



*"It Takes A Community To
Make A Home"*

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Shelby/Cleveland County Ten Year Plan to End Homelessness

INTRODUCTION

In 2005, the City of Shelby embarked on an ambitious plan: to break the cycle of homelessness in ten years. As part of a national move, cities and towns across America formed an alliance with the United States Interagency Council on Homelessness in Washington, DC. Mayor Ted Alexander, supported by a number of constituents representing social services agencies, community leaders, non-profits organizations and faith-based community leaders, engaged in serious work to create solutions and strategies to end the cycle of homelessness. The leadership of Mayor Alexander and the work of each constituent member have resulted in progress and commitment to do more to advance the work of this plan. This plan is a call to action: to seek the key ingredients that will ultimately break the cycle of homelessness in the City of Shelby in Cleveland County.

Much work has been already done in developing this plan and organizing around key components. During the past two to three years, the Task Force on Homelessness has worked diligently to look at National Best Practices to end homelessness, community engagement and community will. Through the North Carolina Coalition to End Homelessness a consultant was engaged to facilitate discussion and synthesize recommendations to advance the work of the Task Force. The end product being that there is strong expression for a renewed commitment and energy in continue to engage the community to develop and implement positive solutions that will break the cycle of homelessness. One of the areas that struck the consultant more than anything else was the strong sense of community and willingness to help. To that end, she coined the phrase “*it takes a community to make a home*”, thus recognizing the inherent strength in the Shelby community and the opportunity to create lasting positive change for our homeless residents.

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. Placing a chronically homeless person in housing “first” and providing wrap around supportive services has a national success rate of 90% or more and reduces the cost of local jails, courts, hospitals and health care systems and repeated emergency housing by 40% the first year and 60% the second year.

NATIONAL HISTORY

On any given night there are a range of 800,000 to three million people homeless throughout the country. Of that figure, estimates report up to 1.35 million homeless children (National Alliance to End Homelessness, 2009). In spite of the continued efforts throughout the country to develop sound, effective strategies in ending the cycle of homelessness, there continues to be an increased demand for homeless assistance. Additionally, the foreclosure rates of single family homeowners are growing at alarming rates, forcing an even greater number of individuals and families into risk of becoming homeless.

Homelessness for those individuals with chronic conditions (i.e. physical, psychological and/or substance dependence) continues to demand a number of public resources which drives up the costs for the given county. Research has proven that the chronically homeless occupy many of the beds in jails, institutions and hospitals. This results in a bottom line cost for the respective county or city who manages the expense. While the deinstitutionalization of mentally ill people and the loss of affordable housing stock in the 1960's and 1970 have sparked an increase in homelessness, it did not become wide-spread again until the 1980s due to a number of systemic and social factors including (National Alliance to End Homelessness):

- Scarcity of housing;
- Employment and benefits not keeping pace with the cost of housing;
- Services becoming harder for people to afford and find;
- Social changes exacerbating personal problems of poor Americans;
- New kinds of illegal drugs; and
- More single parent and teen-headed households with low earning power and thinning support networks.

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SHELBY'S TEN-YEAR PLAN

Cleveland County statistics reveal via the 2006 Point in Time Count, that 450 individuals and individuals within families were homeless. Of this 450 count, 21 persons experienced chronic homelessness (NC ICCHP 2007 Report). More data is needed to estimate the number of individuals and families currently experiencing homelessness as well as the segment at-risk of homelessness that may be using prevention resources.

The Ten-Year Plan Commission, with renewed commitment can further the work and advancement of the plan. Shelby and Cleveland County recognize the need for a “housing first” emphasis and approach in the plan that is line with the National Alliance to End Homelessness. There are three key variables which are interwoven into the plan including: *Need for continued development of affordable, safe housing to increase the available housing stock in the county; Need for a wraparound support structure which emphasizes the formal (i.e. DSS, Health Services, LME) resources as well as informal support structure (Circles of Hope via Interfaith Alliance) and Economic Development and Self-Sufficiency.* The Ten-Year Plan outlines the following specific areas:

A. Closing the Front Door (Prevention)

Shelby and Cleveland County have a number of agencies that work to prevent homelessness by providing emergency assistance to families in crisis. Additionally, a cooperative program between local liaisons and state institutional programs such as mental health facilities and prisons help to ensure that people are not discharged into homelessness. Representatives from the commission have committed to continuing their prevention activities and further advocacy to expand these prevention resources will be reinforced. The most effective strategy in breaking the cycle of homelessness is preventing new individuals and families from becoming homeless.

Key strategies in this execution:

Strategy 1.0: Providers currently need to continue to provide prevention resources to individuals and families in crisis. This can include: rental support; utility support; food; clothing; furniture. The prevention providers need to be supported by City and County officials to preserve the resources in this area. Providers can track the number of resources provided as well as resources needed to demonstrate both the need and effectiveness of prevention resources.

Strategy 1.1: Continued cooperation between local liaisons and state institutional programs to ensure that individuals are not discharged into homelessness. Tracking of discharge protocol as well as the quantifiable number of individuals at risk of homelessness at discharge should be tracked and incorporated into the overall cost studies and needs analysis so that these chronic homeless individuals, who use such a high number of system resources, benefit from lower cost community housing alternatives.

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Strategy 1.3: Individuals and families at risk should be matched with Circle of Hope families as a connection for community support. This type of support on the front-end can be extremely effective in preventing a homeless episode.

Strategy 1.4: Financial literacy curriculum should be offered in the community. The local bank leaders already have the tools needed to either provide the classes or have other local community members teach the class. This curriculum involves critical steps in ensuring financial budget management and include items such as securing a credit report; opening and managing bank accounts; understanding other investment products; understanding and preventing predatory lending; managing a monthly household budget.

B. Opening the Back Door (Housing)

The Plan includes a continuum of affordable housing solutions that will increase the opportunity for homeless residents to exit the shelters and move into permanent housing more quickly. In a “housing first” model, it is critical for this community to strategize a number of housing options including affordable housing for its families; permanent supportive housing for its chronic homeless and maintaining the stability of transitional housing for individuals and families moving through the system. **Key strategies in this execution include:**

Strategy 2.0: County and City leaders commission a housing stock study. Recommend that Reinvestment in Communities takes this lead in executing this study, with city and county funding. This is perhaps the most important and critical element of the plan. Reinvestment in Communities recently conducted a similar study in Gaston County. The typical scenario of the cost of one chronically homeless person is listed below and based on the actual tracking of a sample of randomly chosen homeless individuals over a two-year period (Gaston County 10-Year Plan, 2008):

Average of five (5) emergency room visits per year	\$ 6,000
Average of four (4) health department visits per year	\$ 360
Three arrests per year with eight (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
Emergency shelter stays for a total of 56 days@20/day	\$ 1,120
Collections received panhandling from local citizens	\$ 1,475

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Average of two ambulance assists to hospital	\$ 1,200
Petty theft/Check Fraud (without arrests)	\$ 2,200
Selling food stamps	\$ 200
Total community cost for one homeless person per year	\$16,620
The average cost for housing and services annually	\$ 5,675

Strategy 2.1: As a part of the study, identification of the number of chronic homeless individuals and chronic homeless families in the local system and the systems cost should be included in this study.

Strategy 2.2: Prioritize a pilot permanent supportive housing project. One project will benefit chronic homeless singles; the other project will benefit chronic homeless families. Funding for this can be supported by the local department of housing and/or HUD.

Strategy 2.3: The permanent supportive housing project should include the wraparound system of support. All individuals and families enrolled in this project should be matched with a Circle of Hope provider as well as ensuring that treatment and professional service needs are provided on an individualized, comprehensive and interdisciplinary approach.

Strategy 2.4: Task group members involved in the housing leadership group will continue to work with other local leaders in surveying the housing needs of the community and strategize ways of increasing the affordable housing stock in the community

Strategy 2.5: Integrate historic preservation for sites and neighborhoods as a strategy for creating homeownership

C. Wraparound Support System

A wraparound support system will address the formal and informal network of supports needed to break the cycle of homelessness. To that end a number of strategies have been developed. The most promising strategy is the “Circle of Hope” where Shelby will be able to leverage the most important asset (the strength of the faith-based community) in supporting an individual or family in a one to one situation with our homeless residents. This Circle of Hope embodies the most basic principles of wraparound and allow for the support needed in stabilizing our most vulnerable residents. The lack of an adequate support network is one of the leading reasons for individuals becoming and/or staying homeless. This circle will allow the creation of that network which will impact the homeless in a lasting way.

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Additionally formal support networks including mental health, employment, health, and other specialized services will continue to address the formal service needs of the homeless. One promising strategy that will be implemented in Shelby is “project connect”. Shelby is looking forward to scheduling and offering its’ first project connect which will allow all service providers to come together and provide information to homeless residents in a “one-stop shop” environment. This will create better access to the care needed by the homeless.

Key strategies in this execution:

Strategy 3.0: Convene a wraparound support system group. Co-chairs in this systems group should be an individual from the mainstream formal resource community (i.e. DSS, LME, Schools and Health) and an individual from the Interfaith Alliance chairing the Circle of Hope Group.

Strategy 3.1: One missing element in Shelby’s services plan which has been very successful in other communities throughout the country is a Day Resource Center. This center can be rotated throughout the community or can be one designated space. The key ingredients to an effective resource center include:

- Case management staff available to assist in connecting the homeless individual or family member to the needed support services.
- Circle of Hope representative can connect individual and/or family member to the Circle of Hope program
- Workforce development or other local employment training program can be available to assist individuals in job resources, interviewing skills and connection to employment opportunities.
- The day resource center should contain shower facilities where individuals can shower and prepare for job interviews.
- Consider funding for a community voicemail system so that individuals and/or families can remain connected to employment and other community appointments.
- Basic meals can be served as well as food pantry for those at risk and in need of these resources.

Strategy 3.2: Conduct an annual “Project Connect” day to allow individuals and/or families access to needed community resources. Consider partnering with an evaluation partner (i.e. Gardner Webb) to collect demographic data which can be used by the task force in establishing future priorities.

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Strategy 3.3: Wraparound formal supports should include all specialized and mainstream resources needed for the individual and/or family to succeed in their community and be retained in the community. These resources should follow evidenced based principles whenever possible (i.e. Assertive Community Treatment) and be delivered in a manner emphasizing the strengths of the individual. Services need to be comprehensive, interdisciplinary and conducted in a nonjudgmental manner. Support providers should recognize that there are different strategies that are equally effective in treating a condition (i.e. 12-step/abstinence based programs; treatment and psychopharmacology)

Strategy 3.4: Ensure case managers are trained in SOAR so that individuals and/or family members are able to access all public entitlement benefits (i.e. TANF, SSI, and SSDI)

Strategy 3.5: Circle of Hope should be the cornerstone of the informal support network in the Wraparound System. The infrastructure to support this model should be put in place. The key ingredients include leadership and management of this project; recruitment, training and retention of Circle of Hope families and volunteers; matching process between homeless persons and their Circle of Hope volunteer. The volunteer, whenever possible, should work with the case manager when formal supports are provided to ensure a coordinated approach to service delivery. A Life Plan for the family is developed and the Circle of Hope, along with the case manager oversee that all aspects of the plan are implemented and effective to the homeless person. Consider the requirement that alumni/alumna of the Circle of Hope program become host families.

Strategy 3.6: Continued emphasis on workforce development and economic development in the community. Ensure that there are local strategies in engaging very low-income persons and homeless persons in workforce programs. Provide incentives to local businesses employing very low-income persons and homeless persons.

D. Plan for Evaluation and Outcomes

Establishing benchmarks for the plan and evaluating outcomes provides community insight into the success of the plan. Members of the Commission will establish an annual evaluation tool. Additionally, as part of the state-wide Carolina Homeless Information Network (CHIN) Shelby and Cleveland County has the ability to develop a data history of services on any individual or family seeking homeless services in order to measure success of programs. Local academic partners are an integral part in providing their expertise in evaluating the effectiveness of the plan. **Key strategies in this execution include:**

Strategy 4.0: Develop academic partnership (i.e. Gardner Webb) to oversee the evaluation of the plan.

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Strategy 4.1: Using the 10-year Plan as a framework, develop an implementation plan with key measurable objectives in each area which can be evaluated and incorporated in progress reports.

KEY STEPS

Implementing a Ten-Year Plan is critical to address the homeless issue and recognize a cost savings in the community while engaging people who are in difficult circumstances in an understanding and meaningful way. The following are key steps to be taken to implement a community-centered plan to end the cycle of homelessness:

- A.** Develop support to engage a Ten Year Plan Coordinator as the point person to oversee the implementation of the Ten Year Plan with support from the task force/planning committee. Resources in the community and individuals are willing to offer assistance but a point person is vital to be able to “connect the dots” such as:
 - 1. Local ministry purchased a relatively large apartment building in town and has vacancies;*
 - 2. Section 8 representative identified close to 144 vouchers that could be used for project-based housing;*
 - 3. Local bank is interested in teaming up with other local banks to develop a plan to infuse capital into low-income census tract area for affordable housing;*
 - 4. North Carolina Baptist Men are interested in developing housing in the community;*
 - 5. City planning representative is putting together an affordable housing plan for Shelby;*
 - 6. Local ministry interested in developing annual “Project Homeless Connect” (a one-stop shop of services) to engage and connect homeless individuals to local existing services that will address their causes of homelessness; and*
 - 7. Other local ministries and stakeholders are interested in expanding their services should resources become available.*
- B.** Incorporate local government support as stakeholders in order to recognize savings of local tax dollars. National best practices prove that hospital and health care visits, local jails and courts systems, downtown loitering and city images are expensive alternatives to housing and supportive services.
- C.** Restructure Task Force to a Ten-Year Plan Commission recognized by community leaders as a longer-term investment. The Commission would engage stakeholders and others who should be a part of the solution and identify resources that when combined have a significant and lasting impact on the community’s homeless population.
- D.** Develop a community-wide affordable housing plan that incorporates homeownership as well as safe and affordable rental housing for all income ranges. A healthy community recognizes that housing for all income ranges is better planned than code enforced.

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- E. Incorporation of elements of national models that address homelessness in the planning and execution of temporary and supportive housing programs in Shelby (i.e. Raleigh Circles of Hope, Denver’s Rapid Re-housing of Families and Elderly model). By addressing limited stays in temporary housing and quickly moving families back into a permanent housing situation lessens the impact of being homeless on children and family structure. Statistics indicate that children who become homeless are six times more likely to become homeless as adults.

RESOURCES NEEDED

The following represents the initial resources needed in the sound execution of this plan.

- One full time 10-year plan coordinator or entity who will oversee the execution of the plan
- Housing study conducted by Reinvestment in Communities which will include cost-benefit analysis for a local permanent supportive housing program
- Prevention resources need to be preserved or expanded. Local foundations typically are helpful in this process
- Preserve the shelter beds in the system while the system is converting to the Housing First Model
- Resources for the execution of a day resource center. One cost-effective way of implementing this resource center is rotating among local churches. The Interfaith Alliance may be a solid leadership group to oversee this process.
- Planning and development for the execution of the Circle of Hope approach. Achre consulting will continue to work with the entity (Interfaith Alliance) to provide technical assistance and planning in this area.

CONCLUSION

With dedication, collaborative community efforts and the resources available, implementing the Ten-Year Plan to End Homelessness is a positive step toward addressing a community problem. Individuals, government, business and the faith-based partners working together will change the face of homelessness in this community.