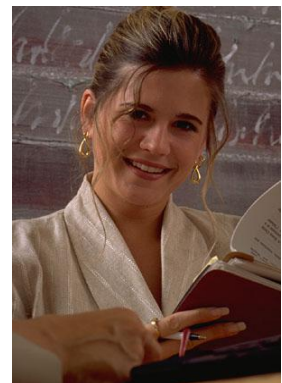
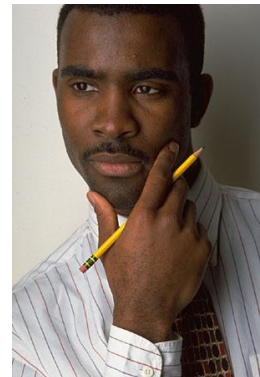


INITIAL DRAFT

***Ten Year Plan to End Homelessness
Gastonia and Gaston Consortium***



***A Community
Road To Home***

August 15, 2008

INTRODUCTION

In 2005, the City of Gastonia embarked on an ambitious plan to break the cycle of homelessness in ten years. As part of a national movement, cities and towns across America formed an alliance with the United States Interagency Council on Homelessness in Washington, DC. Mayor Jennifer Stultz, supported by a number of constituents representing social services agencies, community leaders, non-profits organizations and faith-based leaders, engaged in serious work to create solutions and strategies to end the cycle of homelessness. This leadership and the work of each constituent member has resulted in progress and commitment to do more to advance the idea of ending homelessness, in particular chronic homelessness because of the high cost of people living on the streets. These costs affect our local medical care system and hospital emergency room, the legal system and our local jail, public social service systems and non-profit resources.

During the past two years the Task Force on Homelessness has worked to look at National Best Practices to end homelessness and through community engagement or support began the implementation process of making best practices a part of our local plan. National, regional and local studies of best practices prove that best practices work to the good of communities because engaging homeless individuals in a positive way reap a cost savings of local tax dollars. Locally, a non-profit organization implemented a national best practice to engage chronically homeless people through a “housing first” program. Statistics indicate that placing a chronically homeless person in housing “first” and providing wrap around supportive services has a national success rate of 90% or more. Individual results indicate a direct correlation between reduced costs of local jails, courts, hospitals and health care systems and repeated emergency housing by 40% the first year and 60% the second year.

Homelessness, in particular chronic homelessness, is a multi-faceted challenge facing communities across this country. It arises from multiple causes and its complexity can easily confound government, law enforcement, health care providers, social service agencies, the faith-based community and non-profit entities. Homelessness affects us all because it is human suffering that is before our eyes; although affecting only a few, it touches the many.

Gaston County is recognized for its excellent quality of life, its friendly human spirit and its power to embrace an issue and respond. Now is the time to take up a new challenge: to reduce and end homelessness. Gaston County has not previously ignored the problem of homelessness; however, past programs have not marshaled the commitment, resources, and level of coordination that is required to solve the problem. Although homelessness may always exist, supports can be implemented and coordinated that minimize the tragedy on the few citizens that it touches.

The Planning Process

Without the assistance of many caring citizens, their insights and opinions with thoughtful input and dedication, our community would continue to cycle chronic individuals in and out of homelessness. It is with this dedication that the planning process was given life that developed specific goals and actions for the Gastonia/Gaston Consortium Ten Year Plan to End Chronic Homelessness. The planning process included members of The Mayor's Task Force on Homelessness, the Care Connection members (the main work group of service providers and private citizens), housing focus groups which captured business leaders, government stakeholders, foundations, service providers, private citizens, the faith community and homeless participants. Participants over the two-year period of work groups and focused committees include:

Government Sector

Jennifer Stultz, City of Gastonia Mayor
Joe Carpenter, Gaston County Commissioner
Tom Keigher, Gaston County Commissioner
Edward Munn, Gastonia (Former) City Manager
Alan Cloninger, Sheriff, Gaston County
Terry Sult, City of Gastonia Police Chief
Chuck Lifford, Captain, City of Gastonia Police Department
Susan Psomadakis, Officer, City of Gastonia Community Police Division
Kim Johnson, Officer, Gaston County Sheriff's Department
James Bailey, Captain, Gaston County Sheriff's Department
Keith Moon, Executive Director Gaston County Dept. of Social Services
Angela Karchmer, Gaston County Dept. of Social Services
Gary Foster, Executive Director, Gastonia Housing Authority
Kathy Dixon, Gaston County Court System
Jean Waters, Gaston Memorial Hospital/Caromont Health
Annie Thombs, Community Development Administrator, City of Gastonia
Ron Phillips, Employment Security Commission
Brett Keeter, Office of Congressman Patrick McHenry
Linda Ferster, Office of Congresswoman Sue Myrick
Peggy Bostic, City of Gastonia

Non-Profit & Foundation Sector

Angela Dreher, Executive Director, As One Ministries, Inc.
Carolyn Bergman, St. Michael's/St. Vincent de Paul
Donyel Barber, Gaston County Interfaith Hospitality Network
Beth Bolin, The Shelter of Gaston County
Sharron Funderburk, Executive Director, Off the Streets & Formerly Homeless

Dr. Patricia Krikorian, Executive Director, With Friends, Inc.
Brenda Henningham, Program Director, With Friends, Inc.
Anissa Lipscomb, Consumer Credit Counseling Services
Mary McCreight, Executive Director, Reinvestment in Communities of Gaston County
Joan Coffey, Finance Administrator, Reinvestment in Communities of Gaston County
Jeff Thompson, Executive Director, Linked Economic Development & Afford. Housing
Barry Lineberger, Shelter + Care Program Director, Gaston Residential Services, Inc.
Lynette Demperio, Finance Director, Gaston Residential Services, Inc.
Karen Andrews, Executive Director, Catherine's House
Shawn White, Director, A Place To Call Home
Spurgeon Mackey, Community Foundation of Gaston County
Patty Busch, Executive Director, AIDS Council of Gaston County
Sandra Alston, Director, House of Refuge
James Biddix, Director of Christian Services, The Salvation Army
Stanley Colbert, Captain/Commanding Officer, The Salvation Army
Carolyn Moore, Gaston County United Way
Barbara Dover, ABC Human Services
Barbara Voorhees, Glenn Foundation
Jim Barringer, Cornerstone Christian Center
Michelle Hice, As One Ministries

Business & Private Sector

Christine Achre, Achre Consulting
Anne Shenk, Interior Images
Glenn Rowland, Private Citizen/Retired from Gaston County Schools
Rick Smyre, President, Center for Communities of the Future
Benjy Carpenter, Private Citizens
Betty Psomadakis, Private Citizen/Retired
Sammy Smith, Homeless
Bill Seabrook,
Phillip Psomadakis, Private Citizen
Susan Hefner-Heun, Rev., First United Methodist Church
Herman Huitt, Rev., Private Citizen/Retired
Frank King, Rev., Private Citizen
Kevin Mackey, Rev. Holy Communion Lutheran Church
Dennis Lee, W.D. Lee & Company
Ted York, Rev. Ranlo Baptist Church
Kim Cruise, Homeless
Bruce Hodge, First National Bank
Linda Slade, Private Citizen
John Stanley, Private Citizen
Tammy Moore, Homeless
Cornelius Lynch, Homeless
Chanette Barrow, Homeless

The Faces of Homelessness

Nationally, there are three patterns of homelessness that have been identified: transitional, episodic, and chronic. **Transitional homelessness** is described as a single episode of homelessness that is relatively short and often occurs in times of economic hardship and/or temporary housing loss. The majority of individuals in this category are families and single adults. **Episodic homelessness** is recurrent periods of homelessness. Typically, individuals who experience this are younger, use the shelter system, and often have substance addictions. Research indicates that 9% of the single adult homeless population fits the pattern of episodic homelessness. **Chronic homelessness** refers to an extended episode of homelessness that generally lasts one or more years. Homeless persons in this category are more likely to have a serious mental illness, sometimes along with a substance addiction, unstable employment history and a history of hospitalization or incarceration.

Chronic homelessness is particularly tragic. This type of homelessness has become more prevalent in recent years due to the downsizing of institutions for people with mental illness and the placing of mentally ill people in the “least restrictive environment” as required by federal law. Without proper monitoring of daily medications or the inability to obtain appropriate medication, mentally ill individuals lose housing. More tragic is when mentally ill individuals are released from institutions directly to an emergency shelter and immediately become homeless with no resources.

The U. S. Department of Housing and Urban Development defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition (which is, mental illness, a developmental or physical condition that is disabling, substance abuse or dually diagnosed) who has either been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation, that is, living on the streets, and/or in an emergency homeless shelter during that time. The United States Interagency Council on Homelessness estimates that chronically homeless persons make up about 10% of all homeless persons, but consume 50 percent of available resources. Gaston County’s chronically homeless population, when first tracked was 31% of the individual/single homeless population, far exceeding the national estimate. In the 2008 count of the individual/single homeless population, on one given night, the number has decreased to 14%.

Gastonia/Gaston Consortium's Homeless Facts

The Continuum of Care Services Committee conducted an annual Point-in-Time Count of homeless individuals and families on January 30, 2008. Listed below is the statistical information gathered:

- Volunteers were able to count **833** people in the Gaston area without anywhere to live. We know this is not everyone that is without a home on a typical day in our community, but it is every person that sought assistance during the Point-in-Time Count period.
- On an average day, there are 511 single men and 186 single women who are alone and without housing **that we can actually count**. Of these single individuals, **102 or 14%** are chronically homeless. Chronically homeless means they have a disability **and** they have not had a place to live for more than a year or they have had four or more episodes of no housing in the last three years. Another **160** single individuals without homes are disabled but have not experienced long-term lack of housing. In total, this means that **32%** of single individuals without housing are disabled and cannot work or do not receive enough disability income to afford a place to live.
- On an average day, there are **45 families with 88 children** that have no place to call home. **Eleven** families, or **24%**, have an adult member with a disability. Many more families are living with friends or doubled up with relatives because of a job loss, an illness or other circumstances often beyond their control.
- **Ninety-one children** reported to Gaston County Schools that they were homeless **during the last school season**.
- In the count, **152** people stated they had their own residence before becoming homeless. Another **333** people lived with friends or relatives but had to leave and **85** people stated their last residence was either the state prison or the local jail.

In 2007, the Continuum of Care work group were able to count 2,580 unduplicated homeless persons in the Gastonia area; a **decrease** of 118 homeless people the prior year. Because of the work of the continuum and its local service partners, in particular Pathways, as well as funders such as the City of Gastonia's HOME entitlement funds, the Federal Home Loan Bank-Atlanta, U. S. Dept. of HUD and the North Carolina Housing Finance Agency, chronic homelessness has decreased significantly from 154 to 102, a 33.7% decrease from 2007 to 2008.

The Cost of Homelessness

To end chronic homelessness, Gaston County must have a community-wide effort championed by government, business, non-profits, and faith-based partners ...all citizens of this community that work to make sure no one must live on the streets. Not only is homelessness a human issue it is an economic issue. On January 30, 2008 a point-in-time count of homeless persons tells us that Gaston County had 102 chronically homeless people. With chronic homelessness come illnesses and emergency room visits, episodic misdemeanors, vagrancy charges, public intoxication, panhandling and police labor and often court and/or jail time. Additionally, chronically homeless people often end up in and out of emergency shelters and services repeatedly, which means there is no end to the cost year after year.

A typical scenario of the cost of one chronically homeless person, listed below, is based upon actual tracking of a sample of randomly chosen homeless individuals over a two-year period.

1. Average of five (5) emergency room visits per year	\$ 6,000.
2. Average of four (4) health department visits per year	360.
3. Three arrests per year with 8 day stay in local jail	1,440.
Police time	375.
Public defender/Court system	1,050.
(and if case goes to jury)	1,200.
4. Emergency shelter stays for a total of 56 days @\$20/day	1,120.
5. Collections received panhandling from local citizens	1,475.
6. Average of two ambulance assists to hospital	1,200.
7. Petty Theft / Check Fraud (without arrests)	2,200.
8. Selling food stamps	200.
Total community cost for one homeless person per year	\$16,620.

Multiply the cost of one by the number of chronically homeless people that were actually counted on a particular day in January, 2008 (102 chronically homeless individuals times \$16,620./annual cost). The cost burden of chronically homeless living on the streets has an annual tab in Gastonia of \$1,695,240. This is considered to be a conservative financial cost because in a point-in-time count all chronically homeless individuals may not have been counted.

The alternative to living on the streets or in emergency shelters is permanent supportive housing. The average cost for permanent housing and services according to current local programs is \$15 per day or \$5,475 annually, less than a third the cost of a person living on the streets. Add to this a regular health prevention program covered by Medicaid with the community picking up 10% of the required match or approximately \$200 per year. Therefore, it becomes more economically feasible for a community to address the homeless problem through provision of housing and services than to continue to ignore the year after year cost to the community. "Housing First", a National Best Practice has yielded less than 10% recidivism among chronically homeless.

National Best Practices

Based upon dramatic reductions in homelessness, particularly chronic homelessness in many major cities across the country, modeling the best practices of these cities should produce the same positive affect in our local community.

1. Housing First

A concept first implemented in New York, housing first is a departure from the traditional continuum of care model of emergency shelter to transitional housing with supportive services to permanent housing with little or no supports. Housing First skips directly to placement in permanent housing with a wrap-around community support system. With a 90% success rate, this model immediately provides supportive services to chronically homeless individuals, reduces court and jail time, hospital and emergency room visits as well as non-profit and social service agency resources.

2. Rapid Re-Housing

A true community outreach program, rapid re-housing involves faith congregations, local government, foundations and business sponsors. Families and elderly that become homeless are surrounded by a team of six to eight people from one congregation that mentor the family or elderly person for six months to one year. Housing is subsidized through a small commitment from each congregation (\$1200 - \$1500). Local government provides a community coordinator that work with non-profit agencies and the faith community. Local foundations and business provide additional financial and employment support based upon individualized needs or the financial support for the program in general. The concept came about when Hurricane Katrina devastated Louisiana and many families were left with no means to survive. Cities all across the country took Katrina victims in and surrounded them with immediate housing, employment and moral support. Rapid re-housing curbs the length of time a family experiences homelessness and lessens the negative impact on the family, especially the children. The program also provides a central screening location so homeless families have an immediate assessment to determine appropriateness for rapid re-housing.

3. Discharge Protocols to Prevent Homelessness

Discharge planning on the state level is necessary. The implementation of agreements between local leaders/continuum of cares and institutional discharge programs, which include foster care, local jails and hospitals, state prison systems and mental health hospitals, that agree persons should not be discharged into homelessness. State administrative code dictates discharge should be to appropriate housing and often a housing backup plan should be in place. Local monitoring of these systems are necessary in order to prevent state overburdened systems from failing to perform due diligence in assuring no one is discharged into homelessness.

4. Project Connect Events

Planned events that connect people living on the streets or other places not meant for human habitation with appropriate community services is a first step into introducing the homeless individual to services that will address the cause(s) of their homelessness. Nationwide events may be held from monthly to annually.

5. Building infrastructure

Housing, housing, housing is the key to reducing and eliminating chronic homelessness. Systems of care are much different than thirty years ago when mental institutions retained people for long periods of time rather than releasing them to the “least restrictive environment”. A system of community treatment, linked to housing, must replace the downsizing of state mental hospitals. This new infrastructure must include income supports and services with the housing.

Local Identified Needs

Individuals who are homeless may not fit into one general description but they do share common needs, including affordable housing, adequate income sources, health care and safety with a broad system of services. Given those common needs, the homeless task force planning and work groups determined to focus on three (3) system elements.

- 1. Housing** - Choice of different housing options that (a) will ensure long-term stability and (b) will be affordable for homeless individuals and families is vital. Permanent supportive housing must play a leadership role for homeless individuals with disabilities. Additionally, there needs to be adequate preventative housing supports such as emergency shelters, transitional housing programs and housing first initiatives in order to prevent homeless individuals from falling into the definition of chronically homeless.
- 2. Economic Stability** - Many individuals who become homeless are eligible for assistance from public and private systems of care, including benefits that can assure steady incomes. Often, these systems present obstacles that can impede access. In addition, job training, readiness and placement are necessary for homeless individuals who are able to work.
- 3. Health and Safety** - Most individuals and families who experience homelessness need access to a range of comprehensive services that respond to their complex and unique needs. Homeless individuals may need services such as subsidized housing, employment training or employment opportunity, mental health care, case management and/or transportation in order to remain in stable housing and to maintain employment. Therefore, it is important that there is a seamless system of coordinated services that are coupled with the affordable housing options in order to encourage homeless individuals and families to succeed. Additionally, safety issues for police, private business and the homeless individual living on the street must be addressed in order to prevent negative impacts as a result of living in places not meant for human habitation.

Services in Place

Emergency Shelter:

- The Salvation Army - 42 beds for single men and single women
 - 5 family room for families with children
- Gaston Interfaith - 12 to 14 beds for 3 or 4 families with children
- With Friends, Inc. - 9 beds for unaccompanied youth up to age 17

Transitional Housing:

- Catherine's House Belmont – 9 beds for single women and
 - 5 family rooms for single women with children
- With Friends/Adams House – 8 beds for young men 18 to 21

Permanent Supportive Housing (specifically designated for disabled homeless):

- Pathways/Gaston Residential – 32 housing units for single individuals
 - 10 housing units for families (24 beds)
- Reinvestment in Communities – 20 apartment units for single individuals or small families with children; however preference is given to chronically homeless individuals
- As One Ministries-Housing First – 4 apartment units for single individuals who are chronically homeless

Prevention Efforts:

There are a number of helping agencies within the area that assist with homeless prevention services such as rental/mortgage, utilities, food, clothing, medicines and transportation. In addition, the local shelters and transitional housing facilities who are members of the CoC have adopted and implemented specific protocols that prevent institution discharges into homeless facilities.

Outreach Services:

Pathways LME have federal grants to do outreach services for homeless people living on the streets and in emergency shelters to engage them and make service referrals related to behavioral health. Additionally, the Pathways ACT program works with homeless individuals for behavioral health identification and referral.

Supportive Services:

Supportive services are available through Pathways LME using Medicaid or State of NC Indigent funds, Gaston Family Services, a service area of the Health Dept. and the local hospital for emergency and major medical services.

Addressing Identified Needs

Housing:

1. Develop Permanent Supportive Housing (PSH) Opportunities for Homeless Individuals and Families. Permanent Supportive Housing is housing made affordable to homeless individuals that has links to health, mental health, employment and other social services. By providing homeless individuals with a way out of expensive emergency public services and back into their own homes, PSH not only improves the lives of its residents but also generates significant public savings. PSH development includes the following features:
 - Successful housing options for the homeless population must include a variety of options to promote choice and appropriateness;
 - Adequate development along the housing continuum includes a combination of scattered-site (single units, duplexes, etc.), possibly modular, congregate living and single room occupancy units.
 - Development can be accomplished through construction, renovation, or master leasing of existing housing stock;
 - Density not to exceed 12 units per development and scattered site is preferred;
 - Housing must have access to public transportation, and be located within walking distance of essential services and amenities (food, laundry facilities, bus routes);
 - Establishment of community as peer support is linked to long-term housing stability;
 - Ongoing assessment and evaluation of adequate housing development for homeless persons will be conducted utilizing annual counts and other monitoring efforts.

2. Identify All Existing Funding Sources & Develop New Funding Initiatives

When considering financing for permanent supportive housing, three distinct costs should include: funds for housing development (rehab and new construction), funds for rental subsidies (ongoing), and funds for support services (ongoing). Funding Opportunities to explore:

 - Local housing trust fund with a recurring, dedicated funding source;
 - City of Gastonia Federal Home dollars for specified Community Housing Development Organization;
 - HUD Section 811 and 202;
 - City of Gastonia Community Development Block Grant (CDBG) and HOME allocations;
 - HOPWA, Ryan White, and SAMHSA federal funding;
 - N.C. Housing Finance Agency federal low income housing tax credits (LIHTC)
 - Bond financing programs;

- Federal Home Loan Bank of Atlanta under the Affordable Housing Program;
 - N.C. Housing Trust Fund and 400 SHPD Initiative;
 - HUD Continuum of Care funding for Shelter Plus Care (S+C) and Housing First Initiatives;
 - Regional Banks;
 - Faith-based community initiatives and investments;
 - Foundations that provide funds for brick and mortar;
 - Private donations.
3. Establish Leadership Committee to secure lead private and corporate gifts for housing development: Leaders in the public and private sector to initiate private and corporate giving opportunities directed toward housing development. The fund could be managed by an existing foundation such as The Community Foundation of Gaston County. The faith community, business and corporate community, foundations and individuals will be educated on the philanthropic opportunity. Philanthropic gifts would be focused on the one-time expense of housing development.
 4. Fast track the process of plan approvals for housing targeted for very low income individuals and those that will serve disabled and homeless individuals/families: City and county officials develop a process whereby engineering and housing plans are fast tracked through the system when the development is targeted for populations to be served through the Continuum of Care.

Economic Stability

1. Develop formal protocols with key public service providers: Key providers will help to ensure full early access by homeless individuals to all publicly funded benefits and service programs. The key providers include the local office of the Social Security Administration, the State Office of Disability Determination, the local and state offices of the Department of Health and Human Services, the N.C. Employment Security Commission and the Welfare to Work programs.
2. Continue to provide access to service providers on the national SOAR initiative training: The SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative is a national best practice that trains case managers and service workers in the process of assisting a disabled person who is homeless to apply and receive Social Security Administration Disability Benefits quickly in order to stabilize them in housing.
3. Conduct an analysis and develop solutions for the public transportation system that prevents homeless individuals from participating in job opportunities and maintaining employment: There are many job opportunities outside of the City limits of Gastonia so it is imperative that municipalities work together to develop a mass transit system that addresses the transportation barriers of homeless

individuals, as well as our citizens in general, which limit employment opportunities or cause hardship in securing and maintaining employment.

Health & Safety

1. Establish new or expanded services to complement existing services: In order to achieve the overarching goal that untreated health conditions, illnesses and injuries will not longer cause or prolong homelessness in the City of Gastonia, new and expanded services are needed:
 - Temporary and transitional housing to engage chronically homeless into systems of care who initially refuse permanent supportive housing;
 - Increased residential substance abuse treatment for indigent and uninsured persons; and
 - Respite care setting(s) for recuperation of persons without homes after hospital discharge.
2. Conduct a comprehensive assessment of health care system capacity and need: The current public health care system often forces people to seek medical assistance in the emergency room causing cost to rise dramatically. Develop a working group that will do a comprehensive assessment and provide written recommendations to the County Commission for expansion of the public health system.
3. Conduct a comprehensive assessment of the cost, crime rate and causes of arrests of homeless people that are often seriously mentally ill: Overloading the legal system with chronically homeless persons who are mentally ill is a costly process that will continually repeat itself. Develop a working group that will do a comprehensive assessment and provide written recommendations to the Gastonia City Council that will be more cost effective than repeated offenses.

Collection of Accurate Data

In order to assess effectiveness of the Ten Year Plan goals, all homeless service providers will be encouraged to keep accurate data in a Homeless Management Information System, which is the Carolina Homeless Information Network (CHIN), in the State of North Carolina. Funding sources expect to hold service providers to the highest standards of accountability; therefore, timely and accurate data will ensure continued support, allow the community access to statistical information, document services provided and offer accountability as well as document benchmarks.

Conclusion

According to the U.S. Interagency Council on Homelessness, the key elements in a successful Ten Year Plan is: Disciplined People, Disciplined Thought, and Disciplined Action. Therefore, the following ten elements are necessary to implement the Ten Year Plan:

1. Political and Community Will;
2. Partnerships;
3. Consumer-Centered Solutions;
4. A Business Plan;
5. Budget Implications;
6. Prevention and Intervention;
7. Innovative Ideas;
8. Implementation Team;
9. Broad Based Resources; and
10. Living Documents.

Many in the planning and work groups discovered a coordinated and collaborative system that has already proven, through statistical data, a reduction in chronic homeless individuals in the City of Gastonia. Implementing and enhancing the goals in this Ten Year Plan requires a concerted effort of the community but will reward resolution of current issues and decrease the community's cost of people living on the streets.