

Community Plan to End Homelessness

Adopted May 7, 2009



Prepared by: The Task force to Create a Plan to End Homelessness

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Task Force to Develop the 2012 Plan to End Homelessness

Task Force's Charge (adopted by the Thomas Jefferson Planning District Commission on April 7, 2005)

- Identify and address the needs of both the urban and rural homeless.
- Identify the factors contributing to homelessness
- Include a comprehensive continuum of care plan for the homeless
- Include a permanent solution for those who become homeless.
- Establish an action agenda to end homelessness by 2012
- Identify sources of funds
- Identify prevention strategies
- Identify methods to link the full scope of service providers

Guiding Principles to End Homelessness

- Preventing homelessness is preferable to serving people after they have lost their homes
- Affordable safe housing is the basis for stability and provision of services. Community residents should have a variety of mechanisms and housing options to get into permanent housing
- A concerted effort to end homelessness must include increased employment training and opportunities
- No one should spend a night unsheltered
- Emergency shelter stays should be limited
- Housing should be combined with appropriate supportive services to keep people in housing

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Executive Summary

The Thomas Jefferson Planning District Commission (TJPDC) appointed the Task Force to Develop the 2012 Plan to End Homelessness at its regular meeting on June 2, 2005. The Task Force held its first meeting on July 1, 2005 and met regularly over the course of a year-and-a-half to develop this plan. The Task Force drew on many resources in developing this plan, including the Continuum of Care prepared by the Thomas Jefferson Area Coalition for the Homeless (TJACH), plans from other areas, and guest speakers. The plan was presented to the TJPDC on January 4, 2007 and was adopted by the Commission as a draft, with direction to complete the plan with data from the 2007 Point-in-Time Census and recruit a board for the new lead organization. Little progress was made until TJACH decided to become the lead organization. TJACH's Structure Task Force recruited a Board, which met for the first time in October 2008. Although this plan was not formalized until 2009, it has guided efforts to end homelessness in the region since its development as a draft.

Vision Statement

Our region will end homelessness by 2012 by ensuring a sufficient supply of permanent housing and supportive services for those who are homeless or at risk of homelessness.

Guiding Principles

We believe that:

- Preventing homelessness is preferable to serving people after they have lost their homes
- Affordable safe housing is the basis for stability and provision of services. Community residents should have a variety of mechanisms and housing options to get into permanent housing
- A concerted effort to end homelessness must include increased employment training and opportunities
- No one should spend a night unsheltered
- Emergency shelter stays should be limited
- Housing should be combined with appropriate supportive services to keep people in housing

Recommendations

Lead Organization on Homelessness: Establish a new non-profit organization to implement and market the Community Plan to End Homelessness.

Common Intake: Establish an intake protocol and a Homeless Service Center as a physical location for intake to: enroll clients, enter demographic information, and assign a case manager.

Early Intervention and Prevention: Create a Local Housing Options Team (LHOT) as a program of the lead organization to coordinate prevention activities and provide crisis stabilization and/or mediation.

Increase housing options: Pursue development of a variety of housing types, including Single Room Occupancy (SRO) and other rental units, by working with Community Housing Development Organizations (CHDOs), establishing housing trust funds, creating public-private partnerships, and creating incentives connecting under-utilized housing stock with case management support.

Supportive Services: Provide case management support to individuals and families. Provide a Tenancy Protection Program to prevent evictions and difficulties leading to evictions.

Secure stable, sustainable funding: Seek funding from localities, private donations, and government and private grants. For long-term stability consider an endowment.

Timeline

	By 6/09	12/09	6/10	12/10	6/11	12/11	6/12	12/12
Lead Organization:								
Hire Executive Director	◆							
Hire Building Manager		◆						
Achieve 501 (c) 3 status	→	→	◆					
Review Plan – develop annual operations plan			◆		◆		◆	
Facility: construction	→	◆						
Day Haven								
Common intake:								
Common process		→◆						
Prevention:								
Create LHOT		→	◆					
Coordinate prevention activities		→	→	→	→	→	→	→
Increase housing options: Create SRO units (VSH)	→	→	→	→	→	◆		
Housing trust fund		→	→	→	→	→	→	→
Launch new supportive housing programs		→	→					
Public-private partnerships for new or rehabbed housing		→	→	→	→	→	→	→
Supportive Services								
Identify pool of case managers		→	◆					
Managed referral system through HMIS		→	◆					
Promote SSI/SSDI applications		→	→	→	→	→	→	→
Stable funding								
Request funds from localities		◆		◆		◆		◆
Raise private funds	→	→	→	→	→	→	→	→
Secure public grants			→	→	→	→	→	→
Secure private grants		→	→	→	→	→	→	→

LEGEND: → Work in progress ◆ Target milestone

Charge to the Task Force

The Thomas Jefferson Planning District Commission adopted this Charge to the Task Force on April 7, 2005:

To develop a region-wide plan to end chronic and episodic homelessness by 2012.

The Plan should:

- Identify and address the needs of both the urban and rural homeless.
- Identify the factors contributing to homelessness
- Include a comprehensive continuum of care plan for the homeless
- Include a permanent solution for those who become homeless.
- Establish an action agenda to end homelessness by 2012
- Identify sources of funds
- Identify prevention strategies
- Identify methods to link the full scope of service providers

Vision, Guiding Principles, Definitions

Vision Statement

Our region will end homelessness by 2012 by ensuring a sufficient supply of permanent housing and supportive services for those who are homeless or at risk of homelessness.

Guiding Principles

Beliefs

We believe that

- Preventing homelessness is preferable than serving people after they have lost their homes
- Affordable safe housing is the basis for stability and provision of services. Community residents should have a variety of mechanisms and housing options to get into permanent housing
- A concerted effort to end homelessness must include increased employment training and opportunities
- No one should spend a night unsheltered
- Emergency shelter stays should be limited
- Housing should be combined with appropriate supportive services to keep people in housing

Regional Approach

The Task Force views the issue of homelessness as a regional issue. Many of the area's homeless are concentrated in the City of Charlottesville due to access to services and transportation, but originate in other localities. Typically, the rural homeless or near-homeless are less visible, but are equally in need. To be effective in addressing the issue of homelessness, all localities in the Planning District need to be involved in the solution, including identification, prevention, housing, provision of services and funding.

Housing First

The traditional model of service delivery that has arisen over the last twenty year uses a "Housing Ready" approach. The Housing Ready model begins by taking homeless clients into time-limited emergency shelters and working to stabilize their immediate crises. Once admitted, clients are grouped into dormitory style accommodations to facilitate access to counselors and staff. Given success in this environment, a person may be able to secure longer term "transitional housing" that provides some amount of supportive services. Throughout the process housing is strictly dependent on sobriety, compliance with treatment, and behavioral control. This is called "housing ready."

By contrast, a Housing First approach provides homeless persons with permanent housing as the first step in service provision. Comprehensive services are then offered to the tenant for as long as they may be needed. This form of supportive housing has been found particularly effective with chronically homeless persons who have serious mental issues or co-occurring substance use disorders.

The Housing First model can be applied in various ways, including:

- **Scattered site housing.** This approach involves subsidizing or paying for rent in units available on the open market, providing supportive services as needed, drawing from existing services in the region. This is a consumer-driven model, with residents selecting the services providing. This model relies on available rental units in the area, and agreements with Landlords to participate in the program. This approach is appropriate for people needing supportive services.

- **A dedicated building.** This approach involves the development of a new building or adaptive reuse of an existing building into small, single-room units with cooking and bathroom facilities, intended for occupancy by an unaccompanied adult. This is often referred to as a “Single Room Occupancy” project. Housing is combined with an array of supportive services.
- **Multi-site housing development.** This is a development approach, increasing the supply of affordable rental housing through new construction or renovation.
- **Congregate Living.** This is a group home approach, where several individuals reside in a single residence (home). Varying levels of service may be provided, including a counselor, transportation, shopping assistance, health care services or 24-hour personal assistance. This approach is appropriate for people who cannot live independently.

Definitions

Homeless

The legal definition of the term “homeless” is established by the U.S. Department of Housing and Urban Development (HUD) and means a person sleeping in a place not meant for human habitation (e.g. living on the streets), or residing in an emergency shelter, transitional housing, or other supportive housing program. This definition has been used as the basis for the Street Census count.

A child is considered homeless when “sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.” This definition is used for educational programs related to homeless children. Adult parents living under identical circumstances are excluded from the Federal definition of homelessness.

In order to present a comprehensive strategy to end homeless, the Task Force has expanded the scope of this plan to include people “sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.” This includes people who consider their housing arrangement to be temporary.

Affordable Housing

The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Housing costs include rent, utilities, and taxes. Households spending more than 30% of their income for housing are considered to be “cost burdened” since they may not be able to afford basic necessities such as food, clothing, transportation and medical care. The term “affordable housing” has no meaning without further reference to the income level for which the property is affordable.

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Income levels are judged in relation to the median income in a given area, with various levels serving as eligibility guidelines for public programs. Median income is the level at which 50% of the population make more and 50% make less, and is not the same as “average income.” The Task Force also considered other income levels in defining the term “affordable housing.”

The term “living wage” has a variety of meanings, and the methodology to calculate the wage figure is a subject of considerable local debate. In January 2006, advocates promoted a living wage in Charlottesville of \$10.72 per hour, but this figure is not universally accepted. This figure was based on the calculated minimum rate of hourly pay to enable a person working 40 hours per week for 52 weeks per year (or full-time) that would adequately meet the basic needs of a family of four, which includes two working adults and two children. Basic needs are defined as the local costs of food, housing, childcare, healthcare, transportation, taxes, and other necessities.

The minimum wage was first enacted in 1938 as part of the Fair Labor Standards Act (FLSA). The minimum wage has been raised several times in the decades since. The minimum wage was changed in 1997, raising the level to \$5.15 per hour from the previous rate of \$4.25. The current federal minimum wage of \$6.55 per hour went into effect July 24, 2008. It will be raised to \$7.25 per hour effective July 24, 2009.

Social Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security taxes) to help the elderly and people with disabilities who have little or no income. SSI recipients usually also qualify for food stamps and Medicaid. Monthly SSI payments are \$637 per month for an individual in the Charlottesville Metropolitan Statistical Area (MSA). The application and eligibility process for Social Security benefits is lengthy and complex. Social Security Disability Insurance (SSDI) is a federal program that pays monthly cash benefits to people who are unable to work for a year or more because of a disability. Benefits vary based on work history and other factors, but an amount of about \$770 is common.

Calculating income to support Fair Market Rent (FMR) is another methodology to consider. In the Charlottesville MSA, FMR for a two-bedroom apartment is \$847. An annual income of \$33,880 would be required to support this rent if housing costs were kept at 30% of annual income.

For Charlottesville Metropolitan Statistical Area (MSA) 2008	Income	Affordable monthly rent (30% of income)
Median household income – 4 person	\$68,500	\$1,713/month
80% area median income – 4 person	\$54,800	1,370/month
50% area median income – 4 person	\$34,250	856/month
30% area median income – 4 person	\$20,550	514/month
Median household income – 1 person	\$48,000	1,200/month
80% area median income – 1 person	\$38,350	958/month
50% area median income – 1 person	\$24,000	600/month
30% area median income – 1 person	\$14,400	360/month
“Living wage” \$10.72/hour full time	\$22,298	557/month
Minimum wage \$6.55/hour full time	\$13,624	340/month
SSDI (average assumed as \$770/month)	\$9,240	231/month
SSI (\$637/month)	\$7,644	191/month

The Task Force defines affordable housing as rental units with a monthly rate of \$550 or less, including rent, utilities, and taxes. This housing cost would be within 30% of income for a family of four making a living wage or an individual earning 50% of area median income.

Target population

For this Plan, the homeless population is divided into three categories, based on their housing and supportive services needs:

- **People Needing Housing:** Those individuals or families who are stable, but who cannot find housing in the local area that is affordable. This population needs affordable housing, but does not require supportive services. They may not be homeless per the legal definition, but may be paying over 50% of their income for housing, doubled up with friends or family, or at risk for eviction or default.

- **People Needing Housing and Supportive Services:** This population includes people who require support to live independently due to mental or physical disability, substance addiction, or other barriers.
- **People unable to live independently:** This population consists of individuals with severe or multiple barriers that prevent them from living independently, even with supportive services.

These categories are fluid. People can move from one category to another as their circumstances change. Contributing factors would include progression of a disability, some other health crisis, domestic violence, as well as newly developed job skills, improved family relationships, and improved stability through individual effort and appropriate services.

This Plan includes strategies to address homelessness among all three categories, including unaccompanied adults, single parents with children, and intact families. The pilot program described in the recommendations section focuses on people needing both housing and supportive services, but does not address the other two categories, people needing only housing and people unable to live independently.

Summary of Needs and Gaps

Homelessness in the TJPDC Region

TJACH has conducted a Point-in-Time (PIT) Census each year in January for the past seven years. The latest count was conducted on January 28, 2009. On that date, TJACH was able to locate **232** people who were homeless. Due to difficulties in locating homeless persons, this is a conservative figure and represents the least number of homeless people in the region on that date.

A **homeless** person is defined as:

1.) An individual who lacks a fixed, regular, and adequate nighttime residence; or 2.) An individual who has a primary nighttime residence that is a.) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; b.) An institution that provides temporary residence for individuals intended to be institutionalized; or c.) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Minors are also considered homeless when they are: Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are abandoned in hospitals; or are awaiting foster care placement.

Using a broader definition of homelessness, Homeless Liaisons reported 327 homeless children in area schools. The Homeless Census found 27 children that met the more stringent HUD definition of homeless. No data is available on these near-homeless families that “double up,” but a conservative estimate of 1 adult for each 2 children yields **450 people in near-homeless families.**

Chronic Homelessness

Of the 232 people found homeless on January 28, 2009, 80 were chronically homeless (14 unsheltered, 9 in the Region Ten Dual Recovery Center, 4 in the Mohr Center, 11 in the Step Up Program, 30 at PACEM, 11 at the Salvation Army and 1 at ASG.

A "**chronically homeless**" person is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

Between November 2008 and March 2009, PACEM provided shelter to 53 chronically homeless men and 15 chronically homeless women. This is a total of 68 people chronically homeless who were not enrolled in an existing housing program. Adding this number to the number housed by ASG (1), Mohr Center(4), Step Up Program (11), Salvation Army (11) and the Dual Recovery Center (9) yields a population of **no less than 104 chronically homeless persons.**

Shelter Statistics

The estimated population figures above are conservative. Actual figures of shelter provided are significantly higher.

- In the first 6 months of 2006, the Salvation Army provided 10,078 bed nights of shelter to 1,268 people.

- In the winter of 2005-2006, PACEM provided 5,813 bed nights of shelter to 237 people

2009 Point In Time Count and Homeless Census

TJACH now has seven years of data from the Point-in-Time Count.

	2003	2004	2005	2006	2007	2008	2009
People homeless	143	155	175	173	245	292*	232
Sheltered	125	129	154	163	221	277*	218
Unsheltered	18	35	21	10	24	15	14

*The 2008 Census erroneously included 21 residents at Piedmont House as part of the shelter count. These residents come directly from jail to Piedmont House and do not meet HUD’s definition of “homeless.”

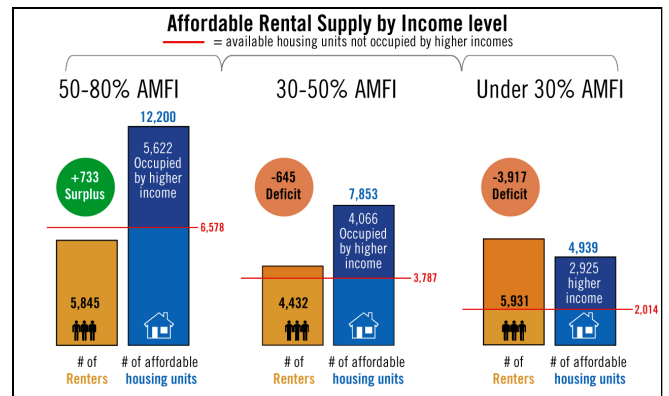
In 2009, 122 surveys were completed. Survey respondents identified services needed over the past year that they were unable to obtain. Dental care was most common inaccessible service cited. Other with high responses were job training/placement and shelter. Inability to find work was the most commonly identified challenge, followed by lack of affordable housing and medical and dental problems.

Housing Needs

The Housing Directors Council of the Thomas Jefferson HOME Consortium commissioned a study by the Center for Housing Research at Virginia Tech, which was completed in October 2006. The study identifies the need for affordable housing in the planning district as a consistent theme throughout the report. The Charlottesville Metropolitan Statistical Area (MSA) had the second highest median gross rent as a percent of household income in Virginia in 2005, ranking only behind the Northern Virginia area. The Charlottesville MSA tied with the Northern Virginia MSA for the highest median monthly owner costs for owners with a mortgage as a percent of household income.

The report includes a housing gap analysis to estimate the surplus or deficit of housing units that were affordable in the year 2000 to certain household income groups. The gap analysis shows that low-income renters faced the most severe shortage of affordable housing. The report estimated a gross deficit of about 4,660 affordable rental units for renters with incomes below 50% of the Area Median Family Income (AMFI). Consequently, low-income renters were forced to spend large portions of their incomes in order to obtain housing.

There is a severe deficit of rental housing for low-income renter households. Most units that are affordable (rent at or below 30% of income) by extremely low income households (less than 30% average median family income) are occupied by households with higher incomes. This forces low-income renters to spend large portions of their income on housing. Recently, several apartment complexes have been converted to condominiums, further reducing the supply.



Availability of Services

The Task Force undertook a comprehensive review of local services available for the homeless (see detailed Service Matrix in Appendix). While a broad variety of services are offered, those programs are overwhelmed by demand and are practically inaccessible to many in need. Eligibility requirements vary between programs and are not understood by people in need. Application processes can duplicate requests for information and there is frequently a significant time lag between application and receipt of benefits. Wait lists for public housing and rental assistance are three years or longer, and these lists are only rarely opened for new applications. Waiting lists for dental assistance through the Charlottesville Free Clinic are over 400 clients. Barriers to assistance include poor credit histories and criminal records involving drugs or violence.

The Task Force found several key areas in which services for the homeless were easily accessible, others that were overloaded or not accessible to many in need, and others that were entirely missing.

Accessible Services

- Emergency shelter
- Clothing
- Financial Counseling
- Job preparation assistance
- Legal advice
- Public meals

Overloaded/Inaccessible Services

- Childcare
- Dental care
- Eviction prevention
- Emergency financial assistance
- Public housing and rental assistance
- Supportive housing for people with disabilities
- Transitional housing
- Affordable rental units
- Emergency Shelter for intact families

Missing Services

- Emergency Shelter for single parent male head of household families
- Year-round shelter for the chronically homeless

The services available in the region were compiled in a detailed Service Matrix Table, which is included in the Appendix.

Recommendations

Lead Organization on Homelessness

Purpose

The Lead Organization on Homelessness will be a 501(c)(3) non-profit organization specifically tasked to identify and implement strategies to end homelessness, including the 2012 Strategies included in this plan. The main activities of the organization will be coordination, planning, research, advocacy, fundraising, data collection and analysis, convening work groups and serving as the Continuum of Care entity. The lead organization will not provide direct services, but will manage and provide operational oversight for the First Street Church building, a dynamic, multi-purpose community space that features centralized resources for the hungry, disadvantaged and homeless.

Structure

TJACH is in the process of organizing itself to serve as the Lead Organization on Homelessness. The Lead Organization on Homelessness will be a 501(c)(3) non-profit organization. Initially, the Thomas Jefferson Planning District Commission (TJPDC) will incubate the organization by providing office space for the TJACH Executive Director and serving as the fiscal agent. By December 2009, TJACH is expected to move into the First Street Church building. The timeline calls for submission of the application for non-profit status before June 2009.

Board

A Board of Directors will govern the lead organization. The TJACH Board will consist of 12 to 15 members, including representatives of business, local government, service providers, non-profit groups, faith-based organizations, the academic community, and others. Board members will have staggered three-year terms. The Thomas Jefferson Planning District Commission (TJPDC) made the initial appointments to the Board, based on recommendations from the TJACH Structure Task Force. The Chair and Vice Chair of the Service Directors' Council serve as members of the TJACH board. Appointments to fill vacancies on the Board will be made in accordance with the Bylaws developed by the Board. Board members do not need to be experts in homelessness, but must have passion for and some knowledge of the issue, be willing to take an active role on the Board, raise funds, and build community support throughout the region.

Executive Director and Staff

After application to become a non-profit organization, the first task of the TJACH Board of Directors will be to hire an Executive Director. The Executive Director will be responsible for implementing this Community Plan to End Homelessness and will oversee operations of the First Street Church building to facilitate inter-agency Collaboration. The Executive Director needs to be a strong leader, consensus builder, promoter, trainer, communicator and fundraiser. Staff is envisioned to consist of the full-time Executive Director, a part-time or full-time Building Manager, and an administrative assistant/volunteer coordinator.

Councils and Workgroups

Service providers and non-profit groups already meet as a part of the Thomas Jefferson Area Coalition for the Homeless (TJACH), which will continue as the Service Providers Council, meeting monthly as an advisory council to the Board of Directors. The Lead Organization (TJACH) will coordinate the efforts of existing agencies and organizations through the Service Providers

Council, workgroups, and formal Memoranda of Understanding. TJACH will convene workgroups drawing members from existing agencies and organizations to formulate solutions to specific issues.

Staff Responsibilities

The Lead Organization will be data-driven, providing accurate and timely data to workgroups and partners to formulate workable solutions. One of its key roles will be assessing regional homeless needs through the Homeless Management Information System (HMIS) and other sources. Staff will coordinate homeless service agencies and efforts, convene workgroups to study issues and implement solutions, and establish a common intake and referral system with HMIS serving as the data backbone. Specific activities include:

Data Collection, Analysis and Management

- Maintain and expand the HMIS system
- Develop policies for standard intake
- Implement data sharing between willing providers
- Gather and publish aggregate data on homelessness
- Report to local governments and the business community on a regular basis
- Engage in ongoing needs assessment and gaps analysis

Convene Standing and Ad Hoc Groups

- Support the Service Providers Council
- Manage the preparation of the annual HUD Continuum of Care grant application and the associated publicity, education, and ranking process
- Assess and recommend best practices
- Convene the Local Housing Options Team (LHOT) as a standing program. LHOT's role would be to coordinate prevention activities and provide crisis stabilization and/or mediation.
- Convene workgroups as ad hoc teams to study issues and implement solutions

Coordination and Research

- Provide leadership and training to service provider professionals
- Maintain a catalog of community services for the prevention and end of homelessness and provide this information to the state 211 system and local United Way
- Coordinate current and future homeless service agencies and efforts.
- Eliminate redundancies in services
- Support local initiatives to prevent and end homelessness
- Coordinate with statewide efforts by serving as a liaison with the Virginia Coalition to End Homelessness (VCEH),
- Coordinate regional training opportunities offered through VIACH
- Pursue continued funding for SRO projects through the Department of Housing and Community Development (DHCD) and other state agencies.

Building Management

The First Street Church building consists of four basic elements:

- **The Annex** – The upper floors of the Annex will provide offices and conference space for TJACH, homeless service providers, and agencies and organizations providing supportive services. Some tenants will occupy the space on a permanent basis and others on an itinerant or rotating basis. Charlottesville Health Access (CHA) will be a permanent tenant. Other expected tenants include: PACEM (offices and intake during the season), Veterans Affairs,

Virginia Employment Commission, MACAA, and Region Ten. Tenants will execute agreements with TJACH for the use of the space, with fees based on square footage, hours of use and equipment needs.

- **The Day Haven** –This dedicated area is located on the first floor of the Annex and will provide a space for people to gather during the day. Clients will register in order to have access to services which will include: referrals to the appropriate service agencies, internet access, mailing services, a storage space for their personal effects, and access to showers and laundry facilities. First Assembly of God is expected to take a lead role in raising funds and recruiting volunteers for the Day Haven. TJACH will retain oversight responsibility. Other agencies and organizations may provide staff support during the hours the Day Haven is open. TJACH will ensure the Day Haven’s operation, negotiate and execute agreements with agencies and organizations involved in the operation, maintain and modify the building to support all needed activities, and assist with coordination for volunteers and service providers.
- **Kay’s Kitchen** – This commercial-grade kitchen will provide breakfast five days a week as well as bag lunches for those who work. An on-the-job training program will allow our clients to gain valuable employment skills in the food service industry. The kitchen will also be used for Sanctuary events and by community groups that need food service facilities.
- **The Sanctuary** – This large space on the ground floor will be a multi-use venue for performances and other cultural/arts events. TJACH will schedule the space and assess fees on a sliding scale basis. Classes, seminars and workshops will also be held there. This space will generate rental income to defray the costs of operating the building.

Common Intake

Fairness and efficient use of resources benefit from a single common point of entry into all the supporting systems. The intake system will be a “one right door, no wrong door”, with the First Street Church building serving as the primary intake site with a managed referral system to all service providers, as well as intake at any service provider that will be tied into the electronic data backbone. :

- Establish an intake protocol and referral system for case management and services
- Establish the First Street Church building as the primary physical location for intake.
- Support intake at other locations through the established protocol and provision of HMIS as the data backbone of the intake system and by identifying a partner for intake in each of the rural localities

Early Intervention and Prevention

The Lead Organization will develop a coordinated strategy for prevention activities, including strategies to address needs in the rural areas of the planning district. The Lead organization’s role is to facilitate and coordinate the Early Intervention and Prevention program, with the Local Housing Options Team and partners carrying out the Flexible Targeted Prevention services. Best practices for intervention and prevention include:

Local Housing Options Team (LHOT)

- Create a Local Housing Options Team (LHOT) to coordinate prevention activities and provide crisis stabilization and/or mediation.
- Providing agency references to prospective landlords.

- Provide financial assistance for security deposit, first month's rent or a two-month stabilization period.
- Establish LHOT as payee for disability payments with associated case management.
- Offer security deposit guarantees, last month rent guarantees or co-signing leases as necessary.
- Create a Rapid Exit Coordinator to connect clients with housing
- Use centralized referrals and case management to build relationships with landlords and property managers.
- Absorb the cost of an unsuccessful housing placement including paying for damages and eviction costs to reduce the disincentives to the landlord in accepting a "higher risk" rental candidate.

Flexible Targeted Prevention

- Replace one-time eviction prevention payments with time-limited subsidies to stabilize emergencies.
- Intervene to prevent evictions and stabilize over time to reduce the risk of homelessness.
- Allow prevention programs to target those most vulnerable to entering shelter, specifically families in doubled up living arrangements.
- Target new prevention efforts in areas with high eviction rates. Measure success by reduction in number of evictions.
- Assign one judge to eviction cases who can focus on negotiated settlements. Encourage the participation of Legal Aid to assist clients and broker agreements.
- Improve information sharing among emergency assistance providers to maximize the impact of existing resources.
- Include financial assistance to pay past due rent, mortgage or contract to prevent eviction or mortgage foreclosure.
- Individually tailored supportive services including information, guidance and referral, and development of a self-sufficiency plan to prevent future homelessness.

Increase Housing Options

A key contributor to homelessness is a lack of affordable housing for low-income individuals and families. A strategy to end homelessness would be incomplete without addressing the need for more affordable rental units. Some approaches are currently being pursued, but need to be continued and expanded.

- Use housing funds to create affordable housing for very-low income households. The region and some localities have created funds through foundations or the locality to support affordable housing efforts.
- Support new development or redevelopment of properties for affordable and mixed-use housing. This strategy can include:
 - **Waive real estate taxes** on the increased value of properties resulting from rehabilitation or redevelopment, including the conversion of hotels or motels to multi-family housing.
 - **Support tax-credit project proposals** submitted by public or private developers within the locality.
 - **Institute mechanisms to encourage private solutions**, such as tax incentives, density bonuses, public investments in infrastructure, and streamlining the permit processes for affordable mixed use development.

- **Donate land** for affordable housing and mixed-use/mixed-income development, owned by the localities or donated through the proffer process.
- **Redevelop public housing properties** to increase the number of units available. For example, the Charlottesville Redevelopment and Housing Authority (CRHA) is pursuing plans to redevelop a 0.9-acre site in Belmont into a mixed-income, mixed-use development in partnership with a locally based nonprofit group.
- **Develop Single Room Occupancy (SRO) units.** These micro-efficiency units are permanent housing, 200 to 300 square feet each with a bathroom, a small kitchen area, and individual heating and cooling controls. Housing would be combined with appropriate supportive services. Virginia Supportive Housing (VSH) has agreed to be the developer and operator for the project. VSH was awarded the \$75,000 Catalyst Grant through the Charlottesville Area Community Foundation (CACF) in December 2008. In October 2008 Charlottesville City Council included the development of an SRO Project in its “Strategic Priorities for Use of Charlottesville Housing Funds.”
- **Redevelop mobile home parks** into mixed-use developments. Habitat for Humanity is drawing up plans to redevelop Sunrise Trailer Park, a 2 acres site in the City with 17 mobile homes, into a higher density mixed-use project, with 64 to 72 housing units and some retail. The project is planned and phased to prevent displacement and to provide new units affordable to current residents. Habitat is also working on plans for Southwood Trailer Park, a 100-acre site in Albemarle County with 371 mobile homes. This is a long-term project now in a study phase. Other mobile homes parks may be suitable for this type of redevelopment by public, non-profit, and/or for-profit organizations.
- **Encourage mixed used development** by revamping zoning ordinances to allow mixed use and by creating incentives. Affordable housing is a vital component of every mixed-use community. Allowing people to live in the same communities where they work and shop improves the quality of life, increases residents’ sense of belonging, and reduces traffic congestion. Having employment, shops, and schools nearby significantly reduces commuting and transportation costs. Mixed-use communities promote inclusion and diversity by incorporating housing for people of all income levels along with supportive housing for the elderly and people with special needs. Ultimately, mixed-use communities foster a sense of connection that bolsters the health and vitality of a community and its residents.
- **Redevelop or develop units to serve as emergency shelter** for individuals and families displaced. The Fluvanna/Louisa Housing Foundation has developed a two-bedroom single family house that can be used by families for three months, while they make arrangements for permanent housing. The families pay rent as they are able.
- **Create incentives to connect** under-utilized housing stock with case management support. Efforts in the wake of Hurricane Katrina identified numerous apartments within the current housing stock, such as units over garages and basement units in private homes. Coordination, incentives and supportive services would be needed to utilize these units as affordable housing for those who are homeless or at risk for becoming homeless.

Supportive Services

Case Management Services:

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health and human service needs through communication and available resources to promote quality cost-effective outcomes.

- **Assign one case manager to each client** or family as soon as they are placed in housing. This will require developing a system of identifying case managers at agencies and organizations already providing homeless services, an expansion in the number of available case managers, and a mechanism for matching case managers with clients. Currently, a client can have multiple case managers if they receive services from more than one agency, which can lead to fragmentation of services. The ideal system will assign one case manager to each client or family, who will continue to work with that client or family for as long as they need supportive services. A case manager would continue in that role even if the services provided by the case manager's agency were no longer required. The HMIS provides the data backbone for the coordination of services and managed referral.
- **Require weekly visits to tenant apartments** during a defined initial period, tapering off the frequency of visits until stabilization is achieved.
- **Offer assistance to the landlord and tenant** to resolve any crisis that may threaten housing stability by engaging in mediation and advocacy.
- **Provide agency references** to prospective landlords.
- **Link clients with community-based services** to meet long-term needs and goals. These might include assistance with earned-income tax credits, application for Social Security Income (SSI) or Social Security Disability Insurance (SSDI), as well as making connections with mainline services, such as Departments of Social Services, Community Service Boards, and rental assistance.
- **Combine case management with emergency assistance**, offering ongoing support as needed to reduce future risk of homelessness.

Tenancy Preservation Program:

Achieving housing stability requires mechanisms to handle issues as they arise.

- **Provide a neutral program** to arbitrate disputes and resolve problems to benefit both tenants (with housing) and landlords (with income and reduced difficulties).
- **Provide landlord mediation**, education and referral to community programs and resources.
- **Build durable relationships with landlords.**

Supportive Services:

Support services consist of assistance made available to clients to help them maintain residential stability and/or achieve improvements in health, wellness, independent living skills, income, employment, socialization, and quality of life. Consumer choice is a characteristic of successful programs.

- **Allow consumer choice as to the type of service** and sequence of services, or not to participate in services.
- **Utilize a harm reduction strategy** to reduce negative consequences of drug use. Provide alternative paths to complete sobriety.
- **Provide services that support recovery**, including supported employment, education, and wellness management.
- **Tailor services** to meet the unique needs of each family and target services appropriately.
- **Provide services as choices** so that consumers make independent decisions from the very beginning of the program and work toward self-determination and recovery from the start.
- **Separate housing from treatment.** Increase services in the event of violations or lack of progress, but do not evict clients from housing.

Secure stable, sustainable funding

Ending homelessness is not a one-time event, but the development of an effective system for prevention, emergency services, rapid re-housing, and supportive services. The success of the system relies on stable, sustainable funding, in addition to effective monitoring and continuous improvement to effectively meet needs as they change. There are a variety of funding streams that can be utilized to support the coordinated system to end homelessness.

- The federal government provides competitive and formula grants through the McKinney-Vento Homeless Assistance Programs. These funds are accessed through the Continuum of Care process. Funds currently support the Homeless Management Information System (HMIS) and supportive housing programs operated by Region Ten and the AIDS Services Group.
- Funding for housing is available through other HUD programs including Community Development Block Grants (CDBG), the HOME program, and Housing Opportunities for Persons with AIDS (HOPWA). The City of Charlottesville is an entitlement community and receives an annual allocation of CDBG funds, which are awarded to agencies and organizations through a competitive process. The HOME Consortium was established in 1993 and receives an annual allocation of almost a million dollars, split equally among the six participating localities, with some funds reserved for planning and administration and Community Housing Development Organizations (CHDOs). The AIDS Service Group receives some HOPWA funds for their programs. Some CDBG or HOME funds could be allocated to homeless programs on a one-time or on-going basis.
- The US Department of Health and Human Services (HHS) sponsors a number of programs for homeless people and Temporary Assistance to Needy Families (TANF) funds can be used for some housing and prevention programs. Local Departments of Social Services already use some TANF funds to serve people who are homeless or at risk of becoming homeless. Additional funding may be possible through grants and special programs.
- Funding from localities can be dedicated to homeless programs through direct funds as part of annual budget submissions or funds through housing funds or trust funds. The City of Charlottesville has established the Charlottesville Housing Fund, which provides funding for housing initiatives.
- Since housing first programs result in reductions in incarcerations, hospitalizations and shelter use, some funds for these services could be redirected to cover the cost of supportive housing. In Richmond, the Medical College of Virginia (MCV) contributes significantly to supportive housing programs. Exploring cost reductions to University of Virginia Health Services could provide the foundation for negotiating contributions toward services in our region. Serious discussions on this possibility have not yet begun.
- Competitive grants through government agencies and private foundations could be pursued by the lead organization, in partnership with service providers.
- As a non-profit organization, the lead agency could accept private contributions through direct solicitations or fundraising events.
- For long-term stability consider establishing an endowment.

Plan Partners, Funding and Timeline

Plan Partners

The Lead Organization will work with localities, service providers, advocacy organizations, and private groups and individuals to carry out the strategies. Service providers in our region are identified in the service matrices in the appendices.

Projected Budget

- TJACH's fiscal year is July 1 through June 30, to match the fiscal year of the localities in the planning district.
- This plan envisions presenting budget requests to localities in the FY11 budget cycle, with submissions due in November and December 2009.
- The budget is based on having an Executive Director in place on July 1, 2009 and building occupancy by December 1, 2009.
- Additional funds for service expansion will also be needed to increase the number of case managers, provide rental subsidies, and expand or create services to fill in gaps in service. The Task Force estimates the funding for additional services to be in the range of \$250,000 per year. These services will be phased in over a few years as solutions are formulated and funding secured.

TJACH Estimated Budget				
	Item Fiscal year is July to June	1st Year FY2010	2nd Year FY2011	3rd Year FY2012
Revenue	Locality funding			
	Private grants			
	Private donations			
	Public grants			
	Building Fees			
	Tom Shadyac			
	TOTAL Revenue	\$254,292	\$341,875	\$357,656
Expenditures	Staff Salaries & Benefits Exec Dir (7-09) Building Manager (12-09) Admin Asst/Vol Coord (12-09)	127,292	170,625	179,156
	Contract for HMIS access & staff	17,000	23,000	25,000
	Building maintenance, insurance, utilities, taxes (12-09)	70,000	102,000	104,000
	Supplies/Equipment	20,000	22,000	25,000
	Professional fees - accounting, legal, design	12,000	16,000	16,000
	Outreach expenses - web, software, dues, conferences	8,000	8,250	8,500
	TOTAL Expenditures	\$254,292	\$341,875	\$357,656

Timeline

	By 6/09	12/09	6/10	12/10	6/11	12/11	6/12	12/12
Lead Organization:								
Hire Executive Director	◆							
Hire Building Manager		◆						
Achieve 501 (c) 3 status	→	→	◆					
Review Plan – develop annual operations plan			◆		◆		◆	
Facility: construction	→	◆						
Day Haven								
Common intake:								
Common process		→◆						
Prevention:								
Create LHOT		→	◆					
Coordinate prevention activities		→	→	→	→	→	→	→
Increase housing options: Create SRO units (VSH)	→	→	→	→	→	◆		
Housing trust fund		→	→	→	→	→	→	→
Launch new supportive housing programs		→	→					
Public-private partnerships for new or rehabbed housing		→	→	→	→	→	→	→
Supportive Services								
Identify pool of case managers		→	◆					
Managed referral system through HMIS		→	◆					
Promote SSI/SSDI applications		→	→	→	→	→	→	→
Stable funding								
Request funds from localities		◆		◆		◆		◆
Raise private funds	→	→	→	→	→	→	→	→
Secure public grants			→	→	→	→	→	→
Secure private grants		→	→	→	→	→	→	→

LEGEND: → Work in progress ◆ Target milestone

Appendices

Thomas Jefferson Planning District Commission – FY06-07

* Denotes former Commissioner during FY 2005-06

City of Charlottesville

David Brown

Jason Pearson

Cheri Lewis *

Kevin Lynch *

Albemarle County

Sally H. Thomas

David Wyant

Fluvanna County

Charles W. Allbaugh, CPA

Grant Tate, DPS, Chair

Norma Hutner *

Greene County

Jeri Allen

Carl Schmitt

Phillip Anns *

Kenneth R. Roberts *

Louisa County

Richard Havasy

Eric Purcell

David B. Morgan, M.D. *

Nelson County

Fred Boger

Connie Brennan, Vice Chair

Thomas Jefferson Planning District Commission – FY09 (Plan Adoption)

City of Charlottesville

David Brown

Jason Pearson

Albemarle County

Sally H. Thomas

Ann H. Mallek

Fluvanna County

Charles W. Allbaugh, CPA, Vice Chair

Chris Fairchild *

Greene County

Carl Schmitt

Andrea Wilkinson, CPA

Louisa County

Richard Havasy

Jack Wright

Nelson County

Fred Boger

Connie Brennan, Chair

Task Force to Develop 2012 Plan to End Homelessness (2005-2006)

Task Force Members:

Mark Lorenzoni, Corner Merchants (Chair of Task Force)
Rudy Beverly, Monticello Area Community Action Agency (MACAA)
Laura Hawthorne, University of Virginia (Vice Chair of Task Force)
Ms. Judith Pitts, TJACH Liaison
Timothy Longo, Chief of Police, City of Charlottesville
Susan Shellito, Love In the Name of Christ
Ron White, Director of Housing, Albemarle County:
Robert A “Buz” Cox, Director of Department of Social Services, City of Charlottesville
Shelly Wright, Assistant County Manager, Fluvanna County
James Howard, Director of Department of Social Services, Greene County
Paul Oswell, Director of Department of Social Services, Louisa County
George Krieger, Executive Director, Nelson County Community Development Foundation

Staff:

Harrison B. Rue, Executive Director, TJPDC
Billie Campbell, Chief Operating Officer, TJPDC
Evan Scully, Homeless MIS Manager, TJPDC
(through November, 2006)
Jeffrey Cornelius , Homeless MIS Administrator,
TJPDC (as of December, 2006)
Dave Norris, Executive Director, PACEM

Active Advisors:

Reed Banks, Region Ten CSB
Howard Evergreen, F/LHF
Noah Schwartz, CHRA
Erik Speer, COMPASS

Structure Committee (2008-2009)

Michael Costanzo, Region Ten (chair)
Adriana Nicholson, PACEM
Rudy Beverly, MACAA
Billie Campbell, TJPDC
James Howard, Greene DSS
Gwen Jones, ASG
Mark Lorenzoni, 2012 Task Force
Judith Pitts, PACEM

Timeline of Events Leading to this Plan

The issue of homelessness in the Thomas Jefferson Planning District has been growing both in terms of the number of people identified as homeless and the recognition that the area must address the issue in a systematic way to eliminate homelessness. A brief history of efforts to address homelessness includes these milestones:

- In 1998, the Thomas Jefferson Area Coalition for the Homeless (TJACH) was founded. TJACH is a broad-based coalition of individuals and organizations working to end homelessness in our region through strategic planning, coordination of services, and public education/advocacy on the causes and impacts of homelessness. TJACH functions as the region's HUD-defined Continuum of Care Committee, conducting the required activities for establishing a strategic planning process and plan for addressing the area's homeless needs. TJACH has submitted an annual Continuum of Care since 1999.
- In July 2002, TJACH created and distributed the “Street Sheet”, a two-page guide to agencies and services in the region. It includes locations, contact information, services offered and maps. The Street Sheet is updated periodically to provide current information to the homeless and service providers.
- In January 2003, TJACH conducted its first Street Census in conjunction with the statewide Point In Time count scheduled by the Virginia Inter-Agency Coalition for the Homeless (VIACH). This annual census has been conducted each year, providing valuable data on the number of homeless in the region and their characteristics. The latest results are included in this Plan.
- In 2003, the Thomas Jefferson Planning District Commission (TJPDC) launched a regional Homeless Management Information System (HMIS). HMIS is a web-based tool for data collection, case management, and program management.
- On March 30, 2004, over 140 participants representing local service providers, faith-based organizations, concerned citizens, government workers, and homeless individuals joined TJACH and TJPDC to discuss homelessness in the Thomas Jefferson Planning District.
- On November 15, 2004, People and Congregations Engaged in Ministry (PACEM) opened a low-demand shelter to provide shelter to men. Over the 124 days from opening night of November 15, 2004 through our closing night of March 18, 2005, PACEM provided 3,714 nights of shelter to 136 different men. The average nightly census that winter was 30 guests, ranging from a low of 5 on opening night to a high of 48 on March 9, 2005. In addition, PACEM was able to provide 91 nights of hotel lodging to 23 different women (some with children) through the Women and Children’s Emergency Shelter Fund. For the winter of 2005-2006, PACEM expanded its services to six months of the year. Services are continuing.
- On January 20, 2005, TJACH launched the ID Ride as part of the Re-entry Initiative for ex-offenders. The ID Ride is offered periodically, approximately once a month. The Salvation Army van picks up people at Offender Aid and Restoration (OAR), who also handles referrals, and transports them to the Bureau of Vital Statistics in Richmond to obtain birth certificates. A volunteer mentor accompanies the riders. The ID Ride was originally planned to meet the needs of ex-offenders, but is open to others as well.
- The Thomas Jefferson Planning District Commission (TJPDC) adopted the charge to the Task Force to Develop the 2012 Plan to End Homelessness at its regular meeting on April 7, 2005 and made formal appointments to the Task Force on June 2, 2005. The Task Force held its first meeting on July 1, 2005 and met regularly over the course of a year to develop this plan. The

Task Force was created to raise homelessness to a community issue, with the involvement of all localities and additional stakeholders, building on TJACH's planning and initiatives.

- TJPDC adopted the Community Plan to End Homelessness as a draft on January 4, 2007.
- The Thomas Jefferson Area Coalition for the Homeless (TJACH) votes to become the lead organization on homelessness at their May 2008 meeting.
- The Thomas Jefferson Planning District Commission (TJPDC) appoints the initial TJACH Board over meeting spanning from September 2008 through February 2009.
- The TJACH Board holds an orientation session in September 2008, and its first Board meeting on October 29, 2008.
- This final plan is presented to the TJACH Board for review and comment at the April 15, 2009 meeting and to the TJPDC for final adoption at the May 7, 2009 meeting.



STREET SHEET

**Thomas Jefferson Area
Coalition for the Homeless**

Public Meals

Soup Kitchens

Charlottesville Daily lunches 12⁰⁰-1⁰⁰ pm
 Monday First United Methodist, 101 E Jefferson St (A)
 Tuesday Christ Episcopal Church, 103W Jefferson St (B)
 Oct-Apr First Baptist Church 632 West Main Street (C)
 Wednesday First Presbyterian Church, 500 Park St (D)
 Thursday Holy Comforter, 208 E Jefferson Street (E)
 Friday 1-2 pm First Baptist Church, 735 Park St. (Closed 12/26) (F)
 Saturday Salvation Army, 207 Ridge St (1)
 Sunday (1⁰⁰) Salvation Army, 207 Ridge St (1)

Salvation Army Public Meals (1) 365 days a year
 295-4058 207 Ridge Street, Charlottesville
 Mon-Fri: Breakfast 6⁴⁵ am / Dinner 6⁰⁰ pm
 Sat: Breakfast 7¹⁵ am / Lunch 12⁰⁰ pm / Dinner 6⁰⁰ pm
 Sun: Breakfast 7¹⁵ am / Lunch 1⁰⁰ pm / Dinner 6⁰⁰ pm

Temporary Shelter

Salvation Army Emergency Shelter (1)
 295-4058 207 Ridge Street, Charlottesville - walk-in
 emergency shelter for men, women and families 10⁰⁰ am-10⁰⁰
 pm. Police escort required after 10:00 p.m.
PACEM 465-1392 - Winter emergency shelter for men and
 women open Nov. 11-Mar. 30 Nightly check-in is required
 Intake 5⁰⁰ - 6⁰⁰ pm at Holy Comforter Church, 208 E Jefferson (E)
Shelter for Help in Emergency (SHE) Hotline 293-8509
 24 hr shelter for victims of domestic violence and their
 children. Must call hotline and be screened for admittance.
CYFS-Runaway Emergency Services (Ages 0-18)
 24-hour hotline 972-7233

Departments of Social Service (DSS)

DSS accept applications for many programs including food stamps,
 Medicaid, fuel assistance, and others. All are eligible to apply. A
 permanent mailing address is not required.

Albemarle, 972-4010, 1600 5th Street, Charlottesville
 Charlottesville, 970-3400, 120 7th St NE, City Hall Annex (2)
 Fluvanna, 842-8221, Rt 15 Carysbrook Complex, Fork Union
 Greene, 985-5246, 10009 Spotswood Trail, Stanardsville
 Louisa, 540-967-1320, 103 McDonald Street, Louisa
 Nelson, 263-8334, 83 Court House Square, Lovingston

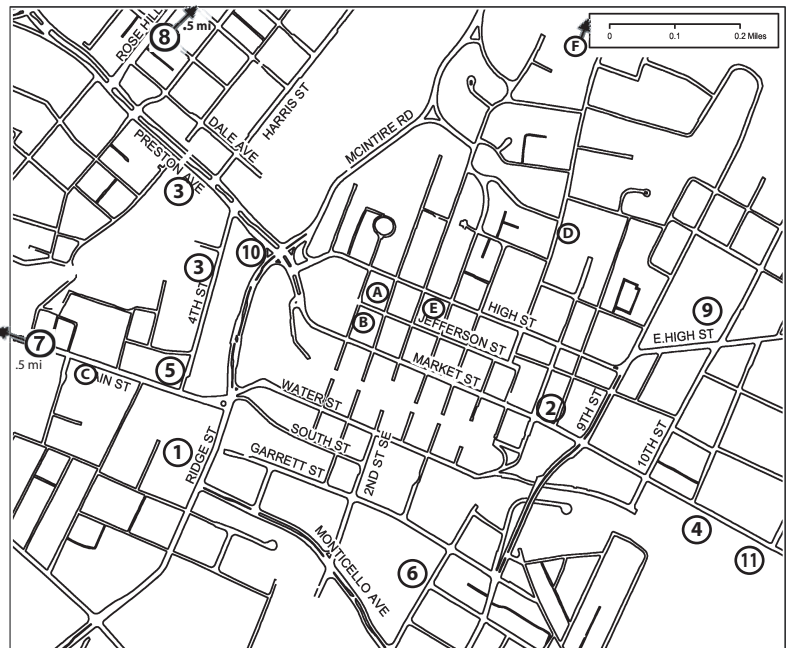
Substance Abuse Treatment

Region Ten Community Services Board
 comprehensive treatment, 24-Hr Crisis Line 972-1800
Mohr Center (4) 979-8871 1014 East Market Street,
 Charlottesville. Provides shelter to men at risk of arrest for
 public intoxication and residential substance addiction
 treatment.

Alcoholics Anonymous 293-6565
Narcotics Anonymous 979-8298
Alateen (program for teens) 296-7128

Regional Information & Referral :

Thomas Jefferson Area United Way maintains a list of
 community services and offers free information and referral, 806 E
 High Street, 972-1703 or toll-free at 800-230-6977
Love INC links people in need to a network of local churches.
 M-F 9⁰⁰am - 4⁰⁰pm, leave a message at other times 977-7777
CARES 295-3171x3050 help with rent, utilities, prescriptions



Mental Health

Mental Health Association info & referral 977-4673
Region Ten Community Services Board (3)
 24-Hr Crisis Line 972-1800 Comprehensive mental health and
 substance addiction treatment, psychiatric rehabilitation,
 recovery and support services.
On Our Own of Charlottesville (5) 979-2440 123 4th St NW
 is a peer-run mental health organization that works with
 individuals who acknowledge mental health issues.
PATH Services: Assisting homeless persons with mental illness
 to access mental health treatment and transition from
 homelessness.
 Region Ten CSB (3) 972-1800, 800 Preston Avenue
 On Our Own of Charlottesville (5) 979-2440, 123 4th Street NW
CYFS-Runaway Emergency Services (Ages 0-18)
 Child abuse and neglect 24-hour hotline 972-7233

Food

Food Stamp Program: (apply at DSS) Households with little or
 no income or resources are eligible for expedited (7 day) food
 stamps.
Emergency Food Bank CHAR/ALB 979-9180 Orders by phone
 weekdays 9am.-noon. Pick-up 1:30-3:30pm. Get a 2-day supply of
 food up to 3 times per fiscal year (March-Feb). More if by agency
 referral. Call ahead to arrange delivery if necessary.
AIDS/HIV Services Group (6) 979-7714, 963 Second Street SE
 Assistance for individuals and families with HIV/AIDS. Food pantry
 for emergency assistance

Literacy

Literacy Volunteers of America provides free tutoring in
 reading, writing, and English as a Second Language.
 418 7th Street SE, 977-3838

Permanent Housing Resources & Residential Stability	Housing Counseling	Home Buyer Assistance	Home Repair	Housing	Rental Assistance	Special Needs	Fair Housing
Albemarle Housing Improvement Program (AHIP) 2127 Berkmar Drive Charlottesville, 817-2447		✓	✓		✓		
Albemarle County Office of Housing, 1600 5th Street, Charlottesville, 296-5839	✓	✓			✓		
Charlottesville Redevelopment and Housing Authority, 500 South First St., Charlottesville, 296-1863	✓	✓		✓	✓	✓	
Dual-Recovery Center/Region Ten CSB, 800 Preston Ave., Charlottesville, 295-9730 ③	✓			✓		✓	
Fluvanna Housing Foundation, P.O. Box 413, Palmyra, 589-4820	✓	✓	✓				
Louisa County Housing Foundation, P.O. Box 160, Louisa, (540) 967-3483	✓	✓	✓				
Monticello Area Community Action Agency (MACAA), 1025 Park Street, Charlottesville, 295-3171	✓				✓		
Nelson County Community Development Corporation, 84 Court House Square, Lovingson, 263-8074	✓	✓	✓	✓	✓	✓	
Piedmont Housing Alliance (PHA), 2000 Holiday Drive, Suite 200, Charlottesville, 817-2436	✓	✓		✓			✓
Salvation Army Homeless Intervention Program (HIP), 207 Ridge Street, Charlottesville, 295-4058 ①	✓				✓		

Health

AIDS/HIV Services Group ⑥ 979-7714, 963 Second Street SE; Assistance for individuals and families with HIV/AIDS: education, assistance, case management, support groups referrals, and volunteer connections. Testing for HIV and HEP-C.
Food pantry for emergency assistance

Charlottesville/Albemarle Health Department ⑧ 972-6200; Provides STD and HIV testing, immunizations, family planning, WIC.

Charlottesville Free Clinic ⑧ 296-5525, 1138 Rose Hill Drive, Suite 200; The Charlottesville Free Clinic is a volunteer community health support system that provides non-emergency medical care, a pharmacy for its patients and limited dental and psychiatric services.

Martha Jefferson Hospital ⑨ 982-7009, 459 Locust Ave.; Community medical institute operating 24 hours a day and offering a full range of inpatient, outpatient, diagnostic, treatment, maternity, and emergency medical services.

Planned Parenthood of the Blue Ridge, 296-1000 ext 207, 2964 Hydraulic Road, Charlottesville; Planned Parenthood provides reproductive health, education and information services which includes gynecology exams, STD testing, pregnancy testing and contraceptives.

Teen Health Center, 982-0090, University Corner; Serves youth under age 20 for routine health care services: sports physicals, check-ups, immunizations, family planning, pregnancy testing/ prenatal care, sexually transmitted disease evaluation/ treatment and minor illness.

University of Virginia Hospital ⑦ 1222 Jefferson Park Avenue, 924-2231 Public medical institute operating 24 hours a day and

Clothing

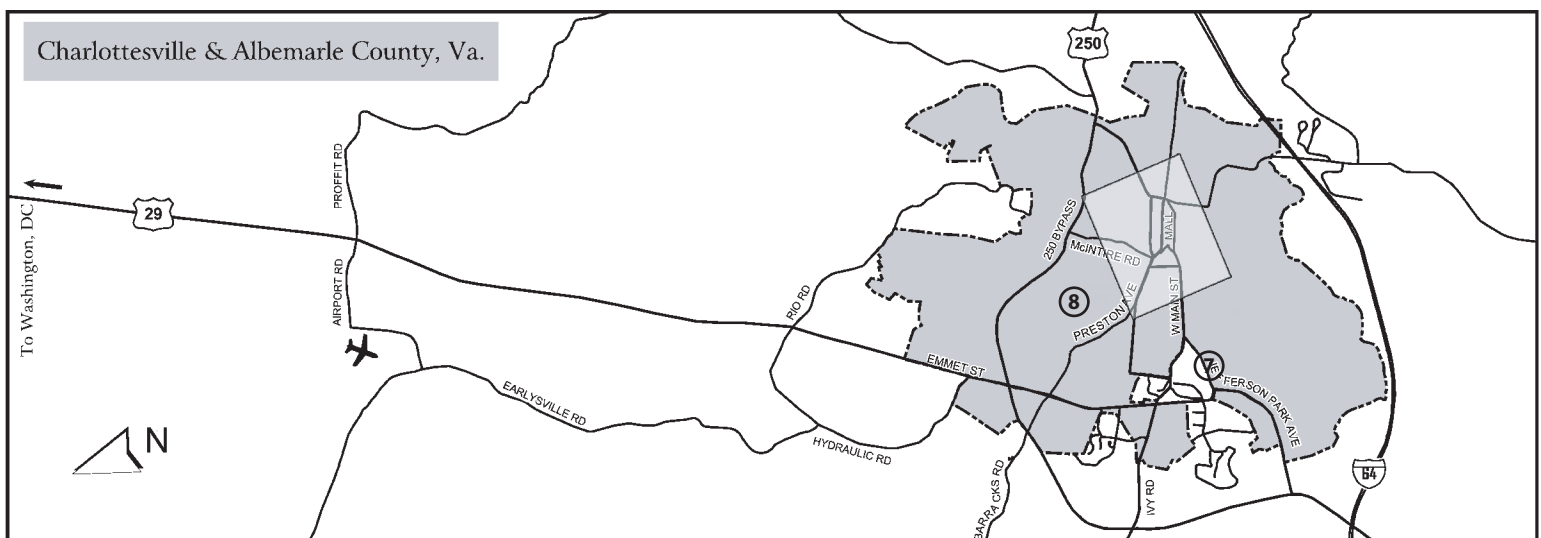
Albemarle Baptist Association, 977-6876, 815 Bolling Ave.
Charlottesville Pregnancy Center 979-8888, 320 W Main St.
Church of the Brethren 973-3639, 1225 E Rio Road
FOCUS Flea Market, 293-2222 Call for information
Twice Is Nice 293-8319, 923B Preston Plaza
Salvation Army Thrift Store, 295-4058, Call for voucher

About this Street Sheet

This pocket-fold sheet is designed to provide anyone in a crisis with immediate resources or for others to give referrals. This Street Sheet has been prepared by the Thomas Jefferson Area Coalition for the Homeless (TJACH) whose mission is to end homelessness in our region.





TJACH PO Box 1505 Charlottesville, VA 22902
www.avenue.org/tjach tjach@avenue.org

last updated 4/24/2008



Service Matrices

Color Coding Key - Level of service

	Available
	Operating at capacity
	Overloaded/inaccessible
	Unavailable

Services shown on the charts represent primary activities of the organizations coded. Some agencies provide incidental services in other areas of the charts, but these are not coded. Services shown in boxes have additional eligibility requirements. Financial assistance includes cash assistance, as well as food stamps and emergency assistance paid to landlords, utilities or other entities.

Key - Provider Numbers

1	Salvation Army
2	Region Ten (including Mohr Center & Step Up)
3	On Our Own
4	PACEM
5	Shelter for Help in Emergency
6	AIDS/HIV Services Group (ASG)
7	
8	Social Security
9	Departments of Social Services
10	United Way
11	Housing Programs (PHA, AHIP, Housing Foundations, Habitat for Humanity)
12	CRHA
13	Health Department
14	MACAA
15	Piedmont Workforce Network
16	Virginia Employment Commission
17	CARES/AIM

18	Baptist Association
19	Love, INC
20	Churches
21	Goodwill
22	Emergency Food Bank
23	Charlottesville Free Clinic
24	University of Virginia Hospital
25	Martha Jefferson Hospital
26	CYFS Runaway Services
27	Teen Health Center
28	Offender Aid & Restoration
29	Commuter Team (JAUNT, CTS, RideShare)
30	Legal Aid
31	Alb/Ch Regional Jail
32	Therapeutic Community Program (TC)
33	Piedmont House
34	Probation and Parole
35	Charlottesville Health Access

Charts are provided for families, men, women and youth.

Notes: In relation to housing, a family recovering from domestic violence is treated either as a Woman with dependent children (on the Women chart) or a Man with dependent children (Men chart), instead of on the Family chart. A Family includes Dependent Children by definition (Family chart, last row)

Who Offers these Services?

Families	Shelter	Transitional Housing	Permanent Housing	Appropriate Counseling	Case Management	Child Care	Clothing	Eviction Prevention	Financial Assistance	Financial Counseling	Furniture	Health Services	Job Preparation	Legal Assistance	Meals/Groceries	Transportation Assistance
Employed homeless		1, 14	11	4	1	1	3, 18, 20, 19, 21	1, 14, 17	9, 17	11, 14	18, 20, 19, 21	3, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 14, 13, 19, 29
Unemployed homeless			11	4			3, 18, 20, 19, 21			11, 14	18, 20, 19, 21	1, 13, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22	1, 14, 13, 19, 29
Substance Abusers: Active				2			21			11	21	13, 23, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22	
In recovery/not active		1, 14		2	1	1	3, 18, 20, 19, 21	1, 14, 17	9, 17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
In recovery/relapsed				2			3, 21			14	18, 20, 19, 21	13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	
Mental Illness		2	2	2, 3	2, 3	1	3, 18, 20, 19, 21	1, 14, 17	9, 17	11, 14	18, 20, 19, 21	1, 9, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Disabling condition - Long Term			2, 6, 11, 12	3, 6	6	1	3, 18, 20, 19, 21	1, 14		11, 14	18, 20, 19, 21	1, 6, 9, 13, 23, 24, 25	15, 16	1, 30	1, 3, 6, 9, 20, 22	1, 6, 13, 29
Disabling condition -Short Term			N/A	24	1, 24	1	3, 18, 20, 19, 21	1, 14	8, 9, 17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 13, 19, 29
Domestic Violence				5	5	1, 5	3, 18, 20, 19, 21	1, 14, 17	9, 17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Criminally involved		33		34	28, 34	1	3, 18, 20, 19, 21	1, 14, 17	17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Sex offenders				34	28, 34	1	3, 18, 20, 19, 21	1, 14, 17	17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Drug offenders		33		34	28, 34	1	3, 18, 20, 19, 21	1, 14, 17	17	11, 14	18, 20, 19, 21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
With dependent children		1, 14	11, 12	14	4	1, 9, 10, 15	3, 18, 20, 19, 21	1, 14, 17	9, 17	11, 14	11, 14	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19, 29

Who Offers these Services?

	Shelter	Transitional Housing	Permanent Housing	Appropriate Counseling	Case Management	Child Care	Clothing	Eviction Prevention	Financial Assistance	Financial Counseling	Furniture	Health Services	Job Preparation	Legal Assistance	Meals/Groceries	Transportation Assistance	
Men	1 4		11	1 4	1 4,9	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	3, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 14, 19, 29	
	1 4		11	1 4	1 4,9		1, 3, 18, 20, 19, 21			1, 11, 14	1, 18, 20, 19, 21	1, 13, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22	1, 14, 19, 29	
	4, 2		2	2	4, 9		21			11	6	13, 23, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22		
	1 4, 2		2	2	1 4, 9	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19	
	4, 2		2	2	4, 9		3, 21			14	1, 18, 20, 19, 21	13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22		
	1 4, 2	2	2	2, 3	2, 3, 9	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 14, 17	1, 9, 17	1, 18, 20, 19, 21	1, 9, 13, 23, 24, 25	15, 16	1, 30	1, 3, 9, 20, 22	1, 19	
	1 4		2, 11, 12	3	6, 9	1	3, 18, 20, 19, 21	1, 14	8	1, 11, 14	1, 18, 20, 19, 21	1, 6, 9, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 6, 13, 29	
	4		N/A	24	1, 24, 9	1	3, 18, 20, 19, 21	1, 14	8, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 13, 19, 29	
	1 4			5	5	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19	
	1 4	33		28, 34	34, 28	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14, 28	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16, 33	1, 30	1, 3, 9, 20, 22	1, 19	
	1 4			28, 34	34, 28	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14, 28	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16, 33	1, 30	1, 3, 9, 20, 22	1, 19	
	1 4	33		28, 34	34, 28	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14, 28	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16, 33	1, 30	1, 3, 9, 20, 22	1, 19	
	4	1	11, 12	14	4, 9	1, 9, 10, 13	1	3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 14	1, 11, 14	1, 13, 23, 24, 25, 35	9, 15, 16	1, 30	1, 3, 9, 20, 22	1, 19, 29

Who Offers these Services?

	Shelter	Transitional Housing	Permanent Housing	Appropriate Counseling	Case Management	Child Care	Clothing	Eviction Prevention	Financial Assistance	Financial Counseling	Furniture	Health Services	Job Preparation	Legal Assistance	Meals/Groceries	Transportation Assistance
Employed homeless	1, 4	1, 14	11	1, 4	1, 4	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	3, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 14, 19, 29
Unemployed homeless	1, 4		11	1, 4	1, 4		1, 3, 18, 20, 19, 21			1, 11, 14	1, 18, 20, 19, 21	1, 13, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22	1, 14, 19, 29
Substance Abusers: Active	4	2		2	2, 4		21			11	21	13, 23, 24, 25, 35	15, 16	30	1, 3, 9, 20, 22	
In recovery/not active	1, 4	1, 14		2	1, 4	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
In recovery/relapsed	4			2	4		3, 21			14	1, 18, 20, 19, 21	13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	
Mental Illness	1	2	2	2, 3	3	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	1, 9, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Disabling condition - Long Term	1		2, 6, 11, 12	3, 6	6	1	3, 18, 20, 19, 21	1, 14	6, 8	1, 11, 14	1, 18, 20, 19, 21	1, 6, 9, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 6, 9, 20, 22	1, 6, 19, 29
Disabling condition -Short Term	4		N/A	24	1, 24	1	3, 18, 20, 19, 21	1, 14	8	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Domestic Violence	1, 5	1		5	5	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Criminally involved	1,			28, 34	28, 34	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Sex offenders	1,			28, 34	28, 34	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
Drug offenders	1,			28, 34	28, 34	1	1, 3, 18, 20, 19, 21	1, 14, 17	1, 17	1, 11, 14	1, 18, 20, 19, 21	1, 13, 23, 24, 25, 35	15, 16	1, 30	1, 3, 9, 20, 22	1, 19
With dependent children	1, 4	1, 14	11, 12	14	1, 4, 9	1, 9, 10, 19	3, 18, 20, 19, 21	1, 14, 17	1, 9, 17	1, 14	1, 11, 14	1, 13, 23, 24, 25, 35	9, 15, 16	1, 30	1, 3, 9, 20, 22	1, 19, 29

Who Offers these Services?

Youth	Shelter	Transitional Housing	Permanent Housing	Appropriate Counseling	Case Management	Child Care	Clothing	Eviction Prevention	Financial Assistance	Financial Counseling	Furniture	Health Services	Job Preparation	Legal Assistance	Meals/Groceries	Transportation Assistance
Employed homeless	26			26	26		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	3, 13, 23,24, 25	15, 16	1, 30	1, 3, 20, 22	1, 14, 15, 19, 29
Unemployed homeless	26			26	26		1, 18, 20, 19,21			1, 11, 14	1, 18, 20, 19,21	1, 13, 24, 25	15, 16	30	1, 3, 20, 22	1, 14, 15, 19, 29
Substance Abusers: Active	26			26	26		21			11	21	13, 23, 24, 25	15, 16	30	1, 3, 20, 22	
In recovery/not active	26			26	26		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
In recovery/relapsed	26			26	26		21			14	1, 18, 20, 19,21	13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	
Mental Illness	26			26	26		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
Disabling condition - Long Term	26			26	26		18, 20, 19,21		8	1, 11, 14	1, 18, 20, 19,21	1, 6, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 6, 15, 29
Disabling condition -Short Term	26		N/A	26	26		18, 20, 19,21		8	1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 15, 19, 29
Domestic Violence	26			26	26		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
Criminally involved	26			26	26, 28		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
Sex offenders	26			26	26, 28		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
Drug offenders	26			26	26, 28		1, 18, 20, 19,21	1,17		1, 11, 14	1, 18, 20, 19,21	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19
With dependent children	26			26	26	10	18, 20, 19,21	1,17		1, 11, 14	1, 11, 14	1, 13, 23, 24, 25	15, 16	1, 30	1, 3, 20, 22	1, 19, 29

Glossary

Chronically Homeless

A person who is disabled and who 1) has been homeless for a year or more and has not resided in a transitional housing program during that time, or 2) has had at least four episodes of homelessness within the past three years.

Doubled Up

Living in a unit with more than one household.

Fair Market Rent (FMR)

Fair Market Rents are annual rent estimates based on market surveys of units occupied by people moving during the previous 15 months. They do not include public housing or units less than two years old. Estimates include the cost of rent and utilities except telephone service. HUD publishes FMRs annually.

Harm Reduction

The strategy of “meeting people where they’re at” by providing services to an individual, based on their specific needs and ability to adhere to service requirements. This method is most commonly used with individuals who struggle with substance use or other addictive behaviors.

Permanent Supportive Housing

Permanent affordable housing, in any housing configuration (scattered, clustered, single site, mixed tenancy, mixed use, etc.) with supportive services attached that are designed to help people maintain the housing, and that is designed and intended for, and or the most part actually occupied by, people who have been or are at risk of homelessness and who have special needs including disabilities or other substantial barriers to maintaining housing stability. Permanent housing means housing with no limit or length of stay and no requirement that tenants move out if their service needs change.

Single Room Occupancy (SRO)

Private rooms that contain either food preparation or sanitary facilities, or both, and are designed for occupancy by a single individual.

Sobriety Requirement

The amount of “clean time” from drugs or alcohol required by a provider before applicant is eligible for housing.

Supportive Services

Assistance made available to residents to help them maintain residential stability and/or achieve improvements in health, wellness, independent living skills, income, employment, socialization, and quality of life.

Transitional Housing

Housing that has a time limitation on occupancy, usually of no more than two years. The goal of transitional housing is to provide the support needed for participants to move into permanent housing.