



Executive Summary

A Blueprint for Ending Chronic Homelessness and Reducing Overall Homelessness in Dayton and Montgomery County, OH

People become homeless for different reasons, remain homeless for different lengths of time, and—if they are able to find a home—have different degrees of success in avoiding a return to homelessness. As a result, it is not surprising that there is no single response to homelessness and no simple solution. In fact, no public agency or system is charged by law with the responsibility for solving homelessness. Into this void have stepped a number of different programs and services, each usually directed at a limited part of the problem. Despite the best intentions of those involved, the net result of such an entrepreneurial approach has been a system that *manages* homelessness but doesn't *end* it.

This was the reality confronting the Homeless Solutions Leadership Team as it began its work in October, 2004. Convened by the City of Dayton and Montgomery County at the request of the Shelter Policy Board, and co-chaired by the Dayton City Manager and the Montgomery County Administrator, 20 community leaders from the fields of business, faith, healthcare, criminal justice, education, housing, mental health, social services, media, and philanthropy were charged with developing solutions to homelessness by working across organizational and jurisdictional boundaries. Bolstered by dozens of additional community members forming a number of work groups, and supported by staff from the City, the County, and the Shelter Policy Board, the

Homeless Solutions Leadership Team has now issued a call to action: *The Community 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness*. Implementing the 10-Year Plan will be neither easy nor quick and will require commitment and leadership from every sector and quadrant of the county.

Dayton and Montgomery County join scores of other communities across the country being encouraged by the U.S. Department of Housing and Urban Development (HUD)—the nation's largest funder of services for the homeless—to develop and implement new ways of responding to this problem. HUD was inspired by the vision, first articulated by national advocacy groups, that chronic homelessness can be significantly reduced—or even ended—only if communities stop assuming that spending an ever-increasing amount of resources just to contain the problem is an acceptable way to operate. HUD calls such a paradigm shift an “essential element” for communities hoping to make significant progress in reducing chronic homelessness.

The Leadership Team's willingness to make this shift and to think differently about homelessness was fortified by a sobering review of local statistics generated by the Shelter Policy Board's Homeless Management Information System (HMIS). More than 6,000 people experienced homelessness in the county in 2004.

Although 70 percent of the homeless population is from Dayton, every other jurisdiction within Montgomery County was also identified as the last permanent address of someone who is homeless, meaning homelessness affects the entire community and is not just a City of Dayton issue. Well over half of the people who are homeless (61 percent) are families with children and another 5 percent are youth between the ages of 11 and 17. Because the vast majority of homeless families are single-parent families, this means that a startling proportion of homeless people are younger than 18. Beyond families and youth, the remaining one-third of homeless people are single adults, about 20 percent of whom are between 18 and 24. Most of the older homeless adults are male and have a high school diploma or GED; most of the younger homeless adults are female and do not have a high school diploma or GED. African-Americans are disproportionately represented in the homeless population, comprising over half.



Thinking differently about homelessness led the Leadership Team to consider all of the homeless, not just those whom HUD defines as chronically homeless, i.e., single adults with a disability (typically a serious mental illness and/or alcohol or drug addiction) who have been living on the street or in an emergency shelter for a year or longer or who have had multiple episodes of homelessness over a several year period. By some estimates only 6 percent of homeless single adults meet this definition locally. Responding to the chronically homeless demands much more than 6 percent of the available resources, so it is certainly important to address this population. However, the Leadership Team could not ignore the toll that homelessness exacts on all of the people who experience it, especially children. Therefore, it was unacceptable to mobilize the community to address only the needs of the chronically homeless without also addressing the needs of homeless youth, of families with children, and of singles without disabilities.

Thinking differently about homelessness also meant taking a critical look at how the existing spectrum of services is funded and how it operates. In Montgomery

County, 35 different funding sources provide nearly \$23 million annually either to prevent or to respond to homelessness. Most of the funding comes from public sources, with HUD alone accounting for 38 percent of the total. Less than one-third of the funding is from private sources, with a significant portion of the private funding coming from the faith community. Applying for and administering this money requires agencies to juggle multiple budgets and grant calendars and to comply with multiple sets of reporting requirements.

Perhaps the only thing more complicated than the funding mosaic is the maze that people must navigate as they try to prevent—or try to escape from—homelessness. A measure of this complexity is the fact that the Leadership Team created four Work Groups to help it understand how the system works. The “**Closing the Front Door**” Work Group was charged with developing a better understanding of efforts to *prevent* homelessness and identifying the policies or resource gaps that contribute to homelessness. The “**Shortening the Stay**” Work Group was charged with developing a better understanding of the current system of shelters and services for people who become homeless and determining how the circumstances facing young adults, older adults, families with children, and youth who are on their own differ from each other. The “**Opening the Back Door**” Work Group was charged with determining how to provide affordable and supportive housing for people who *are* homeless as well as those *at risk* of homelessness. The **Behavioral Health Work Group** was charged with developing a better understanding of the publicly funded behavioral health system and how it “fits” with the homeless system, primarily focusing on homeless single adults with mental illness and/or substance abuse problems.

Having explored the maze confronting homeless people and those on the edge of homelessness, and having considered the challenges facing the agencies that serve all of them, the Work Groups were asked to identify key systemic or policy changes that would make an impact.

They were also asked to suggest some specific, fundable programs that would close the gaps in the existing network of services. As they deliberated, they drew from the best practices of other communities that are making great strides in their efforts to reduce homelessness. The Work Groups' detailed recommendations can be structured using four key principles as guidelines.

- **Homelessness and poverty are inextricably connected.** While homelessness has other contributing factors such as mental illness and substance abuse, poor people with these issues are much more likely to become homeless than persons with similar disabilities and a higher income.
- **Earlier intervention and prevention of homelessness are key.** Prevention strategies include short-term emergency assistance programs to help people maintain housing, housing placement as an integral part of discharge planning from mainstream systems such as criminal justice and behavioral health, and an increase in the supply of affordable housing so that low-income households do not pay more than 30 percent of their income for housing.
- **Access to affordable and supportive housing options is the best tool.** An adequate supply of supportive and affordable housing is needed. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending homelessness for people with serious mental illnesses.
- **A multi-system response will result in better outcomes.** The solution to homelessness is bigger than the network of homeless providers. A multi-system response that breaks down funding, planning, and service “silos” and directly involves the mainstream systems of behavioral health, public assistance, child welfare, education, housing, and criminal justice in the solution is needed.

As the Leadership Team reflected on the body of data, research, best practices and recommendations produced by the Work Groups, the following conclusions emerged:

- 1 The community cannot afford to have people *living* on the street or in gateway shelters. The negative impact on people's lives, neighborhood revitalization, and economic development is too great. The cost—in human and economic terms—is staggering.
- 2 Homelessness affects the entire community and is not just a City of Dayton issue. Every jurisdiction in Montgomery County was identified as a last permanent address for one or more homeless persons in the HMIS, and every jurisdiction has a role to play in the solution.
- 3 The role of housing in ending homelessness cannot be overstated. Keeping people housed and rapidly re-housing those who become homeless is the primary answer.
- 4 Mental illness and alcohol or drug addiction play a major role in extending homelessness for many single adults. Alternative shelter and Housing First (placed into housing first without any prerequisite for treatment or being connected to a system) options are needed to engage this population as it is much easier to work on substance abuse and mental health issues when clients are stably housed.
- 5 Persons who experience homelessness fall into one of two groups—those who can become self-sufficient and live independently and those who will need a lifetime of support.
- 6 Community education about who is at risk of homelessness and why is a critical strategy to develop the community will and financial resources required to end or reduce homelessness.
- 7 The community must work together to develop a unified plan and approach to poverty reduction to impact homelessness decisively.

Committed leadership and strong governance are essential if the ambitious, multi-system response envisioned by the Work Groups is to be achieved. A Homeless Solutions Policy Board will be convened by the Dayton City Commission, the Montgomery County Board of Commissioners, and the United Way of the Greater Dayton Area to address the thorny issues of funding allocation and interagency coordination and to provide overall policy direction for the implementation of the 10-Year Plan. Establishing the Homeless Solutions Policy Board will be one of the first recommendations to be implemented. One of its early tasks will be to establish a Funders Collaborative to generate funds and set funding priorities. The Policy Board will also establish accountability and evaluation tools and take steps to strengthen the Homeless Management Information System's ability to support the homeless system. To minimize start-up time and costs, initial staffing will be provided through the Montgomery County Office of Family and Children First.

While there are more than 40 recommendations in the 10-Year Plan, of particular note are the plan's housing goals. The Plan calls for the development of a minimum of 1,800 units of affordable housing through a combination of new construction, rehabilitation of existing units, and rental subsidy. An additional 750 units of supportive housing will also be developed over the 10 years of the Plan's implementation.

Although the Leadership Team will forward the bulk of its recommendations to the Homeless Solutions Policy Board, some of them are so urgent that implementation has already begun. Foremost are some immediate and short-term strategies for shortening the length of stay that a homeless person faces in a gateway shelter and for addressing the impact that the density of gateway services (St. Vincent Hotel and The Other Place) has on the Patterson Boulevard corridor. In May 2006, Montgomery County made a significant commitment of Human Services Levy resources to allow the gateway agencies to begin to restructure their operations right away. Physical enhancements to their facilities and other operational improvements will continue through 2007.

Other key recommendations include strategies for developing an early warning system of sustained

prevention and intervention, developing shelter resources or Housing First programs for single young adults, implementing an eviction prevention program, increasing employment opportunities for homeless persons, increasing access to behavioral health services, and developing a coordinated case management system.

The Leadership Team is asking the community to commit human, financial, and political resources to end homelessness. Success will depend, in part, on identifying new financial resources and redirecting current resources toward supportive and affordable housing. Success will also depend on the willingness of providers to embrace new models of service provision targeted at ending rather than managing homelessness and on community leaders making the commitment to increase the supply of affordable and supportive housing all across Montgomery County.

The Homeless Solutions Leadership Team believes the community is up to the challenge. While it may not be possible to prevent all episodes of homelessness, it is possible to reduce significantly the numbers of people who experience homelessness and to ensure that *no one in our community* gets relegated to a life on the street.

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