2020



CITY OF RICHMOND STRATEGIC PLAN TO END HOMELESSNESS 2020-2030

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Department of Social Services

CITY OF RICHMOND, 900 EAST BROAD STREET, RICHMOND, VA REVISED DRAFT| FEBRUARY 24, 2020

Executive Summary

The United States Department of Housing and Urban Development (HUD) defines "homeless" persons as "people living in a place not meant for human habitation, or living in a shelter or in transitional housing. A homeless person may be leaving an institution where they temporarily resided." While HUD's homeless definition is used as the basis for providing funding through a number of service and housing-related programs (i.e., Continuum of Care (CoC); CDBG; HOME; Emergency Solutions Grants (ESG); Housing for Persons With Aids (HOPWA) and Shelter Plus Care) the definition is not all inclusive and leaves out persons and families that may be doubled up with other households or living in hotels and motels as shelters.

Homelessness, as we currently know it, started in the 1970's as an aftermath of deinstitutionalization, changes in the economy, eradication of boarding houses, increased rates of illegal drug use, and family units no longer having the capacity or desire to keep family members in their homes who had complicated challenges. Prior to the 1970's, families found ways to take care of relatives who could not afford a place to live on their own or had mental health or substance abuse problems. The faith community responded with food and emergency shelter beds. Those faith responses evolved into nonprofits. Eventually, homelessness became identified as the issue as opposed to the byproduct of what happens when the family unit, society's social norms and support systems collapse.

The 2020 Point in Time (PIT) count taken on January 22 and 23 documented 549 persons. This count is up from the 497 persons counted in the 2019 PIT count. Thus the number of people living in the City's shelters, streets, parks and plazas, under the bridges and train trestles, or camping in one of the City's many James River islands appears to be growing. While the PIT does include persons (including children) living in shelters and persons unsheltered, it does not attest to having captured every unsheltered person living in the City. For example in 2018 the Department of Education reported that the number of school age children experiencing homelessness in the City included 611 living in hotels/motels. (It may be even more as the 2018 DOE report included up to 2,726 children that were doubled up with friends or family because they had no permanent home.) Thus a more accurate number of people experiencing homelessness may easily be over 1000.

Who are the homeless?

The homeless are people in a housing crisis. They may be a mother with children who had to leave her home due to domestic violence, or a veteran who suffers from depression and PTSD. It might be a teen who ran away from home, or who has aged out of the foster care system and has nowhere to go. It may be an elderly man or woman that can no longer afford to live on the small fixed income they receive. It may be a person leaving the criminal justice system and is re-entering society but cannot find housing – not even public housing – that will accept them as a tenant. The chronically homeless often have addictions and/or mental health problems that make it difficult to a live "normal" life. Many homeless people do not consider themselves homeless just because they live an alternative life style from you and me. For some, camping out and living "off the grid" is how they want to live. Some homeless people have jobs, receive a monthly disability check and own a home. Sometimes a homeless person is someone who is just down on their luck. Whatever the reason someone is "homeless" we need to treat them with dignity and respect. To try and understand their specific set of circumstances and to offer assistance, services and housing.

Panhandlers

Many cities have individuals standing or sitting daily at major roadway intersections with signs that say they are homeless and are asking for money. However, some panhandlers are not homeless, but are instead, hustlers. They prey on other people's guilt and panhandling is their means to make money. While it is difficult to ascertain who is truly homeless and who is panhandling we need to educate our citizens to refrain from providing money to these individuals as both the City's police officers and social services staff know who is homeless and are working with them to gain their trust and to provide them with support services and housing.

Today's Challenges

Although the City of Richmond has seen a reduction in the number of homeless single adults there are still many challenges facing the City. These major challenges include:

1. The City sponsors a 150-bed, Cold Weather Overflow Shelter (CWOS) where single adults may go to keep from freezing when the temperature or wind chill factor drops below 40 degrees Fahrenheit between October 15th and April 15, however the facility does not provide food or supportive services.
2. The City's CWOS does not accept persons under the age of 18, families with children or adults with pets, therefore these homeless people often go unsheltered.
3. The City has several homeless supportive service and shelter providers however, some shelter providers have barriers to entry.
4. Locations for a single emergency shelter is an ongoing challenge due to the City's zoning requirements.
5. NIMBYISM. We cannot allow FEAR to stymie or derail needed housing solutions for people who are in a housing crisis. We need our elected leaders to help educate our community about the complexities of homelessness and how providing shelter and services is often the first step to permanent housing.
6. Some persons who are homeless have mental health issues and choose not to live in a building, but would choose to live in a tent if one was provided.
7. The number of homeless children in the City often go unreported because the PIT count only includes adults. Homeless children are frequently housed by friends or extended family members or placed in motel or hotel rooms by service providers while they find permanent housing solutions.
8. There are not enough supportive housing units in the City to house the homeless. It is estimated that the City needs to provide at least 300 more supportive housing units and thousands of affordable housing units.

How We Can Help

The Departments of Housing and Community Development and Social Services staffs working with the City's local homeless organizations have identified **Seven Strategies** to reduce the number of individuals experiencing homelessness:

1. Provide greater financial support to prevent individuals and families from being evicted from rental units or from losing their homes;
2. Create 150 emergency shelter beds by partnering with existing nonprofit and faith-based organizations to offer short-term shelter with supportive services with low or no barriers to entry 365 days a year for anyone experiencing homelessness and eliminate the City-sponsored, seasonal CWOS;
3. Increase the number of supportive housing by 300 units by providing financial assistance to the City's homeless service and housing providers;
4. Increase financial support to the City's homeless providers to ensure supportive services are available to every homeless person;
5. Provide additional supportive services and housing for populations that are experiencing homelessness that are currently under served;
6. Promote connections to comprehensive services including employment resources and behavioral health services for persons experiencing or at risk of becoming homeless; and
7. Educate our citizens on homelessness and provide collaborative leadership to all City homeless service and housing providers to ensure homeless programs are coordinated and effective.

There may always be people living in our society that are homeless, however the Strategies listed above are designed to help everyone who seeks help, wants help and desires to have permanent housing.

TABLE OF CONTENTS

I. PROFILE OF HOMELESS POPULATIONS IN RICHMOND VIRGINIA 5

II. COMPARISON OF HOMELESSNESS IN RICHMOND TO REGIONAL AND STATE HOMELESS POPULATIONS 14

III. THE CITY'S CURRENT HOMELESS SERVICE SYSTEM 16

IV. INVENTORY OF SHELTERS, TRANSITIONAL & PERMANENT HOUSING FOR THE HOMELESS 21

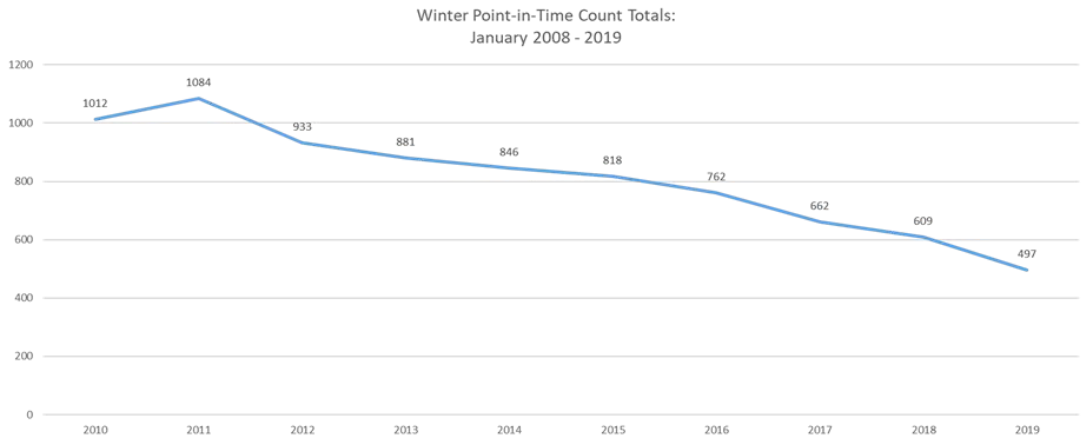
V. FUNDING SOURCES 26

VI. STRATEGIES TO ADDRESS HOMELESSNESS 27

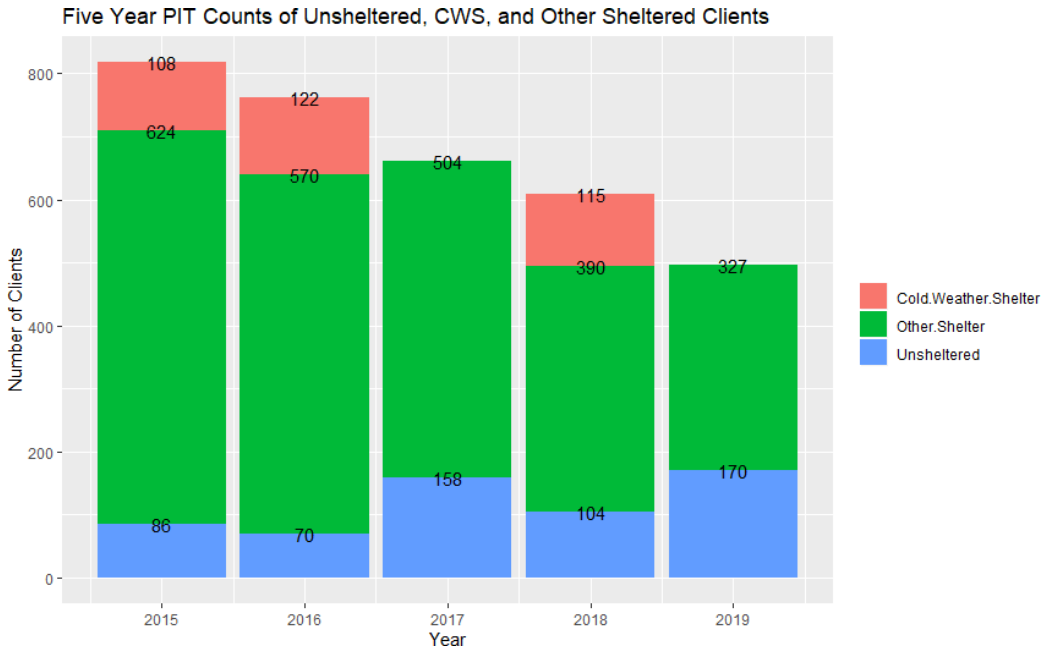


I. PROFILE OF HOMELESS POPULATIONS IN RICHMOND VIRGINIA

In the Greater Richmond area, the point in time count of single adults in shelters or on the streets peaked in 2009 at 1,158 during the housing crisis. Through a commitment and focus on housing first and then making other connections there has been a steady decrease from 1,158 single adults experiencing homelessness on a single day in 2009 to 497 in 2019. This reduction is a testament to the power of collective efforts by innumerable partners from shelter providers, local departments of social services, faith communities, private landlords, employers, and many more. Reductions in the number of people experiencing homelessness on any given day demonstrates the resiliency of people in crisis and the efficiency of a Housing First approach.



Below is a chart of the last five years of PIT counts:



During the first two years of the Stoney Administration the following results were achieved:

- A twenty-five percent (25%) decrease in the single day count of single adults living in shelters and sleeping outdoors;
- More than 60% of the 2,108 Homeless Hotline callers in 2018, who were within 3 days of losing their housing, were able to be diverted to a safe alternative to entering emergency shelter;
- Year-round emergency shelters are serving more adults who had previously been living outdoors; and
- In the last two years, approximately 115 units of permanent supportive housing for those with the highest barriers to housing stability and the longest histories of homelessness were developed.



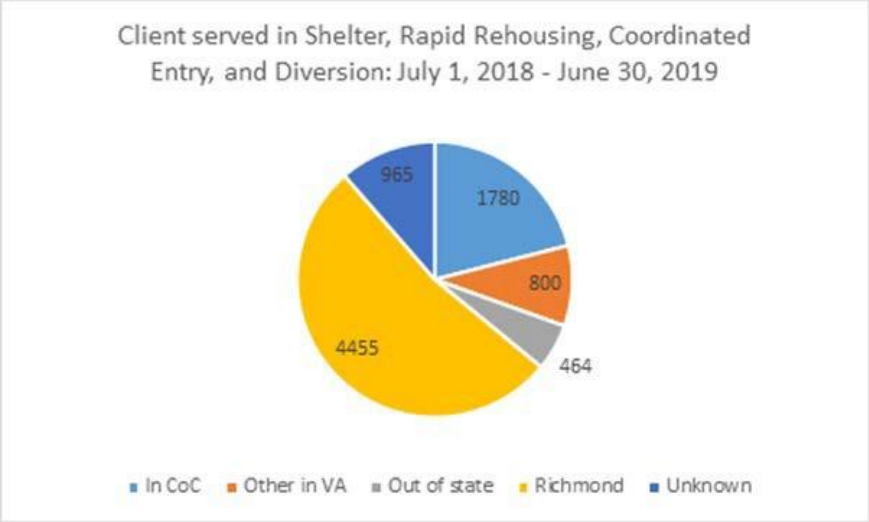
While the single day count number of homeless adults is decreasing the need for homeless assistance and stable housing is still high. Each month, the Homeless Crisis Line receives more than 5,500 phone calls from people seeking assistance. In 2018, 61% of callers to the Homeless Crisis Line reported the City as their last place of residence. Over the last four years, there has been an increase of 40% of the number of people aged 62 or older in our local emergency shelters with no sign of abatement in sight and the percentage of shelter clients who came from living outdoors, mostly from encampments in the City of Richmond, has doubled in the last four years. The Greater Richmond Continuum of Care (GRCoC) which coordinates the public-private network of homeless service providers, served more than 6,400 individuals last year.

Most weeks, single adults have to wait for up to three weeks for an available bed in an emergency shelter. Existing year-round shelter providers face ongoing funding and operational threats that could reduce their ability to continue to serve more than 3,500 people a year. The area's Continuum of Care (CoC) provider, Homeward, estimates that a proposed 40-bed increase in year-round emergency shelter/crisis housing connected to wraparound support services would lead to an additional 280 homeless people having case management and a safe place to live. Based on the City's Cold Weather Overflow Shelter (CWOS) the City needs at least 150 emergency shelter beds to meet the needs of chronically homeless single adults. Additionally, up to 300 individuals with long histories of homelessness and disabilities would benefit from life-saving permanent supportive housing if it were available.

In the most recent point-in-time count at the beginning of August 2019, conducted by Homeward and its partners 497 single adults were identified as experiencing homelessness. Though a majority (65%) of the individuals were sheltered, a fairly high number of people (174) were found staying in places not meant for habitation (e.g., in the woods, in cars, on the street).

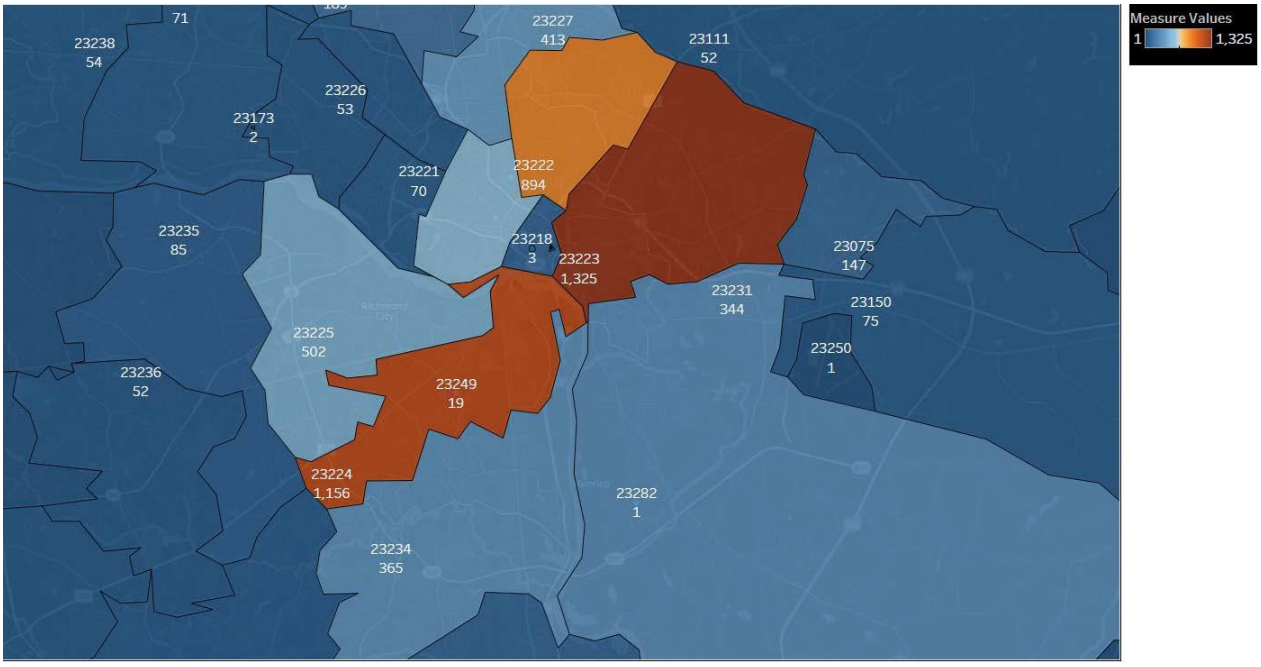
Breaking out where people live is imperfect because they are without homes. That said, 113 (65% of the 174 counted) of the unsheltered individuals were located in the City of Richmond. Among people in shelters, 58% reported that their last permanent residence was in Richmond.

The chart below shows clients served in shelter (emergency, transitional, and Safe Haven), rapid rehousing,



coordinated entry, and diversion projects for July 1, 2018 – June 30, 2019, broken out by their self-reported place of last permanent residence. Overall, this data includes 8,464 people, with 52.6% reporting the City of Richmond as their last residence.

When clients re-enroll for homeless services, they are asked the ZIP code of their last permanent address. The map below shows the areas around Richmond that people reported as their last permanent address between July 1, 2017 and June 30, 2018. (Note that all program types are included in these numbers – coordinated access, rapid rehousing, services only, street outreach, emergency shelter, transitional housing, Safe Haven, permanent supportive housing, and other permanent housing.) On the map, the ZIP codes appear above the number of people.



More than 50% of the people experiencing homelessness report the City of Richmond as their last stable place of residence.

Point-in-time Count Data for single adults experiencing homelessness who identified the City of Richmond as their last permanent place of residence (Compiled by Homeward, 11/15/2019).

For more information, please visit: http://www.homewardva.org/data/point-in-time-count

Year	Average age	Average days homeless[1]	% employed	% male	Average years in Richmond area
2015	47.4	468.3	23.1%	77.3%	20.4
2016	47.6	467.2	21.9%	79.2%	21.2
2017	48.8	614.9	23.8%	79.6%	22.6
2018	48.7	929.6	26.4%	69.7%	22.0
2019	49.2	947.4	20.7%	72.4%	18.5

[1] In 2018, the Greater Richmond Continuum of Care implemented a Coordinated Entry System to prioritize access to resources for those households with the longest histories of homelessness.

People who reported their last residence as Richmond were somewhat more likely to be older, be a part of a family, or be female. They were somewhat less likely to be veterans or youth. Their average days in shelter was 44% higher for Richmond residents compared to those from outside the City, and their average length of time homeless was not meaningfully different from people who reported a prior permanent residence outside of the City.

School-aged children identified as homeless by the Department of Education: School Year 2018

Count	Greater Richmond CoC	Virginia Beach CoC	Fairfax-Falls Church CoC
Total for School Year, 2017 - 2018	3,437	794	2,930
Number of students "doubled up" with family and friends	2,627 (76%)	490 (62%)	2,426 (83%)
Number of students in shelters	140 (4%)	63 (8%)	371 (13%)
Number of students living in hotels/ motels	611 (18%)	228 (29%)	130 (4%)
Number of unsheltered students	53 (2%)	13 (2%)	3 (less than .1%)

Source for data: Matthew Schnars, https://public.tableau.com/profile/mattschnars?fbclid=IwAR2R3FxlSB2LVfHWTE3zXqaMYUlBp0t8w7smCH_2lJP1oP-8o_nJQeb6qwo#!/vizhome/DeptofED-CoCHomelessCountsv2/HomelessStudentTrends

The Department of Education (DOE) affords students identified as homeless special supports such as transportation assistance and other supports to ensure students experiencing homelessness receive support needed to maintain education. The DOE also counts students who are doubled up with family or friends as homeless and also students who are paying to stay in hotels or motels.

Specific Data on Individual and Families Experiencing Homelessness in the City of Richmond

The following data were collected in Homeward's 21st winter (January 23, 2019) count of individuals and families experiencing homelessness in the Richmond region. A total of 429 adults and 68 children were counted, and 80.9% of adults completed the point-in-time survey. The statistics below represent the 15.4% of individuals who indicated that they had been homeless or in foster care as children.

- 63.2% of adults are males, and 36.8% are females. Most are single, never married adults (70.2%). 29.8% have been in families, including those who are married, as well as those who are widowed, separated, or divorced.
- 13.8% have children living with them.
- The largest percentage report that they are African-American (64.8%), followed by White (22.2%). 16.1% indicated that they are Hispanic.
- The average age for adults now homeless who experienced homelessness as children or were in foster care is 42.1 years.
- 41.1% have just a high school education or GED. 26.8% attended some college or have a college degree.



- 15.8% are veterans. Of the percentage of veterans experiencing homelessness, the following data was compiled by the survey:
    - 89.4% of adults are males, and 9.1% are females. 53.8% are or have been in families (including those who are married, as well as those who are separated, widowed, or divorced) or are currently partnered.
    - 3.0% of veterans reported having children living with them.
    - The largest percentage of veterans report that they are African-American (55.4%), followed by White (30.8%). 9.0% indicated that they are Hispanic.
    - The average age for adult veterans is 56.2 years.
    - 46.3% of veterans reported that they served in combat. 83.3% were honorably discharged. 14.8% of all discharges were general.
    - 42.4% have just a high school education or GED. 33.3% attended some college, and 10.6% have a college degree or higher.
    - 62.5% have been to jail and/or prison. Of those serving time in jail and/or prison, 50.0% reported having felony convictions, and 12.5% reported being homeless before incarceration.
    - 21.2% have experienced domestic violence in their lifetime. Of those experiencing domestic violence, 20.0% had experienced it in the past year.
    - 41.8% report having a problem with alcohol and 40.7% report having a problem with drugs sometime in their lifetime.
    - 54.5% report having received treatment of counseling for mental health problems sometime in their lifetime. Of these, 80.0% are currently being treated, and 63.3% are taking medication for mental health problems.
    - 43.3% report having a long-term disability. Of those reporting a long-term disability, 44.8% indicated that their disability was drug or alcohol abuse; 69.0% indicated that their disability was a mental illness; and 65.5% indicated that their disability was physical. (Note that respondents could select multiple disability types.)
    - 30.8% are employed. Of those who are employed, 40.0% work full-time, 35.0% work part-time, and 25.0% do day labor or temp work.
    - The median length of time respondents have lived in Greater Richmond is 1.9 years, and 23.7% have lived in the area for 17 years or more.
    - The largest percentage of respondents (41.5%) reported having their last housing in Richmond. Others indicated previous housing in Chesterfield (4.6%) and Henrico (9.2%). 27.7% of respondents last lived elsewhere in Virginia, and 17.0% lived in other states.

- In the past three years, most homeless persons have been homeless once (36.3%) or twice (27.3%). 36.4% have been homeless three or more times during this time period.
- 50.0% have been homeless for six months or less.



- 71.9% have been to jail and/or prison. Of those serving time in jail and/or prison, 58.1% reported having felony convictions, and 38.7% reported being homeless before incarceration. Additional data revels:
  - 75.7% of people with a history of incarceration are males, and 24.3% are females. Most are single, never married adults (62.3%). 37.7% have been in families, including those who are married, as well as those who are widowed, separated, or divorced.
  - 7.0% have children living with them.
  - A majority of people with a history of incarceration report that they are African-American (62.4%), followed by White (28.1%). 10.0% indicated that they are Hispanic.
  - The average age for adults is 48.9 years.
  - 43.9% have only a high school education or GED. 22.6% attended some college, and 6.1% have a college degree or higher.
  - 18.9% are veterans.
  - A majority have served time in jail (64.0%). 6.1% indicated that they served time in prison, and 29.9% reported that they had served time in both jail and prison. 50.4% reported having felony convictions. 25.5% reported living on the streets before incarceration, and 34.8% indicated that they lived on the streets upon release.
  - 23.8% experienced domestic violence in their lifetime. Of those experiencing domestic violence, 44.4% had experienced it in the past year.
  - In their lifetime, 38.5% report having a problem with alcohol, and 44.8% report having a problem with drugs.
  - 57.3% report receiving counseling or treatment for mental health problems sometime in their lifetime. Of these, 72.0% are currently being treated, and 57.3% are taking medication for mental health problems.
  - 43.2% report having a long-term disability. Of those reporting a long-term disability, 36.7% indicated that their disability was drug or alcohol abuse; 67.0% indicated that their disability was a mental illness; and 57.3% indicated that their disability was a physical disability. (Note that respondents could select all, some, or none of these options.)
  - 25.0% are employed. Of those who are employed, 41.5% work full-time, 34.0% work part-time, and 24.5% do day labor or temp work.

- The median length of time respondents have lived in greater Richmond is 4.2 years, and 33.5% have lived in the area for 17 years or more.
- The largest percentage of respondents (57.3%) reported having their last housing in Richmond. Others indicated previous housing in Henrico (8.5%) and Chesterfield (7.6%) counties. 11.8% of respondents last lived elsewhere in Virginia, and 14.8% lived in other states.
- In the past three years, most people experiencing homelessness who also have a history of incarceration have been homeless once (41.9%) or twice (23.2%); 34.9% have been homeless three or more times during this time period.
- A little less than half (47.4%) have been homeless for five months or less.

- 36.2% have experienced domestic violence in their lifetime. Of those experiencing domestic violence, 50.0% had experienced it in the past year.
- 34.1% report having a problem with alcohol sometime in their lifetime, and 39.5% report having a problem with drugs sometime in their lifetime.
- 54.5% report having received counseling or treatment for a mental health problem sometime in their lifetime. Of these, 66.7% are currently being treated, and 66.7% are taking medication for mental health problems.
- 32.8% report having a long-term disability. Of those reporting a long-term disability, 55.6% indicated that their disability was drug or alcohol abuse; 72.2% indicated that their disability was a mental illness; and 47.4% indicated that their disability was a physical disability. (Note that respondents could select all, some, or none of these options.)
- 24.6% are employed. Of those who are employed, 28.6% do day labor or temporary work, 35.7% work part-time, and 35.7% work full-time.
- The median length of time respondents have lived in Greater Richmond is 2.1 years, and 27.5% have lived in the area for 10 or more years.
- The largest percentage of respondents (51.8%) reported having their last housing in Richmond. 7.1% last lived in Henrico, and 7.1% last lived in Chesterfield. 10.7% of respondents last lived elsewhere in Virginia, and 23.3% lived in other states.
- In the past three years, most homeless adults have been homeless once (14.1%) or twice (31.6%); 35.1% had been homeless three or more times during this time period.
- More than half (56.0%) have been homeless for four months or less.



Specific Data on Panhandlers in the City of Richmond

The following data were collected in Homeward's 21st winter (January 23, 2019) count of individuals and families experiencing homelessness in the Richmond region. A total of 429 adults and 68 children were counted, and 80.9% of adults completed the point-in-time survey. The statistics below represent the 22.4% of individuals who indicated that they had gotten money in the past year from "panhandling or asking strangers for money."



- 83.7% are males, and 16.2% are females. Most panhandlers (73.6%) are single, never married adults. 26.4% are or have been in families, including those who are married, as well as those who are separated, widowed, or divorced.
- 2.7% reported having children living with them.
- The majority of respondents report that they are African-American (59.7%), followed by White (29.2%). 13.7% indicated that they are Hispanic.
- The average age for adults is 48.7 years.
- 33.8% have only a high school education or GED. 18.3% attended some college, and 9.9% have a college degree or higher.
- 17.8% are veterans.
- The majority (74.3%) served some time in jail and/or prison. Out of all individuals surveyed (including those who have not served time in jail and/or prison), 47.1% reported serving time in jail, 4.3% reported serving time in prison, and 22.9% indicated that they had served time in both jail and prison. Of those who served time in jail and/or prison, 36.4% indicated that they were homeless when they last went to jail/prison, and 54.5% indicated that they were homeless upon release.
- 16.4% have experienced domestic violence in their lifetime. Of those experiencing domestic violence, 50.0% had experienced it in the past year.
- 40.0% report having a problem with alcohol sometime in their lifetime, and 50.0% report having a problem with drugs sometime in their lifetime.
- 54.3% report having received counseling for mental health problems sometime in their lifetime. Of these, 63.2% are currently being treated, and 52.6% are taking medication for mental health problems.

- 47.9% report having a long-term disability. Of those reporting a long-term disability, 52.9% indicated that their disability was drug or alcohol abuse; 65.7% indicated that their disability was a mental illness; and 51.4% indicated that their disability was a physical disability. (Note that respondents could select all, some, or none of these options.)
- 12.2% are employed.
- The median length of time respondents have lived in Greater Richmond is six years; 28.3% have lived in the area for 17 years or more.
- The majority of respondents (60.3%) reported having their last housing in Richmond. Others indicated previous housing in Henrico (8.8%) and Chesterfield (8.8%) counties. 7.4% of respondents last lived elsewhere in Virginia, and 14.7% lived in other states.
- In the past three years, most people have been homeless once (30.9%) or twice (22.1%); 47.0% have been homeless three or more times during this time period.
- A little more than one third (36.4%) of homeless persons have been homeless for one year or less.



II. COMPARISON OF HOMELESSNESS IN RICHMOND TO REGIONAL AND STATE HOMELESS POPULATIONS

As part of the planning process, the City of Richmond Planning team conducted three site visits: a tour of local homeless service providers in the City of Richmond, a visit to Virginia Beach's Housing Resource Center, and a call with the Fairfax County Office to Prevent and End Homelessness. All communities visited highlighted their use of data and commitment to Housing First. Representatives from Virginia Beach and Fairfax County highlighted the alignment of local, state, and federal efforts to reduce homelessness. Both localities provide significant local funding through contracts with non-profit homeless service providers as part of their coordinated efforts using the Continuum of Care.

Winter single day count of single adults experiencing homelessness, 2018	2018 Point in time count	Per capita rate of Homelessness/10,000 Residents
National	552,830	17
Greater Richmond (City of Richmond, Town of Ashland, Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan)	**609**	**5.6**
Fairfax-Falls Church	987	8.3
Virginia Beach	243	5.4

* Source for charts: https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/

Virginia Localities and Per Capita Rates of Homelessness (per 10K residents)	Single adults experiencing homelessness per 10,000 residents	2018 Point-in-time count
Loudoun County	3.4	134
Balance of State	4.2	718
Lynchburg	4.3	112
Virginia Beach	5.4	243
Fredericksburg/ Spotsylvania	5.5	200
Greater Richmond	**5.6**	**609**
Virginia State	7	5,975
Charlottesville	7.2	183
Prince William	7.2	374
Harrisonburg/ Winchester	8.2	304
Fairfax/ Falls Church	8.3	987
Newport News/ Hampton/ Peninsula	9.1	439
Arlington County	9.4	221
Roanoke City & County/ Salem	11.4	317
Norfolk/ Chesapeake/ Suffolk/ Isle of Wright/ Southampton	12.1	773
City of Alexandria	14.1	226
Portsmouth	14.3	135

Point-in-time trends over time for single adults	Greater Richmond CoC	Virginia Beach CoC	Fairfax-Falls Church CoC
2019	497	N/A	1,034
2018	609	243	987
2017	662	349	967
2007 (Before Housing First, Rapid Re-Housing, and Focused efforts to reduce veteran homelessness)	1,158	476	1,593

Unsheltered count: 2019	152 (30.5%)	N/A	89 (8.6%)
Unsheltered count: 2018	104 (17.0%)	72 (29.6%)	86 (8.7%)
Unsheltered count: 2017	153 (23.1%)	78 (22.5%)	108 (11.1%)
Unsheltered count: 2007 (Unsheltered counts in 2007 may not have been as robust as current counts.)	144 (12.4%)	46 (9.6%)	154 (9.6%)

Data for chart retrieved from: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/and community websites including www.homewardva.org.

III. THE CITY'S CURRENT HOMELESS SERVICE SYSTEM

Greater Richmond Continuum of Care

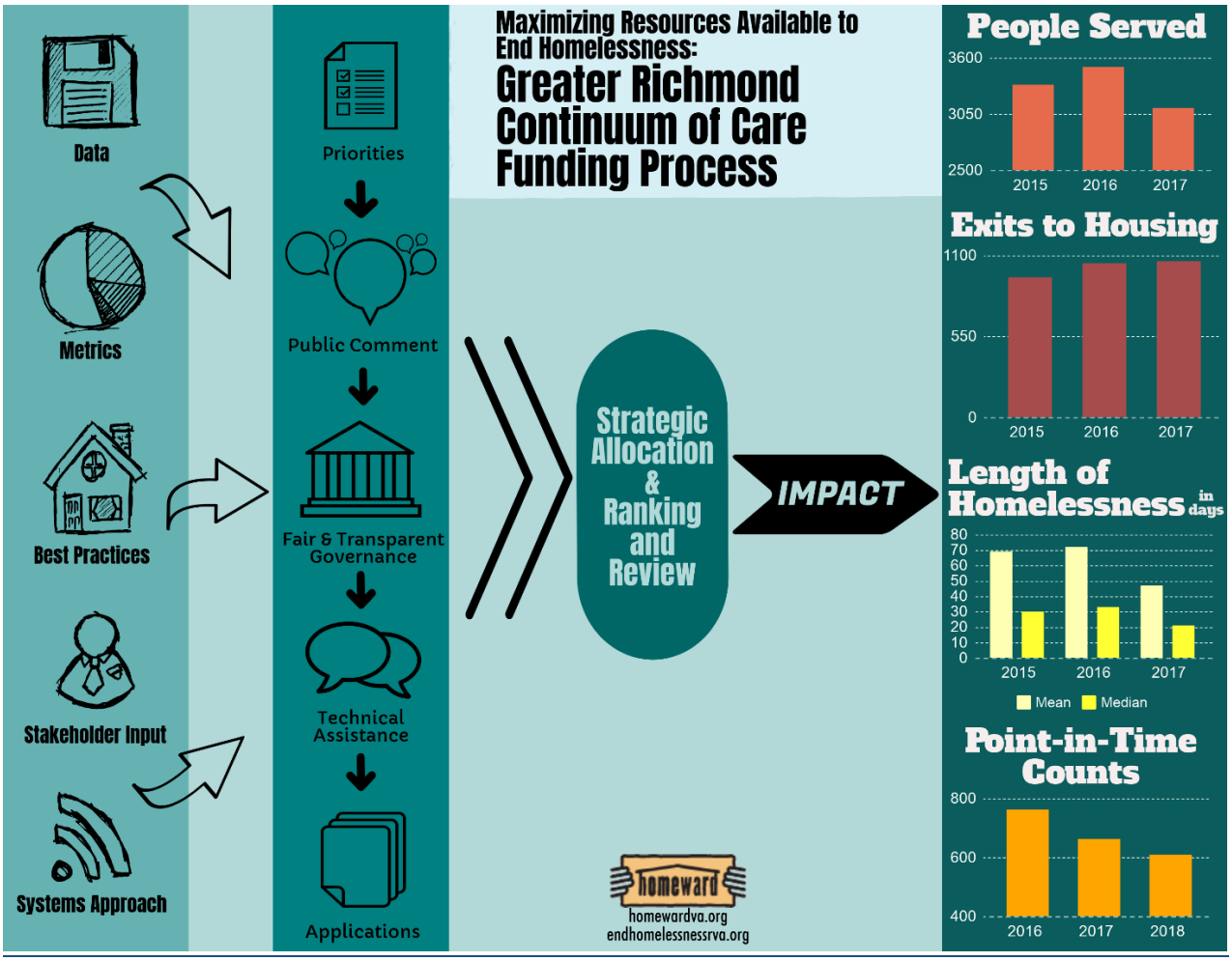
The City of Richmond's collaborative planning for homeless services began in the mid 1990's. The practice of a regional, cross-sector collaborative and coordinated response to homelessness was formalized by the adoption of resolution No. 95-R302-255 on November 13, 1995. The task force that generated the momentum for this resolution, and the City's response to the recommendations of that task force resulted in the formation of a regional planning body and entity to drive the strategy to address homelessness in the City and the surrounding counties.

In 2013, more than thirty stakeholders from the GRCoC identified expanded coordination for system access as a top priority at the System Performance Improvement Clinic conducted by the National Alliance to End Homelessness. The CoC formed a coordinated access committee and engaged the Corporation for Supportive Housing to facilitate additional community planning on this topic. The GRCoC also articulated our community values and formed a board that adopted bylaws in 2013. In 2015, the GRCoC engaged Focus Strategies to conduct a review of our system performance. In 2018, Homeward hired Housing Innovations to conduct an evaluation of the Coordinated Entry System. One of the key recommendations of the evaluation was to expand the processes and opportunity for provider input and feedback. In response, Homeward coordinated the expansion of participants in key policy-making committees and formed new provider-led quality improvement workgroups.

The governance structure of the GRCoC continues to evolve and strengthen. In 2019, the GRCoC Board signed three MOUs with Homeward, formalizing the relationship between the two regional homeless service entities. These MOUs clarify the GRCoC as the governing body that drafts and approves policy and funding priorities, and Homeward as the agency that provides technical expertise and administrative support to the GRCoC at the request of the GRCoC Board.

The use of data and collaboration to drive system-wide change in how our community solves the issue of homelessness has provided a successful response to homelessness. At 5.6 persons experiencing homelessness per 10,000 people, the Richmond region has the lowest rate of homelessness of any major metropolitan area in Virginia. This rate is also lower than many smaller metro areas in the state.

Coordinated Entry System History



Since the implementation of the federal Homeless Emergency Assistance and Transition to Housing (HEARTH) Act in 2009, the Greater Richmond Continuum of Care (GRCoC) has adopted a **housing first** approach that works to coordinate resources and access to those resources to ensure that homelessness is rare, brief, and one-time for the residents of our region. The GRCoC and its stakeholders have worked to increase permanent housing resources, improve the efficiency and effectiveness of these permanent housing programs, fill gaps in our system's continuum of care, and continue to improve the outcomes for our most vulnerable residents.

In 2016, the GRCoC board endorsed the Road Home, The Ten Year Plan to End Homelessness and Promote Housing Stability. The first Action Step of the Road Home is to establish a coordinated entry system with a housing-first focus that is easy for people to access, identifies and assesses their needs, and prioritizes those facing the greatest risks.

In 2016, the first homeless diversion pilot, The Shelter Diversion Line was created. In the first two quarters of 2017 the project assisted 616 clients who were eligible for diversion services. During this time, 51% of households were successfully diverted, exceeding the benchmark set at the level of best-performing

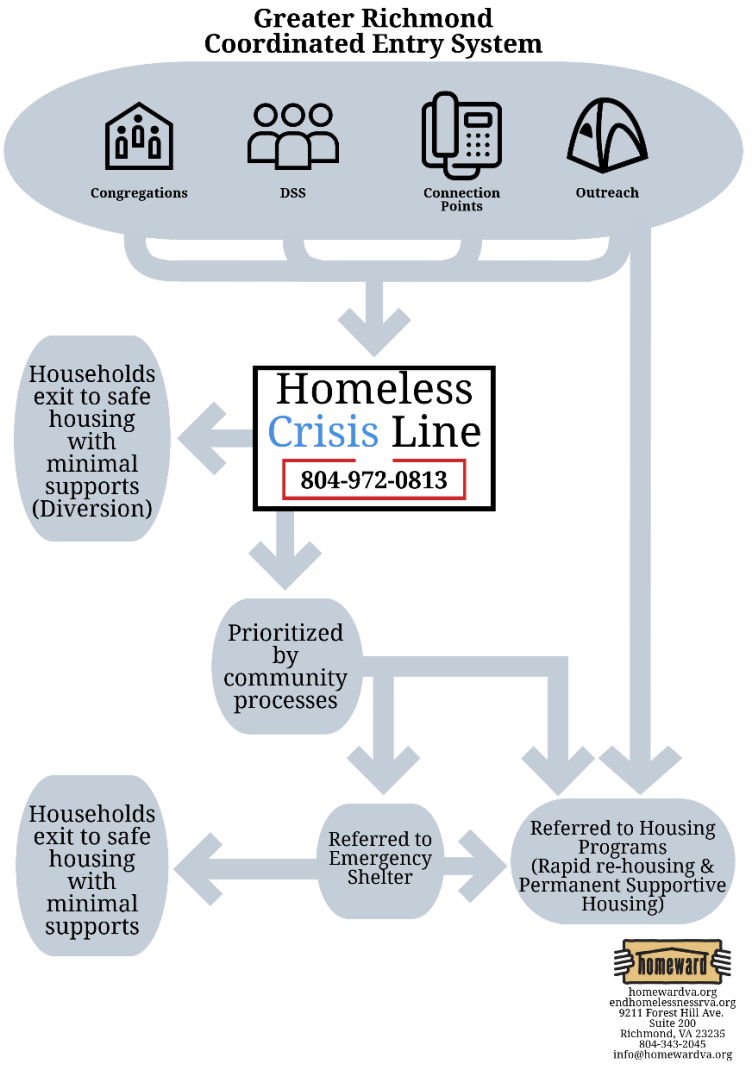
communities in the country. Of those households that were successfully diverted, more than 89.4% did not fall into homelessness during those first two quarters, exceeding the expected outcome by more than threefold.

In October 2017, Commonwealth Catholic Charities, the agency that led the region's primary Access Point for homeless services for 14 years announced that they would discontinue the program at the end of the calendar year. In response to this announcement, the GRCoC and community partners worked to transition to a phone-base Access Point, converting the Shelter Diversion Line into the Homeless Crisis Line. The GRCoC worked to redesign the shelter referral process with the least amount of disruption to clients, adopting a new shelter referral process in December 2017 after significant community input. To implement the new process, private funds were raised.

In the summer of 2018, the GRCoC decided to shift from a single provider model for "access and diversion services" to a multi-agency collaborative model. This model is designed to increase accountability for system entries into services and exits to permanent housing and to benefit from the diverse competencies of our regional partners. The Homeless Crisis Line offers diversion-oriented access to homeless services which meets or exceeds federal regulations and guidelines for Continua of Care. Diversion Specialists from three different agencies (Housing Families First, Home Again, and ACTS) work together to respond to more than 5,000 calls per month from people experiencing a housing crisis. As a multiagency collaborative, the specialists are able to access the expertise and experience of each of the partner agencies in delivering this service. Effective and rapid connections to these homeless services has resulted in a reduction in homelessness, a reduction in the length of homelessness, an increase in the number of exits to permanent housing, and connections to other community resources such as food access and workforce resources.

Program Types and Definitions

Coordinated Entry System (CES): A system that identifies households that are homeless or at risk of homelessness, assesses their housing and service needs, and quickly connects them to appropriate housing and services necessary to end their housing crisis as quickly as possible. Common elements of a CES include designated Access Points, screening, assessment, and referral, and an electronic information system that helps agencies and consumers share information. The U.S. Department of Housing and Urban Development (HUD) and the Virginia Department of Housing and Community Development (DHCD) require each CoC to establish and operate a CES. Recipients of CoC and Emergency Solutions Grant (ESG) funding must use the established CES process.



Outreach/Mobile: Street outreach and engagement will be low barrier, meaning it will not require high involvement from clients. The target population for outreach will be all individuals living outdoors ("on the streets") and in other places not meant for human habitation. Essential elements for outreach include a staff that visits persons experiencing homelessness in their physical locations; developing trust to engage hard to reach homeless households; completing the continuum-wide assessment packet; and providing housing-focused, comprehensive, and coordinated services.

Eviction Diversion: A strategy that prevents homelessness for people seeking shelter by helping preserve their current housing situation or making immediate alternative arrangements. Essential elements for diversion include a dedicated staff that treat the screening process as an opportunity to explore a household's current housing crisis and to be creative about housing options. Screening involves asking the person about every available resource he/she might have to stay housed or move directly to other housing.

Prevention: Short to medium term financial assistance and stabilization services aimed to prevent housing loss and promote housing retention. The target population for prevention will be those at imminent risk of becoming homeless – those who "but for this assistance will become homeless." Essential elements for prevention include a dedicated staff that completes an individualized assessment that evaluates household needs, financial needs, and eligibility for mainstream resources, provides a housing stabilization plan, provides needed housing

stabilization services including both financial and supportive services, and provides linkages to mainstream resources based on eligibility and need.

Emergency Shelter: Emergency Shelter is defined by the U.S. Department of Housing and Urban Development (HUD) in 24 C.F.R. § 576.2 (2012) as any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless, and which does not require occupants to sign leases or occupancy agreements. Emergency Shelters provide emergency housing to address an individual's or family's immediate housing crisis. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and with few to no barriers. The resources and services provided are typically tailored to the unique needs of the individual or family. Essential elements include low/no barriers to entry, safe and accessible physical environment, administers coordinated access assessment or directs clients to access point, provides a housing stability plan, and provides linkages to mainstream resources.

Self-resolution: This approach emphasizes the use of services, problem-solving conversations, and financial assistance to help households to exit homelessness quickly. Essential elements include housing-focused case management and flexible financial assistance.

Transitional Housing (TH): Short-term housing and supportive, wrap-around services (up to 12 months) to prepare individuals and families that are homeless to secure and maintain permanent housing at exit. This intervention targets individuals and families in life stage transition with moderate to high barriers to housing who are also young adults under 25, people interested in recovery, veterans, or who have domestic violence as the cause of their current homeless episode. The essential elements of TH include affordable housing, case management, provision of or formalized partnership to housing referrals and placement services, and linkage to community supports and/or wraparound system of services in relation to housing placement.

Rapid Re-Housing: A short to medium term housing option that quickly moves individuals and families experiencing homelessness into permanent housing with needed services to maintain stability. Rapid re-housing targets the literally homeless and may be able to offer continued services for clients with incomes of 30% of AMI. The essential elements of this program include housing-focused services, supportive services coordination, temporary financial assistance, and long-term housing stability planning. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety); however, RRH recipients must have a lease.

Permanent Supportive Housing (PSH): Permanent, lease-based housing with supportive services that are appropriate to the needs and preferences of tenants. PSH will target any high needs individual with multiple barriers to housing that is literally homeless (lease-based program), and will possess specialized eligibility requirements for subsidies including veterans, having a disabling condition, and/or chronically homeless head of household. The essential elements of PSH includes tenants holding their own leases (or sublease when master leased), providing housing case management, providing linkages to mainstream resources that address housing stability, a program containing a strategy to move people on to other permanent housing, if appropriate, and a Housing First program design.

Connection Points: Connection Points are organizations that provide light-touch assistance and connections for households experiencing or at imminent risk of homelessness. These organizations—at minimum—provide an indoor space for households experiencing or at imminent risk of homelessness, a means for said household to connect with the Coordinated Entry System (such as an office phone that can be used, a cell phone charging station, or space to meet with an outreach worker), and accurate information about homeless services.

IV. INVENTORY OF SHELTERS, TRANSITIONAL & PERMANENT HOUSING FOR THE HOMELESS

Key components of the crisis response system for City of Richmond residents experiencing homelessness includes emergency shelters and targeted housing interventions such as rapid re-housing transitional housing and permanent supportive housing.

The City of Richmond's Cold Weather Overflow Shelter

The Cold Weather Overflow Shelter (CWOS) is a public safety program to provide hypothermia prevention to City residents on nights when the temperature or wind chill is forecasted to be at or below 40°F. The program is funded by the City of Richmond and Commonwealth Catholic Charities is the contracted vendor. For the 2018-2019 and 2019-2020 winter seasons, the CWOS is located at the Annie E. Giles Community Center located at 1400 Oliver Hill Way. Council Resolution 2012-R72, establishes the policy for the opening of the CWOS for City of Richmond residents on nights when the wind chill or temperature is at or below 40°F between October 15th and April 15th each year. The CWOS only serves single adults 18 years and older. No supportive services or food is provided at the shelter.



Existing Transitional Housing Locations

Transitional housing, a longer-term but not permanent program with more intensive supportive services, is also a facility-based homeless services intervention used to address the needs of specific subpopulations such as veterans or those fleeing domestic violence. Outside of these targeted subpopulations, there has been a move away from this model of addressing homelessness since the outcomes of transitional housing are comparable to other models while the costs of this model far exceed the per household cost of those same models.

Permanent Housing for the Homeless

There are four, fixed site locations for permanent housing for people who were formerly homeless. The vast majority of permanent housing of this type is scattered site and includes Shelter + Care, Homelink, Veterans

Affairs Supportive House (VASH), housing for people with a history of homelessness and incarceration, and beds managed by the Richmond Behavioral Health Authority.

Information about these fixed site locations appears in the table below. Exact location information is not provided for Richmond Behavioral Health Authority because the program uses private apartments to house people.

Existing Shelter Locations

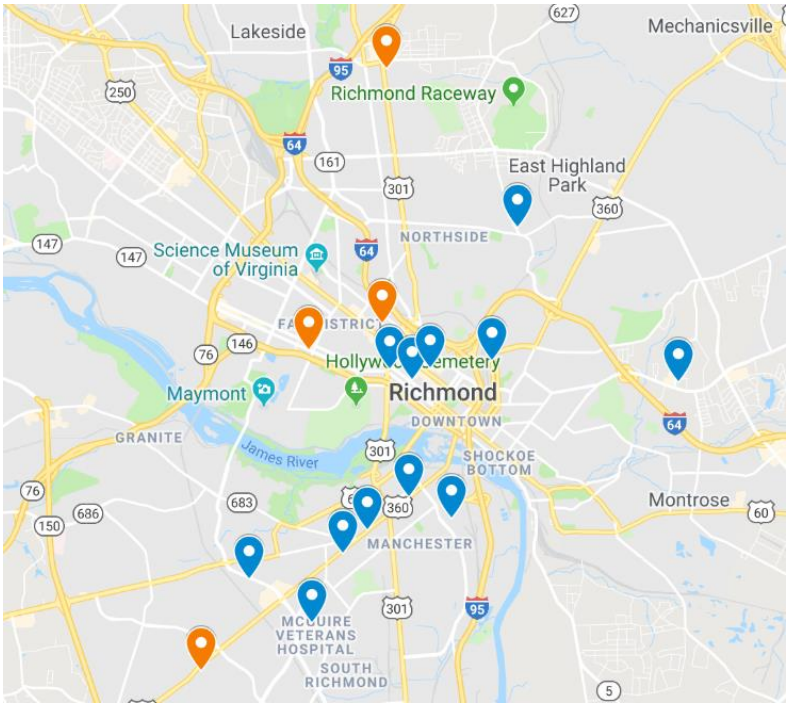
There are currently three primary categories of facility-based interventions to address homelessness:

- Emergency Shelters;
  Facility-based permanent supportive housing; and
- Specialized housing for those with significant health or other supportive service needs.

There are 12 fixed shelter locations in the City of Richmond.

	Organization Name	Type of Shelter	Address	Beds
1	City of Richmond CWOS	Single adults only	1400 Oliver Hill Way	150
2	CARITAS	Women	700 Dinwidde Ave.	64
3	Daily Planet	Persons with Substance Abuse	180 Belt BLVD	20
4	Daily Planet	Persons with Substance Abuse	2864 Hull St	21
5	HomeAgain	Men, Families, Vets	2 E Main St	30
6	HomeAgain	Men, Families, Vets	11 W Grace St	20
7	HomeAgain	Men, Families, Vets	1202 Broad Rock Blvd.	26
8	Housing Families First	Families	3900 Nine Mile Rd	30
9	Liberation Veteran Services	Vets	1201 Hull St.	38
10	Richmond Behavioral Health	Persons with Mental Health Issues	Address not published	8
11	The Healing Place	Persons with Substance Abuse	700 Dinwiddie Ave.	27
12	The Salvation Army	Men and Families	2 W Grace St.	51
TOTAL:				**485**

The 12 shelter sites are shown in blue on the map below, and the four permanent housing sites appear in orange.



Other shelters in the City include:

- Domestic violence/trafficking shelters with undisclosed locations (Safe Harbor, and YWCA);
- CARITAS, which currently moves from congregation to congregation in various areas in and around the city and will be moving to a new facility with 160 beds for women at 2220 Stockton St., Richmond, VA 23224 sometime in early 2020; and
- Hotel/motel rooms that non- profits sometimes use as temporary emergency shelter.

Emergency Shelter Providers

In April 2017, emergency shelter providers in the Richmond community participated in an Emergency Shelter Learning Collaborative sponsored by the Virginia Department of Housing and Community Development and conducted by the National Alliance to End Homelessness. These sessions focused on helping emergency shelters to shift their practices and policies to more effectively meet the need of people experiencing homelessness. Participants included CARITAS, Daily Planet Health Services, Home Again, Housing Families First, the Salvation Army, and the YWCA.

Best practices identified in the Emergency Shelter Learning Collaborative include:

- Housing First Approach;
- Immediate and Low Barrier Access;
- Housing-focused, rapid exit services; and
- Data to measure performance.

A **Housing-First approach** focuses on helping individuals and families connect to a stable housing option without time limits as quickly as possible. Households are rapidly placed and stabilized in permanent housing

without any preconditions regarding income, work effort, sobriety or any other factor. Once in housing, individuals never face requirements to participate in services as a condition of retaining their housing.

In the Greater Richmond Continuum of Care (GRCoC), emergency shelters are coordinated and prioritized through Homeward's Shelter and Housing Coordinators as part of the Coordinated Entry System. All shelters participating in the Coordinated Entry System focus on screening people in and on **reducing barriers to entry**. Shelters in the Richmond region do not require drug testing or "housing readiness" for shelter residents. The focus of these **Low Barrier Shelters** is on the health and safety of shelter residents. As part of the 2017 Emergency Shelter Learning Collaborative, area shelters changed shelter rules and trained staff to align with this approach. Additionally, GRCoC shelters follow the Equal Access rule and do not discriminate against anyone based on their sexual orientation, gender identity, or marital status.

All shelters and targeted housing programs in the Richmond area are **housing-focused** and working to connect people to stable housing as quickly as possible. Emergency shelter providers focus on helping shelter residents to make a housing plan and to identify barriers to housing. Shelter providers engage in problem-solving conversations to address the immediate housing crisis. Most homeless service providers have case management staff who specialize in helping shelter residents to connect with landlords and other housing resources in the community.

During the Emergency Shelter Learning Collaborative, shelter providers collect the following **performance data:** length of homelessness, exits to permanent housing, returns to homelessness, and shelter utilization. This data is collected in HMIS (the Homeless Management Information System) and is used to guide program delivery as well as funding allocation. This data collection is reinforced through the collaborative funding process.

Additional requirements for emergency shelter providers who receive funding from the Virginia Department of Housing and Community Development include:

- Full participation in the Coordinated Entry System;
- 100 percent of program participants assessed with community-based common assessment tool;
- Coordination with other homeless services and homeless prevention providers;
- Use of HMIS that meets federal data standards (domestic violence programs may use another data system, but must meet all data standards and reporting requirements);
- Completion of a housing barrier assessment and subsequent individualized housing plan that includes how permanent housing will be maintained when assistance is terminated;
- Adherence to a primary focus on quick placement into permanent housing; and
- Adherence to a secondary focus on housing stability.

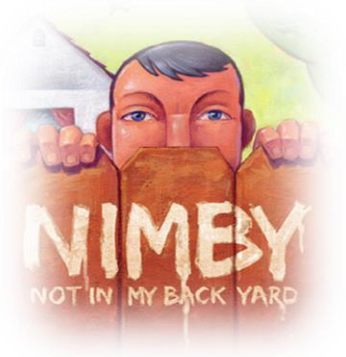
Emergency Shelters must also meet basic habitability standards, pass annual fire inspections, and comply with the Americans with Disabilities Act (ADA) and Fair Housing Act standards.

Zoning and Land Use Considerations for Homeless Shelters

The City's Zoning Ordinance is very restrictive when it comes to allowing emergency shelters for individuals experiencing homelessness. Shelters are only permitted in B-3 and B-4 Zoning Districts and then only with a conditional use permit.

Pursuant to Code of Virginia, §§ 15.2-2286, 15.2-2303, conditional use permits are intended as a means for the City Council, after review and recommendation by the Planning Commission, to authorize certain uses which, although generally appropriate in the district in which they are permitted, have potentially greater impacts on neighboring properties than uses which are permitted by right. Such uses may or may not be

appropriate at a particular location in the district depending on surrounding land uses, other site-specific factors, and determination in each case of potential local impacts from the use and the measures proposed by the applicant to mitigate any adverse impacts.



For shelters, the following conditions are applicable:

- Not more than 30 persons, including staff, shall reside on the premises;
- When located in any district other than a business district, no property devoted to such use shall be situated within 1,320 feet of property occupied by another adult care residence, group home, lodging house, shelter or any social service delivery use;
- When located in any business district, no property devoted to such use shall be situated within 500 feet of property occupied by another adult care residence, group home, lodging house, shelter or any social service delivery use;
- No group home or shelter shall be located within the same building as another dwelling use; and
- A management program, addressing not less than the following elements, shall be submitted as part of the conditional use permit application. The planning commission may recommend and the city council may include as conditions such elements of the management program as it deems necessary to satisfy the standards set forth in section 30-1045.5. If a particular element listed is not applicable to a specific type of use because of the characteristics of that use, the management program shall include a statement of why the element is not applicable:

    - Detailed description of the managing entity, including the organizational structure, names of the board of directors, mission statement, and any bylaws.
    - Detailed description of programs offered on the premises, including operating procedures and characteristics, the intent of the programs and a description of how the programs support a long term strategy for meeting the residents' or clients' needs.
    - Detailed description of offsite programs offered, and/or description of linkages to programs operated by others.
    - Detailed description of the number and type of residents or clients to be served, including an outline of program objectives, eligibility criteria, and requirements for referrals to other programs.
    - Operational details for on-site programs, including:
        - Hours of operation;
        - Number and type of staff, staff qualifications, and typical hours worked by staff;
        - Method of resident or client supervision;
        - Operating procedures including procedures for orienting a new resident or client to the facility's programs;
        - Expectations for residents or clients;
        - Prerequisites for continued client enrollment such as a requirement that the resident or client participate in programs;

- Rules of behavior for residents or clients;
- The location and nature of any security features and arrangements; and
- Names and telephone numbers of persons to contact in emergencies and any emergency procedures; and

- Annual operating budget, including sources of funding.

In addition, churches and other places of worship, may include the serving of food for charitable or fellowship purposes, and as an accessory use the temporary housing of not more than 30 homeless individuals within churches and other places of worship, subject to meeting applicable building code and fire code requirements, for up to a total of seven days and only within the time period beginning on October 1 of any year and ending on April 1 of the following year.

V. FUNDING SOURCES

Locality	**Continuum of Care funding, 2017** (Funding supports entire geographic area of the CoC.)	**Emergency Solutions Grants, 2018 - 2019** (Entitlement communities)	**HOPWA Grants 2018-2019: Awards to Homeless Providers County-wide**	**Community Development Block Grant funds: Four 2018 Awards to Homeless Providers**	**Eviction Diversion Program* New demonstration Program started in 2020 funded by the City of Richmond GF**
City of Richmond	**$4,495,669**	**$414,274**	**$1,618,941**	**$235,750**	**$485,140.00**
Henrico County	Included above.	$138,560		$1,692,829	NA
Chesterfield County	Included above.	N/A		$1,390,089	NA
Virginia Beach	$1,858,674	$164,230		$2,000,832	NA
Fairfax County	$8,975,959	$447,834		$5,574,509	NA

- Continuum of Care Program funds may be used for projects under five program components: permanent housing, transitional housing, supportive services only, HMIS, and, in some cases, homelessness prevention. Administrative costs are eligible under all components. Where possible, the components set forth in the Continuum of Care Program are consistent with the components allowable under the Emergency Solutions Grants program.
- Emergency Solutions Grant funds may be used for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS; as well as administrative activities (up to 7.5% of a recipient's allocation can be used for administrative activities).
- HOPWA is funded through HUD. The City of Richmond is the administrator of the funding for the entire Richmond MSA. The funds are provided to non-profit organizations and are used to assist

individuals with HIV/AIDS find permanent housing and supportive services.

- The Community Development Block Grant (CDBG) Entitlement Program provides annual grants on a formula basis to entitled cities and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.
- Mayor's Eviction Diversion Program is a demonstration program started in 2019 in response to the eviction crisis occurring in the City. Richmond ranked second in eviction rate nationally in 2018 for large cities where over 17,000 law suits were filled affecting approximately 40,000 people. In response Mayor Stoney advocated and Council approved over $485,000 in funding to create a program to help individuals and families facing eviction remain in their homes through one-time financial assistance, financial literacy, and case management assistance. The program is administered by H.O.M.E. and the Central Virginia Legal Aid Society.

VI. STRATEGIES TO ADDRESS HOMELESSNESS

The seven strategies below were developed from results of the Community Member Survey, discussions with the City's Planning team, a review of data and input from people experiencing homelessness, focus groups with homeless service and housing providers and with leaders and staff from various City departments and initiatives, sessions and workshops at Homeward's Best Practices Conference and the National Alliance to End Homelessness Conference, and site visits and/ or calls with Richmond, Virginia Beach, and Fairfax County homeless service providers, and input from members of the Greater Richmond Continuum of Care.

Strategy #1:

Provide financial support to prevent individuals and families from being evicted from rental units or from losing their homes.

Action Steps

- Ensure that individuals and families facing eviction due to late- and/or non- payment of rent receive free legal assistance, one-time rental assistance and personal finance education to prevent eviction.
- Create a property tax relief program for very low- and low-income property owners that are unable to pay property tax increases due to gentrification.
- Create a property tax relief program for elderly very low- and low income property owners that are unable to pay increases due to gentrification.

Strategy #2:

Create 150 new emergency shelter beds by partnering with existing nonprofit and faith-based organizations to offer short-term shelter with supportive services with low or no barriers to entry 365 days a year for anyone experiencing homelessness and eliminate the City-sponsored, seasonal CWOS.

Action Steps

- Change the definition of Emergency Shelter in the City's zoning ordinances to align with best practices (housing-focused crisis housing) and with current practices of homeless services providers. (For example: the definition used by the City of Alexandria is: A building or group of buildings specifically configured in whole or in part for short-term residential use without charge by persons who have no fixed place of abode operated under the supervision and control of a bona fide charitable or

government organization. Facilities provided are limited to living, sleeping, bathing, dining and food preparation, all serving residents and staff of the shelter only.)

- Create siting criteria and program requirements for City-wide shelters to include the maximum number of beds permitted, the maximum travel distance permitted to public transit and the requirement of on-site management, the availability of supportive services and housing-focused services, as well as provisions for facility security for both the shelter residents and community.
- Make as a top priority the funding of 150 new shelter beds by partnering with existing and new non-profit homeless providers.
- Expand partnerships serving the homeless to provide small year round shelters for all homeless populations to include supportive services, food and shelter.

Strategy #3:

Increase the number of supportive housing by 300 units by providing financial assistance to the City's homeless service and housing providers.

Action Steps

- Increase the number of permanent supportive housing units (scattered site and facility-based) to meet the needs of the most vulnerable households with the longest histories of homelessness.
- Increase the number of permanent supportive housing units for residents transitioning to community-based housing. (Also known as a "Move on Initiative.")
- Align the work of the Evictions Task Force with City and community efforts to reduce homelessness.
- Review and change zoning definitions related to services and facilities serving people experiencing homelessness (including shelter/ emergency shelter/ crisis housing and multi-family/ permanent supportive housing) to correspond with best and emerging practices as designated by the U.S. Interagency Council on Homelessness.
- Leverage the housing and funding expertise of the Virginia Department of Housing and Community Development to increase permanent housing resources and supports that are affordable to Richmonders exiting homelessness.
- Expand housing services to facilitate access to rental housing.
- Review City properties for suitability for conversion to housing or services to meet the needs of Richmonders experiencing homelessness.
- Work with landlords and property owners to provide greater access to housing for people experiencing homelessness.
- Pursue diverse funding opportunities and financial resources to increase the supply of and access to housing that is affordable for those with the lowest incomes.

Strategy # 4:

Increase financial support to City homeless providers to ensure supportive services are available to every homeless person.

Action Steps

- Increase the availability of funding to address community needs and system gaps, with particular focus on increasing resources that increase housing-focused emergency shelter programs that are coordinated through the regional Coordinated Entry System, that are located in areas with high entries to emergency shelters or calls to the Homeless Crisis Line, that are well-managed and adequately staffed, that are connected to transit options for residents, and that are linked to case management, permanent housing, and employment resources.
- Ensure that the design and implementation of City's homeless programming helps to increase the competitiveness of the Greater Richmond Continuum of Care for bonus federal and state funding and other relevant resources.
- Increase resources such as flexible funding for "self-resolution" programs, additional case management support, additional housing navigation or document assistance) to meet the demand for additional resources for homeless single adults.
- Ensure that programs addressing homelessness that receive funding from the City of Richmond use best or emerging practices (as published by the U.S. Interagency Council on Homelessness and including Housing First), collect data and performance metrics that meet or exceed HUD guidelines (using the Homeless Management Information System where not prohibited), participate in the Coordinated Entry System of the Greater Richmond Continuum of Care, and coordinate with other service providers.

Strategy # 5:

Provide additional supportive services and housing for populations that are experiencing homelessness that are currently under served.

Action Steps

- Increase the number of shelters serving households with minor children in order to meet the need of families experiencing literal homelessness.
- Support the Youth Housing Stability Coalition, the Greater Richmond Continuum of Care, and other community-based efforts to identify and connect youth and young adults facing homelessness or housing instability to housing and services.
- Increase funding for permanent housing needs for youth and young adults facing homelessness or housing instability to housing and services.
- Create a prevention pilot for older adults experiencing or at risk of homelessness for the first time after the age of 50.
- Increase funding for services that connect justice-involved individuals and those exiting incarceration at the Richmond Justice Center to housing and other supports.
- Support community-based partnerships working to meet the needs of veterans experiencing or at risk of homelessness.
- Expand partnerships with the Greater Richmond Continuum of Care and all others in the community who wish to be a part of the effort to end homelessness for all residents of the City of Richmond.

Strategy # 6:

Promote connections to comprehensive services including employment resources and behavioral health services for persons experiencing or at risk of becoming homeless.

Action Steps

- Connect people experiencing homelessness to employment and workforce services through the Office of Community Wealth-building and other community-based efforts.
- Enhance existing and create new partnerships with the criminal justice, behavioral health, and health and foster care systems to prevent people being discharged into homelessness; include reviews of discharge policies and pre-discharge housing planning.
- Develop supportive service partnerships and joint activities to maximize public sector and mainstream benefits for households experiencing homelessness.
- Ensure the co-location of supportive services and programs where indicated from consumer data and surveys, virtual service provision, and robust referral protocols to minimize transportation and other barriers to accessing resources needed to address a housing crisis.
- Expand access to behavioral health resources.
- Ensure that existing libraries and community-based organizations serving Richmonders experiencing or at risk of homelessness have accurate and timely information on appropriate City supportive services and housing options.

Strategy # 7:

Educate our citizens on homelessness and provide collaborative leadership to all City homeless service and housing providers to ensure homeless programs are coordinated and effective.

Action Steps

- Increase community knowledge about homelessness, available resources, and our community's efforts, successes, and challenges.
- Ensure participation from City of Richmond leadership and staff in appropriate Greater Richmond Continuum of Care committees and workgroups.
- Develop a Memorandum of Understanding or other formal partnership agreement between the Greater Richmond Continuum of Care, the designated "Collaborative Applicant" (Homeward), and appropriate City stakeholders.
- Enhance the communication between the Greater Richmond Continuum of Care and relevant City of Richmond departments and initiatives to provide accurate information to Richmonders in crisis, to engage current and potential stakeholders and interested community members, and to create understanding of the issue of homelessness in the community.
- Develop a reporting mechanism and schedule for updates to City leadership on the Action Steps and resources needed to continue to meet the needs of Richmonders experiencing or at risk of homelessness.
- Post and make available Homeless Management Information and Point-in-time count data and reports for stakeholder and public review and utilization.
- Convene stakeholders from the Greater Richmond Continuum of Care, the City Department of Housing and Community Development, the Office of Human Services, and the Richmond Department of Social Services to review and report on progress on the Action Steps and metrics of this plan.
- Where feasible, align the City efforts with the regional governance efforts through the Greater Richmond Continuum of Care to coordinate services and to measure performance in order to continue to reduce homelessness for City residents.