promote Housing Stability</i>.

THE NEED FOR IMPROVED POLICY AND ENGAGEMENT

Progress on ending homelessness in the region has been supported by federal and state policies, supplemented by private funds that have helped to shift practices to a housing first approach and target specific populations, such as families, veterans, and the chronically homeless.

On the city and county level, the local governments have increased their levels of participation in the Continuum of Care, are represented on the board of Homeward, and are supportive of the work of the 2008 *Ten Year Plan*. Yet this level of support does not match the financial and technical assistance investments of federal, private, and state sources in the region. For example, there has been limited attention to creating affordable housing for very low income residents in the county and city, and few local social services departments have fully integrated coordinated referral processes for people who are homeless into their existing intake and eligibility screening procedures. Because addressing homelessness is not a mandated service for localities, localities have needed to re-direct existing funds to meet emergency needs.

In order to build more permanent supportive housing and have a pool of affordable housing units for those enrolled in rapid re-housing, local zoning laws need to allow for inclusionary zoning, encompassing units for singles and families with very low incomes. Between 2008 and 2015, only 21 new units were added to the region's housing stock. The region's unmet need is estimated at 210 units of permanent supportive housing.³¹

FUTURE DIRECTION

The Planning Committee is recommending that the Greater Richmond Continuum of Care take a greater role in education and advocacy, focused particularly on influencing the local governments to align with and increase their support of policies and practices to end homelessness. During the planning process, the Policy Work Group polled approximately 30 members of the Greater Richmond Continuum of Care on their appropriate roles in education, engagement, and advocacy. In this poll, 61 percent strongly agreed that Continuum of Care members had a role in advocating for reduced homelessness, and 50 percent strongly agreed that Homeward had the same role. A minority strongly agreed that the Continuum of Care (34 percent) and Homeward (26 percent) had a role in advocating for affordable housing. When asked at what level advocacy was most important, just over half (53 percent) indicated at the "city and county government" level, followed by 21 percent at the regional level, 16 percent at state government, and only 5 percent at the federal level.

Local government representatives recommended a strategy of more regular interaction with senior level administrators within local governments to engage the localities in regional strategies to reduce homelessness. They saw the benefit of general education of members of city councils and county boards of supervisors to learn about progress to date and the remaining challenges for persons who are homeless in their localities.

“ THERE HAS NOT BEEN [LOCAL] CONSIDERATION ACROSS ALL DEPARTMENT HEADS ON THIS ISSUE (LAW ENFORCEMENT, HEALTH, JUSTICE, ETC.). WE ARE LACKING A COMPREHENSIVE APPROACH AT THE UPPER MANAGEMENT LEVEL. WE NEED OUR OWN ABILITY TO PROBLEM-SOLVE SOLUTIONS.. ”

— LOCAL GOVERNMENT REPRESENTATIVE

“ IT SHOULD BE RAPID...IT IS NOT RAPID; IT'S TAKING WAY TOO LONG. LADIES AND MEN HAVE BEEN IN [SHELTER] AND HOMELESS FOR YEARS. ”

— PERSON WHO IS HOMELESS

Public administrators from localities interviewed do not currently have their own coordinated plan to address homelessness that engages all relevant departments—including law enforcement, community development, and social services—as well as relevant community based organizations. Representatives from Henrico and Richmond saw the need for their localities to develop their own plan for preventing, responding to, and reducing homelessness so as to be coordinated at the local level and, over time, aligned with the regional Road Home. In particular, Homeward and the Greater Richmond Continuum of Care can work with each locality to develop and formalize a “response protocol” that is integrated with current intake and referral procedures, connects localities to needed services, and uses shared resources efficiently.

NEXT STEPS

This plan, along with the accompanying work plan, guides the region toward ending homelessness and promoting housing stability. The effectiveness of the plan depends on the collective efforts of public and private agencies and citizens with a shared commitment to make homelessness “rare, brief, and non-recurring.”³²

The plan is not a comprehensive roadmap for all that needs to be accomplished in the region by 2018; it is intended to identify those major areas where, collectively, organizations can work together to accomplish more than they can on their own to end homelessness in the region.

By strategically investing resources to achieve the four goals, the Greater Richmond region can end homelessness. Implementing and funding the four goals will improve coordination and access of services, expand services through partnerships, align state and local policies with ending homelessness, and target resources where they are needed most. Based on a shared vision of a region without homelessness, the plan serves as a road map to accelerate results, focus resources and policies, and help those who find themselves homeless seek permanent housing stability.

ACKNOWLEDGMENTS

This report resulted from the contributions of many individuals who took the time to share their expertise and insight to help find better ways to end homelessness in the region. We are enormously grateful to the Planning Committee members, who helped to shape the plan and to bring their knowledge and passion to the table over the course of six months. Many Planning Committee members met separately in work groups to research, vet, and refine the recommendations that are contained in this plan. The members and their work groups are listed at the beginning of this report.

The staff of Homeward were essential to the planning process, both for the quality of data and information they provided, and for Homeward's role as convener and organizer of a group of busy individuals. A special thanks to Dr. Margot Ackerman for her role in convening focus groups and answering far-ranging questions regarding regional needs and opportunities, and to Erika Schmale for documenting sessions and helping to organize work groups.

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The Homeward Board of Directors and the Greater Richmond Continuum of Care board members commissioned *The Road Home* and gave Planning Committee members important feedback along the way. We thank them for their current and future leadership on reducing homelessness and increasing housing stability, and their belief in a collective process to set priorities for the remaining three years of the ten year plan. They are listed below.

Several organizations helped Homeward staff speak directly with people who were homeless or living in unstable housing, and, as a result, the report's recommendations were able to reflect the voices and perspectives of individuals in need. Thanks go out to the leadership and staff of CARITAS, The Daily Planet, The Healing Place, HomeAgain, Housing Families First, Salvation Army, RBHA, and Virginia Supportive Housing for creating these opportunities.

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interviews for this report:

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- ◆ from Hanover County: Sheila Crossen Powell (Director, Hanover Department of Social Services) and Edwin A. Gaskin (Director, Hanover Department of Economic Development);
- ◆ from Henrico County: Jane Crawley (Deputy County Executive for Human Services), Seth D. Humphreys (County Planner, Department of Planning), David M. Sacks (Community Development Manager, Department of Community Revitalization), Randall R. Silber (Deputy County Manager), S. Mark Strickler (Director, Department of Community Revitalization), and Paul Woodward (Department of Social Services);
- ◆ and from the City of Richmond: Debra Gardner (Deputy Chief Administrative Officer for Human Services).

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- ◆ Stephen Batsche, The Salvation Army; John Baumann, Offender Aid; Abby Boyd, Commonwealth Catholic Charities; Helena DeLigt, The Daily Planet; Salathia Johnson, Virginia Supportive Housing; Sean Monroe, HomeAgain; Karen O'Brien, CARITAS; Lorea Ponder, HomeAgain; Beth Vann-Turnbull, Housing Families First, and Katina Williams, St. Joseph's Villa.

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Saphira Baker of Communitas Consulting facilitated the meeting process and, with Casey Cox, wrote the final report. The Homeward team assisted in the data collection and writing process.

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ENDNOTES

¹ Liza Doran, “The State of Homelessness in America 2015: Trends in Chronic Homelessness.” National Alliance to End Homelessness. At <http://www.endhomelessness.org/blog/entry/the-state-of-homelessness-in-america-2015-trends-in-chronic-homelessness#VV6bb-lFDX4>. Accessed June 22, 2015.

² Point in Time Counts, 2007-2015, www.homeward.org.

³ 2008 and 2015 Housing Inventory Charts submitted to HUD by Homeward, Richmond, VA.

⁴ January 2014 Point in Time Count, Homeward, Richmond, VA

⁵ Liza Doran, “The State of Homelessness in America 2015: Trends in Chronic Homelessness.” National Alliance to End Homelessness. At <http://www.endhomelessness.org/blog/entry/the-state-of-homelessness-in-america-2015-trends-in-chronic-homelessness#VV6bb-lFDX4>. Accessed June 22, 2015.

⁶ “Children and Youth and HUD’s Homeless Definition,” U.S. Department of Housing and Urban Development. At <https://www.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>. Accessed June 22, 2015.

⁷ Estimate from Homeward Executive Director, May 20, 2015.

⁸ U.S. Department of Housing and Urban Development Homeless Management Information System.

⁹ *Opening Doors: Federal Plan to Prevent and End Homelessness*, U.S. Interagency Council on Homelessness. At http://usich.gov/opening_doors/. Specifically, the plan projects the following goals between 2010 and 2020:

- “Finish the job of ending chronic homelessness in five years;
- “Prevent and end homelessness among Veterans in five years;
- “Prevent and end homelessness for families, youth, and children in ten years; and
- “Set a path to ending all types of homelessness.”

¹⁰ *Homeless Outcomes Advisory Committee: Report and Recommendations*, 2010, Virginia Department of Housing and Community Development. At <http://communitasconsulting.com/wp/wp-content/uploads/2012/11/Homeless-Outcomes-AdvisoryFINALPUB.pdf>. Accessed June 22, 2015.

¹¹ “Homeward Program Evaluation: Collective Impact Model

to End Homelessness in RVA,” May 12, 2015, Information taken from John Kania and Mark Kramer, “Collective Impact,” Stanford Social Innovation Review, Winter 2011.

¹² “Cost Burden: Households Paying More than 30% for Housing.” Interactive Data Feature at <http://www.housingvirginia.org/Cost-Burden-House-Paying-30-Housing-VT.aspx>. The data feature’s sources include the U.S. Census, American Community Survey, and Virginia Tech Center for Housing Research.

¹³ Although most shelters are located in Richmond City, data from the January 2015 point in time count indicates that just half (48.8 percent) of people experiencing homelessness had their last permanent residence in the city. 10.2 percent last lived in Henrico County and 7.8 percent in Chesterfield County.

¹⁴ January 2015 Point in Time Count, Homeward, Richmond, VA, www.homeward.org.

¹⁵ 24 CFR Ch. V (4–1–13 Edition) Subpart E—High-Performing Communities, § 578.65 Standards, United States Government Printing Office, page 282.

¹⁶ “Greater Richmond Continuum of Care” Policy Brief on Coordinated Entry, U.S. Department of Housing and Urban Development, February 2015. At www.endhomelessnessrva.org/coordinated-entry.

¹⁷ “Coordinated Entry Policy Brief Summary”, prepared by Homeward, Richmond, Virginia, March 9, 2015.

¹⁸ “Greater Richmond Continuum of Care: Coordinated Entry.” Resolution on coordinated entry endorsed by the Greater Richmond Continuum of Care board, March 11, 2015. At <http://endhomelessnessrva.org/wp-content/uploads/2015/03/CoC-Board-resolution-for-system-coordination.pdf>.

¹⁹ “Cost Burden: Households Paying More than 30% for Housing.” Interactive Data Feature at <http://www.housingvirginia.org/Cost-Burden-House-Paying-30-Housing-VT.aspx>. The data feature’s sources include the U.S. Census, American Community Survey, and Virginia Tech Center for Housing Research.

²⁰ Currently, low-income residents make up almost a quarter of the households in the region that are burdened by paying greater than 30 percent of their income in housing.

“...there is not enough physical stock to accommodate households with incomes less than 50% AMI. There is a shortage of more than 15,000 units when comparing the number of units that are

affordable to households in this income category to the number of households needing those units. Further, at least 37% of the rental stock that is affordable to households with incomes less than 30% AMI is occupied by households with incomes greater than 30% AMI...” (From *Housing the Richmond Region: Needs, Impediments, and Strategies*, Partnership for Housing Affordability, on behalf of the Capital Region Collaborative, March 2015, page 10. At <http://partnershipaffordablehousing.com/wp-content/uploads/2015/04/Full-Report.pdf>.)

²¹ *Housing the Richmond Region: Needs, Impediments, and Strategies*. Partnership for Housing Affordability, on behalf of the Capital Region Collaborative, March 2015, Executive Summary. At <http://partnershipaffordablehousing.com/wp-content/uploads/2015/04/Full-Report.pdf>. Accessed June 22, 2015.

²² Ibid.

²³ Homeward calculations based on U.S. Census estimates of the adult population in Virginia (<http://www.coopercenter.org/demographics/age-sex-race-hispanic-town-estimates>) and data from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2012-2013 National Survey on Drug Use and Health (NSDUH) (<http://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotals2013/NSDUHsaeTotals2013.pdf>).

²⁴ Point in Time Counts, Homeward, Richmond, VA. At <http://www.homewardva.org/data/point-in-time-count>.

²⁵ *Virginia’s H2 Action Plan: Building Housing and Healthcare Systems that Work Together*. Preliminary draft. Results of a January 2015 Action Planning Session in Richmond, Virginia, U.S. Department of Housing and Urban Development’s Healthcare and Housing (H2) System Integration Initiative.

²⁶ Dave Norris, “Workforce Development and Homelessness Assistance: Promising Initiatives in Virginia,” Virginia Coalition to End Homelessness. At <http://files.ctctcdn.com/3bb6a02a001/21ac1ee7-00ca-469d-92e1-b474ea464481.pdf>

²⁷ In preparing for the summit, they listed the following range of recommended practices for helping persons connect with employment and training:

- *Adult education bridge programs - Alternative staffing organizations - Contextualized instruction*
- *Customized employment*

- *Earn and learn opportunities*
- *Navigators (direct client services or staff support/ ombudsman models)*

- *Sector based training and employment - Social enterprise*
- *Subsidized employment*
- *Supported employment*
- *Transitional jobs*
- *Work-first oriented packages*


²⁸ Minutes from the Greater Richmond Continuum of Care General Meeting, Friday, September 26, 2014 - 9:00 a.m., Homeward, Richmond, VA.

²⁹ “Interagency Partnership to Prevent & End Youth Homelessness: Strategic Plan,” Performance Management Group, Virginia Commonwealth University, 2014.

³⁰ Ann Marie Oliva, “Ending Family Homelessness: How HUD’s Programs Can Help Meet the Goal,” Office of Special Needs Assistance Programs, U.S. Department of Housing and Urban Development’s Office of Community Planning and Development, February 2014. At http://b3cdn.net/naeh/c30372e2cae063eea9_kdm6iinn5.pdf. Accessed June 22, 2015.

³¹ “Unmet Need for VA-500 – Richmond/Henrico, Chesterfield, Hanover Counties CoC,” U.S. Department of Housing and Urban Development, January 28, 2015.

³² Liza Doran, “The State of Homelessness in America 2015: Trends in Chronic Homelessness.” National Alliance to End Homelessness. At <http://www.endhomelessness.org/blog/entry/the-state-of-homelessness-in-america-2015-trends-in-chronic-homelessness#.VV6bb-IFDX4>. Accessed June 22, 2015.



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