Comparative Analysis of Homeless Facilities and Programs in Selected U.S. Cities and Counties

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Disclaimer:
This report contains descriptions of a variety of strategies and approaches to addressing the issue of homelessness. These strategies are presented for the purpose of sharing information. The City of Virginia Beach and the Department of Housing and Neighborhood Preservation neither endorse nor oppose any of the homeless assistance models described in the report.
Contents

Introduction – The Cost of Homelessness ................................................................. v
Executive Summary ................................................................................................. vii
Summary of Best Practices ................................................................................ x
Background ........................................................................................................ xiv
Purpose ................................................................................................................ xv
Methods .............................................................................................................. xvii

City Profiles
  Virginia Beach, VA .............................................................................................. 1
  Norfolk, VA ........................................................................................................ 13
  Ocean City, MD ................................................................................................. 27
  Myrtle Beach, SC ............................................................................................... 35
  Daytona Beach, FL ............................................................................................ 45
  Fort Lauderdale, FL (Broward County) .............................................................. 57
  Key West, FL .................................................................................................... 67
  San Diego, CA .................................................................................................. 79

National Models .................................................................................................. 87
  Franklin County (Columbus), OH ..................................................................... 89
  Hennepin County (Minneapolis), MN ............................................................. 93

Conclusions ........................................................................................................... 97
Sources ............................................................................................................... 99
Introduction – the Cost of Homelessness

Homelessness is an issue that all cities face. Even when one doesn’t see a conspicuous contingent of people sleeping on park benches or wandering the downtown streets, there is often an invisible homeless population moving from shelter to shelter or couch to couch, trying to steer themselves back into a permanent housing situation.

For a large portion of the homeless population, being homeless is not a lifestyle choice. It is a situation into which any of us could fall. The disparity between wages and housing costs requires that many families spend the majority of their household income on rent, leaving little to no disposable income for emergency savings. The sudden loss of a job or a medical emergency can push a family over the brink into homelessness.

Homelessness is not something that goes away by ignoring it. To the contrary, taking a do-nothing stance can be a costly alternative. Police enforcement and arrests, court hearings, overnight stays in detention or detox centers, ambulance rides and emergency medical care for the homeless often cost local governments and other organizations millions of dollars annually.

In 2007, Hennepin County, MN examined homeless shelter rolls, emergency facility logs, and court and jail registers to identify cross-over clients. The analysis revealed that there was a group of 266 people who, over a five year period, cost the city $4.2 million through repeated use of services.¹ The city of Reno, NV provided over $1 million in services to a man called Murray, during the decade he spent in a state of homelessness.² Comprehensive homeless prevention and rehabilitation programs can provide the best value to the city as a whole, over the long-run.

Executive Summary

This report profiles homeless shelters in a selection of coastal cities, including Virginia Beach. The shelter profiles include information gathered from discussions with shelter directors and from online resources. Each profile includes a brief snapshot of each city – demographic information, the characteristics of the homeless population, and the approach being taken at the city-wide level to address homelessness.

The report also includes profiles of two Midwest counties and the approach that these counties are taking to address homelessness. Franklin County (including Columbus, OH) and Hennepin County (including Minneapolis, MN) were chosen to be featured in the report based on recognition that both counties have received, at a national level, for the innovative models they have developed.

Scope: This report focuses primarily on emergency shelter and “day service” facilities in coastal United States cities. The report does not attempt to catalogue the full spectrum of services, nor those temporary or permanent supportive housing facilities, available to the homeless population within any of the cities that were selected for inclusion in the report. Specifically in the case of Virginia Beach, the report describes a limited subset of the services and shelter opportunities that are currently available to the single-adult homeless population.

Purpose: The purpose of this report is to provide city and community leaders in Virginia Beach with examples of the practices that selected cities and counties across the country are currently using to address the issue of homelessness. The information contained in this report is intended to support the decision-making process related to relocation of the Lighthouse homeless services day center in Virginia Beach.

Audience: This report is intended primarily for review by members of the Lighthouse Site Options Committee, and by participants in the public meeting series: Community Dialogue on Homelessness in Virginia Beach. City staff will be presenting portions of this report to these two groups as the basis for discussion. In addition, the report will be made available in its entirety to any interested person or organization via the Virginia Beach Department of Housing and Neighborhood Preservation website.

Summary of Findings

1) There is a trend toward consolidating a full spectrum of services (meals, case management, counseling, healthcare, training, etc.) and overnight shelter for the homeless into one location. This improves opportunities for the homeless to make connections to critical services and to make more effective use of their time to improve their situation. In addition, consolidating
services geographically reduces the call volumes that participating agencies must field from persons seeking assistance.

2) Homeless-serving facilities located in coastal cities can successfully be located away from the beach/resort area; but this may require transportation services as well as an overnight shelter component to insure that the facility is utilized. Of the East Coast resort cities profiled in this report, the average distance from a shelter to the nearest point on the oceanfront is 1.43 miles. 3

3) Operational standards and requirements placed on those receiving services can be key components of a successful shelter facility or homeless assistance system. Both shelter-level and “system-wide” standards are important in governing accountability among city administration, providers, and homeless clients.

4) Homeless-serving facilities are located in a wide variety of land-use settings. The acceptance of the facility by neighboring residents and businesses is related to both who came first and to the operational policies and standards that are employed at the facility.

5) The number of homeless people as a percentage of the total population is very low in the City of Virginia Beach, as compared to all other Continuum-of-Care areas featured in this report. We have used HUD-required Point in Time count data so as to make a valid comparison. See Table 1 below.

6) It was beyond the scope of this report to include specific figures for shelter operating costs and funding streams, as these figures can be prohibitively time consuming to uncover. However, the research revealed that the current budget for Lighthouse Center operations is far lower than either the originally proposed new Lighthouse Center or many of the other more comprehensive programs in other cities.

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3 Average among all profiled shelters in selected East Coast resort cities (Daytona Beach, Fort Lauderdale, Myrtle Beach, Virginia Beach, Ocean City). Key West shelters were excluded in the average since Key West is an island city and all points within the city have relative proximity to the oceanfront.
Table 1

<table>
<thead>
<tr>
<th>Continuum of Care</th>
<th>Homeless Persons Per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL-604 – Monroe County (includes Key West, FL)</td>
<td>14.05</td>
</tr>
<tr>
<td>FL-504 Daytona Beach/Flagler Counties</td>
<td>3.72</td>
</tr>
<tr>
<td>CA-601 San Diego, CA</td>
<td>3.49</td>
</tr>
<tr>
<td>SC-503 Myrtle Beach/Sumter City &amp; County</td>
<td>3.04</td>
</tr>
<tr>
<td>VA-501 Norfolk, VA</td>
<td>2.36</td>
</tr>
<tr>
<td>FL-601 Ft Lauderdale/Broward County</td>
<td>1.83</td>
</tr>
<tr>
<td>MD-513 Wicomico/Somerset/Worcester (includes Ocean City, MD)</td>
<td>1.43</td>
</tr>
<tr>
<td>VA-503 Virginia Beach, VA</td>
<td>1.19</td>
</tr>
</tbody>
</table>

*The smallest geographic area for which HUD provides homeless population data (via the annual January Point-in-Time count) is the Continuum of Care administrative boundary. In the case of Norfolk, San Diego and Virginia Beach, the Continuum of Care boundary aligns with the city boundary. In all other cases listed in the table above, the Continuum of Care geography covers one or more counties. The proportion of homeless individuals to the general population has been arrived at using the population within the entire Continuum of Care boundary as the denominator.
Summary of Best Practices

Below is a compilation of best practices related to homeless shelter operations as well as area-wide approaches to planning for homeless services. The list is based on strategies that have been implemented by the various shelters profiled in the report, as well as ancillary research that was conducted for the report.

1) Implementation of a centralized, city-wide or cooperative region-wide homeless intake and assessment process in an accessible location that is served by public transit. The intake process serves both individuals and families.

2) Development of a sophisticated, region-wide homeless services organizing agency that fulfills the following functions:
   - Builds relationships and coordinates communications among existing and potential main-stream service providers, non-profits, faith-based communities, private business partners, homeless clients and the public.
   - Is a repository for information regarding system-wide homeless services.
   - Maintains an easily navigable public website where comprehensive descriptions of existing services, data on local homeless demographics, service evaluation reports, and evolving best practices are available for the public at large.
   - Conducts periodic assessments to identify gaps or duplications in system-wide service provision and evaluates program effectiveness.
   - Facilitates ongoing community participation and input into the long-range planning process for programs related to homelessness.

3) Collecting long-term program outcomes as part of a standard data management process. In this way future resources can be dedicated to programs and service methods that have proven to be effective. Providing robust data on outcomes also improves competitiveness in applications for private-sector grants.

4) Provision of a shelter dedicated to full-time, comprehensive substance abuse rehabilitation (available to those who are currently homeless and may have little to no income).

5) Intensive programming support for individuals transitioning from the mental health, corrections, and foster care systems, as well as the military, into main-stream society and conventional housing.
6) For those exiting the corrections system, immediate training opportunities to build job skills and develop healthy relationships.

7) A shelter model where clients are not allowed to walk up to the shelter. Outreach teams pick up homeless clients and drop them off at the shelter during designated hours. This eliminates loitering around the facility.

8) Expand and increase support for affordable housing opportunities (rent/mortgage payments no higher than 30% of household income).

9) Ongoing advocacy at the state and national level in order to support opportunities at the local level.

10) Flexible public funding streams with renewed funding based on performance / outcomes rather than service methods.

It was beyond the scope of this report to complete an exhaustive investigation into the most current policy literature, related to best practices for homeless assistance system models. The Hennepin County, Minnesota 10-year plan to end homelessness includes a well-researched compendium of “proven strategies” to reduce the incidence of homelessness. The best practices from an appendix to the Hennepin County 10-year plan to end homelessness are summarized below.

- **One-time cash assistance** for rent or utilities, to keep a household from falling into homelessness in the first place.

- **“One-stop shop” prevention services.** Consolidating a comprehensive set of services into one location/facility so that clients do not have to waste time or meager resources traveling from place to place, simply to fulfill their daily needs.

- **Adequate transition planning** for individuals re-entering society from the corrections system or mental health institutions, as well as for those exiting the foster care system.

- Ensuring a **viable spectrum of affordable housing options** are available to the public at large.
• Providing a **permanent supportive housing** option for those who experience multiple barriers to housing stability, such as those with permanent mental and/or physical disabilities.

• **Rapid-exit from shelter** and **rapid re-housing**. Well-trained case managers use a standardized assessment tool to accurately identify the barriers that keep a family from permanent housing. Case managers link the family with the appropriate set of social services that will help the family overcome their housing barriers.

• Taking a **Housing first** approach. This approach assumes that finding stable housing for a household should be the first priority in the series of social services that will set a family back on the path toward self-sufficiency.

• **“Every door is the right door” approach**, meaning that no matter which service facility a person approaches, s/he will experience the same intake process and can be referred to the same set of appropriate system-wide services.

• **Promoting family preservation and reunification**. The priority should be to keep families together. As a practice, children should not be placed in foster care solely based on the fact that their family is homeless.

• **Wrap-around case management teams** for individuals or families who experience multiple barriers to housing.

• **Develop a household’s capacity to increase income and assets**, including education, financial literacy, and job training and placement services.

• Creating **innovative partnerships**, which entails both recruiting new partners and improving coordination and communication among existing partners.

• Identifying at-risk groups and **developing programs specific to the unique needs of those at-risk groups**.

• **Effective data management** allows localities to accurately diagnose system design or implementation problems and also to measure progress against the goals of the long-range plan for homeless prevention.
• **Advocacy and leadership.** A successful homeless prevention and rehabilitation system requires the consistent support of champions in city government, and in the local residential and business communities.

• **Ongoing community planning and response.** In order to make a positive impact on the incidence of homelessness in the city, community members must:
  - Be in open communication with service providers and the homeless,
  - Capitalize on existing community resources and spend time volunteering in order to increase service capacity, and
  - Be willing to engage in fund-raising efforts to fill programming gaps.
Background

The City of Virginia Beach continues to make progress toward the goals set forth in the 2008 Resort Area Strategic Action Plan (RASAP). One of the priorities listed in the RASAP plan is the development of a Convention Center Hotel. The Lighthouse homeless day center is currently situated on the proposed site of the Convention Center Hotel.

The day center helps the homeless endure and survive the challenges of homelessness as well as progress out of it. The key goals of the program are to support survival, to connect people to services, and to help people obtain and maintain employment. This is done by allowing them the opportunity to conduct activities that non-homeless people take for granted but which are critical – including showers, laundry, phones, completing paperwork, receiving mail, etc. As a key element of the City’s Ten Year Plan to End Homelessness, it is necessary to relocate the Lighthouse Center so that it can continue to fulfill its functions.

In the first half of 2011, DHNP facilitated a public dialogue process to collect input about where the new Lighthouse day center should be located. During the course of the public dialogue process, it became apparent that there existed a need for 1) detailed data about the demographics of the homeless population in Virginia Beach, 2) additional site options aside from those previously proposed, and 3) information about models that other cities across the country are using to best address the issue of homelessness.

Purpose

The current study was developed in response to part three of this need for information. The city and shelter profiles in this report are intended to:

1) Provide a baseline which will allow readers to draw conclusions about where the City of Virginia Beach falls within the spectrum of existing approaches to alleviate homelessness,

2) Share effective models and techniques which can inform future decisions that city staff and leadership will make in planning for the needs of the homeless population and affected residents of Virginia Beach.
Methods

The scope of the report has been limited to an analysis of shelter facilities, as well as services offered within those shelters. The report does not attempt to catalogue the full spectrum of independent services available to the homeless population within any of the cities that were selected for inclusion in the report.

The initial approach to the research was to compare service models among homeless day service centers. Because shelters that offer exclusively day services are far more rare than shelters which offer overnight accommodations, the scope of the report was expanded to include emergency overnight shelters for the adult population, including families (adults with children).

It should be noted that the jurisdictions featured in this report do have additional shelter facilities, including those facilities dedicated exclusively to the youth population. The reader should also note that the featured cities in the report offer many additional temporary and permanent supportive housing opportunities, even though the report did not feature these facilities.

The city profiles in this report were developed using data from the Housing and Urban Development Point-in-Time homeless census counts as well as data from the Census Bureau. Complete data from the 2010 United States census was not available at the time this report was written. Alternately, data was collected from the most recent five-year American Communities Survey.

The shelter profiles in this report include anecdotal information, which was collected through telephone interviews with managers/directors from the profiled shelters and related non-profits. The profiles also draw upon information from shelter websites (in cases where a shelter website existed). For cities that can be classified as resort or oceanfront cities, the profile includes details about the most well-established shelter or shelters within the city.

In order to provide some examples of well-respected, national-level best practices, two Midwestern counties were selected for inclusion in the report. Both Franklin County (includes Columbus, OH) and Hennepin County (includes Minneapolis, MN) have developed a reputation for having implemented a highly effective region-wide model for addressing homelessness. County profiles include a summary of the region-wide homeless prevention and rehabilitation strategy, rather than including details about a specific shelter or shelters.
Virginia Beach
Virginia
Profile
Virginia Beach, VA

City Profile

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>434,922</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$63,370</td>
</tr>
<tr>
<td>Per Capita Income*</td>
<td>$30,415</td>
</tr>
<tr>
<td>Median Gross Rent</td>
<td>$1,101</td>
</tr>
<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): VA-503 Virginia Beach

<table>
<thead>
<tr>
<th>2010</th>
<th>Emergency</th>
<th>Transitional</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual homeless persons</td>
<td>129</td>
<td>40</td>
<td>82</td>
<td>251</td>
</tr>
<tr>
<td>Persons in households</td>
<td>102</td>
<td>164</td>
<td>0</td>
<td>266</td>
</tr>
<tr>
<td>with adults and children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total homeless persons</td>
<td>231</td>
<td>204</td>
<td>82</td>
<td>517</td>
</tr>
<tr>
<td>Total General Population of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geography Included in CoC</td>
<td></td>
<td></td>
<td></td>
<td>434,922</td>
</tr>
<tr>
<td>Sheltered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsheltered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronically homeless</td>
<td>39</td>
<td>36</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Severely mentally ill</td>
<td>24</td>
<td>18</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Chronic substance abuse</td>
<td>44</td>
<td>23</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Persons with HIV / AIDS</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Victims of domestic abuse</td>
<td>40</td>
<td>20</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(under 18 years)</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count

Source: HUD Homeless Resource Exchange Online Report
Citywide centralized homeless intake: no

The City of Virginia Beach employs a number of methods to facilitate the initial connection between existing resources and those who are at-risk or homeless.

Connection Point is a hotline that families may call when they are experiencing a housing crisis to determine if they qualify for emergency assistance. The hotline – (757) 227-5932 – is available Monday through Friday, from 7 a.m. to 11 p.m.

Program for Assistance in Transition from Homelessness (PATH) provides street outreach services to individuals who are homeless and experience mental illness and/or substance abuse issues. Case manager(s) from the Department of Human Services, Mental Health/Substance Abuse Division attempt to engage this hard-to-serve population and connect them to housing and services.

The City of Virginia Beach produces the Pocket Pal. This wallet-sized directory lists phone numbers for a variety of shelters, meal programs, social services, employment and other resources. The Pocket Pal is distributed through PATH Outreach, police personnel, and the faith community.

In addition to the shelters included in this profile that serve the single adult population, shelter for families is also available in the city. Samaritan House offers shelter and services for victims of domestic violence and their children. Samaritan House manages eleven, 2 to 3 bedroom townhomes at various locations in Virginia Beach, which serve as emergency housing. The Virginia Beach Community Development Corporation manages one townhome which can house one large or two smaller families in need of emergency shelter.
Lighthouse Center
825 18th Street: Virginia Beach, Virginia 23451
www.voaches.org/Services/Homeless-Services/Lighthouse-Center

Profile

- Shelter type: day center
- Population served: anyone in need, primarily single adults
- Tenure at current location: more than 10 years
- Allow sex offenders in shelter: anyone is allowed to spend time in the facility. The center does not screen all clients for sex/violent offenses. If a client engages in disruptive behavior at the shelter, staff may run a background check and potentially ban the client from the premises.
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Laundry
- Mail/messages
- Case management for a sub-set of clients
- Coordination of winter shelter program
- Referrals to a variety of social services and assistance programs
- Art therapy program
Zoning

The site and surrounding land uses are zoned RT3.

Source: Adapted from City of Virginia Beach Zoning Map

Zoning Legend

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A12</td>
<td>Apartment District - Multi Family</td>
</tr>
<tr>
<td>A18</td>
<td>Apartment District - Multi Family</td>
</tr>
<tr>
<td>A24</td>
<td>Apartment District - Multi Family (24 units/acre)</td>
</tr>
<tr>
<td>A36</td>
<td>Apartment District - Multi Family (36 units/acre)</td>
</tr>
<tr>
<td>B2</td>
<td>Community Business District</td>
</tr>
<tr>
<td>RT3</td>
<td>Resort Tourist District - Mixed Use</td>
</tr>
</tbody>
</table>
Surrounding Land Use Examples

- Virginia Beach Convention Center and parking lots
- Virginia Beach Police Department 2\textsuperscript{nd} Precinct
- Virginia Beach Library - Oceanfront Branch
- Fitness Center

Source: Adapted from Google - Map Data 2011
Judeo Christian Outreach Center (JCOC)
1053 Virginia Beach Boulevard, Virginia Beach, VA 23451
www.jcoc.org

Profile

- Shelter type: emergency overnight
- Population served: single adults (men and women)
- Total overnight capacity: 50
- Tenure at current location: 25 years
- Maximum stay: 6 months
- Allow sex offenders to reside in shelter: no
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Sleeping facilities
- Laundry
- Mail/messages
- Case management
- Computer lab
- AA meetings
- Meals (for residents and non-residents)
- Food pantry for non-residents
- Work readiness classes
- Day labor opportunities
- Referrals for social services and full-time substance abuse treatment programs
- Referrals to educational resources
Summary

Although JCOC is an emergency shelter, it is typically filled to capacity. Homeless individuals must sign up for a waiting list and make a phone call to JCOC daily before they are allowed to stay at the shelter. Shelter staff run a criminal background check on applicants before accepting them as residents.

Once an individual becomes a resident, s/he is assigned a case manager. With the assistance of the case manager, the resident completes an initial assessment to identify job skills and interests. The case manager helps the resident develop an independent living plan, and refers the resident to appropriate social services that will support him/her in achieving the goals set forth in the independent living plan.

Each resident must assist with the operations of the JCOC facility and is assigned daily chores. Once a resident is stabilized and in a substance abuse program, he or she must fulfill certain obligations. Residents are required to obtain either full or part-time employment, maintain a personal savings account, and begin repaying debts, fines, or other obligations he or she may have. The center imposes a curfew for those who are not at work.
Zoning

Site: A12
To the north: RT3
To the east: B2 and A12
To the south: A18
To the west: B2

Source: Adapted from City of Virginia Beach Zoning Map

Zoning Legend

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A12</td>
<td>Apartment District - Multi Family</td>
</tr>
<tr>
<td>A18</td>
<td>Apartment District - Multi Family</td>
</tr>
<tr>
<td>B2</td>
<td>Community Business District</td>
</tr>
<tr>
<td>RT3</td>
<td>Resort Tourist District - Mixed Use</td>
</tr>
</tbody>
</table>
Virginia Beach, VA

Surrounding Land Use Examples

- Open space, vacant lot
- Strip commercial – grocery store, Dollar General
- Gas station
- Multi-family residential

Source: Adapted from Google - Map Data 2011
Location

The Lighthouse Day Center is a 0.7 mile walk from the oceanfront and is adjacent to the Convention Center. The Judeo Christian Outreach Center is a 1.2 mile walk from the oceanfront and is a 0.4 mile walk from the Convention Center.

Source: Adapted from Google - Map Data 2011
Norfolk
Virginia
Profile
Norfolk, VA

City Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>236,071</td>
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<tr>
<td>Median Household Income</td>
<td>$41,739</td>
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<tr>
<td>Per Capita Income*</td>
<td>$23,294</td>
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<tr>
<td>Median Gross Rent</td>
<td>$811</td>
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<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

Continuum of Care (CoC): VA-501 Norfolk

<table>
<thead>
<tr>
<th>2010</th>
<th>Shelter</th>
<th>Transitional Shelter</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual homeless persons</td>
<td>285</td>
<td>59</td>
<td>56</td>
<td>400</td>
</tr>
<tr>
<td>Persons in households with adults and children</td>
<td>96</td>
<td>60</td>
<td>0</td>
<td>156</td>
</tr>
<tr>
<td>Total homeless persons</td>
<td>381</td>
<td>119</td>
<td>56</td>
<td>556</td>
</tr>
<tr>
<td>Total General Population of Geography Included in CoC</td>
<td></td>
<td></td>
<td></td>
<td>236,071 (same as city population)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Shelter</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically homeless</td>
<td>70</td>
<td>19</td>
<td>89</td>
</tr>
<tr>
<td>Severely mentally ill</td>
<td>54</td>
<td>0</td>
<td>54</td>
</tr>
<tr>
<td>Chronic substance abuse</td>
<td>111</td>
<td>0</td>
<td>111</td>
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<tr>
<td>Veterans</td>
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<td>*</td>
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<td>Persons with HIV / AIDS</td>
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<td>26</td>
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<tr>
<td>Victims of domestic abuse</td>
<td>39</td>
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<td>39</td>
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<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count

Source: HUD Homeless Resource Exchange Online Report
Citywide centralized homeless intake: yes for families

The City of Norfolk offers a help line to connect homeless families to a variety of assistance services. The hotline, (757) 664-6083, is available 24 hours per day, seven days per week. Families at risk of homelessness may apply for the shelter waiting list at the Department of Human Services, Child and Family Services office at 741 Monticello Avenue.

There is no city-wide centralized intake for single adults. The intake process is completed on-site at each shelter. Single adults can find shelter at the Union Mission and the Salvation Army. Victims of domestic violence can find shelter opportunities through the YWCA of South Hampton Roads.

Since 2007, the Homeless Action and Response Team (HART) has acted as the central intake for families experiencing a housing crisis. The HART team (comprised of social workers and case workers) uses a formalized Structured Decision Making tool to assess the extent of the barriers preventing the family from accessing housing. Using the results of the assessment, the HART team is able to direct the family to the appropriate service/assistance track. Some families will only require short-term or one-time assistance. The HART team may place families with greater barriers into shelter. The HART team may direct Families with a very high level of housing barriers directly into permanent supportive housing. The key components of this system are an accurate assessment from well trained case workers and a personalized package of services, rather than a one-size-fits-all solution. In 2007, the HART team served 888 families. Of those families, only 26 requested shelter assistance a second time, within a 17 month period.

The City of Norfolk takes a housing-first approach, which assumes that the best way to reduce homelessness is to find housing for homeless individuals and provide the services that are necessary to keep those individuals in housing. In line with this approach, the Norfolk Homeless Consortium coordinated development of a program called My Own Place. There are no applications for the program. Instead, the Projects for Assistance in Transition from Homelessness (PATH) team recruits chronically homeless individuals who experience severe mental illness to participate in the program. These individuals are moved into subsidized apartments. Then the Assertive Community Treatment (ACT) team (including a psychiatrist, nurse, case manager and peer mentor) provide intensive services at the client’s apartment.
City-Wide Homeless Services Organization

Since 1993, the Norfolk Homeless Consortium has managed the VA-501 Norfolk continuum of care, which is eligible to receive various forms of federal funding including Community Development Block Grants and annual HUD allocations. Over twenty agencies participate as part of the Consortium – including shelters, service providers, healthcare organizations, city departments and other organizations. Consortium members attend regular meetings and are active on a number of taskforces and committees aimed at developing and maintaining a comprehensive continuum of care.

The Consortium goals for 2011-2012 are to end homelessness by:

- Increasing system wide utilization of HMIS for programs, activities, events and organizations.
- Increasing community awareness and education on strategies to end homelessness.
- Increasing opportunities for homeless persons to exit homeless assistance programs by increasing their income.
- Aligning expectations for performance, standards and outcomes across all programs within the Continuum of Care.
- Increasing the focus on ex-offenders and veterans through targeted efforts in all the Consortium committees.

In 2004, the Norfolk City Council appointed a Commission to End Homelessness and assigned the Commission with the task of finding a way to end homelessness in the city. Through the work of five sub committees – support services, mental health/substance abuse, resources and awareness, prevention and elimination, and housing – and community input, the Commission generated a 10-Year Plan to End Homelessness.

Once the 10-year Plan was complete, the City of Norfolk established the Office to End Homelessness to oversee implementation of the Plan. The Office serves several key functions. One is to facilitate public involvement in both the planning and implementation of strategies to end homelessness. Secondly, the Office develops policies for the city, related to ending homelessness. A third function of the Office is to assess existing programs and identify gaps or areas for improvement. The Office also participates as an active member of the Norfolk Homeless Consortium.
Union Mission
5100 E. Virginia Beach Blvd, Norfolk, VA 23502
www.unionmissionministries.org

Profile

- Shelter type: emergency and transitional
- Populations served: Single males, women, children, seniors
- Overnight capacity:
  - Men
    - Guest program: 102 beds
    - Single room occupancy (SRO): 30 beds
    - Discipleship & training program: 25 beds
  - Women: 33 beds (includes beds for mothers)
  - Children: 16 beds
- Years in current location: since 2009. At previous location for over 100 years.
- Shelter size:
  - Men’s shelter: 29,000 sq. ft.
  - Women and family shelter: 10,000 sq. ft.
- Screen for sex/violent offences at intake: yes
- Allow sex offenders to reside in shelter: no
- Allow previous violent offenders to reside in shelter: yes, only in cases where an appropriate plan for placement has been completed prior to arrival.
- Utilize HUD mandated HMIS database system: no. Instead, utilize Human Services Evaluation and Reporting Tools (H.E.A.R.T.) and do cooperate with the Office to End Homelessness in sharing data.

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals
- Laundry
- Mail/messages
- Computer lab
- Case management
- Substance abuse counseling
- Job skills training
- Assistance with ID and birth certificate applications
- Assistance securing permanent housing
- Donations of furniture and household goods for use in permanent housing
- Referrals to veterans services, Legal Aid and other community services
Summary

The Union Mission became established in downtown Norfolk over a century ago. In 2009, the Mission purchased a property formerly owned by Virginia Natural Gas, near Military Circle shopping center and began transitioning operations out of the downtown. The Mission renovated two buildings on the new site to serve as shelter facilities. They also constructed two new buildings to house a thrift store and homeless day services center. Moving the shelter operations out of the downtown area did have the effect of reducing the overall downtown homeless population.

Union Mission also manages the Hope Haven – a 54 acre rural campus in Virginia Beach. At Hope Haven there is a children’s shelter as well as a senior assisted living facility. The configuration of the campus facilitates a relationship of mutual care between the seniors and the children. The seniors are able to share their knowledge and life experience with the children, while benefitting from the children’s energy and joy.

The children live in cottages (8 – 10 children per cottage) with a set of houseparents who give the children the same love and guidance that a parent would give. Some children stay at Hope Haven for a short time; most stay until they have completed high school. Since 1965, over 350 children have grown up at Hope Haven.

The assisted living facility is for seniors who have not saved for retirement or have no family to take them in. Union Mission coordinates grant funding so that many of the seniors are able to stay at the facility for a deeply reduced rate.

Community Relationships

Before occupying the property near Military Circle, Union Mission staff met with various neighborhood associations to address any concerns that residents might have about the project. After the new facility was in operation, Union Mission staff invited the neighborhood associations to attend various luncheons and tours of the facility. The Norfolk police force’s PACE program, which reports to surrounding neighborhoods, is located on the Union Mission property. Police presence on the property has provided a sense of security for both Union Mission residents and the surrounding community.
Union Mission Wellness Program

The shelter has set aside a limited number of rooms to house those who have just been released from the hospital or who may have contagious illnesses such as influenza. Union Mission staff have developed partnerships with a number of local healthcare related organizations. The shelter has become a destination for various community medical fairs. Access Partnership periodically brings two Navy dental care vans on-site\(^4\). The Lions Club brings equipment on-site to perform vision and hearing tests. The Lions Club also provides glasses and hearing aid prescriptions. The Bon Secours Caravan locates on-site one day per month to offer medical care to residents as well as to the general public. First Baptist Church of Norfolk periodically holds a medical fair on-site as well.

Union Mission staff will also refer residents to medical services when appropriate. Through a grant from the Sentara Health Foundation, the Union Mission Wellness Program is able to provide transportation for residents to and from doctors’ offices and medical facilities.

Transportation Assistance

Union Mission has access to a passenger van that is used to transport primarily women’s shelter clients, but also men’s shelter clients who may need assistance. Staff provide a limited number of local bus passes as well as occasional bus fare for people who need to travel out of state to visit their families.

Future Plans

Once adequate funding can be secured, Union Mission plans to build an additional building on their main campus near Military Circle, to expand overnight shelter capacity.

\(^4\) The dentists and dental technicians are not from the Navy
Zoning

Site: IN-2
To the north: R-11
To the east: R-11 and C-2
To the south: C-2
To the west: Elizabeth River inlet and BC-2

Zoning Legend

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td>BC-2</td>
<td>Business and Commerce Park</td>
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<td>C-2</td>
<td>Corridor Commercial</td>
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<tr>
<td>I-2</td>
<td>Light Industrial</td>
</tr>
<tr>
<td>IN-1</td>
<td>Institutional (special purpose district)</td>
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<tr>
<td>IN-2</td>
<td>Institutional Campus (special purpose district)</td>
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<td>PPFPD-R</td>
<td>(definition not available)</td>
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<tr>
<td>R-6</td>
<td>Low Density Single-Family (5.81 du/acre)</td>
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<td>R-11</td>
<td>Moderate Density Multiple-Family (15.02 du/acre)</td>
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<tr>
<td>R-13</td>
<td>Moderately High Density Multiple-Family (24.2 du/acre)</td>
</tr>
</tbody>
</table>
Surrounding Land Use Examples

- Moderate density residential
- Commercial corridor
- Auto maintenance shop
- Virginia employment commission
- Appliance repair
- Commercial Printing
- Open space and river inlet

Source: Adapted from Google - Map Data 2011
Location

Union Mission is located east of the Norfolk downtown. It is a 4.3 mile walk from the main Union Mission campus to the Norfolk Convention Center and Visitor’s Bureau.

Source: Adapted from Google - Map Data 2011
**Profile**

- Housing type: emergency shelter, transitional shelter, and permanent supportive housing
- Populations served: families with children
- Overnight capacity:
  - Emergency: 20 families with up to 40 children
  - Transitional: 12 families with up to 24 children
  - Supportive housing: 10 families with up to 20 children
- Maximum length of stay: 120 days
- Years in current location: the oldest of ForKids’ multiple shelter locations came into operation in 1991
- Screen for sex/violent offenses: yes
- Utilize HUD mandated HMIS database system: yes

**Available Services**

- Sleeping facilities
- Showers
- Laundry
- Kitchen
- Case management
- Life-skills training
- Transportation assistance
- Assistance searching for employment
- In-home housing stabilization case management for families at-risk of homelessness
- Referrals to appropriate mental and physical health care resources for adults and children
- Youth enrichment programs including homework assistance
Summary

ForKids operates a collection of small-scale emergency, transitional and permanent supportive housing facilities throughout the City of Norfolk. These shelter facilities are summarized below.

Emergency Shelter
- Haven House (131 D View Ave.): capacity for 10 families.

At the emergency shelter, residents share kitchen, laundry and shower facilities. Each family does have a small fridge in their room.

Transitional Housing
- Morgan Place (7th Bay Street): two apartment buildings which house 7 families.
- Elizabeth Place (West 38th Street): 5 units of housing, as well as program space.

Permanent Supportive Housing
- Dillon Place (819 38th Street): capacity for 6 families. For families in which a family member experiences a chronic physical disability.
- An additional four units of permanent supportive housing have been located in the city.

Program Facilities
- ForKids Family Resource Center (4000 Colley Avenue): houses a library and classrooms.
As the name implies, ForKids offers a rich assortment of programs for children of all ages, from pre-school to high school. Enrichment programs are available on-site at most shelter locations, as well as off-site in other areas of the city. Children have access to homework assistance/tutoring, art and music programs, sports activities, summer camps, and periodic field trips. ForKids provides referrals for parents to access daycare subsidies or other types of child care support. ForKids also offers referrals to comprehensive mental and physical healthcare services for children who need them.

ForKids provides clients with passenger van transportation to important appointments such as those for healthcare, job interviews or social services. Access to van transportation is granted at the discretion of the case manager. Case managers may at times also distribute a limited number of bus passes to clients.

ForKids offers an aftercare program. Everyone who has been housed in a ForKids housing facility has the option to continue case management for six months after transitioning out of ForKids shelter. Case managers provide assistance with household budgeting, crisis management, and other life-skills in order to support the family’s transition into permanent housing. During the transitional period, children also have access to the same set of enrichment and tutoring programs.

ForKids continues to expand services and shelter capacity. The organization plans to implement a program to offer one-time grants for rent or utilities assistance to clients. There are also plans to develop 11 new units of permanent supportive housing in the near future. There will be nine units of housing in Norfolk and two units in Chesapeake.

**Zoning and Surrounding Land Uses**

Because ForKids shelters are located in multiple facilities around the City of Norfolk, zoning and surrounding land use information has not been included in the report.
Ocean City
Maryland
Profile
City Profile

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<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>29.7%</td>
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</table>

Above data is presented for Worcester County, MD, in which Ocean City, MD lies.

Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): MD-513 Wicomico/Somerset/Worcester
(The tri-county CoC includes the unincorporated area of West Ocean City as well as Ocean City, MD)

<table>
<thead>
<tr>
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<td></td>
<td>Emergency</td>
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<tr>
<td>Individual homeless persons</td>
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<tr>
<td>Persons in households with adults and children</td>
<td>27</td>
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<td>Total homeless persons</td>
<td>162</td>
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<tr>
<td>Total General Population of Geography Included in CoC</td>
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</table>

<table>
<thead>
<tr>
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<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically homeless</td>
<td>32</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>Severely mentally ill</td>
<td>16</td>
<td>27</td>
<td>43</td>
</tr>
<tr>
<td>Chronic substance abuse</td>
<td>20</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>Veterans</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Persons with HIV / AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Victims of domestic abuse</td>
<td>19</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count

Source: HUD Homeless Resource Exchange Online Report
Citywide centralized homeless intake: no

The tri-county area (Wicomico/Somerset/Worcester) is primarily rural. According to the shelter director interviewed for this report, cases of homelessness in Ocean City are those that are characteristic for a rural area. There are fewer cases of chronic, urban homelessness than one might expect to find in a resort city. In the majority of cases, individuals became homeless as a result of low-income status or substance abuse.
Diakonia Emergency Shelter and Food Pantry
12747 Old Bridge Road, West Ocean City, MD
http://diakoniaoc.org

Profile

- Shelter type: emergency overnight (EOS) and temporary housing.
- Population served: single adults as well as families with children
- Total overnight capacity (EOS + temporary housing): 35 - 45 persons
- Tenure at current location: since 1972
- Allow sex offenders in shelter: no
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals (57,000 annually)
- Laundry
- Mail/messages
- Case management
- Substance abuse counseling
- Counseling for those at-risk of becoming homeless
- Food pantry
- Thrift store
Summary

Diakonia is the only homeless shelter serving the Ocean City community. The shelter’s current location on the mainland is a desirable one for a number of reasons. The shelter serves the tri-county area and is more accessible on the mainland. Having a location on the island / within the resort district would not generate any greater advantages for the shelter. At the same time, overhead costs for space would be much higher in the resort district in the event that the shelter planned to expand.

Diakonia owns the property on which the two shelter buildings are located. The shelter came to occupy an existing structure in 1972. Even as recently as the early 2000’s, the building was surrounded by open space and sparse development. Since then, the shelter has come to be surrounded by a very eclectic neighborhood that includes a family resort and multi-million dollar homes. The shelter works vigilantly to maintain the good relationship it has with neighborhood residents and the larger community. Even major businesses in the resort area were not aware, in the past, of the shelter or the services Diakonia provides. The shelter continues to conduct outreach to advertise itself and build relationships with these entities.

Although there is a tri-county continuum of care, the counties do not have a strong relationship. Often, homeless clients are unable to access public services because agencies are slow to respond. As such, Diakonia conducts its own client intake. Case managers assist clients in assessing needs and developing a service plan. If clients choose not to adhere to the plan and meet goals that have been agreed upon, the client must leave the shelter.

There is a bus stop 0.5 miles from the shelter. In addition, Diakonia owns and operates one passenger van. Shelter staff use the van to transport residents to appointments, at the discretion of the case manager.
Zoning

Site: Commercial center
To the north, east, and west: commercial center
To the south: existing developed area

Source: Adapted from Worcester County Land Use Map
Surrounding Land Use Examples

- Neighborhood surrounding the shelter is mixed use and very eclectic
- Single family residential, including multi-million dollar homes
- Art framing shop
- Open space
- Marina (to the east)
- West Ocean City Park-n-Ride
- Francis Scott Key Family Resort
  (picnic pavilion and indoor pool are adjacent to the north side of the shelter)
- Just north of the Francis Scott Key Family Resort is an outlet mall

Source: Adapted from Google - Map Data 2011
Location

Lies on the mainland, 1.5 miles from the beach front. The shelter is segregated from the resort / beach barrier island by Isle of Wight Bay inlet. The shelter lies within the unincorporated territory of West Ocean City, MD in Worcester County. The shelter is located approximately 0.5 miles from a public transit stop (West Ocean City Park-n-Ride lot).

Source: Adapted from Google - Map Data 2011
Myrtle Beach
South Carolina
Profile
Myrtle Beach, SC

City Profile

<p>| | |</p>
<table>
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<tr>
<th></th>
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<td>Median Household Income</td>
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<td>Per Capita Income</td>
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<td>Median Gross Rent</td>
<td>$747</td>
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<td>Median Gross Rent as % of HH Income</td>
<td>30.8%</td>
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Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): SC-503 Myrtle Beach/Sumter City & County

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<td></td>
<td>Shelter</td>
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<td>Individual homeless persons</td>
<td>205</td>
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<td>Persons in households with adults and children</td>
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<td>Total homeless persons</td>
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<td>Total General Population of Geography Included in CoC</td>
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<tr>
<td>Total homeless persons</td>
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</tr>
<tr>
<td>Sheltered</td>
<td>95</td>
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<tr>
<td>Unsheltered</td>
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<tr>
<td>Chronically homeless</td>
<td>116</td>
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<tr>
<td>Severely mentally ill</td>
<td>102</td>
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<tr>
<td>Chronic substance abuse</td>
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<td>Veterans</td>
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<tr>
<td>Persons with HIV / AIDS</td>
<td>80</td>
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<tr>
<td>Victims of domestic abuse</td>
<td></td>
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<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>15</td>
</tr>
</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count
Source: HUD Homeless Resource Exchange Online Report

Citywide centralized homeless intake: no

The homeless in Myrtle Beach have access to a homeless assistance hotline (CASA): (843) 448-6206.
Street Reach Ministries Shelter
1005 Osceola Street Myrtle Beach, SC 29577
www.helpstreetreach.com

Profile

- Shelter type: emergency overnight and recovery center
- Population served: single adults only
- Tenure at current location: 3 years
- Previous location: 9th Avenue and Kings Highway (four blocks from beach front)
- Building size: 20,000 sq. ft.
- Number of beds: 90 for full-time recovery program, 55 for emergency shelter
- Screen for sex offenders: no
- Allow sex offenders to reside in shelter: yes
  Police make periodic visits to check on residents who happen to be registered sex offenders
- Utilize HUD mandated HMIS database system: yes
  (also utilize a separate system that is shared by other non-profits in the area)

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals
- Laundry
- Mail/messages
- Case management
- Bible study
- Medical care (Little River Medical Center)
- Work readiness assistance
- Disability application assistance
- Assistance finding permanent housing
- Life-skills classes
- 12-step / substance abuse program
Summary

Clients who enter the Street Reach recovery program begin by setting long-term goals with the help of an assigned case manager. Participants work through a structured series of classes as well as weekly meetings with their case manager. Participants also break out into small groups under the direction of a community mentor.

Residents pay $40 per week for enrollment in the program. All participants must adhere to program rules and expectations. Shelter management maintains a log of the classes and activities that each participant has fulfilled. If a resident fails to complete a program requirement on time, the management keeps a record. Each participant is allowed three strikes for failure to adhere to expectations. After the third strike that person will be removed from the program.

After successfully completing the 15 week program, clients are eligible to graduate. After graduation clients work with the case manager to set short-term goals and next steps for personal and career development.

Shelter staff stated that moving the shelter inland from the beach front did not affect the demand for services. The current location is close to a variety of social services. In addition, having been located closer to the “party” atmosphere of the beach was not advantageous for homeless persons trying to recover from substance abuse.

The shelter maintains strong relationships with complementary service providers and the Housing Authority, in order to connect clients with the appropriate services as well as opportunities for permanent housing. The shelter does not have much interaction with surrounding neighbors or neighborhood associations, although the shelter does receive a healthy level of support from local businesses in the form of in-kind donations. Local employers approach shelter residents, periodically, for day-labor opportunities.

The City of Myrtle Beach has recently committed $20,000 to Street Reach Ministries. With these funds the shelter will renovate the second story of its facility, which will add approximately 100 additional beds of shelter capacity.
Zoning

Site: C-3 (general commercial)
To the east: RM-16 (medium density/multi-family residential) and PUDs
To the south: PUD and AC-1 (accommodations commercial: transitional residential, office and retail)
To the north and west: C-3

Source: Adapted from City of Myrtle Beach Zoning Map

Zoning Legend

AC-1: accommodations commercial (transitional residential, office and retail)
AC-2: accommodations commercial (transitional residential, office and retail)
C-3: general commercial
C-9: commercial trade (manufacturing)
PRC: parks, recreation and conservation
RM-16: medium density/multi-family residential
Surrounding Land Use Examples

- Neighborhood was described as “rough” by interviewee
- Night club
- Forest/open space (utilized by the homeless for camps)
- Furniture gallery
- Verizon warehouse
- Apartment complex and subsidized housing, managed by Grand Strand Housing Authority – Sandy Gate, Monticello and Quail Marsh
- Radio station / tower
- Social services are nearby

Source: Adapted from Google - Map Data 2011
Haven House
975 Campbell Street, Myrtle Beach, SC 29577
www.myrtlebeachhaven.com

Profile

- Shelter type: emergency overnight
- Population served: families with children
- Tenure at current site: 25 years

Overnight capacity:
- Single mothers with children: 20 beds
- Men-only dorm: 6 beds
- Cribs for small children: 4
- Total sleeping capacity in family rooms: 12 persons

(at the time this report was published, shelter staff could not be reached for an interview)
Zoning

Site: PUD
To the north, south, and west: C-9 (commercial trade: manufacturing) and Horry County land, zoned industrial
To the east: PUD

Zoning Legend

AC-2: accommodations commercial (transitional residential, office and retail)
C-4: neighborhood commercial
C-9: commercial trade (manufacturing)
PRC: parks, recreation and conservation
R-5: single-family residential
RM-16: medium density/multi-family residential
RM-20: high-density multifamily residential

Source: Adapted from City of Myrtle Beach Zoning Map
Surrounding Land Use Examples

- Lumber yards
- Recycling center
- Laundromat
- Grocery store
- Manufacturing

Source: Adapted from Google - Map Data 2011
Location

The Street Reach Ministries shelter is located 1.3 miles from the beach front and 1.5 miles from the Myrtle Beach Convention Center. Haven House is located 0.7 miles from beach front.

Source: Adapted from Google - Map Data 2011
Daytona Beach
Florida
Profile
Daytona Beach, FL

City Profile

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<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>37.1%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): FL-504 Daytona Beach/Flagler Counties

<table>
<thead>
<tr>
<th></th>
<th>Emergency</th>
<th>Transitional</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual homeless persons</td>
<td>61</td>
<td>164</td>
<td>1,452</td>
<td>1,677</td>
</tr>
<tr>
<td>Persons in households with adults and children</td>
<td>39</td>
<td>439</td>
<td>0</td>
<td>478</td>
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<tr>
<td>Total homeless persons</td>
<td>100</td>
<td>603</td>
<td>1,452</td>
<td>2,155</td>
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<tr>
<td>Total General Population of Geography Included in CoC</td>
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<td></td>
<td></td>
<td>580,076</td>
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<tr>
<td>Sheltered</td>
<td>Unsheltered</td>
<td>Total</td>
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<tr>
<td>Chronically homeless</td>
<td>0</td>
<td>173</td>
<td>173</td>
<td></td>
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<tr>
<td>Severely mentally ill</td>
<td>49</td>
<td>121</td>
<td>170</td>
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<tr>
<td>Chronic substance abuse</td>
<td>117</td>
<td>330</td>
<td>447</td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Persons with HIV / AIDS</td>
<td>15</td>
<td>61</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>Victims of domestic abuse</td>
<td>154</td>
<td>0</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count

Source: HUD Homeless Resource Exchange Online Report
Citywide centralized homeless intake: no

There is a city-wide 211 hotline for emergency assistance. Intake assessments are completed on a shelter-by-shelter basis.

According to the shelter directors who were interviewed for this report, the homeless population tends to spend time in the downtown area where a cluster of supportive services is available. The Daytona Beach police force actively pursues the homeless to remove them from the oceanfront, leaving few homeless people in the resort area.
Salvation Army Shelter
560 Ballough Rd Daytona Beach, FL 32114

Profile

- Shelter type:
  - Emergency (EOS)
  - Temporary
  - Full-time drug treatment program
  - Day center
- Population served: single adults
- Tenure at current location: Salvation Army has provided general homeless services on the site since the 1930’s. The overnight shelter opened in the late 1940’s.
- Total overnight capacity: 75 beds
  - EOS: 28 beds (20 men, 8 women)
  - Temporary shelter: 4 beds for women
    - Homeless Veterans: 7 beds
    - HUD Transitional Supportive Housing: 7 beds
  - Full-time drug treatment program: 29 beds
  - When emergency weather conditions arise, the shelter makes an additional four beds available to anyone in the community who needs them.
- Maximum stay:
  - EOS: 2 weeks
  - Streets Team: 6 months
  - Temporary shelter: 2 years
  - Drug treatment: 2 – 6 months
- Sex offender / violent offender screening:
  - For emergency shelter: no
  - For transitional housing: yes
    (sex offenders are not allowed to reside in transitional housing)
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals
- Laundry
- Mail/messages
- Full-time, court-ordered drug rehabilitation program
Summary

The approach taken by the Salvation Army is to develop a presence in urban areas based upon demonstrated need for charity services in the area. Likewise, the Salvation Army established a presence in the downtown Daytona area because of a demonstrated need. If there had been a greater demonstrated need for homeless services in the beach-front area, the Salvation Army would have prioritized locating in that area, at the time the shelter was becoming established.

The Salvation Army owns the property on which the shelter operates. They also own an open lot across the street, west of the shelter, which serves as a recreation yard for residents.

A portion of the clients who are housed on an emergency basis become part of the Streets Team program. The Streets Team is comprised of 10 residents who clean up the streets in the downtown area on a full-time basis.

The shelter does not have a transportation services program. Shelter management has access to a limited number of bus passes, which it distributes among residents who are enrolled in the long-term recovery / transitional program.
Zoning

Site: BW (for the shelter), M1 (for the shelter’s recreational lot). Site also lies within the Ballough Road Redevelopment Zone.

To the north: M1
To the east: R2, then the Halifax River Lagoon (west of the Daytona Beach barrier island)
To the south: BW and PW
To the west: M1, R2A

Zoning Legend

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA</td>
<td>Business Automotive</td>
</tr>
<tr>
<td>BP</td>
<td>Business Professional</td>
</tr>
<tr>
<td>BR-1</td>
<td>Retail</td>
</tr>
<tr>
<td>BR-2</td>
<td>Shopping Center</td>
</tr>
<tr>
<td>BW</td>
<td>Business Warehouse</td>
</tr>
<tr>
<td>M-1</td>
<td>Local Service Industry</td>
</tr>
<tr>
<td>PW</td>
<td>Public waterfront (city owned)</td>
</tr>
<tr>
<td>R-2a</td>
<td>Multi-Family Residential</td>
</tr>
<tr>
<td>RDD-4</td>
<td>Redevelopment (Business, Motor Vehicle, Mixed-Use)</td>
</tr>
<tr>
<td>RP</td>
<td>Residential Professional</td>
</tr>
<tr>
<td>RPUD</td>
<td>Residential Planned Unit Development</td>
</tr>
</tbody>
</table>

Source: Adapted from City of Daytona Beach Zoning map
Surrounding Land Use Examples

- Auto services
- Ice cream shop
- Residential
- There is a small neighborhood park to the north west
Star Family Center
340 North Street Daytona Beach FL 32114
www.thestarfamilycenter.org

Profile

- Shelter type: emergency overnight and day center (day services end at 4pm)
- Population served: families with children
- Overnight capacity: 94 beds, including 10 for patients just released from the hospital
- Maximum stay: 6 months
- Year opened: October 2006
- Allow sex offenders and/or those with violent offenses: no
- The shelter performs a complete criminal background check during the intake process
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Sleeping facilities
- Nap area
- Meals
- Laundry
- Clothing distribution
- Mail/messages
- Haircuts
- Computer lab
- Medical clinic
- Case management
- Life-skills classes
- Assistance with various social service applications
- Refurbished bicycle distribution
- Work boots distribution
- Assistance finding permanent housing and employment
Summary

The Star Family Center property served as an administrative office for homeless outreach prior to becoming a shelter. The Star Family Center operates as a division of Halifax Urban Ministries and serves both Volusia and Flagler counties.

There are expectations for residents. Each resident must stay on track with his/her case management plan. Each resident is responsible for performing chores, which support the day-to-day operations of the facility. The shelter has a close working relationship with the local police force as well as two major substance abuse treatment centers in the area.

The shelter provides bus passes, gas cards, and bus tickets out of town (to return a client to his/her home city) when funds are available. The shelter has spent $4,000 so far this year on such transportation aids. The shelter benefitted from the recent donation of a 15-passenger van, which is driven by shelter staff members on an as-needed basis.

The Star Family Center is located in a commercial corridor in a fairly “rough” area of the city. Residential neighborhoods lie to the east and west of the commercial corridor. Some Daytona Beach residents have advocated for the shelter to be moved inland near the Volusia County jail. The jail is located 11 miles from the oceanfront and does not have access to public transit.
Zoning

Site: M1
To the north: M1
To the east: BR1
To the south: BP
To the west: M1

Source: Adapted from City of Daytona Beach Zoning Map

Zoning Legend

<table>
<thead>
<tr>
<th>Code</th>
<th>Zoning Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA</td>
<td>Business Automotive</td>
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<tr>
<td>BP</td>
<td>Business Professional</td>
</tr>
<tr>
<td>BR-1</td>
<td>Retail</td>
</tr>
<tr>
<td>BR-2</td>
<td>Shopping Center</td>
</tr>
<tr>
<td>M-1</td>
<td>Local Service Industry</td>
</tr>
<tr>
<td>R-1 a-1</td>
<td>Single-Family Residential</td>
</tr>
<tr>
<td>R-2a</td>
<td>Multi-Family Residential</td>
</tr>
<tr>
<td>RP</td>
<td>Residential Professional</td>
</tr>
</tbody>
</table>
Surrounding Land Use Examples

- Auto towing lot
- Auto glass service
- Adult bookstores
- Haven substance abuse recovery center
- Convenience store (adjacent to the east)
- Employment services

Source: Adapted from Google - Map Data 2011
Location

Both shelter sites lie in the downtown area. The Star Family Center is a 1.6 mile walk from the oceanfront and one block from a public transit stop. The Salvation Army shelter is a 1.2 mile walk from the oceanfront.

Source: Adapted from Google - Map Data 2011
Fort Lauderdale
Florida
Profile
Fort Lauderdale, FL

City Profile

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>183,374</td>
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<tr>
<td>Median Household Income</td>
<td>$50,886</td>
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<tr>
<td>Per Capita Income</td>
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</tr>
<tr>
<td>Median Gross Rent</td>
<td>$972</td>
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<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>33.6%</td>
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Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): FL-601 Ft Lauderdale/Broward County

<table>
<thead>
<tr>
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<th>2009</th>
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<tbody>
<tr>
<td></td>
<td>Emergency</td>
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<tr>
<td>Individual homeless persons</td>
<td>658</td>
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<tr>
<td>Persons in households with adults and children</td>
<td>226</td>
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<tr>
<td>Total homeless persons</td>
<td>884</td>
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<tr>
<td>Total General Population of Geography Included in CoC</td>
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<tr>
<td></td>
<td>Sheltered</td>
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<tr>
<td>Chronically homeless</td>
<td>171</td>
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<tr>
<td>Severely mentally ill</td>
<td>848</td>
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<tr>
<td>Chronic substance abuse</td>
<td>1,067</td>
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<tr>
<td>Veterans</td>
<td>194</td>
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<tr>
<td>Persons with HIV / AIDS</td>
<td>97</td>
</tr>
<tr>
<td>Victims of domestic abuse</td>
<td>146</td>
</tr>
<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: HUD Homeless Resource Exchange Online Report (2010 data not available)
Citywide centralized homeless intake: no

There is a homeless helpline for all of Broward County: (954) 563-4357

There are three major shelters that serve Broward County. The shelters are located in Pompano Beach, Fort Lauderdale and Hollywood, FL. This profile will focus on the shelter in Fort Lauderdale, serving the central county. Homeless pick-up points are listed on the Broward county website. Homeless are allowed to congregate at these points until the mobile outreach unit arrives to escort them to a shelter. For the central county, the pick-up point is at the Salvation Army lodge.

According to an interviewee, the homeless in Fort Lauderdale follow the feeding schedule of local faith-based organizations and charities. There will tend to be a gathering of homeless individuals around the location where a meal is scheduled to provided that day/night. The beach area is very hot and not necessarily a desirable place for the homeless to populate during the day. As in other cities encampments still exist throughout Fort Lauderdale where the homeless can be found on any given day.
Broward Partnership for the Homeless, Homeless Assistance Center
920 Northwest 7th Ave, Fort Lauderdale, FL 33311
www.bphi.org/index.shtml

Profile

- Shelter type: emergency overnight and day center
- Year opened: 1999
- Building size: 57,000 sq. ft.
- Total overnight capacity: 200
  - Two men's dormitories (120 men)
  - Women's dormitory (40 women)
  - Modular family wing (ten families or 40 family members)
- Average length of stay: 60 days
- Allow sex offenders to reside on premises: no
- Utilize HUD mandated HMIS database system: yes
- In 2010, 53% of the unduplicated persons who went through the intake process achieved the outcome of obtaining transitional or permanent housing.

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals
- Laundry
- Mail/messages
- Library
- Gym
- Hair salon
- Clothing donation center
- Computer classes
- Case management
- Child care
- Parenting education
- Children’s learning center classrooms
- Primary medical and dental care
- Mental health diagnosis and treatment
- Support groups and family therapy
- Substance abuse education, prevention, intervention and treatment
- 12-Step programs
- Educational services, including GED attainment
- Vocational assessment
- Job training and placement services
- Life-skills classes
Summary

Up until the late 1990’s there were no homeless shelters in Fort Lauderdale. There were a significant number of homeless encampments in the downtown area. The public was exasperated and wanted something to be done about the encampments. The response from the city and county was to develop an overnight homeless shelter. The county was willing to fund the program. And the city was willing for the shelter to be located within the city as long as the city could place specific restrictions on the use of the site.

The city sends an auditor to the Broward Partnership complex on an annual basis to assess and enforce the shelter’s compliance with the city ordinance that guides use on the site. The design of the building has been a key factor in helping the center to blend into the surrounding urban environment. The two-story building is U-shaped. The building exterior, facing the street, is inconspicuous and has no building number or signage. The building entrance is located on the rear side of the building, facing away from the street. The entrance lets out into a court yard, which includes a smoking pavilion and picnic tables.

The homeless are not allowed to walk up to the building, loiter or form queues on the street-facing side of the building. Instead, an outreach team drives to pick-up points within the city to collect homeless individuals and drop them off at the shelter at 5pm daily. The outreach team consists of a police officer, a social worker and a formerly homeless liaison. As of 2003, coordination of the outreach team has been handled by a separate non-profit organization: The Taskforce For Ending Homelessness.

Strategy

Although the Broward County Partnership is an emergency shelter, the goal of its programs is to help residents work through the issues that contributed to the incidence of homelessness in the first place, to rehabilitate residents, to provide ongoing support, and ultimately to prevent the client / family from relapsing into homelessness.

The service program design passes through four phases:
1) assessment, orientation and stabilization
2) development of an individualized case plan
3) implementing various interventions of the case plan
4) preparing for discharge and the provision of ongoing support

The shelter aims to provide a comprehensive set of services so that residents will be able to fulfill a majority, if not all, of their daily needs within the shelter site. This frees up residents’
time so they can focus on becoming rehabilitated, improving their level of education, and/or finding stable employment.

The organizational development process to arrive at this extensive level of service did not happen overnight. The shelter began by offering a basic set of services: showers, laundry, sleeping facilities. With the addition of full-time development staff, the shelter has gained the capacity to apply for program grants and solicit major donations from the private sector. With increasing levels of income the shelter has been able to expand the number and scope of programs it can offer.

Relationship with Local Residents

When the Broward Partnership first came into operation, the shelter staff would hold monthly meetings with a coalition of five adjacent neighborhood associations to gather input and work through issues. The shelter came to run smoothly and without disruption to the surrounding neighborhoods. The neighborhood advisory coalition disbanded over time because there was no longer a need for it. Now that the shelter is considering an expansion, it will reconvene meetings with these neighborhood associations, the city, and other stakeholders, to work through the process collectively.

Employment Program

The shelter has a robust employment program. There is a staff member who continues to develop relationships with local businesses in order to establish paths to channel shelter residents into employment with those businesses.

Early in the intake process, the shelter conducts an assessment of residents’ level of job related skills and job-readiness. For those residents who are considered job-ready upon intake, there are opportunities to go on field trips where residents will engage in simulated job interviews or learn how to navigate through other work-related situations.

The shelter tracks clients’ employment progress while the client is residing at the shelter, and even for a time after the client leaves the shelter. If a client successfully retains the same job for one year, the shelter provides the client with a free laptop. In 2010, the shelter gave away ten laptops through this incentive program. Former clients often come back to guide and mentor new Broward Partnership clients.
Transportation

It is not usual for the shelter to provide van transport to current residents. However, at the discretion of the case manager, shelter staff may drive residents to appointments. Typically this transportation option is offered to the mentally or physically disabled, or in cases where a client has a job interview.

The Broward County police force donates all unclaimed bicycles that it collects to the three county shelters. These bicycles are passed on to residents. The Broward Partnership is able to obtain discounted and free bus passes from the local transit authority. Shelter staff offer the passes as incentives or rewards to residents. Employed residents are able to buy the passes outright at a deep discount.

Medical and Dental Care

Residents are able to access basic medical care on-site. The shelter is responsible for purchasing the necessary medical equipment. Registered nurses from an outside agency visit the clinic on a regular basis to provide care.

Relying on funding from private contributions, the shelter has been able to offer the Smile Works program. The Smile Works program provides residents in need of major dental reconstruction with a smile that will allow him or her to be confident during job interviews.
Zoning

Site: B-1 and B-2
To the north: RD-15
To the east: B-1, B-2, B-3
To the south: I
To the west: B-1, B-3

Zoning Legend

B-1: Boulevard Business  
B-2: General Business  
B-3: Heavy Commercial / Light Industrial Business  
CB: Community Business  
CF: Community Facility  
CF-H: Community Facility / House of Worship  
I: General Industrial  
P: Parks, Recreation and Open Space  
RD-15: Residential Multi-family / Low Rise / Medium Density  
RMM-25: Residential Multi-family / High Rise / Medium Density  
X-P: Exclusive Use / Parking

Source: Adapted from City of Fort Lauderdale Zoning Map
Surrounding Land Use Examples

- The BCPC lies in a transitional district between residential and industrial uses.
- Fort Lauderdale housing authority
- A charter high school (new as of 2010-2011 school year)

Source: Adapted from Google - Map Data 2011
Location

The Broward County Partnership Center (BCPC) is located 3 miles directly inland from the oceanfront. A bus line runs directly in front of the BCPC. It is a four mile walk from the BCPC to the convention center. Additional shelter locations are shown below.

Source: Adapted from Google - Map Data 2011
Key West
Florida
Profile
Key West, FL

City Profile

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>22,914</td>
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<tr>
<td>Median Household Income</td>
<td>$52,004</td>
</tr>
<tr>
<td>Per Capita Income*</td>
<td>$30,800</td>
</tr>
<tr>
<td>Median Gross Rent</td>
<td>$1,279</td>
</tr>
<tr>
<td>Median Gross Rent as % of HH Income</td>
<td>35.1%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): FL-604 – Monroe County

(the county CoC includes the city of Key West, FL)

<table>
<thead>
<tr>
<th>2009*</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency</td>
<td>Transitional</td>
<td>Unsheltered</td>
<td>Total</td>
</tr>
<tr>
<td>Individual homeless persons</td>
<td>136</td>
<td>90</td>
<td>612</td>
<td>838</td>
</tr>
<tr>
<td>Persons in households with adults and children</td>
<td>50</td>
<td>48</td>
<td>104</td>
<td>202</td>
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<tr>
<td>Total homeless persons</td>
<td>186</td>
<td>138</td>
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<td></td>
<td>74,024</td>
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</table>

<table>
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<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
</tr>
</thead>
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<tr>
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<td>164</td>
<td>125</td>
<td>289</td>
</tr>
<tr>
<td>Severely mentally ill</td>
<td>203</td>
<td>0</td>
<td>203</td>
</tr>
<tr>
<td>Chronic substance abuse</td>
<td>176</td>
<td>0</td>
<td>176</td>
</tr>
<tr>
<td>Veterans</td>
<td>66</td>
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</tr>
<tr>
<td>Persons with HIV / AIDS</td>
<td>164</td>
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<td>164</td>
</tr>
<tr>
<td>Victims of domestic abuse</td>
<td>44</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

*HUD 2010 Point-in-Time (PIT) count data was not available at the time this report was written
Source: HUD Homeless Resource Exchange Online Report
Citywide centralized homeless intake: no

The City of Key West has identified the need for a homeless day center. A progress report, coordinated by the Southernmost Homeless Assistance League (SHAL), identified that the local government spends $3.3 million per year to house homeless individuals at the Detention Center, $500,000 per year for ambulance service, and $1 million per month on medical care at the Lower Keys Medical Center (during the winter months) for homeless individuals. Public funds will be better spent through a program that assesses the needs of homeless individuals during intake at a day center and directs homeless individuals to the appropriate services, with an emphasis on prevention and rehabilitation.

SHAL is currently conducting door-to-door outreach surveys with local residents to collect recommendations on where to site a homeless day center. The mayor and the police force are both supportive of the day center project. As part of the day center project, SHAL has recommended dedicating funds for a mobile outreach unit. The unit would consist of a driver and case manager, who would pick up homeless individuals off the street throughout the city and bring them to the day center for an intake assessment.
Keys Overnight Temporary Shelter (KOTS)
5501 College Rd, Key West, FL 33040
www.fkoc.org/emergency_shelter.html

Profile
- Shelter type: emergency
- Population served: single adults

Available Services
- Bathroom/shower
- Sleeping facilities
- Medical care
- HIV testing

The City of Key West contracts with the Florida Keys Outreach Coalition to manage the emergency shelter.

---

5 Despite the word “temporary” in the name, this shelter is an emergency shelter, not a transitional or temporary shelter.
Zoning

**Site:** Public services

- **To the north:** General commercial, conservation (ocean)
- **To the east:** Public services, conservation (water inlet)
- **To the south:** Public services, conservation (ocean)
- **To the west:** Conservation (ocean)

**Source:** Adapted From City of Key West Zoning Map

**Zoning Legend**

- **CG:** General Commercial
- **PRD:** Planned Redevelopment and Development District
- **PS:** Public Services
- **C-FW:** Conservation- Freshwater Wetlands
- **CM:** Conservation- Mangrove
- **C-OW:** Conservation- Outstanding Waters of the State
- **C-UH:** Conservation- Upland Hammock
Surrounding Land Use Examples

- Monroe County detention center
- Florida Keys Society for the Prevention of Cruelty to Animals
- Key West Country Club and golf course
- Sunset Marina and Waterfront Residences
- (building now vacant) Monroe County early childhood development center
- Monroe County mosquito control center

Source: Adapted From Google - Map Data 2011
Florida Keys Outreach Center (FKOC)
2221 Patterson Avenue, Key West, FL 33040 (The William M. Neece Building)
www.fkoc.org/transitional_housing.html

Profile

- Shelter type: transitional housing and recovery center
- Population served: single men, single women, and women with children
- Years in current location: 8 for men’s structure, 12 for women’s structure
- Overnight capacity: 70 beds for men, 52 beds for women & children, located in separate buildings
- Maximum stay: two years
- Allow sex offenders to reside on the premises: no
- Utilize HUD mandated HMIS database system: yes

Available Services

- Bathroom/shower
- Sleeping facilities
- Meals for residents
- Laundry
- Mail/messages
- Case management
- Full-time substance abuse program (required daily AA meetings)
- Food pantry for non-residents
Summary

The FKOC rehabilitation program consists of three phases. During the initial phase there is a high degree of oversight by the shelter staff. Rules are enforced to regulate conduct, such as signing in and out in a log when the residents enter or leave the premises. Residents initially room in the Neece building in bunk-style housing with up to 9 roommates. In the second and third phases of the program, restrictions are removed. Residents progressively gain more privileges and freedom. As residents advance through the program, they are allowed to live in accommodations with fewer roommates. By the third phase of the program, each resident will have only one roommate. All clients are responsible for carrying out daily chores during the course of the program.

Residents are required to seek employment or SSI income and/or to volunteer their time. The fee for residency at the shelter is $85 per week. This creates an incentive for residents to secure employment. The shelter director stated that a key factor affecting residents’ ability to obtain employment is most often self-esteem, even more so than the resident’s work history.

The KOTS emergency shelter is typically filled to capacity, while the FKOC transitional housing program is rarely filled to capacity. One reason for this is that some clients can’t handle the structured atmosphere of the substance abuse rehabilitation program. Some clients also have difficulty living inside in closed quarters after having lived for many years on the streets.

The FKOC structure used to be a shelter for homeless youth. It was then converted into its current use as an adult transitional shelter. Housing for the second and third phases of the rehabilitation program are located about 1 mile away from the Neece building. These additional housing structures were formerly used for military housing and for social services. Homeless individuals are not allowed to congregate outside or in front of the FKOC building. Residents surrounding the Outreach Center are encouraged to contact the shelter with any concerns that may arise from the homeless population that the shelter serves.

The FKOC offers ancillary services as staff resources and budgets permit. The center does not have a transportation program. However, the Salvation Army does periodically provide used bicycles for program participants.
Zoning

Site: General commercial

To the north: (ocean inlet)

To the east: Single family residential

To the south: Single family residential

To the west: Medium density residential, general commercial

Zoning Legend

C-OW: Conservation - Outstanding Waters of the State
CG: General Commercial
CL: Limited Commercial
MDR-1: Medium Density Residential 1
HMDR: Historic Medium Density Residential
PS: Public Services
SF: Single Family

Source: Adapted From City of Key West Zoning Map
Surrounding Land Use Examples

- Mental health care clinic (directly adjacent to shelter)
- Book store
- Bike repair / sales
- Liquor store
- Single family residential
- Church

Source: Adapted From Google - Map Data 2011
Location

Both the outreach center / transitional shelter (A) and the emergency shelter (B) are located in close proximity to the oceanfront. Homeless persons tend to congregate in Bay View and Harvey Parks as well as Smathers Beach. The KOTS emergency shelter is 3.2 miles from Smathers beach, 3.4 miles from Bay View Park and 3.7 miles from Harvey Park.

Source: Adapted From Google – Map Data 2011
San Diego
California
Profile
San Diego, CA

City Profile

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,297,618</td>
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<tr>
<td>Median Household Income</td>
<td>$61,962</td>
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<tr>
<td>Per Capita Income*</td>
<td>$32,348</td>
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<tr>
<td>Median Gross Rent</td>
<td>$1,226</td>
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<td>Median Gross Rent as % of HH Income</td>
<td>32.1%</td>
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*Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): CA-601 San Diego (City)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
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<tbody>
<tr>
<td></td>
<td>Emergency</td>
</tr>
<tr>
<td>Individual homeless persons</td>
<td>500</td>
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<tr>
<td>Persons in households with adults and children</td>
<td>95</td>
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<tr>
<td>Total homeless persons</td>
<td>595</td>
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<tr>
<td>Total General Population of Geography Included in CoC</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>Total</th>
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<tbody>
<tr>
<td>Chronically homeless</td>
<td>300</td>
<td>585</td>
<td>885</td>
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<tr>
<td>Severely mentally ill</td>
<td>703</td>
<td>536</td>
<td>1,239</td>
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<tr>
<td>Chronic substance abuse</td>
<td>885</td>
<td>902</td>
<td>1,787</td>
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<tr>
<td>Veterans</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Persons with HIV / AIDS</td>
<td>66</td>
<td>123</td>
<td>189</td>
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<tr>
<td>Victims of domestic abuse</td>
<td>452</td>
<td>133</td>
<td>585</td>
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<tr>
<td>Unaccompanied youth (under 18 years)</td>
<td>40</td>
<td>0</td>
<td>40</td>
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</tbody>
</table>

*not documented in 2010 Point-in-Time (PIT) count

*Source: HUD Homeless Resource Exchange Online Report*
San Diego, CA

Citywide centralized homeless intake: no

San Diego currently has a year-round family shelter, which was converted from a motel. Given the current economic climate, the San Diego Housing Commission (SDHC) is looking to develop alternative models, which will lessen reliance upon HUD funding. In working toward this goal, the SDHC has been building a partnership with the local YWCA to explore the development of a new, joint homeless assistance model.

The San Diego Housing Commission is currently negotiating plans to renovate a 9-story historic building in the downtown area, to serve as a year-round shelter for homeless adults. The center would be a “one stop shop” for medical care and other necessary services for the homeless, consolidated into one location. The shelter would have 150 emergency beds and 73 units of permanent supportive housing.

The city of San Diego was included in this report based on its classification as a coastal city, but also because it is one of the few coastal cities with a homeless center that operates exclusively during daytime hours (i.e. no overnight shelter). The report will focus on the day center, but the reader should note that there are other major shelters in San Diego that are not featured in this report. The San Diego Rescue Mission, for example, manages a number of shelter facilities for men, women and children and offers clients an extensive set of services including meals, a substance abuse recovery program, life skills classes, and anger management classes and other services. There is a San Diego chapter of the Salvation Army, which offers emergency shelter among other services.
Neil Good Day Center (NGDC)
299 17th Street, San Diego, CA 92101
http://alphaproject.org (parent organization for the NGDC)

Profile

- Shelter type: day center
  Hours: Monday – Friday, 8am – 4pm
- Population served: anyone in need
- Years in current location: since early 1990’s
- Screen for sex offenders: no
- Utilize HUD mandated HMIS database system: yes

Available Services

- Showers
- Laundry
- Computer room
- Mail/messages
- Veterans outreach
- Referrals to 12-step recovery programs
- Case management (for a small subset of clients)
- Medical care (once per month from outside provider)
- Transportation program (via outside agency)
Summary

The Neil Good Day Center is situated on land that is currently owned by CalTrans (the state department of transportation) and leased to the city of San Diego. The city in turn contracts out to a service provider to manage the shelter. The city issues a competitive RFP (request for proposal) to service providers on an annual basis. The NGDC has been managed not only by Alpha Project, but also by the St Vincent De Paul Society during various years. A news report\(^6\) listed the annual budget of the center as $488,841, with a service population of approximately 250 persons per day. Each year, when the city allocates funding for the shelter in the city budget, some city residents typically protest.

The focus of the NGDC is to offer the homeless a safe place to spend time during the day, away from the stresses of the urban environment, including interaction with city police or security staff on private property. The center employs security staff to ensure clients and other staff members feel safe. Although the NGDC does not conduct any type of background check on incoming clients, the center does enforce a three-strikes policy. Clients who engage in violent or disruptive behavior are given three chances before being escorted from the center and prohibited from entering the facility ever again.

The NGDC offers additional services through partner organizations. There is a partner organization that visits the Day Center periodically to offer van transportation to clients.

The NGDC manager stated that there is a clear need for day services in the city. However, having a full-time facility with overnight accommodations as well as day services would be preferable to having a facility that offers only day services.

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\(^6\) Hall, Matthew T. (May 18, 2011). Neil Good Day Center Gets Funding, Reprieve; San Diego Union-Tribune.
Zoning

**Site:** CCPD-MC  
**To the north:** CCPD-R  
**To the east:** Interstate highway right of way and SESDPD-MF-3000 on the other side of highway  
**To the south:** CCPD-MC and redevelopment zone  
**To the west:** CCPD-MC

*(All classifications beginning with “CC” are commercial zones. Precise zoning classification definitions were not available at the time this report was written.)*
San Diego, CA

Surrounding Land Use Examples

- Multi-family residential (Ballpark Place Apartments) across the street
- Interstate highway 5
- Auto services
- Custom furniture manufacturer
- Tattoo shop
- Liquor store and corner market
- San Diego Metro Transit Facility

Source: Adapted From Google - Map Data 2011
Location

The Day Center is situated in the downtown area. It is a 1.2 mile walk from the Day Center to the Convention Center, which is located on the water front.

Source: Adapted From Google - Map Data 2011
National Models
Since 1996, the US Department of Housing and Urban Development (HUD) has used a competitive application process to distribute homeless assistance funds, in an effort to promote the development of the Continuum of Care (CoC) model. According to HUD, every CoC should ideally include a complete spectrum of programs including:

- Homelessness prevention,
- Outreach and assessment,
- Emergency shelter,
- Transitional housing,
- Permanent supportive housing,
- Affordable housing,

as well as supportive services (such as substance abuse treatment, mental health services, independent living skills development, etc.).

In some localities, a continuum of care may exist in name only, with participating organizations engaging in the minimum level of service and mutual cooperation that is necessary in order to obtain continued federal funding.

The localities in the following section of this report have brought an exemplary level of service and an innovative approach to the CoC framework.
Franklin County
Ohio
Profile
County-Wide Comprehensive Model

The homeless prevention and response model in Franklin County, Ohio is well regarded at the national level. For people at risk of homelessness, navigating through what may seem like a random assortment of social services and community resources can be time-consuming, confusing and even daunting. The Community Shelter Board (CSB) of Columbus, Ohio intervenes in this process by linking citizens with a comprehensive set of services that are specific to their needs. CSB acts as a coordinator among existing public and private community service providers throughout Franklin County in order to streamline service provision.  

The CSB has implemented a four part model: Access, Crisis Response, Transition and Advocacy.

Access

CSB seeks to:
- Coordinate between county-wide public and private community service providers
- Connect the homeless and persons at risk of homelessness with appropriate mainstream services quickly and efficiently
- Coordinate and expand client access to employment assistance programs

CSB recognizes that services which support strong families improve the likelihood that children will develop into self-sufficient adults. CSB is implementing a program called the Stable Family Pilot. Goals of this program include:
- Identifying families who are at risk of homelessness and providing them with case management, supportive services and cash assistance, if necessary, in order to keep each family in their existing permanent housing arrangement
- Facilitating homeless children remaining in a stable school situation
- Increasing the capacity of families to appropriately utilize existing community resources

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7 Some information in this section has been extracted directly from published Community Shelter Board resources. The excerpts are used here by permission of the Community Shelter Board.
Crisis Response

CSB has designated the YWCA Family Center as the sole intake point for those in need of homeless crisis assistance. Identifying a single first point of contact produces a number of benefits, it:

1) streamlines the intake process,
2) allows for more comprehensive and consistent documentation of individual cases of homelessness,
3) eliminates the tendency for a homeless individual or family to spend precious time and resources filling out identical applications, one after the next, for separate service agencies, and
4) directs clients to the services that can best meet their needs, thus avoiding unnecessary or duplicative service provision.

The YWCA Family Center is a state-of-the-art facility with case management, childcare, child advocacy services, housing and employment resources, as well as an emergency shelter. The YWCA maintains a strong relationship with each of the existing service providers across the county, in order to direct those experiencing a homeless crisis toward the resources that can best help him/her.

One additional goal of the CSB is to create a collaborative system to better respond to homeless persons who are not seeking out or accessing shelter. Such a system should include a coordinated call and dispatch system, common documentation, and shared outcomes for outreach programs.

Transition

Households and individuals who are cut off from supportive services after a designated maximum service period are at greater risk of falling back into homelessness. Providing supportive services during the transitional period from temporary housing into permanent housing is a key component of a successful homeless rehabilitation program. CSB works with service providers in Franklin County to coordinate provision of short-term supportive services to set clients on a stable path toward self-sufficiency.

Supportive services can include short-term rental assistance, utility deposits, continued mental health counseling, and other interventions. In cases where the client is unable to live independently, due to mental or physical disability, the best service option is to transition the client into permanent supportive housing. CSB intends to work toward expanding the number of units of permanent supportive housing within Franklin County, to meet existing and projected need.
Advocacy

CSB staff meet with local, state, and federal government representatives on an ongoing basis to influence public policy. CSB offers research findings and other information to assist elected officials in developing new programs and policies related to homelessness.

Measuring Outcomes

Data collection and analysis are critical in the process of improving the homeless continuum of care. To the extent possible, the Community Shelter Board of Columbus makes an effort to collect data on program outcomes, rather than simply focusing on the total cost or amount of services expended. In this way, future resources can be dedicated to programs and services that will produce the most significant results. Additionally, in order to access funding from private sources, being able to track and demonstrate progress is essential.

The CSB compiles quarterly reports on system-wide indicators, as well as program-level indicators. The CSB produced a series of specialized reports to evaluate the effectiveness of their recently implemented Stable Families program.

As a result of the Columbus model family homelessness declined 40%; from 1,168 families in 1995 to 696 families in 2004.\(^8\)

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\(^8\) Report from Freddie Mac (May, 2006): Promising Strategies to End Family Homelessness.
Hennepin County
Minnesota
Profile
Hennepin County, MN

Hennepin County, MN has implemented a system-wide model that is well regarded at the national level. Some of the key features of the Hennepin County model are: a focus on youth and families; emphasis on rapid-exit from the shelter system / rapid re-housing; and a flexible, results-based, competitive funding mechanism.

The homeless assistance model for Hennepin County begins at the state level. The Minnesota Housing Finance Agency makes homeless program assistance grants through the Minnesota Family Homelessness Prevention and Assistance Program (FHPAP). Local jurisdictions apply for funding on a bi-annual basis through a competitive application process. Funding allocations are based on the applicant’s track record of generating results, leaving service innovation in the hands of the grantee.

The FHPAP has allowed Hennepin County the financial and administrative flexibility to issue RFPs (Requests for Proposal) to local non-profit service providers, stipulating obligations for performance, rather than precise designs for service provision. Non-profit service providers are tasked with moving families quickly out of the shelter system and into permanent housing.

Hennepin County continues to follow a “shelter all” policy, whereby no family with children will be denied shelter. All families experiencing a housing crisis go through a standardized, comprehensive initial assessment to determine the extent of the family’s housing barriers. The roughly 80% of families who experience moderate to moderately serious housing barriers are moved into the Rapid-Exit program. Typically, non-profit contractors are able to find housing for these families in the private market. The non-profit contractors coordinate supportive services for both the family and the landlord for six months, to ensure the family has attained a stable living situation. Families who experience multiple barriers to housing are referred to a separate, more intensive service track.

A number of factors have contributed to the success of the Rapid-Exit program, but two in particular are notable. One factor has been the availability of culturally attuned and well-trained case managers. Many of the case managers who help homeless families may have been single parents, lived in poverty, or even experienced homelessness themselves. The case manager must be able to act as a role model and inspire the client. A second factor has been the non-profit agencies’ ability to develop relationships of trust with private-sector landlords.

Over a four year period when the Rapid-Exit program was first being implemented, the total number of “bed nights” that the County purchased, declined by 70%. Between 2007-2008, Hennepin County’s Rapid-Exit program helped move more than 1,276 out of the shelter system and into permanent housing. For at least six months or more after their cases were closed, 95

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9 Approximately $14.6 million in state-wide funds are expected to be available for the 2011 – 2013 grant making cycle.
percent of families did not experience a recurrence of homelessness. The cost of the program was an average of approximately $1,100 per family.

The County also provides an array of homeless services specifically for homeless youth. There are four shelters for homeless youth in the County. Just like adults, youth have access to a comprehensive set of social services that are specific to their needs. In addition to other programs, there is a Transition to Independence program, which assists youth who have aged out of the foster care system to find transitional housing, market-rate housing, college dorms, or other appropriate housing situations.

Homeless single adults in the County may apply for shelter at a centralized location in the downtown area or call the shelter coordination team for assistance securing shelter. The three private shelters for single adults hold a coordinated weekly lottery for shelter spaces. There are an additional two major shelters that operate under contract with the city.

**Building Relationships with Law Enforcement**

The Minneapolis downtown zone has benefited from an innovative street outreach model. St. Stephens Human Services, a local non-profit, employs an outreach team to find homeless individuals on the street and provide those individuals with shelter and services. Street outreach itself is not a new idea. What is different about the St. Stephens outreach model is the unique partnership the outreach team has developed with the Minneapolis Police Department and the City Attorney’s Office.

St. Stephens staff has access to the downtown security community’s radio communication system. The outreach team can be dispatched in lieu of the police force, in appropriate instances where homeless individuals are involved. This approach has served to shift the response to homelessness from a criminal justice response to a more appropriate social service response. According to police records, between 2008 and 2009, there was a 14 percent reduction in arrests, in the downtown zone, of people with no permanent address.

**10-Year Plan to End Homelessness**

In 2006, Hennepin County developed Heading Home Hennepin, its 10-year plan to end homelessness. At the same time, the County established the Office to End Homelessness (OEH), a cross-departmental team of Hennepin County and City of Minneapolis employees, in order to coordinate implementation of the plan. The plan, which was developed through an intensive community input process, identifies six major goals and prescribes detailed action steps that must be taken to achieve those goals.
The six goals of the 10-year plan are:

1) Prevent Homelessness
   Keep people in their housing whenever possible and ensure that no one becomes homeless when they leave public institutions such as prisons, hospitals or foster care.

2) Provide Coordinated Outreach
   Develop a comprehensive street outreach program to provide housing and resources to people sleeping outside.

3) Develop Housing Opportunities
   Create housing opportunities for all individuals and families in need.

4) Improve Service Delivery
   Increase access to services so people can obtain and remain in housing.

5) Build Capacity for Self-Support
   Assist individuals and families in building their personal income through employment, education, and benefits.

6) Implement System Improvements
   Enhance the efficiency and effectiveness of service systems already in place.
Conclusions

In terms of number of facilities, the level of assistance offered to the homeless population is similar among East Coast resort cities, including Virginia Beach. The majority of profiled oceanfront cities offer essentially one shelter for each type of demographic group: one shelter for single adults, one shelter for families (or women with children), and one shelter for youth. An exception is Ocean City, MD where there is only one shelter serving the tri-county homeless population. However, the Ocean City shelter serves each of these homeless demographic groups within the same shelter. In terms of the number of homeless individuals who can find overnight accommodation within the shelter system, the capacity of each city varies.

On the high end, Broward County Partnership in Florida and Union Mission in Norfolk each can accommodate 200 or more persons per night. On the lower end of the spectrum, Diakonia shelter in Ocean City, MD can accommodate between 35 – 45 persons per night. In Virginia Beach, JCOC provides 50 beds for overnight emergency shelter that are available year-round. From October through April, a minimum of 62 additional beds are available through a consortium of faith-based community facilities within Virginia Beach.

Services that were common to the majority of shelters profiled in this report are basic necessities: bathrooms, showers, laundry, meals, limited to full-time case management, limited-term medical care through an outside agency, and substance abuse counseling. A common constraint among most of the shelters was the reality of operating with small budgets and limited staff. As such, most shelters offer ancillary services on an ad hoc basis, services which expand or contract in relation to current staff and funding resources. The most common ancillary services were employment assistance, life-skills training and transportation assistance (bus passes and bicycles).
Sources

City of Minneapolis Commission to End Homelessness, (December, 2006). Heading Home Hennepin: The 10-year Plan to End Homelessness in Minneapolis and Hennepin County.


National Alliance to End Homelessness, Solutions Brief (September 28, 2010). Beyond Planning: Minneapolis and Hennepin County.


Individual shelter websites (listed in shelter profiles)

Maps


City of Virginia Beach zoning map (grids L06 and L07). Accessed August, 2011 from:

Worcester County, MD land use map. Accessed July, 2011 from:
www.co.worcester.md.us/cp/images/Adopted_LUP_11x17_3-14-06.jpg