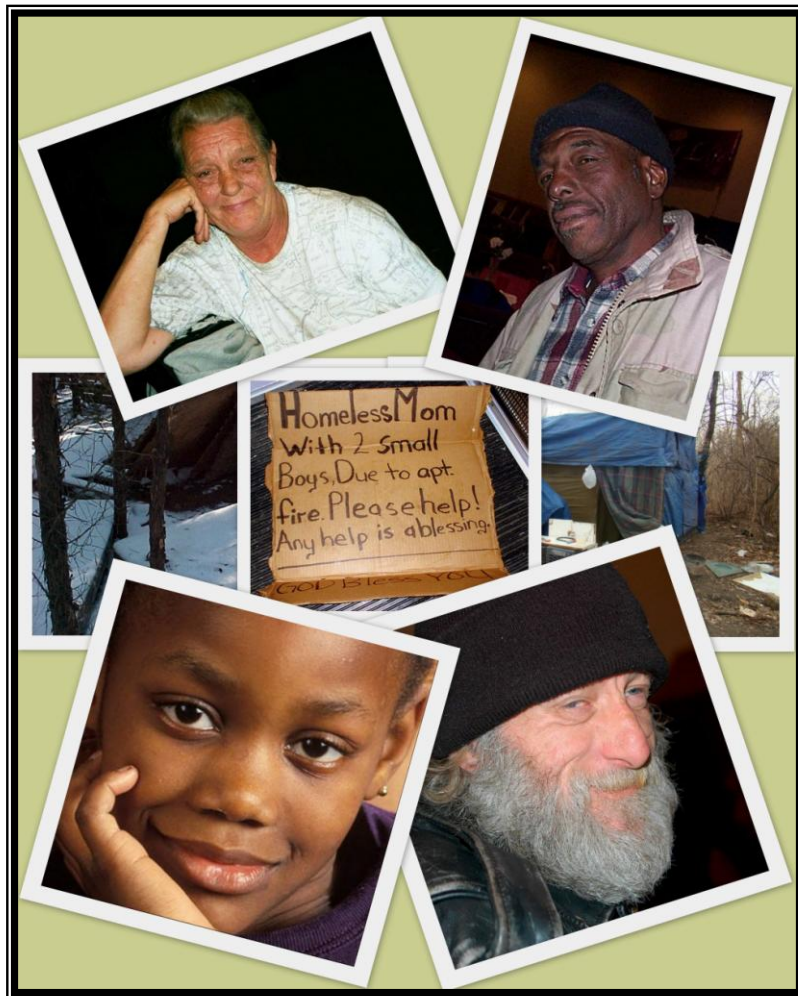# The Greater Prince William Area Ten Year Plan to End Homelessness 2010-2020

FINAL DRAFT
Prepared by the Greater Prince William Area
Continuum of Care Network

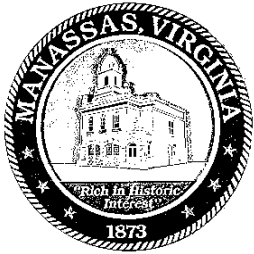**The Greater Prince William Area
Ten Year Plan to End Homelessness**

Table of Contents

Vision Statement

To construct a community plan in partnership with our government and business entities, faith-based organizations and nonprofits, to combine resources that will support housing and services to prevent and end homelessness.

(Logos are not complete)

BCS

Benedictine Counseling Services

B.A.R.N.

LFH

NETWORK

ACTION IN COMMUNITY THROUGH SERVICE
ACTS
PEOPLE HELPING PEOPLE

Brethren Housing Corporation

Project Mend-A-House

Volunteers of America®
CHESAPEAKE

GOOD SHEPHERD HOUSING FOUNDATION

Serving the Prince William Area since 1989

Greater Prince William Area Ten Year Plan Summary

Housing and Urban Development (HUD) has mandated that each jurisdiction across the country create a ten year plan to end homelessness. Federal funding distributed through HUD is tied not only to the development of a plan to end homelessness but also to the implementation of the plan and achieving the benchmarks that will demonstrate that progress is being made to eradicate homelessness.

This ambitious plan represents several years of work. When implemented this plan will help create a world class community where people of all economic levels can live, work, thrive and businesses can grow. Adopting a Ten Year Plan ensures that local investment will leverage greater federal and state funds coming into the area.

Adopting and implementing this Ten Year Plan will ensure that certain funding sources will continue to be available to the Greater Prince William Area (GPWA). Example: Funding received from HUD's Continuum of Care (COC) award in 2008 totaled $680,000. These funds provide services to individuals and families who experience homelessness. In addition, these programs receive an additional $300,000 from the State to provide much needed support services. Agencies receiving HUD funding through the COC Grant match another $148,000 of their funds to their programs. This funding represents an incredible commitment to area nonprofits enabling them to provide housing programs for single persons and families in need of a place to call home and the support services so important to long term housing stability.

Implementing this GPWA Ten Year Plan to End Homelessness is an investment in our community. Not only is the adoption and implementation of a ten year plan to end homelessness a mandate from HUD to ensure the continuation of much needed funding; it is also the appropriate path for the citizens of GPWA who are invested in creating a world class community by 2030 as described in the "2030 Futures Commission Report" which was adopted by the Prince William County Board of Supervisors in February, 2008 and supports the Prince William Comprehensive Plan.

State of Homelessness

Homelessness not only affects families, single persons, persons with disabilities and the aged but homelessness also affects the entire community through social and economic costs that can be greatly reduced with appropriate housing options for all citizens. At its core, homelessness tells us that one of the basic needs of any person or family is not being met. While most GPWA residents are able to return home each night to a place protected from the elements, numbers of people have no safe place to call home. While some homeless are visible and make us uncomfortable, many homeless individuals and families are invisible to the general population. Homelessness can often become an abstract issue dealing with numbers and statistics, while ignoring the significant local impact on the greater Prince William area. For example, research has proven that the effects of homelessness on children are profound, compromising health, academic achievement and development. [i] Another impact is that the cost to temporarily shelter the homeless is significantly more than the cost to provide safe permanent housing. The increased public costs for medical care and education affect us all. This is not someone else's problem. This is our problem.

The causes of homelessness are varied and often complex. Low-income jobs often push families into paying 50% or more of wages for housing and utilities. Lack of dependable transportation is another factor along with unemployment, domestic violence, physical and mental health issues, and substance abuse problems. The foreclosure crisis has also made an impact on the numbers of homeless in our community, especially on renters, who have been evicted from foreclosed homes with no warning. In December 2009, 1 in every 233 housing units received a foreclosure filing. [ii]

Each year, the COC, a coalition of community partners whose aim is to end homelessness in the GPWA conducts a one day count of the homeless. All homeless individuals who can be found are counted. These include individuals who are in shelters and those

> On a spring day, more than one half of the beds in a full Prince William homeless shelter were occupied by families- with 23 children among them. One family, a couple with four children, had recently become homeless as a result of foreclosure. The family had dissolved its assets and stretched their credit to the limit, but failed to make the mortgage payments. Their home was sold by the lender, but not for enough to cover the mortgage. The family was now homeless and $200,000 in debt. The oldest child, uprooted and insecure was having discipline problems in school and in the community. The stress was compounded when the father lost his job. Only a year ago, the family was a proud Prince William County homeowner.

[i] Salit S.A., Kuhn E.M., Hartz A.J., Vu J.M., Mosso A.L. Hospitalization costs associated with homelessness in New York City. *New England Journal of Medicine* 1998; 338: 1734-1740

[ii] http://www.realtytrac.com/trendcenter/va/prince+william+county-trend.html

unsheltered. The unsheltered are not easily found because they are not visible. They are sleeping in their cars, in the woods or doubling up with friends.

In 2010, the GPWA annual point in time count counted 508 homeless persons, including 191 single adults and 317 persons in families. [iii](See Figure 1)
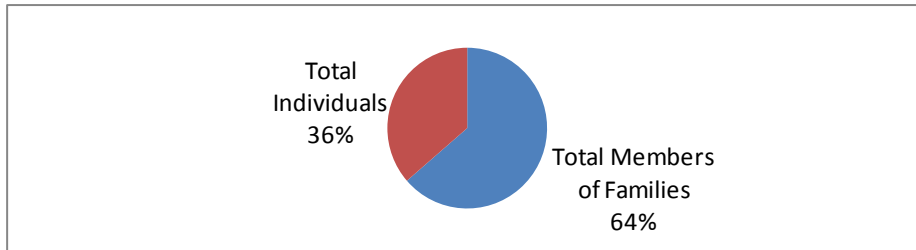

Figure 1 Homeless Individuals and Persons in Families

- Thirty four percent of the homeless individuals in our community are chronically homeless.
- Chronically homeless, as defined by HUD, means that an individual with a disabling condition has been continuously homeless for a year or more or has had at least three periods of homelessness in the past three years.
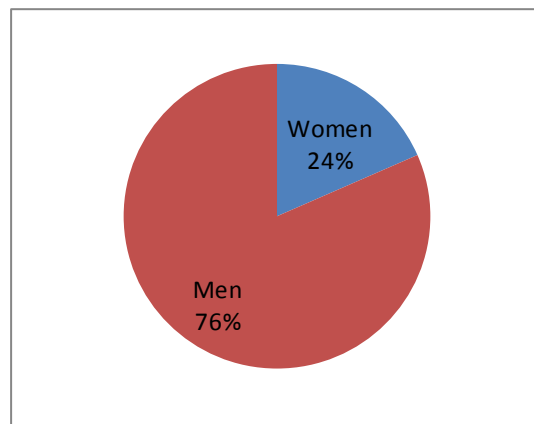

Figure 2   Percent of men and women among homeless single adults

- Single homeless adults are more likely to be men. (See Figure 2)
- 53% of the adults in homeless families are employed
- 33% of the single homeless adults are employed.
- Of the 317 persons in families that are homeless, 201 were children. (See Figure 3)

[iii] Greater Prince William Point Time Count, 2010

- In 2009, 5,488 people were turned away from shelters, which had no more space available.[iv]
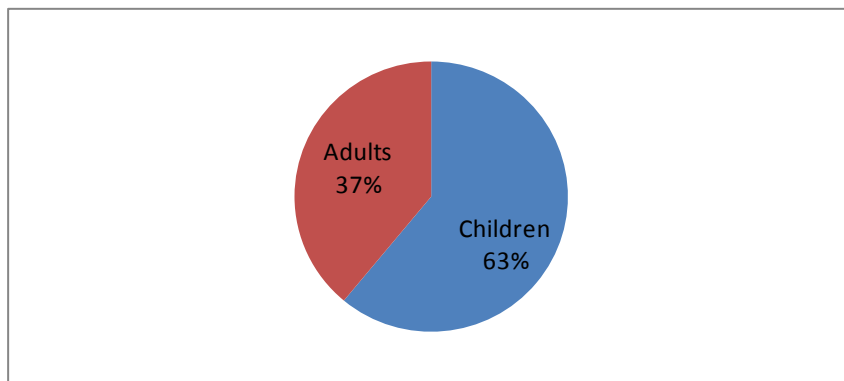

Figure 3 Percent of children and adults in homeless families

The GPWA, which includes the cities of Manassas City and Manassas Park, in the Northern region of Virginia is an affluent area reporting a 2010 area media income (AMI) of $103,500. The 2008 American Fact Finder of the US Census showed that 5.3% of Prince William families are living below the poverty level.[v] A diversity of housing options for lower income families is lacking in an area composed mainly of single family homes, with subdivisions taking the place of what was once farmland. There are also upscale townhouse developments in the area. While apartment complexes dot the landscape, they serve mostly middle to higher income households and there are no plans to build units to accommodate individuals and families with less income.

Although home ownership is usually emphasized as part of the American dream, renter households make up one third of the households in the United States. Housing affordability is defined as a household not paying more than 30% of their income on housing costs. The following points illustrate that local rental units are beyond many of the homeless who need affordable rental housing in our area.[vi]

➢ A person earning 30% of the Area Median Income (AMI) of $102,700, working 40 hours per week, 52 weeks per year, makes a gross wage of $31,050, or $14.93 per hour. A family earning 30% of AMI should pay no more than $776 per month for rent and utilities. (See Chart 1: AMI Table)

[iv] Fiscal Year 2009 Emergency Shelter Report
[v] http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=05000US51153&-qr_name=ACS_2008_3YR_G00_S1702&-ds_name=ACS_2008_3YR_G00_&-_lang=en&-redoLog=false

[vi] National Low Income Housing Coalition "2009 Out of Reach Report. http://www.nlich.org/oor/oor2009

➢ The average rent on a two bedroom apartment in the GPWA is $1,288 per month. To afford this rent, an individual or family must earn an annual gross income of $51,520 or $25.25 per hour or each earner in a two income family must earn $12.63 per hour.

➢ At 30% of AMI, a person earns an hourly wage of $14.93 and would have to work approximately 67 hours per week to afford a two bedroom apartment in the GPWA. Most low income families earn far less than $14.93 per hour. Minimum wage workers earning $6.55 an hour are not able to attain housing self-sufficiency. Many of our valuable service sector workers earn no more than $9 to $10 per hour and cannot afford to live in this community.

How Many Hours Would You Have to Work to Live in the Greater Prince William area?

A single parent with two children is seeking a place to rent in the GPWA. She earns $9.00 per hour. Based on a 40 hour week, she will earn a monthly income of $1,530. She has found a one-bedroom apartment. The following is a typical monthly budget for this family:

Rent	$900
Utilities (gas, electricity, water)	$200
Automobile expenses (gas only)	$200
Taxes (FICA, Unemployment)	$216 (approximately 15% of one's monthly income)
Personal hygiene	$20
Total Expenses	**$1536**

Based on this budget which does not include food, health or auto insurance, or clothing, this family will not be able to live in theGPWA. How many hours must this single parent work? To retain housing, this parent must work at least 80 hours a week at $9 per hour.   What is the alternative—living in their car, in a shelters for a limited period of time, or double or tripled up in a friend's or relative's home?

Prince William Area
May 2010 Medium Income Table

Percent of AMI	Household Size	Gross Household Income
30% (Extremely Low Income**)**	4	$ 31,050
50% (Low Income)	4	$ 51,750
100% (AMI Level)	4	$103,500
120% (Middle Income)	4	$124,200

Chart 1: Median family income estimates are available at HUD's internet site:
http://www.huduser.org/datasets/il/il10/index.html

There are few affordable housing opportunities for individuals and families at or below the 50% median income (See Chart 1). The economic downturn, which began in 2008, created many foreclosures. The GPWA had one of the highest foreclosure rates in the Northern Virginia

region. For some, the decrease in housing prices created an opportunity to purchase a home, but homeownership and rental opportunities did not increase for households earning 50% or less of AMI. Additionally, support components designed to assist lower income households in a healthy community such as human services are disappearing or being drastically reduced through budget cuts at the local and state levels.

My life was nothing but instability from the beginning. I did the best I could taking care of my unstable Mom but I made some bad choices. Before I realized it, I had two children. I ended up leaving one child with a family I knew. Finally, I went through a very good transitional housing program, got my child back and got a job. However, when it was time to leave that program, two years later, I knew we would be homeless again if I didn't get some help. I still wasn't earning enough to afford a rent and I still had some growing up to do. I was still in survival mode.

After three years of living in a Good Shepherd Housing Foundation Housing Partnership Home my family and I have peace because our housing is affordable, and supportive, everything we need to finally experience stability. We now concentrate on being a healthy family and with the help of the program Case Manager we are making good decisions. The kids are happy in their schools and because of this stability they can learn instead of worry, something I never experienced as a kid. Because of the help we have received my kids are not going to end up homeless.

Oh by the way, today I am married to a wonderful man and we live in our own townhouse with the help of a Section 8 Voucher.

One of the best federal programs to prevent homelessness – the Federal Housing Choice Voucher Program, has a waiting list which has been closed in Prince William County since 2005.[vii] The Housing Choice Voucher Program is the Federal Government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, housing in the private market.

Several nonprofits in the GPWA, are working to try to meet the demand for shelters and transitional living for some of the neediest families and individuals in the community. However, a more cost effective solution would be to increase prevention services. Shelters and transitional housing are not substitutes for sustainable permanent housing. Many individuals and families leaving shelters and transitional housing programs find limited affordable housing opportunities and find it necessary to return to friends or family, only to re-enter the homeless system again.

For the homeless who suffer from mental illness, substance addiction and other disabilities, the housing and supportive services are limited. Funding by federal, state and local agencies for community services that support people obtaining and maintaining stable living in their homes are funded far below the service needs. The demand for rehabilitative services and/or permanent living sites for individuals with mental health disabilities far exceed the availability.

Community involvement is essential to address homelessness in the GPWA. Non profit and government partnerships have had some success in dealing with the complex issues involving homelessness.   More work must be done. Public policies must address the housing

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[vii] Greater Prince William Community Needs Report, 2009

needs of all citizens.

To that end, the design of the Ten Year Plan covers four areas needing sustained efforts through public and private partnerships. The four areas are;

- Prevention
- Supportive Services
- Affordable Housing
- Employment and Training

Homeless service providers, the local Departments of Social Services, Community Services, Offices of Housing and focus groups from the community have all contributed toward developing some realistic and measurable goals for each of these critical areas.

The Process

In 2006, the US Department of Housing and Urban Development (HUD) mandated that all Continuums of Care (COC) that received HUD funding for Share Shelter Grant (SSG), Emergency Shelter Grant (ESG), Supportive Housing Program (SHP) and/or Shelter Plus Care (S+C) develop a ten year plan to prevent and end homelessness.

Although the original impetus was targeted to chronically homeless individuals and still remains HUD's priority, family homelessness was also recognized as a growing problem. Each CoC was challenged to develop community collaborations to put forth efforts to understand the causes of homelessness and to create solutions to alleviate it.

The GPWA COC, whose members include private non-profits, public entities as well as faith community members and citizens of Manassas and Manassas Park and Prince William County invited ICF, a consulting firm hired by HUD, to conduct two workshops. The workshops were designed to help the stakeholders better understand the challenge and begin the work to meet this challenge.

An outline for the GPWA Ten Year Plan was developed in January 2007 and local government executive staff was informed regarding the intent of the HUD mandate and the CoC's tentative plans to fulfill the HUD mandate.

An Advisory Committee was formed that included representatives from the Police and Fire Departments, Planning Departments, Social Services, Community Services, area hospitals, Chambers of Commerce, Potomac and Rappahannock Transportation Commission and regional organizations, particularly the Northern Virginia Affordable Housing Alliance.

As goals were formulated, the Advisory Committee was asked to review and lend their expertise to further define the goals and strategies. The Ten Year Plan Committee continued to develop the narratives and articulate necessary information.

As the draft assumed its final shape, the Advisory Committee, Cooperative Council of Ministries, the Human Services Coalition, the PWC Housing Board, PWC Social Services Board, City of Manassas, City of Manassas Park and neighborhood focus groups were all asked to review and comment on the document.

After review by these groups, comments and suggestions were incorporated into the draft for presentation to the PW Board of County Supervisors, and the Town Councils of the cities of Manassas and Manassas Park for adoption. The plan will be reviewed annually and updated as needs and goals are met or changed depending on the dynamics of the area.

Prevention Strategies

Planning for prevention, while always stated as a pre-eminent ideal, is rarely developed to the point where it is a feasible and truly workable component of a system trying to end homelessness. The Prevention Strategies developed in the Ten Year Plan address both the need and probability of positive outcomes.

An important aspect to effective strategies and positive outcomes is the development of community involvement in addressing homelessness. Therefore, community education, with feedback and input opportunities is an important component in the Greater Prince William Area Ten Year Plan. Education regarding homelessness will build a GPWA population who has certain knowledge regarding homelessness, a knowledge, that will dispel stereotypical images of homelessness. The outcome will be an increase in the numbers of well informed citizen advocates understanding the importance of services and housing stability as they apply to the health of the overall community.

The GPWA Ten Year Plan also recognizes that institutional programs and policies around discharging from hospitals, jails and young adults aging out of the foster care system may lead to homelessness and looks to design some early interventions that could lead to declining numbers of homeless after discharge.

The following strategies are the result of our community planning process.

Strategy 1:   Develop grass root citizen advocates who are well-informed regarding the need for a range of housing solutions for a variety of housing needs. The GPWA will have a wide base of support that knows that a healthy community has housing that provides for a variety of human needs. There will be political will to develop and effectively support the creation of a variety of housing solutions. Affordable housing advocates will provide support in the process of ending homelessness in the GPWA.

- **Strategy 1.1**: Produce information tools and a gaps analysis to show evidence that a variety of housing is needed and desired in any healthy community and be prepared to address a variety of objections.

- **Strategy 1.2:** Develop educated residential, business and religious citizens as well as local and state elected officials and members of special interest groups.

Strategy 2:   Provide credible data to support the need for homeless programs and prevention solutions and create measurable outcomes to determine whether these programs are effective in addressing homelessness.

- **Strategy 2.1**: Use tools such as the point in time (PIT) Count to define the homeless populations.

- **Strategy 2.2**: Use data from the above and intake information from programs to define a spectrum of reasons for homelessness.

Strategy 3: Create effective discharge plans with institutions reintroducing homeless clients into the community. Effective plans and collaborating with key community people would create less strain on community resources. A coordinated action plan would include a list of alternatives for shelter, the ability to mainstream the homeless and provide emergency assistance when necessary.

> **Strategy 3.1:** Survey existing programs and identify the discharge plans of jails, hospitals, and foster care.

- **Strategy 3.2:** Initiate discussions for establishing protocols for release.

- **Strategy 3.3:** Provide housing resources and eligibility guidelines where necessary.

Strategy 4: Maximize all the resources that provide available income to the homeless, chronically homeless, and those at risk of homelessness. Increased pressure on the federal, state and local legislative bodies through advocate numbers and knowledge will increase the likelihood of maintaining current housing stock. Increased public awareness of community resources will result in the greatest number of eligible persons receiving appropriate benefits and services.

- **Strategy 4.1:** Join advocacy efforts for legislation in support of a living wage and other efforts to prevent homelessness by participating in planned state and local advocacy events. Secondly, build relationships with diverse organizations to combine efforts and build broader coalitions.

- **Strategy 4.2:** Educate agencies, churches, and school personnel on available resources (i.e. SSI, TANF, Veterans' benefits, Medicaid, Supportive Services and State employment services) by using media resources (PSAs, newspapers, websites, posters) and social services and community services to publicize. Ensure that information is provided in various languages.

Housing Strategies

The Housing portion of the Prince William Comprehensive Plan has as one of its policies to encourage the provision of affordable housing for all segments of the County's population with emphasis on households at or below the Area Median Income. The GPWA Ten Year Plan continues that policy with the realization that housing that is affordable to all income levels must meet a variety of needs and, therefore, there is no one simple solution. Housing strategies to end homelessness must include creative options for the area's population with the least incomes. The GPWA has a population whose income is so restrictive that many have experienced homelessness on more than one occasion or they are at risk of being homeless in the event of any change in current circumstances or in the case of any emergency.

This is an aggressive, optimistic plan that needs the total commitment of the elected officials of the local jurisdictions, the appointed boards and departments of the jurisdictions, the local non-profit organizations, local developers, and the faith communities.

With a total commitment to provide housing for all, the GPWA can become a community in which business can thrive and have their employees close to their work, a community which is working to reduce the traffic congestion because employees live closer to work and a community in which all citizens are inspired to participate and work for the common good.

The following strategies are the result of our community planning process.

Strategy 1: Create and maintain a data base of local property that could meet the housing needs of residents of the GPWA who earn 50% or less of the AMI. As of May 2010, 50% of the AMI for a family of four is $51,750. The development and maintenance of this critical data base could be the responsibility of a public and private partnership working with the appropriate municipal agencies, such as the Office of Housing and Community Development and local realtors.

- Strategy 1.1: Identify neighborhoods with special concerns such as high foreclosure rate, infrastructure needs, and crime rate.

- Strategy 1.2: Update the central data base annually.

- Strategy 1.3: Create an annual report with updated information.

- Strategy 1.4: Explore funding opportunities for developing and maintaining the data base

- Strategy 1.5: Develop a data base of publicly owned land.

Strategy 2:   Create and maintain Affordable Dwelling Units (ADU's) for those who earn 50% or less of the AMI in the GPWA. The desired outcome is to provide incentives for developers to create and retain ADU's to meet a variety of needs through public and private partnerships. These needs include permanent and long-term affordable housing for the chronically homeless and assisting households to stay in place.

- Strategy 2.1:   Expand the supply of ADU's using a variety of public and private partnerships, including the adoption of an ADU ordinance requiring that 12% to 15% of each 50 unit complex is affordable. Such an ordinance would require a density bonus. Additional avenues of creating affordable housing options include expanding the Housing Choice Voucher Homeownership Program.

- Strategy 2.2:   Develop units near transit and employment centers.

- Strategy 2.3:   Advocate for regulations to allow for elderly and institutional units.

- Strategy 2.4:   Develop a variety of housing options (i.e. Housing First models; S̲afe, M̲ixed-Income, A̲ccessible, R̲easonably Priced and T̲ransit-Oriented or S.M.A.R.T. housing initiative; Oxford house models; residential studio and efficiencies.)

- Strategy 2.5:   Support housing rehabilitation programs for low to moderate income households.

- Strategy 2.6:   Require deed restrictions on affordable units and first-right of refusal clauses.

Strategy 3:   Financing mechanisms will be an important aspect to provide affordable housing. The plan calls for leveraging funds for local projects by obtaining one million dollars to support the goal and increase supply of affordable units for low and moderate income levels. On-going financial resources will be important to keep units affordable.

- Strategy 3.1:   Utilize Virginia Housing Development Authority (VHDA) tax credits.

- Strategy 3.2:   Research the possibility of creating employer assisted housing programs.

- Strategy 3.3:   Access resources to stabilize the temporarily homeless.

- Strategy 3.4: Develop reliable and sustainable funding sources through proffers, Housing Preservation Development Fund (HPDF), land donations and other opportunities, including the capitalization of the HPDF. Create a public and private partnership to utilize publicly-owned land to develop additional affordable housing opportunities.

- Strategy 3.5: Encourage regulation relief such as the waiving of permit fees for affordable housing developments.

Strategy 4: Reduce homelessness and stabilize families by maintaining sufficient emergency shelters and temporary housing leading to permanent housing.

- Strategy 4.1: Maintain sufficient emergency shelters and transitional housing programs. In 2009, the area shelters turned away hundreds of homeless people each month.

- Strategy 4.2: Secure grants, funds and proffers that will assist to develop and maintain permanent housing.

Supportive Services Strategies

Ending chronic homelessness for individuals and families is not just to provide a house, but requires the means to create housing stability for the client. Housing must be affordable, accessible and sustainable. Often, housing alone without resources and services to maintain that housing will not end the cycle of homelessness for many people. Supportive services allow a person or family to keep housing on a permanent basis. These services may include accessible substance abuse programs, employment counseling, mental health services and child care. The first step is to provide a house and the second step is to ensure that the housing can be maintained.

The following strategies are the result of our community planning process.

Strategy 1: Centralize the intake and referral process so that community organizations can share and provide quicker access to necessary services for the homeless. The supportive services provided, in addition to housing, would assist the chronically homeless to maintain permanent housing.

- Strategy 1.1: Centralize the housing and supportive service providers by contracting with a provider to perform a "one stop" registration process for the chronically homeless. Once needs are determined, a service organization would be assigned to assist the client.

- Strategy 1.2: Promote and coordinate with the managers of web-based information systems such as the Northern Virginia area 211 System and Virginia Navigator to ensure that information in the system is updated and current for area organizations. The 211 system is a regional on-line information and referral data source on a wide variety of services in the region. The Virginia Navigator website ties in other sites such as Easy Access and Disability Navigator.

- Strategy 1.3: Ensure that resources are available to all service agencies and help determine appropriate level of services.

- Strategy 1.4: Identify funding sources for the centralized process.

- Strategy 1.5: Standardize the intake and screening forms.

- Strategy 1.6: Promote and increase the use of Homelessness Management and Information System (HMIS) to streamline eligibility among the homeless services providers.

- Strategy 1.7: Investigate linking HMIS and the Healthy Community Access Program (HCAP), an integration tool that links primary care and other services to reduce costs for health related care.

Strategy 2:   Increase services to marginalized populations (i.e. people with disabilities, young people aging out of foster care, and ex-offenders) by coordinating the system of care to match the need throughout the region. This will include the need for funds for adequate resources for services that exist and to fill the service gaps.

- Strategy 2.1:   Investigate the need and determine populations and families that require services and their level of care.

- Strategy 2.2:   Identify funding sources.

- Strategy 2.3:   Advocate for funds and services.

Employment and Training Strategies

Employment and training is vitally important to acquiring and maintaining housing in any affordability range. Through cooperation and collaboration with the private and public sectors, job opportunities can be expanded for the homeless and unskilled employees. Developing these relationships would be a boon to both possible employers considering a move to the GPWA and to employees who would be able to live where they work; a great benefit in times of rising cost of living and traffic congestion in Northern Virginia.

The following strategies are the result of our community planning process.

Strategy 1:   Identify issues affecting employment and training of the homeless and those at risk of homelessness. The GPWA will have an accurate assessment of the need for educational and training opportunities to meet the needs of the employers and provide information to develop a plan for removing identified barriers to employment. These programs will be in place to provide opportunities for the homeless as well as those who are reentering the workforce after incarceration. GPWA employers will have access to local employees with the skills needed to earn a living wage. Qualified local employees enter the workforce with higher wages and local education and training programs will continue to receive funding.

- Strategy 1.1:   Identify numbers of people who would benefit from additional education and/or training opportunities

- Strategy 1.2:   Identify barriers for enrolling and completing education and training opportunities

- Strategy 1.3:   Identify the needs of current employers in the county as well as anticipated needs for employers in the years ahead.

- Strategy 1.4:   Work with educational institutions and other funders to develop scholarships and apprenticeship programs to meet the needs of the homeless.

- Strategy 1.5:   Develop and ensure access to educational and training programs to meet the current and future needs of local employers.

- Strategy 1.6:   Encourage local employers to use the local workforce and contribute towards the costs of training programs.

Strategy 2:   Support efforts to develop affordable local and long distance public transportation to eliminate transportation barriers for those seeking training and employment.

- Strategy 2.1: Complete gaps analysis of transportation issues facing the homeless population. Assess best practices for similar areas across the country.

- Strategy 2.2: Advocate for plans to provide transportation to the homeless population.

Strategy 3: Identify diverse funding sources to provide necessary training or retraining that will lead to employment for the homeless. Employment income will help the homeless maintain their own housing.

- Strategy 3.1: Explore federal, state and local funding.

- Strategy 3.2: Support development of the partnerships between employers and local transportation companies and educational institutions.

- Strategy 3.3: Explore creation of a mentoring program.

Funding Resources

In order to create a climate where homeless and minimum wage individuals and families can access appropriate housing and services, increased funding for human service needs is necessary. While past priorities have been to maintain the level of services and housing that is currently provided within the framework of dollars that are available, there is a need to seek sustainable and new sources of funding to allow for increased opportunities that will prevent, and eliminate homelessness.

While funding dollars in local, state and federal grants have stayed level or have been reduced, costs of services and housing resources have grown out of reach for those who most need it. Therefore, the following are significant challenges but are key themes in ending homelessness:

1. Create funding for affordable and permanent housing for those in the 50% or less AMI range.
2. Identify sustainable funding sources for services that prevent homelessness such as mental health, substance abuse, medical and employment programs.
3. Create effective public, business and private partnerships that bring different streams of funding to an enterprise.

Community Strategies

1. Involve a diversity of stakeholders to contribute to solutions to the above.
2. Research current funds available and identify new sources of funds for services.
3. Advocate for housing development changes that allow for affordable housing and for state and federal revenues that will sustain this development.

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GLOSSARY OF TERMS

Area Median Income (AMI): The point at which half the households in an area make less and half make more. The median annual income figures are adjusted for family size and calculated annually by the U.S. Department of Housing and Urban Development (HUD) for every regional area in the country.

Affordable Housing: Housing for which the occupant is paying no more than 30% of income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units.

Chronically Homeless: An unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years (HUD definition).

Cooperative Council of Ministries (CCoM): A network of churches and private and public entities providing homeless services to the Prince William area community.

Continuum of Care: A local consortium of agencies that the US Dept of Housing and Urban Development (HUD) requires to be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. They include the majority of the regions non-profits, faith based service providers, local government entities involved in providing homeless services, civic organizations, etc.

Density Bonus: The allocation of development rights that allow a parcel to accommodate additional square footage or additional residential units beyond the maximum for which the parcel is zoned, usually in exchange for the provision or preservation of an amenity (such as affordable housing or open space) at the same site or at another location.

Discharge Plan: The process to prepare a person in an institution, jail or hospital for return or re-entry into the community and the linkage of the individual to the needed community services and supports.

Emergency Shelter Grant (ESG/FSG): Provides homeless persons with basic shelter and essential supportive services. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Gross Income: Total income before deductions for taxes.

Healthy Community Access Program: Healthy Community Access helps improve access to health services. It provides grants to develop or strengthen integrated community health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured. Communities can spend program funds on a wide range of activities.

Homeless: The HUD definition: an individual or family which lacks a fixed, regular, and adequate nighttime residence; or an individual or family that has a primary nighttime residence that is:

A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

B. an institution that provides a temporary residence for individuals intended to be institutionalized; or

C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Housing First: A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services.

HMIS: Homeless Management Information System

HUD: United States Department of Housing and Urban Development

ICF International: Partners with government and commercial clients to deliver consulting services and technical assistance.

Living Wage: A real wage that is high enough for the worker and family to survive and remain healthy and comfortable, sometimes called meeting basic needs.

Oxford House Model: A community-based approach to addiction treatment, which provides an independent, supportive, and sober living environment.

Point in Time Count: A consensus of unduplicated homeless persons in sheltered and unsheltered locations throughout the state. The count is conducted each year during the last 7 days of January as required by HUD. The CoC coordinates the count through volunteers and service providers.

Poverty Level: An income level below which an individual or family is considered poor. The U.S. Census Bureau defines poverty level based on a set of money income thresholds that vary by family size and composition. If a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor.

Proffer: Condition voluntarily offered by the applicant. Developers can offer additional land for public facilities in exchange for considerations, such as extra density.

Shelter: Housing, with varying levels of services, for people who are homeless. Emergency Shelter is usually thought of as lasting for six months or less.

SMART Housing Initiative: Safe, Mixed-Income, Accessible, Reasonably Priced and Transit-Oriented Housing. A policy initiative designed to stimulate the production of affordable housing for low and moderate income residents.

Supportive Housing: Permanent housing with services. The type of services depends on the needs of the residents. Housing is usually affordable or intended to serve persons with very low incomes. Services may be short-term, sporadic or ongoing indefinitely.

Supportive Services: Services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people's stability and independence.

Supportive Housing Program (SHP): Designed to develop supportive housing and services that will allow homeless persons to live as independently as possible.

Shelter Plus Care (S + C Program): Designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters.

SSG: State Shelter Grant: The State Shelter Grant (SSG) is comprised of both state and federal funds. The goal of the program is to assist homeless families and individuals by providing financial support, technical assistance and training opportunities for local governments and nonprofit agencies that provide services and support through the operation of emergency shelters and transitional housing facilities in Virginia.

Transitional Housing: Temporary supportive housing with services where individuals or families live for between six months and two years. During that time they receive intensive case management services that prepare the household for independent living.

211 System: Centralized referral for human services modeled on the 411 system.

Ten Year Plan to End Homelessness Timeline

PREVENTION STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Strategy 1: Develop well-informed grass roots citizen advocates for the need for a variety of housing for a vibrant, healthy community.										
• Strategy 1.2: Produce information tools and a gaps analysis to show evidence that a variety of housing is needed and desired in any healthy community and be prepared to address a variety of objections.	X									
• Strategy 1.1: Develop educated residential, business and religious citizens as well as local and state elected officials and members of special interest groups.			X	X	X					
Strategy 2: Provide credible data to support the need for homeless programs and prevention solutions and create measurable outcomes to determine whether these programs are effective in addressing homelessness.										
• Strategy 2.1: Use tools such as the point in time (PIT) Count to define the homeless populations.	X									
• Strategy 2.2: Use data from above and intake information from programs to define a spectrum of reasons for homelessness.	X									
Strategy 3: Create effective discharge plans with institutions reintroducing homeless clients into the community.										
• Strategy 3.1: Survey existing programs and identify the discharge plans of jails, hospitals, and foster care.	X									
• Strategy 3.2: Initiate discussions for establishing protocols for release.	X									
• Strategy 3.3: Provide housing resources and eligibility guidelines where necessary.	X									

PREVENTION STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Strategy 4: Maximize all the resources that provide available income to the homeless, chronically homeless, and those at risk of homelessness. Increased pressure on the federal, state and local legislative bodies through advocate numbers and knowledge will increase the likelihood of maintaining current housing stock.										
• Strategy 4.1: Join advocacy efforts for legislation in support of a living wage and other efforts to prevent homelessness by participating in planned state and local advocacy events. Secondly, build relationships with diverse organizations to combine efforts and build broader coalitions.	X	X	X	X	X	X	X	X	X	X
• Strategy 4.2: Educate agencies, churches, and school personnel on available resources (i.e. SSI, TANF, Veterans' benefits, Medicaid, Supportive Services and State employment services) by using media resources (PSAs, newspapers, websites, posters) and social services and community services to publicize. Ensure that information is provided in various languages.	X	X	X	X	X	X	X	X	X	X
HOUSING STRATEGIES										
Strategy 1: Create and maintain a data base of local property that could meet the housing needs of residents of Greater Prince William area who earn 50% or less of the AMI.										
• Strategy 1.1: Identify neighborhoods with special concerns.	X	X	X	X	X	X	X	X	X	X
• Strategy 1.2: Update the central database annually.	X	X	X	X	X	X	X	X	X	X
• Strategy 1.3: Create an annual report with updated information.	X	X	X	X	X	X	X	X	X	X
• Strategy 1.4: Explore funding opportunities for developing and maintaining the database.	X	X	X	X	X	X	X	X	X	X
• Strategy 1.5: Develop data base of publicly owned land.	X									

HOUSING STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Strategy 2: Create and maintain Affordable Dwelling Units (ADU's) for those who earn 50% or less of the AMI in the GPWA.										
• Strategy 2.1: Expand the supply of Affordable Dwelling Units (ADU) using a variety of public/private partnerships, including the adoption of an ADU ordinance.	X	X	X	X						
• Strategy 2.2: Develop units near transit and employment centers.	X	X	X	X	X	X	X	X	X	X
• Strategy 2.3: Advocate for regulations to allow for elderly and institutional units.	X	X	X	X	X	X	X	X	X	X
• Strategy 2.4: Develop a variety of housing options (i.e. housing first models; S.M.A.R.T. housing initiative; Oxford house models; residential studio and efficiencies.)	X	X	X	X	X	X	X	X	X	X
• Strategy 2.5: Support housing rehabilitation programs for low to moderate income households.	X	X	X	X	X	X	X	X	X	X
• Strategy 2.6: Require deed restrictions on affordable units and first-right of refusal clauses.	X	X	X	X	X	X	X	X	X	X
Strategy 3: Leverage financing mechanisms that will provide and sustain affordable housing.										
• Strategy 3.1: Utilize Virginia Housing Development Authority (VHDA) tax credits.	X	X	X	X	X					
• Strategy 3.2: Research the possibility of creating employer assisted housing programs.	X	X	X	X	X	X	X	X	X	X

HOUSING STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
• Strategy 3.3: Access resources to stabilize the temporarily homeless.	X	X	X	X	X	X	X	X	X	X
• Strategy 3.4: Develop reliable and sustainable funding sources through proffers, Housing Preservation Development Fund (HPDF), land donations and other opportunities.					X					
• Strategy 3.5: Encourage regulation relief.	X	X	X	X	X	X	X	X	X	X
Strategy 4: Reduce homelessness and stabilize families by maintaining sufficient emergency shelters and temporary housing leading to permanent housing.										
• Strategy 4.1: Maintain sufficient emergency shelters and transitional housing programs.	X	X	X	X	X	X	X	X	X	X
• Strategy 4.2: Secure grants, funds and proffers that will assist to develop permanent housing.	X	X	X	X	X	X	X	X	X	X
SUPPORTIVE SERVICES STRATEGIES										
Strategy 1: Centralize the intake and referral process so that community organizations can share and provide quicker access to necessary services for the homeless.										
• Strategy 1.1: Centralize the housing and support service providers by contracting with a provider to perform a "one stop" registration process for the chronically homeless.	X	X	X							
• Strategy 1.2: Promote and coordinate with the managers of web-based information systems (i.e. 211 System and Virginia Navigator) to ensure information in the system is updated and current for area organizations.	X	X	X							
• Strategy 1.3: Ensure that resources are available to all service agencies and help determine appropriate level of services.	X	X	X							

SUPPORTIVE SERVICES STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
• Strategy 1.4: Identify funding sources for the centralized process.	X	X	X							
• Strategy 1.5: Standardize the intake and screening forms.	X	X								
• Strategy 1.6: Promote and increase the use of Homelessness Management and Information System (HMIS) to streamline eligibility among the providers for homeless services.	X	X								
• Strategy 1.7: Investigate linking HMIS and the Healthy Community Access Program (HCAP).	X	X								
Strategy 2: Increase services to marginalized populations by coordinating the system of care to match the need throughout the region.										
• Strategy 2.1: Investigate the need and determine populations and families that require services and their level of care.		X	X							
• Strategy 2.2: Identify funding sources.	X	X	X	X						
• Strategy 2.3: Advocate for funds and services.	X	X	X	X	X	X	X	X	X	X

EMPLOYMENT AND TRAINING STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Strategy 1: Identify issues that affect employment and training of the homeless and those at risk of becoming homeless.										
• Strategy 1.1: Identify numbers of people who would benefit from additional education and/or training opportunities	X									
• Strategy 1.2: Identify barriers for enrolling and completing education and training opportunities.	X									
• Strategy 1.3: Identify the needs of current employers in the county as well as anticipated needs for employers in the years ahead.			X	X						
• Strategy 1.4: Work with educational institutions and other funders to develop scholarships and apprenticeship programs to meet the needs of the homeless.				X	X					
• Strategy 1.5: Develop and ensure access to educational and training programs to meet the current and future needs of local employers.				X	X	X	X	X		
• Strategy 1.6: Encourage local employers to use the local workforce and contribute towards the costs of training programs.								X	X	X
Strategy 2: Support efforts to develop affordable local and long distance public transportation.										
• Strategy 2.1: Complete gaps analysis of transportation issues facing the homeless population. Assess best practices for similar areas across the country.	X	X								

EMPLOYMENT AND TRAINING STRATEGIES	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Yea	Year 8	Year 9	Year 10
• Strategy 2.2: Advocate for plans to provide transportation to the homeless population.								X		
Strategy 3: Identify diverse funding sources to provide necessary training or retraining for the homeless so they can maintain their own housing.										
• Strategy 3.1: Explore federal, state and local funding.					X					
• Strategy 3.2: Support development of the partnerships between employers and local transportation companies and educational institutions.					X					
• Strategy 3.3: Explore creation of a mentoring program.		X								