



The Conversation Continues

THE RIVER OF HOMELESSNESS: A RESPONSE TO RECENT EVENTS

TO: This report is a response to...

Those City Council Members who made comments indicating that those who serve the homeless are undermining the community by attracting homeless people to the area.

The City Manager who offered a recent challenge to organizations serving homeless people to more effectively *implement* “*The 10 Year Plan To End Homelessness: A Place To Call Home.*”

All those who recently expressed support of the organizations serving those who are homeless who asked how they could learn more and do more to help homeless people.

FROM: Tim Steller, Blue Ridge Behavioral Healthcare
Quill Giles, Emotional Health Stabilization
Diane Kelley, Mental Health American
Joy Sylvester-Johnson, Rescue Mission
Ted Edlich, TAP

This group includes members from organizations that are diverse. Some of the organizations are large and some are small, some are publicly funded and some privately funded, some are “for profits” and others are “non-profits”, some focus on direct service and some on advocacy, some of the individuals are Roanokers from birth and some are new to the area.

WHY: In order to respond in a timely manner to the comments and challenges made, this group committed to meeting weekly to evaluate the current situation, and to prepare a written response, informed by the counsel of others through a series of some twenty interviews and meetings.

The common interest is to see the conversation concerning the issues of homelessness and its’ precursor “poverty” to be directed toward positive solutions, incorporating ideas, from all stakeholders—including the homeless themselves. It is also the common goal to dispel commonly held myths, misconceptions and idiosyncratic use of data. Finally it is the goal of this group to encourage regional cooperation in implementing the ideas, initiatives, projects and programs explored.

HOW: Some of the ideas expressed in this paper could be implemented almost immediately with little to no cost, while other ideas expressed will take many years and have considerable costs. Some of the ideas will require a re-allocation of existing resources while others will require substantial new investment from public and private sources.

Some of the ideas expressed concern actions that are local, while other are more global in nature and require advocacy at a state and/or federal level.

All of the ideas expressed require that we become literate about the causes of poverty and find within ourselves the “will” to address those precipitating causes.

WHEN: We begin today, building on the work of those who have come before us. We will persevere until the threat of homelessness is no longer a real and present danger to any of us.

According to the National Alliance to End Homelessness, approximately 744,000 people are homeless in America tonight and over the course of next year, between 2.5 and 3.5 million people will experience homelessness in this country.

THE RIVER OF HOMELESSNESS

(authored by Joy Sylvester-Johnson, Rescue Mission)

Some History

Homelessness for most people is a temporary state—not a permanent condition. It is a dangerous river with people of all ages, races, ethnicities and walks of life entering and exiting everyday in every community in America.

Sixty six years ago my father staggered into a Rescue Mission. He was a middle aged, alcoholic, veteran who had lost everything: job, family, house, health, self respect and hope. He was not alone. There were thousands of men like him on the streets of every city and town in America. When people thought about “the homeless” back in the 40’s and 50’s they thought about people like my dad.

At the same time my father was on Skidrow, the post-war economic expansion had created an environment where a whole new group of people could find work, buy houses, get an education and create lifestyles that were better economically than that of their parents.

These families also had dreams of even better lives for their children. Overall, people believed their lives and the lives of their children would continue to get better and better. And they did.

But in the last 25 years, those expectations have changed.

Some Good Work Has Already Been Accomplished

The Continuum of Care, the Roanoke Alleghany Regional Advisory Council on Homelessness, The HELPS Committee, and a number of stakeholders including, but not limited to shelter providers have consistently met, and on an annual basis reported, with great concern, the increase of homeless people in our Valley.

As a result they have proposed a number of ideas, programs and initiatives.

Eight years ago the National Alliance to End Homelessness announced its 10 Year Plan and invited every community in the country to join them in making such plans at the local level.

In (2006) Roanoke completed its 10 Year Plan to End Homelessness. This plan was presented to the public on Homeless Memorial Day (December 21) of this year. This plan will be one of some 310 plans by other communities that have been completed or are near completion this year according to the National Alliance to End Homelessness.

The Alliance’s Ten Year Plan focuses on using data to plan for outcomes, closing the front door to homelessness through prevention programs, and opening the back door out of homeless by rapidly “re-housing” individuals and families.

Each community commitment starts with a plan that outlines a framework to guide community-wide efforts. In Roanoke, “community-wide” translates to a regional approach not a City only approach.

These plans are a critical component of efforts to prevent, reduce, and end homelessness locally and nationwide. TAP (publically funded) and The Rescue Mission (privately funded) along with many others have supported and have been involved in this process. What has not happened, is the “buy in” concerning the plan by those not as directly involved in its formation, but critically involved in its success or failure.

It should be noted that HUD required every locality to create a 10 Year Plan to end homelessness if they were receiving ESG funding. In researching plans from other localities no plans were found where the initiative of the municipality itself was not headed by a mayor, city council, city manager, or board of supervisors. *Roanoke appeared to be the only plan found without that type of leadership.*

Good plans that had this kind of leadership were Portland, OR; Asheville, NC; Hennepin County, MN and Chattanooga/TN.

The 10 Year Plan calls for building a social, political and physical infrastructure by:

1. Increasing incomes of the poor,
2. Expanding access to affordable housing of various kinds,
3. Increasing a variety of wrap-around services to the homeless, and
4. Helping individuals and families access those needed services

This plan advocates the approach of “housing first” (*the idea of getting folks into permanent housing as quickly as possible.*)

Today, we are offering this report, informed by the wisdom of others we hold in high regard, concerning some ideas, comments and action steps we believe may be helpful to all those invested in living into the 10 Year Plan and seeing homeless people exit the River of Homelessness.

We are intimately acquainted with this issue. However, we do not pretend to offer “the” solution. In fact, we do not even believe that there is “one” solution because we do not believe homelessness is “one” problem. Nor do we believe that this River of Homelessness will end in 10 years or 20 years or 30 years. But it could end...and each day we wait to implement the plan delays that hope.

We respect and applaud the efforts of all those who have worked so diligently to create a plan to alleviate homelessness. In fact we agree with almost everything in the 10 Year Plan and will work to forward that agenda, but we do have a problem with the name of the plan “A Ten Year Plan to End Homelessness” in that it sends two false messages.

First, the title does not adequately convey that the writing of the “Plan” may be done in 10 years, but the immense overhaul needed of every major component in our society: politically, economically, psychologically, socially, and spiritually will take considerably longer.

The second problem with the title is that it sends what may be unintentional, but is in fact a thinly veiled message to homeless people themselves, that for some people who are seen as privileged, affluent or powerful and especially some (certainly not all) who are rediscovering the joy of urban living, the message that they want the homeless to just “disappear” or become “invisible.”

Unless we have gone backwards to 19th Century Dickens’ England—poverty---is not a crime (*at least not for those in it, although perhaps a case could be made for those who benefit from it, have the power to change it and do not.*)

As one homeless man said to me on the streets of Roanoke following the reports of the homeless count and its various reported reactions, “*Joy, they really want to kill us don’t they?*” I assured him this was not true—but I have to admit that there is a segment of our population who is not interested in learning any more about poverty or what it will take to lift people out of it, they just want the poor to “go away.”

Some of us are afraid of the poor. All of us are a great deal closer to the plight of the homeless than we may imagine. Our fear of the homeless is often fed by fears of our own about the prospect of suddenly being without the resources needed to meet crises of employment, health, and natural disasters.

Some of us are angry with the poor. Anger is usually based on fear. As long as one person is poor or homeless—we are all reminded that we too could be that person. That reality scares us.

Seeing the poor reminds all of us of our failures as a society and in some cases the hypocrisy of our lives as we gather more “stuff” at the expense of those who do not have enough to survive in this land of plenty.

Some of us are also scared because we know that the cost of dealing with this issue will in some way “cost” each of us.ⁱ

Do We Have the Will to Live into the 10 Year Plan to End Homelessness?

Are we willing to pay what the real cost of fast food would be if the people preparing it and serving us were paid a living wage and given health benefits? Are we willing to pay the true cost of construction if everyone on the crew were to be paid “officially” and not under the table?

Today we want to propose that we look at this work in a new way.

Let’s take a serious look at what the issues are in the Valley regarding poverty and homelessness and design a plan that not only describes that reality, but outlines the steps necessary to change it and then figures out how we are going to pay for it.

Let’s study to get the “facts” rather than perpetuate tired myths. Let’s continue to enhance the 10-Year Plan with:

1. action steps,
2. reasonable timelines and
3. a process to hold each entity accountable for their part in that plan.

Let’s seek “buy in” by all the stakeholders. And then—let’s figure out how we as a community are going to pay for what we think we need instead of waiting for someone from somewhere else to tell us what they are willing to fund and then designing programs to meet their agenda so they will give us the money.

Long before we talk money we need to talk about our “will” to end homelessness. Does it exist? What needs to happen to move the plight of the homeless to the top of our agendas? How do we engage all those with the power to facilitate the needed changes and how do we hold them accountable for the promises they make?

Money is part of the solution, but it is never the only thing required when dealing with an issue as comprehensive and complex as poverty and its ultimate consequence-- homelessness. Once we find the will, we will find the money.

Do we need to see corpses in the streets to draw attention to the problem? Too often, we as a society wait for something truly catastrophic to happen before we are motivated to change the way we do things.

Today, we are prepared to offer some ideas, based on our experiences in working in the field of poverty and homelessness for cumulatively more than 75 years. There will be other ideas expressed in coming days. Some of them may be better than what we propose. We welcome that kind of interest and investment by others.

Council proposed to the City Manager that she call together the shelter providers to ask them what they were going to do about the swell in the homeless count. And so she did. All of us came.

What we realized at that meeting was that the emergency shelter providers were successfully doing exactly what they set out to do: keep the most vulnerable people, the homeless--alive--one more night-- so that we could all try again the next day to build a society where no one has to be homeless in the first place. We were the ones with our proverbial thumbs in the proverbial dykes.

We also realized that day that although the large group who had been working on this issue would and should continue that those of us who have been working on this report had a responsibility to expedite an immediate response to some of the questions raised by Council and City Administration.

Just as the events of Katrina brought attention to the inadequate infrastructure of New Orleans to deal with hurricanes, and 9/11 brought attention to the issues of national security, and April 16th of last year brought attention to the problems of our mental health delivery system, so did the comments of Council regarding the approach we take in helping those who are homeless. We saw this “media moment” as one too valuable to waste and we knew time was of the essence before the cameras moved on to the next issue.

So we met that week and every week since and we enlisted the help of some of our friends who are far more expert than we on some of the contributing factors to this issue. They agreed to help us and have contributed significantly to this report.

What we offer today is not to replace what has already been done, but to complement it. What we are presenting today is one more step towards a good ending to the homeless story in Roanoke.

We are ready to share what we know and we are willing to learn new things to help our community be the kind of place where every citizen is treated with dignity and each person has an opportunity to succeed.

We dream of the day no one will be homeless and we are invested in working toward that goal—no matter how long it takes.

A Closer Look At the Homeless

Today, homelessness is growing in unprecedented ways. The vibrant growth of the middleclass of those post-war days is now being eroded. Three major changes have occurred due to the failed policies of the last 25 years.

1. There is a growing shortage of affordable rental housingⁱⁱ,
2. the closing of state institutions who had residential services for those with serious mental illness without adequate replacement housing options within the community and,
3. a corresponding dramatic increase in the number of people living in poverty.

In the last two decades, the face of the marginalized, middle aged alcoholic homeless man on the street has morphed into a new face, or more accurately, new faces.

Every community in the United States has reported an increase in the number of homeless people in the last twenty years.ⁱⁱⁱ Roanoke is not an exception, although the number of homeless people per capita for Roanoke is significantly lower than many other communities of similar size across the country.

In addition to the chronically homeless (*people like my father*), these new faces come in every color and encompass all ages from the crying infant to the confused abandoned geriatric patient. They are individuals, couples, and extended families with many members. Some of them speak English, and some do not. Some of them have advanced degrees and some cannot read a newspaper or write their own names.

Some of them have visible physical disabilities while others have less visible but just as debilitating mental challenges. Many of them have been abused as children. *(In one snapshot survey of the Rescue Mission Family Shelter, 85% of the adults reported physical and sexual abuse as children)*

Many of them are looking for work. Many already work one, two and even three jobs. Even when these folks do everything “right” they may still end up joining the ever-moving “River of Homelessness.” *And God forbid they make a mistake.*

What is most interesting when talking to non-homeless people about the plight of “the homeless,” is that some expect the poor to be “perfect.”

Our standards for those who have the least are so much higher than the standards we impose on ourselves. Most of us have made mistakes that if we had not had a network of family, friends or the church to “save us” would have resulted in our losing everything and joining the ranks of the homeless.

But for those who live on the edge, often there is no such network. And when they fall—they fall hard and fast. And some of us are quick to judge. But before any of us judge we should live for a month on what public assistance benefits provide. We should buy only what the food stamps program allows for a week and we should try to access what we need for work and life using public transportation.

We should try to budget for back to school haircuts, shoes for children whose feet change sizes four times in a year, medications for an ear infection, and “luxuries” like an Easter basket or a birthday present or a school field trip and see if what comes “in” as a poor person balances with what goes “out.”

When I listen to the stories of the homeless families I meet in the shelter I am amazed that they are so resilient, so eager to try again to “make it” in a world that is stacked against them. Where one sick day or one lay off or one rent increase or one cold winter with unexpected utility increases can send them right back into that River of Homelessness where they will try again to get housing as they flip burgers they cannot afford to buy.

The mandate to “get a job” is no longer the answer to homelessness. Many people who are homeless are already working. The Joint Center for Housing Studies at Harvard University published in 2007, reported that even after the minimum-wage increase is fully implemented, *households with a single minimum-wage worker will still be unable to afford even a modest two-bedroom rental apartment at today’s rents anywhere in the country.*^{iv}

According to the Voices of Virginia’s Children report (www.vakids.org) issued this year, a single person living in Roanoke Virginia needs to make \$6.88 per hour to be self sufficient. Add a baby and the rate increases to \$10.72 an hour. Wait a couple of years until that baby is a toddler and the rate increases to \$12.41 an hour for that single parent and child to be self sufficient.

If “Get a job” is the mandate of the critics, the response of the working poor should be, *“Yes I will get a job, but please pay me a living wage.”*

Homelessness for most people is a temporary state—not a permanent condition. One of the misconceptions held by folks who are not versed in this issue is that they see “the homeless” as a static group, rather than the constantly moving “River of Homelessness” where people are constantly entering and exiting. For this reason it is important to try to capture the number of people per capita in a community who have been homeless over a period of time, as well as taking a “snapshot” count of who is homeless on any given night.

In the past most studies to count the homeless were limited to snapshots of those staying in shelters. As a result, a community with a strong shelter system that is working well, like Roanoke, would have a higher count than a community that is under served. *Some communities report as much as 29% of requests for shelter go unmet* (The National Law Center on Homelessness in 2004) This forces homeless people to sleep in unsafe

places such as in cars, in vacant buildings, under bridges, in caves, and to double up with family and friends (*sofa surfers*) often moving from week to week or day to day.

However, we must acknowledge that even a national tracking system such as HMIS (once it is formed) will not adequately count exactly how many people are actually homeless because it will not have a way to count those (*some say the majority*) who are seeking shelter outside of the shelter systems.

In urban and rural areas those who lose their ability to be self sufficient often move in with friends and family. This is usually a short term solution with a significant social cost to the homeless family and to the entire community. Doubling up with friends and family for awhile sometimes bridges the gap for those who lose their homes, however, if the precipitating problem causing the homeless state is not resolved, eventually the temporary “doubling up” is no longer an option and these folks are then forced to move to cities where emergency shelters exist or face sleeping in cars, abandoned buildings, caves and under bridges. *Desperate people do desperate things.*

Major Factors in our Current Homelessness Situation

Why do so many people today experience homelessness?

In the article “*Is a Roof the Only Difference between the Homeless and Me*” (C. Theodore Koebel and Ragaei S. Abdelfattah, Summer 2004 Virginia Tech) we learn there are three main feeder streams into the River of Homelessness:

1. *Discharge* from correctional facilities, foster care systems, and mental health institutions; ^v
2. *Eviction* due to foreclosure or failure to pay the rent (often due to job loss, divorce, or catastrophic illness or other crises such as fire, flood, etc);^{vi} and
3. *Voluntary Departure* from a home by domestic violence victims seeking shelter from their abusers.^{vii}

In all of these situations, the “emergency shelter” is a place of refuge—a place to stand while a plan for housing can be found.

Ideally, the stay in an emergency shelter is brief and a one time event for people who become homeless. A “one stop shop” to access services for the homeless and the use of a universal application form for services would expedite services for the newly homeless. This would require a level of cooperation between municipalities and agencies heretofore unseen—but possible if there is a will to make it happen.

But there are many “ifs” between the arrival at the emergency shelter and moving day when the families exit the River of Homelessness.

If there are jobs paying a living wage

If their social security income will be enough to pay rent and still buy groceries and medications

If they can find an employer who will hire someone who has been incarcerated in the past

If there is affordable housing stock at a price they can afford (within the guidelines of 1/3 of their household income)

If that job has built in benefits such as medical insurance

If they can afford their psychotropic medications so they can function

If they can get their botched credit restored

If they can obtain legal assistance to deal with the aftermath of the natural disaster that made them homeless

If they can obtain a skill or an education to prepare them for the new workforce when their old job gets sent overseas

If they can find safe affordable childcare for their children

If they can find dependable public transportation to their job

*If they can find wheelchair accessible housing
If they can escape their abuser
If they can find treatment for their addiction*

If...if...if...if.

Prevention is Always the Wisest Course

Of course it is best to prevent homelessness from occurring in the first place, but if we fail there, we need to help people get into permanent housing as quickly as possible.

This could be accomplished by providing streamlined, efficient temporary emergency aid to a person or family who is housed, but in jeopardy of losing that housing.

This year HUD awarded 21 million dollars to Virginia and \$780,932 to Roanoke City. And yet in this last cycle of HUD funding, the only program that was requested and not funded was the program proposed by TAP to fund permanent housing for homeless people. *How does this allocation of resources fit with the “housing first” initiative?*

The services needed to prevent homelessness in the first place include:

1. Rental or mortgage payment assistance
2. Legal assistance to deal with creditor
3. Childcare assistance
4. Education initiatives to better prepare people to get and keep a better job
5. Dependable public transportation or some sort of shared private transport system
6. Access to quality healthcare until insurance can be secured
7. Additional affordable housing stock placed in a variety of neighborhoods so that those who are homeless are not ghettoized.

Our Expectations Need to be Tempered with Reality

And yet, with all of these things in place, there would still be homeless people.

Not all homeless people are alike.

1. Some enter and exit homelessness quickly.
2. Some enter and exit homeless repeatedly.
3. Some are chronically homeless and remain homeless.

There are some folks who because of their residual wounds of childhood abuse, their precarious mental states, their physical conditions or their bondage to addiction have become “chronically” homeless. The longer a person is homeless the more difficult it is to exit the River of Homelessness.

We must acknowledge that some folks may never be self sufficient. These folks are called chronically homeless. But not being self sufficient is not the same thing as being homeless. As a society we must find a way to incorporate these people into our community.

Some of these people because of their physical or mental challenges are not employable and are unable to live in society without some assistance. So it is important to understand that this assistance must not be reduced to or translated to mean only a “monthly check.” Money alone will never reduce the number of people who enter that River of Homelessness. We as a society tried to “buy our way out” of epidemic poverty in the past and it did not work. Financial resources must be accompanied by support services and a system that promotes and insures personal accountability.

This “assistance” must include effective programs with measureable results, staffed by trained and compassionate people at locations that are safe, nurturing and sustainable within the community.

This is not a quick fix.

What Can We Do Now?

Homelessness is a combination of many failures: individual failures, public policy failures and market failures. No one is exempt. We all play a part in the growing number of people who enter the River of Homelessness.

The middle class continues to slowly erode. Daily, people who never thought they would be homeless are living their worst nightmare. To address this reality we need everyone to approach the issue with a spirit of cooperation and to realize that as long as some of us are homeless all of us are at risk and we all pay a heavy price.

Do we have the “will” to end homelessness?

THE INTERSECTION OF DOWNTOWN ROANOKE DEVELOPMENT AND THE LIVES OF THE CHRONIC HOMELESS

(authored by Joy Sylvester-Johnson, Rescue Mission)

Roanoke City is attempting to make its downtown area a more visible and viable, living, gathering place for business, culture and entertainment. Many who once abandoned the city for the suburbs are now returning to the City and enjoying a resurgence in urban living. This is not just a Roanoke phenomenon, but has been happening in many cities in America over the last decade.

The Downtown Roanoke Focus Group (*May 31, 2006*) found that there are approximately 15 individuals (only 2.6% of the identified 566 sheltered homeless) who “migrate” to the City Market and are considered to be a “detriment to economic development” and have a “negative financial impact on businesses.”

The problems identified with this group included:

1. Socially unacceptable behavior
2. Abuse of property
3. Panhandling
4. Unacceptable language
5. Intimidation of customers and patrons

It is true that a small minority of homeless individuals (2.6%) have created a nuisance problem for the downtown area. These individuals are chronically homeless due to mental illness or substance use disorders.

They are arrested (approximately 886 arrests this past year) most often for being drunk in public and for urinating in public. The drunk in public issue could best be dealt with by fully embracing and funding the Interdiction Program or exploring the introduction of another program called S.I.P. (a program being used in San Diego.)

The Interdiction Program

The interdiction Program was designed for people who are chronically drunk in public. Once a person has been arrested and convicted 10 times for drunk in public they can be interdicted.

Initially, the interdiction program meant up to 12 months of incarceration and included treatment for the addiction while incarcerated. Funding for the treatment part of the program no longer exists (it ceased after three years). To work as designed, funding for the treatment part of the interdiction program is needed.

In order for the “interdiction process” to work, the police, the district attorney’s office and the Circuit Court Judges must act in concert.

The census of the local jail is down right now, so there is “room” for this program.

An alternative program for the “treatment in jail model” that was used in San Diego called “SIP” (San Diego Serial Inebriate Program) might work in Roanoke.

In San Diego they realized that the same 15 alcoholics were caught in a revolving door, moving from the hospital to detox to jail and back to the hospital again, at a cost of \$1,476,000 per calendar year (included 417 emergency room visits) San Diego formed a coalition of the following stakeholders:

San Diego EMS
Mental Health Systems, Inc.
San Diego Sheriffs Department Sheriff

County Alcohol and Drug Services
San Diego City Attorney
Office of the Public Defender
Superior Courts
St. Vincent de Paul Villages

Basically SIP had three stated goals:

1. Stop or slow the revolving door between the jail and the hospital,
2. provide treatment, and
3. increase the quality of life of the 15 alcoholics in the program.

The strategy to accomplish these goals included:

1. A formal conviction on a criminal charge (647(f), followed by
2. an offer of treatment in lieu of jail custody, with
3. a provision for small group housing, and
4. an offer of intense case management services.

When chronic offenders were offered a choice of jail or treatment more than half (55%) choose treatment resulting in great economic savings to the community of San Diego and a much better outcome for the alcoholic men involved in the program.

The “unacceptable language” and the “urinating in public” issue would probably disappear if the “drunk in public” issue were handled more aggressively. However, this is a good place to say that not just homeless people have a problem with finding clean, safe restrooms in downtown Roanoke. The evidence of this need is the number of signs in downtown business windows announcing that their restrooms are for paying customers only. As downtown Roanoke is being re-designed and renovated, it is an excellent opportunity to install safe clean public restrooms as part of the design.

Automated Public Toilets (APTs)

Automated Public Toilets are high-tech self cleaning public restrooms. They require a service contract but for the most part are unattended. Unlike portable sanitation units (PSU) or 'porta potties', these units are at a fixed location and require electrical, water and sewer connection. While more expensive than a PSU, they provide clean seats, floors and actually look nice.



Some Facts About Panhandling

All panhandling is illegal. Passively standing on a street or sidewalk holding a sign asking for money as well as the more aggressive panhandling where people are approached individually and asked to give money (according to the Commonwealth Attorney’s Office) is illegal.

Panhandling exists because it works. If people did not give money to panhandlers they would stop panhandling. A major public media campaign to educate the public as to the very real dangers and negative outcomes that result from supporting panhandling may be one thing to consider.

Panhandling is dangerous to drivers and to the panhandlers when it occurs on the street and at traffic interchanges. At least one homeless man lost his leg in an accident that occurred as he crossed in front of

traffic to get to a car that was attempting to give him money. Other panhandlers die as a direct result of panhandling. They collect enough money panhandling to secure more alcohol and then die from exposure when they pass out drunk in cold weather.

It should be noted that panhandling in Roanoke is not only done by homeless people, but just as often by people who are housed. It has become their way of life.

More aggressive law enforcement and sentencing is needed to end panhandling. The sentencing range for a charge of panhandling can be a fine and up to six months incarceration.

Intimidation of Customers

Intimidation and bullying have become common themes in schools and the workplace in recent years so it is not a surprise to see “intimidation” identified as a problem in Downtown Roanoke. If a person is drunk in public and is using loud and abusive language and is aggressively panhandling it is “intimidating” behavior. These behaviors are crimes and they should not be tolerated.

However, there are some individuals who are offended by seeing poverty. It is not a crime to be poor. It is not a crime to wear a back pack. It is not a crime to sit on a bench or read a book at the library or to gather in a public park and talk with your friends.

Some homeless people intimidate others, but many homeless are themselves vulnerable and easily intimidated by other homeless people and by the general public.

The homeless are 13 times more likely to be the victims of violent crime than is the general public. This has become such a prevalent problem that there is new legislation being introduced in several states to extend the provisions of hate crime law to cover homeless people. State legislative bodies in Maryland, California, Texas, Florida, and Massachusetts are all considering similar sorts of action this year. A bill in Nevada hopes to go even further by making the death penalty a sentencing option for those who murder the homeless.

The progress reported by the Downtown Roanoke Focus Group that had a positive impact included:

1. An increased presence of law enforcement
2. Closing of the downtown ABC store
3. Replacement of traditional benches with backless benches
4. Legislation (Interdiction List) that allowed judges to bar people from using alcohol after 10 alcohol related convictions in one calendar year

Increased Presence of Law Enforcement

The men and women who serve as officers of the Roanoke City Police and the Roanoke Sheriff’s Department are some of the best in law enforcement. Their increased presence in the downtown area has meant less bad behavior and criminal activity. They as a group handle situations with diplomacy and respect. They and shelter staffs have a very cooperative relationship.

The lean number of officers attempting to cover the entire city is problematic. Although the City’s budget allows for 10 more city police officers, these jobs have not been filled.

As new officers graduate from the academy they are often replacing officers who are retiring. Also, communities who pay more and where the work is less dangerous or demanding recruit some of these new graduates as well as senior police veterans.

To recruit and retain more police officers the career needs to be more attractive. Higher salaries and other benefits would probably help attract and retain more qualified men and women to this important career.

Closing the ABC Store Downtown

The closure of the ABC Store was a positive event for downtown. However, convenience stores in the downtown area and in the main streets leading to downtown often sell cheap wine and beer in large containers which are favored by chronic alcoholics. They also continue to sell alcohol to people who are already inebriated. If these practices could be curtailed either by an ordinance or stricter enforcement of existing laws, it would help to keep the chronic alcoholics (homeless and housed) from securing and using these products in the downtown area.

There continues to be reports of downtown business owners who employ the chronically homeless to do “pick-up” labor for a few hours each day either loading and unloading trucks, cleaning or doing construction work. This practice is illegal and hurts the homeless in several ways:

1. The homeless person is usually not paid a fair wage.
2. The homeless person is not protected by Workman’s Compensation in the case of injury. Some hire the homeless to work with toxic materials without the benefit of training or proper equipment, thus exposing them to real danger (they are not protected by OSHA regulations.)
3. Pick-up labor is not reported to the IRS or Social Security
4. For the chronic alcoholic it pays just enough to sustain a lifelong drunk. This encouragement of the addiction encourages the alcoholic to avoid treatment.

Replacement of the Benches

“*To have a bench or not to have a bench*” is not the question.

Replacing traditional benches that allowed a person to recline with backless benches that allowed for sitting only was a smart way to continue having the amenity of benches in downtown and not encourage “sleeping, reclining, camping and loitering.” It should be noted, however, that the benches are for everyone.

As long as a person is not exhibiting bad behavior (drunk in public, urinating in public, disrespectful language, camping with personal belongings scattered all around, blocking access to an area, etc) they should be allowed to “sit” on a public bench without negative reprisals from those who are not homeless.

The Focus group saw as continued challenges the following:

1. Transient individuals not allowed to stay in shelter during the day.
2. Ineffective panhandling and loitering legislation
3. Individuals drawn to the city center due to location of services
4. Unaddressed mental health issues
5. Individuals who refuse assistance and shelter

Those Who Refuse Shelter and Services

The great majority of those who are homeless are eager to accept shelter and services. They are eager to exit homelessness. Those who refuse shelter and services tend to be individuals with mental illnesses and substance use disorders.

A Day Shelter

More than 20 years ago the need for a day shelter was recognized and RAM House was born. It was purposely placed at that time on the SW end of town so as not to be clustered with the existing night shelters.

Currently, in order to get from the night shelter to the day shelter, the homeless have to walk through downtown. The homeless would not have to do this if they could ride public busses.

If the public transit authority would issue free bus passes for the homeless, they could ride the bus not only to the day shelter, but to such places as the department of motor vehicles (to secure picture id's), to medical appointments, to the food stamp office, the social security office and to job interviews.

The busses already go to all of these places.

There is ample room on the busses for additional passengers.

There would be no additional cost to add these riders.

The passes could be administered by the "one stop shop" social services site being proposed.

This would be a major help to the homeless and those who provide services to them and would not require any new capital investment.

The City of Roanoke already provides such monthly bus passes at no charge to any City employee who requests one—so a similar program could easily be designed for homeless people.

Panhandling, Littering, Trespassing and Loitering Legislation

As discussed above, laws already exist to deal with panhandling, littering, trespassing and loitering. Perhaps the emphasis needs to be put more on using the existing laws for arrest and on stronger sentencing for chronic abuse of these laws and ordinances.

The problem of too few police officers is one of the things that needs to be addressed since each "arrest" for these offenses takes an officer off the street for a period of time. Hiring and retaining police officers should be a priority. It is dangerous and important work that should be adequately compensated.

Sentencing may involve a "fine" or may (*in the case of panhandling*) involve incarceration. Chronic littering, trespassing and loitering may need to have the incentive of community service or incarceration to be taken seriously by the offender. A sentence that involves just a fine and not any incarceration time is currently more likely to happen due to the fact that cases that involve the possibility of incarceration require more attorney time and thus are more expensive.

Littering continues to be a problem not only with the homeless, but with many who frequent downtown. The placement of more trashcans in the downtown area and near the convenience stores on the main streets leading to downtown could help curtail much of the littering that is happening. The placement of a dumpster for trash in the downtown area also continues to be unresolved.

Unaddressed Mental Health Issues

Unaddressed mental health issues is certainly a concern and one that will be addressed in one of the other reports, however, it is expedient to say at this point that one of the challenges facing emergency shelters (private shelters and publically funded ones alike) is that, like the jails, they have become the warehouses (*between hospitalizations and incarcerations*) for the people suffering from serious mental illness and substance use disorders.

A better education of the public regarding mental illness and substance use disorders is necessary.

Ignorance begets fear and fear prevents creative and positive problem solving.

Finally, the 10 Year Plan advocates “housing first” for the chronically homeless.

The SRO's mentioned in the housing plan with “wrap around services” including *intense case management services*, would seem to be the correct response. However, at the present time there are not enough SRO's with “wrap around services” available to this group to meet the need.

It is important to provide housing with wrap around social services for the single, chronically homeless individuals representing particular demographic groups such as the people suffering with serious mental illnesses and substance abuse disorders, as well as homeless veterans who currently do not have access to permanent housing.

THE ONE STOP SHOP TO ACCESS SERVICES FOR THE HOMELESS

(authored by Ted Edlich, TAP, Joy Sylvester-Johnson, Rescue Mission and Quill Giles, Emotional Health Stabilization)

Background

A Place to Call Home recommended in Goal 2, the creation of a “community housing resource center ... to provide access to:

- a. Intake and screening,*
- b. Short and long term rental assistance,*
- c. Transportation, including travelers assistance,*
- d. Legal services;*
- e. Social Services,*
- f. Substance abuse treatment,*
- g. Mental Health services,*
- h. Primary Health Care services,*
- i. Immigration services including interpretation and translation,*
- j. Outreach to special populations,*
- k. Home repair and maintenance,*
- l. Work force preparation.”*

The Poverty Simulation conducted by the United Way in partnership with the Extension Service produced a vivid reminder to those who experienced it of the difficulty that families faced who were about to lose their homes in getting the help necessary to avoid homelessness.

A Central Location

1. A central location (*consider all existing facilities now inhabited by day shelters and transitional shelters and agencies who serve the homeless to capitalize on what already exists in terms of plant, processes, staff, funding, etc.*),
2. Accessible by public transportation (*provide a bus voucher program*),
3. Open on weekends and evenings
4. Staffed by trained, and compassionate professionals (*assisted by a corps of dedicated volunteers*), who are knowledgeable about community resources in both the public and private sectors, and are able to make solid referrals for medical, psychiatric, social, vocational and residential resources. All of these resources are needed to prevent homelessness and provide community stability and independence in the most appropriate, least restrictive environments.
5. Utilize programs such as SOAR (to access services for the disabled) and models such as HART (access to housing) in Norfolk.
6. To immediately move toward a comprehensive one-stop Community Housing Resource Center to prevent homelessness. TAP will open space at the Crystal Tower Building, 145 W. Campbell, in the middle of February 2008 to accommodate those who are about to lose their homes because of insufficient income, domestic violence, loss of a job, health issues, or some other factor. (*TAP already works with over 1,000 persons a year to prevent homelessness.*)

This facility is on the bus line and easily accessible to all areas of the City of Roanoke, It is across the street from Legal Aid. TAP will utilize its newly developed intake process and intake personnel as well as resources from its programs that already work in this area. Housing (housing counseling, housing intervention program, weatherization and emergency home repair), the Transitional Living Center, the Women's Center (24 hour service to those in need of counseling and housing relocation), Virginia CARES (housing assistance to those with criminal records), Financial Services (free tax clinic). We have invited representation from RAM and the Salvation Army and any other organization that secures funds and helps to prevent homelessness in order to lessen the time, money, and energy it takes to assist those who are about to lose their homes – to save them. Evening hours will be available twice a week.

A Universal Application Form

A universal application form that can be collected, electronically sent, and easily adapted to meet the requirements of all collaborative services and agencies (*Food Stamps, Housing Authority, Social Security, Medicare/Medicaid, TANF, Counseling Services, Legal Services, FAMIS, CHIP, Emergency Shelter, Emergency Aid Sources, Clothing Vouchers, Childcare Options, DRS, etc.*) so that the homeless person can be readily connected with all available services through a **single** application.

Identification

Obtaining identification papers has become much more difficult since 9/11. A protocol needs to be developed to help the homeless obtain identification documents in a more efficient way.

Case Management

A Place to Call Home speaks to the need for case management services to help those who are most at risk connect with the necessary resources and to provide support as they navigate toward a more stable living situation.

The report notes that 42.7% of the chronically homeless have mental illnesses and 35.5% have substance use disorders. Among the disabilities preventing them from a stable life and adequate housing are “bipolar manic depression, substance abuse, alcoholism, hearing voices, PTSD, panic attacks and unspecified mental disorders” (p.10-11).

“Intensive case management for these individuals should assure the Housing Authority and private property owners that applicants will be good tenants” (p.14). “Families in Housing First programs typically receive case management services lasting 6 to 12 months.”

Consider Re-allocation or Re-Focus of Some Existing Resources

There is a need to examine current case management resources to look at how these can be used to serve the existing population. These should include private sector organizations such as Emotional Health Stabilization which can provide case management for at least six months or more as long as the recipient qualifies for Medicaid.

We support the action of the City of Roanoke's Department of Human Services to redirect the Homeless Assistance Team more toward case management as opposed to outreach. Currently, the HAT team provides outreach and limited case management due to the restrictions of the current HUD grant. Further use of the HAT team, with the approval of HUD for intense case management is a very positive step.

HOUSING

(authored by Ted Edlich, TAP)

The Need for Housing

It is imperative that people begin to see safe, decent and affordable housing, not simply as shelter from the cold, but as an impetus to the growth of individuals and families into members of a healthier, energized and more productive community. We know that “links between an impoverished living environment and low socio-economic status have a profound impact on the physical and mental health status of residents” (Culhane-Pera 736)¹. New research suggests that:

Environmental factors. Such as housing conditions, are as critical as personal characteristics in determining health outcomes. For instance, substandard living environments (e.g., environments with poor sanitation, lack of privacy, or crowdedness) have shown to be associated with poor health conditions (e.g., respiratory infections, asthma, lead poisoning, injuries, and poor mental health) among the general population, homeless people, older adults, and people with serious developmental or mental illnesses. (Ho 902)²

Safe, stable housing encourages improved health, which will lead to better school attendance and improved job performance. In the end, improved housing will lead to an improved workforce and a better Roanoke Valley.

Ten Year Plan Housing Recommendations

This is largely the rationale behind the Ten Year Plan on a Housing First emphasis rather than expansion of transitional living which continues to serve “those who are temporarily homeless.” “The Housing First model centers on providing homeless people with permanent housing as quickly as possible and then linking them to needed services...Housing is a fundamental need and provides a stabilizing context for service success (p.18).

A Place to Call Home also states emphatically that “the lack of affordable, permanent housing is a systemic structural problem not simply an issue of personal responsibility” (p.18). Work often does not pay enough to cover the cost of food, healthcare and other living expenses. Frequently, below median income families are paying at least 50% of their income on housing. The study pointed to the fact that the waiting list for Section 8 Housing is anywhere from 1 to 3 years. In December of 2005 when the Roanoke Redevelopment and Housing Authority took applications 1,500 applications were taken in two days. TAP has a waiting list of 300.

A Place to Call Home reports a third goal was for an “increase in the supply of affordable and permanent housing” (p.28). Specifically, it called for “two permanent housing options using the Housing First models made available to chronically homeless individuals annually” (p.28) One recommendation was for “A Single Room Occupancy (SRO) program so people would have a place of their own during the day time hours (p.12). The study also asked that housing be addressed on a regional basis (p.29).

Access to Affordable Housing

All people are not homeless for the same reason and their situations must be addressed with different responses.

¹ Culhane-Pera, Kathie, MD. “Primary Care in Public Housing: Voices of Clinicians.” Journal of Health Care for the Poor and Underserves. 18 (2007): 735-743

² Ho, Pei-Shu, PhD. “Health and Housing among Low-Income Adults with Physical Disabilities.” Journal of Health Care for the Poor and Underserved. 18 (2007): 902-915

It is important to segment the homeless population according to various groups that makeup homelessness rather than seeing all homeless persons as having the same uniform characteristics. Not all homeless people are the single men we see walking from the Rescue Mission to the RAM House. If the daily progression instead consisted of the 306 homeless school children enrolled in the City of Roanoke's Public School System during the 2006-2007 school year (Horn)³, we can be sure that public policy would be different. If we were to attempt to place the homeless population into categories, they would appear similarly to the following:

1. Individuals with mental illness and substance use disorders who will require intensive case management along with housing opportunities. They may require Single Room Occupancies or Permanent Supportive Housing. There is a lack of both in Roanoke.
2. The working poor; those with jobs that provide insufficient funds forcing them to pay 50% or more on housing. They require more affordable housing, better jobs, more education, and better transportation to higher paying jobs.
3. The suddenly homeless; those who have experienced a family crisis or are the victims of domestic violence.
4. We are aware of the special circumstances that surround the plight of the homeless American Veterans. This is especially relevant in Roanoke due to the proximity of a Veterans Hospital in Salem. Of those surveyed in January 2007 *Point in Time* survey, 20% were veterans.

Regional Collaboration

Every attempt should be made to deal with affordable housing on a regional basis. The 2001 study entitled *Analysis to the Impediments to Fair Housing in Roanoke, Virginia* outlines the lack of a regional approach to affordable housing and the results of this structure. Below are some excerpts from the study:

“Although the staffs of the various local governments cooperate informally on many issues, and there are regional landfill, airports and library systems, there is no firm agreement amount elected officials that some of the region’s housing problems require regional solutions” (Impediments, 16)⁴.

“The City is the only jurisdiction that provides services to the homeless, meaning that the City alone serves the needs of the entire region” (Impediments, 15).⁵

“There is no regional commitment to providing safe, decent, affordable housing, so the majority of housing choices for low- and moderate-income families are limited to the urban core” (Impediments 15).⁶

We encourage local governments to contribute to, and at times take leadership in the Roanoke Regional Housing Network to strengthen its effectiveness as a housing planning organization for the Valley. While initially local government was involved in the Network, today there is little connection between the Network and local governments either in terms of representation or financial support.

The Roanoke Redevelopment and Housing Authority service area should be expanded to include all of the Roanoke Valley. The model for a future Roanoke Regional Redevelopment and Housing Authority is the

³ Horn, Malora. Telephone Interview 8 Jan. 2008.

⁴ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

⁵ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

⁶ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

Waynesboro Development and Housing Authority which serves the cities of Waynesboro and Staunton and the counties of Augusta, Bath and Highland.

Other multi-jurisdictional housing authorities in Virginia are the Accomack-Northampton Housing and Redevelopment Authority (Accomack County, Northampton County); the Cumberland Plateau Regional Housing Authority (Buchanan, Dickenson, Russell and Tazewell Counties); the Franklin Redevelopment and Housing Authority (Franklin City, Southampton County); and the Martinsville Redevelopment and Housing Authority (Martinsville City, Henry County).

SRO and Permanent Supportive Housing

“For individuals who are unable to live independently, and for whom a return to private market housing is an unrealistic goal, there is virtually no permanent supportive housing available, and they remain warehoused in emergency or transitional shelters, which do not meet their needs for continuity and safety. (Impediments, 53)⁷

The Housing Authority should be asked to double its SRO options by refitting vacant apartments. Case management services through public and private providers should be used to help stabilize tenants’ lives and living situations. Supportive housing needs to be family friendly and near public transportation, schools, services, and recreation. Increased SRO housing should be regionally planned.

A good model to replicate would be that used to develop the Gosnold and Cloverleaf Apartments in the Tidewater area. The localities of Norfolk, Virginia Beach and Portsmouth joined together to create this 47 Single Room Occupancy center, each providing funding and rental subsidies. Based on each localities contribution, forty-two units are reserved for homeless adults from Norfolk, twelve from Virginia Beach and six from Portsmouth.

Housing for Low Income Workers

There is a well-documented need for affordable housing for low income workers in the Roanoke Valley. According to the January 2006 *Point in Time* survey, “an estimated 381 homeless people reside in emergency shelters, transitional housing facilities, treatment centers, and in other areas not designated for sleeping in the Roanoke Valley each night, 42.3% of whom were employed.” (*A Place to Call Home 5*)⁸

Instead of a simple moratorium on all affordable and work force housing on the basis that this will simply attract more low income families to Roanoke, the City of Roanoke and neighboring municipalities should take a more nuanced approach.

1. **Affordable Rental Housing:** New affordable rental housing should be acceptable as long as it is not congregated in neighborhoods already saturated with low income rental units. Roanoke has previously: engaged in zoning that restricts multi-family housing to only a few neighborhoods in the City, which has caused renters and low-income individuals to remain concentrated in those areas. (*Impediments, 17*)⁹
2. **Affordable Home Ownership:** Affordable home ownership, direct sale or lease purchase, should be encouraged that will provide families with an opportunity acquire a home and build an asset.
3. **Public/Private Partnerships:** The City of Roanoke and the Housing Authority should combine their properties and work with developers to increase new home ownership opportunities. We must keep in

⁷ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

⁸ *A Place to Call Home: 10 Year Plan to End Homelessness.* Roanoke: Council of Community Services, 2006.

⁹ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

mind that “the lack of affordable, permanent housing is a systemic, structural problem not simply an issue of personal responsibility.” (*A Place to Call Home 18*)¹⁰

4. **Blended Income Development:** Every effort, whether it is upscale housing development or work force housing development should be encouraged to include income diversity. Blue Ridge Housing and Development Corporation’s Aspen Grove blended income subdivision is an excellent model that ought to be emulated, especially in projects where there is any government subsidy.
5. **Comprehensive Neighborhood Revitalization Plans:** No CDBG dollars ought to be invested in any neighborhood without a comprehensive plan for that neighborhood which maximizes the leverage of other dollars toward housing and economic development in that neighborhood and encourages blended income housing development. A recent case in point is the Hurt Park renovation project where money is being targeted without an overall plan.

Fair Housing

Given that the African American population, the area’s largest non-white ethnic group, is made up disproportionately of families below the median income, this population is most affected by a failure to provide home ownership with Low Income Housing Tax Credits, HOME, and CDB funds. It is important to ensure, where possible, that affordable home ownership be spread out across the City and neighboring municipalities to increase housing diversity and break up historic patterns of housing segregation. This is supported by the *Analysis of Impediments*.

Segregated housing underlies unequal education, unequal access to jobs, and unequal income: a truly open housing market is essential if those differences are to overcome. (*Impediments 60*)¹¹

Greater effort needs to be focused on coordinating resources aimed at preventing homelessness. There is a need for a central one-stop shop dealing with assessment, financial assistance, and case management.

16 New Entry Level Housing Units Planned

The Rescue Mission has acquired the property at 7th and Bullitt (formerly the Four Square Evangel Property) with the help of a \$500,000 challenge grant from Doris Buffett (The Sunshine Lady.) Fourteen efficiency units and 2 two-bedroom units will be placed in three of the existing buildings to provide entry level access to quality housing for graduates of the Mission’s recovery program. The property has been properly zoned, plans have been drawn and building permits are being sought.

¹⁰ A Place to Call Home: 10 Year Plan to End Homelessness. Roanoke: Council of Community Services, 2006.

¹¹ Analysis of the Impediments to Fair Housing in Roanoke, Virginia. Housing Opportunities Made Equal, Inc. 2001.

MENTAL HEALTH

(authored by Diane Kelley, Mental Health American and Tim Steller, Blue Ridge Behavioral Healthcare)

Untreated, undertreated and mistreated mental illness and substance use disorders is a significant risk factor for homelessness and often keeps individuals and families in the “homelessness river” for a longer period of time. We proposed the following actions to address the issues of homelessness among people with mental illnesses:

- (1) Monitor current legislative issues concerning reform of the mental health system in Virginia. Of particular importance are items dealing with the civil commitment process (both inpatient and outpatient) and the expansion of community-based services. Additional resources – trained mental health professionals and money – will be needed to implement the changes proposed by the General Assembly.
- (2) Educate Roanoke’s law enforcement/criminal justice community – from patrol officers and jail employees to attorneys and judges – about the legislative changes which are approved by the General Assembly.

Mental Health American of Roanoke Valley will sponsor a conference on “The Intersection of the Mental Health and Criminal Justice Systems” on April 17 to help with this process. Participation in Crisis Intervention Team training will also help Roanoke City police officers develop additional skills to work with – and deescalate – individuals with mental illness and substance use disorders.

Appropriate treatment, including access to medications and psychiatric services, must be made available to those who are incarcerated.

- (3) Provide access to appropriate treatment services and state-of-the-art medications (even when not on the formulary) to individuals with mental illness and substance use disorders at the **earliest** signs of illness.

We don’t expect individuals to present to the Emergency Department of a local hospital with a stroke before we provide treatment for their hypertension. Yes, we often expect individuals with mental illnesses and substance use disorders to reach a point of crisis before they can qualify for services.

As the public provider of care in our community, Blue Ridge Behavioral Healthcare has taken major steps to widen its “front door” through its walk-in clinic, but the hours of the clinic need to be expanded, optimally to include nights and weekends.

The development of a regional Crisis Stabilization Unit to provide an alternative to hospitalization has been a tremendous help in our community.

Both the “front door” services and Crisis Stabilization need to be strengthened and expanded. This will also take additional resources – both mental health professionals and financial.

- (4) Expand case management services to enable individuals with mental illnesses and substance use disorders to access and be maintained in a range of housing options with varying levels of supervision, at all times maintaining maximum independence for the individuals.

The following individuals were all contacted and provided comments which informed our discussions:

The Honorable Jonathan Apgar, Circuit Court Judge
Kirk Ballin, RAM Board Member
Lt. Danny Brabham, Roanoke City Police
Darlene Burcham, City Manager, Roanoke City
Don Caldwell, Commonwealth Attorney, Roanoke City
Bill Carder, Executive Director, Downtown Roanoke, Inc.
Debbie Dennison, Executive Director, RAM
Glenda Edwards, Executive Director, Housing Authority
Senator John Edwards
Lauren Ellerman, RAM Board Member
Delegate William Fralin
Joe Gaskins, Chief of Police, Roanoke City
Delegate Morgan Griffin
Darren Gunter, Executive Director, Trust
Mayor Nelson Harris, Roanoke City
Sheriff Octavia Johnson, Roanoke City
Rev. Ken Lane, RAM Board Chair
Ray Lavinder, Chief of Police, Roanoke County
Lt. Monti Lee, Roanoke City Police
Senator Ralph Smith
Carol Tuning, Human Services, Roanoke City
Katie Van Patten, Assistant Director, Court Community Corrections

ⁱ **The Cost of Homelessness** (Portland's Action Plan –Home Again, pg. 19)

The cost of implementing a 10-year plan will be substantial, but it will not be as expensive as maintaining homelessness. A study by Dr. Culhane found that the average chronically homeless person costs at least \$40,440 in public resources each year. If that person were in permanent supportive housing, the annual savings would be \$16,282. National studies in multiple communities have shown that when formerly homeless people or people who are at risk of homelessness move into supportive housing, they experience:

- 58% reduction in Emergency Room Visits
- 85% reduction in emergency detox Services
- 50% decrease in incarceration rate
- 50% increase in earned income
- 40% rise in rate of employment when employment services are provided

ⁱⁱ A primary reason that wide-scale homelessness did not exist twenty-five years ago is that the infrastructure of housing, income and services that supports poor people has changed. Remedies to homelessness must take place within the context of re-building this infrastructure. Although we can stop people who lose their housing from spending lengthy periods of time homeless, ultimately we will not be able to stop people from having housing emergencies until we address their housing, income and service needs.

ⁱⁱⁱ **National Coalition for the Homeless**

2201 P. St. NW • Washington, DC 20037

Phone: (202) 462-4822 • Fax: (202) 462-4823

Email: info@nationalhomeless.org | Website: <http://www.nationalhomeless.org>

How Many People Experience Homelessness?

NCH Fact Sheet #2

^{iv} Meanwhile, severely cost-burdened households in the bottom expenditure quartile had just \$436 a month left to cover all other needs. To escape these heavy cost burdens, more and more households are resorting to long commutes or doubling up with other family members. Federal assistance to very low-income households reaches only about one-quarter of eligible renters and virtually no homeowners. Still, only a handful of state and local governments have had the political will to overcome some of the barriers to development of affordable housing. With little regulatory relief in sight and slim chances for a significant expansion of federal subsidies, the prospects for a meaningful reduction in the number of housing cost-burdened households are dismal.

^v Discharge planning is supposed to be a viable plan created between the case manager and the person as he or she exits a correctional facility, foster care system, hospital system, etc. This plan ideally should include a permanent housing plan, a way to secure some kind of income and access to healthcare. Unfortunately, many “discharge planning requirements” have been reduced to a single sheet of paper with the name of the local shelter typed on the line where it says destination. Often no call is made to see if the facility is adequate, has room or is willing to receive the person. Some on medications are given a three day supply. Some are discharged with no income of any kind and no hope of employment or enrollment and acceptance in an entitlement program. Sometimes, the person is put on a bus or a car service with a tag pinned to their coat with the address of a local shelter. They arrive not knowing their destination and sometimes confused about their discharging agent. Discharge planning from one municipality to another is rarely discussed in advance. The more difficult the situation, the more likely the discharge planning piece will be ignored. Some of the worst offenders are hospital systems and state and federal prisons. This is one place where a spirit of cooperation is needed between municipalities. Some municipalities never participate in this kind of activity while others are notorious for it. A true discharge plan can prevent a person from ever becoming homeless in the first place, by making sure the work is done in advance and that all parties to the contract are fully aware and consenting to work with the person.

^{vi} This is the group that would most benefit from a centralized point of access using a universal electronic form for collecting data to be used by all social services on behalf of the homeless person.

New housing solutions need to be developed. Not every homeless person has the same needs.

- SRO's (single room occupancy) for single residents with very limited income
- Public family housing units with childcare opportunities on site with a broadening of the access criteria to include those with criminal backgrounds once they have successfully completed a re-entry program and an opportunity for

those with disastrous credit histories to also successfully complete a program on handling finances responsibly with the inclusion of a re-payment plan perhaps involving service for dollars.

- ECHO (Elder Cottage Housing Opportunity involving small free standing dwellings attached to an existing occupied house),
- Matching Housing Service (a service matching those who have houses and want others to share expenses, be companions and or provide some service with those who need housing and also want to share expenses, be a companion or do service in exchange for a place to live provided by the home owner.)

^{vii} Safety is the first concern when dealing with domestic violence victims and taking residence in an emergency shelter in a community other than one's community of origin may be necessary. Without significant housing support often in a new community, many welfare recipients are at risk of homelessness or continued violence. In states that have looked at domestic violence and welfare receipt, most report that approximately 50-60% of current recipients say that they have experienced violence from a current or former male partner (Institute for Women's Policy Research, 1997). In the absence of cash assistance, women who experience domestic violence may be at increased risk of homelessness or compelled to live with a former or current abuser in order to prevent homelessness. Social service programs must make every effort to assist victims of domestic violence and to recognize the tremendous barrier to employment that domestic violence presents. Legal services, mental health services for the adults and the children and programs to not only secure permanent housing, but also employment, childcare and household furnishings are all needed to help these who have had to flee leaving everything behind.