

ECHO

End Chronic Homelessness
By

2015

Ten Year Plan

Developed by
Mayor's Committee on Chronic Homelessness
Norman, Oklahoma



201 W. Gray Street
Norman, Oklahoma 73069
(405) 366-5402

"People who are homeless are people first. They may also have disorders including serious mental illness and substance abuse. The fact that they have illnesses that may significantly disrupt their lives doesn't diminish their rights, their responsibilities, or their dreams. People with serious mental illnesses and/or co-occurring substance use disorders become homeless because they are poor, and because mainstream health, mental health, housing, vocational, and social services programs are unable or unwilling to serve them. They also are subject to ongoing discrimination, stigma, and even violence." (Blueprint for Change-Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders, US Department of Health and Human Services Administration, Center for Mental Health Services, DHHS Pub. No. SMA-04-3870, Printed 2003)

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Executive Summary

Approximately 400 people are homeless in Cleveland County at any given point in time. Some are sheltered in local homeless shelters, some are temporarily hospitalized at Griffin Memorial Hospital, Oklahoma's largest mental health hospital located in Norman, and others are living in places not meant for human habitation. Such locations include City and State parks, vacant buildings, cars, abandoned silos, cardboard boxes around the University Campus Corner area, lean-to shelters in wooded areas, or on roofs of business buildings where their presence goes undetected.

ECHO 2015 [End Chronic Homelessness by 2015] is the culmination of a six-month planning process initiated by the City of Norman as Lead Entity for the Cleveland County Continuum of Care for the Homeless. Participants in the planning process include homeless service providers including shelter operators and case managers; homeless representatives including outreach case managers for the chronically homeless and homeless youth; Mainstream Resource Administrators; faith-based entities; government staff; housing developers; law enforcement administrators and staff; health service providers; community leaders and a local foundation.

The ECHO 2015 Ten Year Plan is intended to end all homelessness in Cleveland County with particular focus on the population defined as "chronically homeless". In Norman 12 percent of the homeless population meet the definition of chronically homeless. Norman is home to Griffin Memorial Hospital, the State's largest mental health hospital. Correspondingly, there are a large number of mentally ill adults present in the community who are receiving mental health services in Griffin Memorial hospital or from the numerous outpatient programs. Many of those identified as "chronically homeless" are recipients of the community mental health and substance abuse treatment programs.

Demonstration programs have illustrated a "Housing First" approach to homelessness in general is most successful. This approach focuses on intervention, moving people out of homelessness and into appropriate permanent housing as quickly as possible. This Ten Year Plan focuses on provision of tiered housing solutions supported by a system of aggressive outreach and intervention in an environment of service resources including a day resource center with associated nutrition, shelter and case management services; triage shelter; damp shelter; a Safe Haven; single room occupancy facilities and supported permanent housing.

The scope of this ECHO 2015 is not limited to chronic homelessness in isolation. When implemented over time the policy and practices recommendations will also result in significant reduction of all types of homelessness, including displacement among families, youth and single adults who experience episodic homelessness. Additional emergency, transitional, and permanent housing is planned for those who are episodically homeless with strong focus on permanent supportive housing and housing for families with children.

ECHO 2015 does not state what sources of funding should be utilized, or how much should be made available. Funding decisions and strategies are left to the Oversight Committee, ad hoc Planning and Development Committee, and the elected officials representing the community. Successful implementation will depend on community-wide facilitation of partnerships between private, faith-based, local, state, and federal resources.

ECHO 2015 will target chronic homelessness while impacting all types of homelessness over the next decade. This Plan strives for significant reduction of homelessness in general and elimination of chronic homelessness in total. This effort will:

- ❖ Streamline access to services for homeless constituents.
- ❖ Enhance service delivery by coordinating intake, assessment, and discharge information among and between service provider agencies.
- ❖ Hold mainstream resources accountable [mainstream resources: Community Development Block Grant (CDBG); Community Services Block Grant (CSBG); Social Services Block Grant (SSBG); HOME program; Housing Choice Voucher Program; Public Housing; Mental Health Block Grant (MHBG); Substance Abuse Block Grant (SABG); Workforce Investment Act(WIA)/Workforce Development; Vocational Rehabilitation; Veterans Assistance; Education]. Agencies responsible for coordinating the programs of the mainstream resources in Cleveland County are: the City of Norman, City of Moore, Oklahoma Department of Commerce (CDBG), Central Oklahoma Community Action Agency (CSBG), Oklahoma Department of Human Services (SSBG), Oklahoma Department of Mental Health and Substance Abuse Services (MHBG & SABG), Cleveland County Workforce Development Board (WIA)/Workforce Development, City of Norman, Cleveland County Commissioners (HOME), Norman Housing Authority, Oklahoma Housing Finance Agency (Housing Choice Voucher Program, Public Housing), Oklahoma Department of Rehabilitation (Vocational Rehabilitation), Oklahoma Employment Security Commission, Department of Veterans Affairs (Veterans Assistance), Oklahoma Department of Education, Public Schools, University of Oklahoma, Oklahoma State University Cooperative Extension, Moore-Norman Technology Center (Education).
- ❖ Increase outreach resources by expanding Day Resource Center facilities and associated service amenities.
- ❖ Provide intensive case management by co-locating resources and customers.
- ❖ Promote community education and awareness.
- ❖ Develop permanent housing solutions.
- ❖ Empower self-sufficiency by utilizing housing solutions in concert with supportive services.
- ❖ Plan for outcomes by collecting data and measuring effectiveness.
- ❖ Develop resources to implement a community-wide Homeless Management Information System (HMIS), and provide internet information kiosks.

These goals will be accomplished through a six-pronged approach:

- ◆ Designation of an oversight entity that will be charged with responsibility for implementation of ECHO 2015.
- ◆ Planning for outcomes through collection of data on housing availability, financial information, service availability and measurement of outcomes.
- ◆ Closing the front door to homeless by intervening in the cycle of chronic homelessness and preventing individuals from being inappropriately discharged to untenable situations – such as nursing homes and shelters.
- ◆ Building the infrastructure of community participation, tiered housing solutions, and innovative, multi-faceted supportive services.
- ◆ Opening the back door to housing by offering an array of housing solutions in concert with appropriate supportive services coupled with follow-up supports to assure housing and self-sufficiency is sustained.
- ◆ Engaging the community with proactive positive public information and awareness training.

INTRODUCTION

Cleveland County, Oklahoma is located along the I-35 corridor twenty miles south of the intersection of Interstates 40 and 35 in Oklahoma City. Norman is the third largest city in Oklahoma with a population of 105,315 persons in 41,547 housing units. Norman is the home of the University of Oklahoma, Hillsdale Free Will Baptist College, Moore/Norman Technology Center, Norman Regional Hospital, Griffin Memorial Mental Health Hospital, the Central Oklahoma Community Mental Health Center, the U.S. Postal Technical Training Center, and the Veterans Center-Norman Division.

Norman is also the county seat of Cleveland County, population 208,016 including Norman. Ten percent (20,977) of the county population five years of age and older live below the poverty line. Of the total in poverty, nine percent (1,918) are children age 5 and under. Twenty six percent (54,312) of the county population are non-institutionalized persons over 5 years old with disabilities. Those aged 5-15 years old (school aged) represent three and one half percent (1,911) of the total.

The State of Oklahoma Department of Corrections operates the Lexington Assessment and Reception Center and Joseph Harp Correction Center in southern Cleveland County. The Cleveland County Sheriff's Department operates the Cleveland County Jail in Norman, Oklahoma. The State Indigent Defense System offices are located on the grounds of Griffin Memorial Hospital, the largest mental health hospital in the State of Oklahoma also located in Norman.

Homelessness in Cleveland County costs the community millions of dollars annually. The humanitarian issues associated with homelessness are without measure. In response to the increasing need and at the urging of the Regional Interagency Council on the Homeless, the Norman City Council passed a Resolution to request the Continuum of Care coordinate a public planning process to develop a plan to end chronic homelessness. Subsequently, the Mayor of Norman appointed a committee to develop a 10-Year Plan to End Chronic Homelessness. The committee, comprised of 25 local business, non-profit, law enforcement, mainstream resource providers, mental health and health care providers, faith-based entities, local government leaders and homeless representatives began meeting in October, 2004 and presented this plan to City Council in April, 2005. The full committee included:

2004 Norman and Cleveland County
Mayor's Committee to End Chronic Homelessness

Organization

1. Food and Shelter for Friends-Chronic Homeless Outreach
2. Independent Living Services for Youth
3. Thunderbird Clubhouse
4. Oklahoma Department of Mental Health and Substance Abuse-Drug Court
5. Norman Regional Hospital
6. Norman Alcohol Drug Treatment Center
7. Norman Police Department
8. Cleveland County Sheriff Department
9. United Way of Norman
10. McSha Properties
11. Norman Affordable Housing Corporation
12. Mission Norman, Inc.
13. Norman City Council Member-Ward 4
14. Cleveland Area Rapid Transit
15. Social Services Coordinating Council
16. Progressive Independence
17. Oklahoma Department of Human Services
18. Social Security Administration
19. Cleveland County Workforce Development
20. Sarkeys Foundation
21. Norman/Cleveland County Continuum of Care
22. Homeless Here Coalition
23. The Salvation Army
24. East Main Place
25. Norman Planning and Community Development Department

A Snapshot of Homelessness in Norman

Among the population residing in Norman are 373 people who did not have a place to call home on January 27, 2005. Due to the number of available beds only 80% were located in one of a dozen community shelters offering emergency, transitional, supportive temporary, or permanent supportive housing. Among the sheltered 181 were unaccompanied adults. Lack of shelter beds resulted in 20%, or 72 persons going unsheltered. Among the unsheltered 51 were adults, 8 were children age one to seventeen years, 4 were eighteen, 9 were age nineteen to twenty five. The local point-in-time survey identified 45 persons meeting the definition of chronically homeless by definition. This is a number equal to 12% of the total number counted, 2% higher than the national norm. It is assumed locally that the de-institutionalization of persons with mental illness and the devolution of Mainstream Resources have catalyzed the growth of the chronic homeless population.

The City of Norman/Cleveland County, Oklahoma Continuum of Care is a partnership process between the City of Norman and the Cleveland County Board of Commissioners. The written agreement assigns Lead Entity status for the Continuum of Care effort to the City of Norman. The Norman/Cleveland County Continuum of Care steering committee believes:

“Access to a seamless system of services and housing which facilitates movement from homelessness to self-sufficiency and permanent housing is the right of every person in Cleveland County.”

The local Continuum of Care Steering Committee coordinates development and management of the Continuum of Care strategy. The Continuum of Care Steering Committee also provides information and guidance for the application processes for funding from the Emergency Shelter Grant Program, Community Development Block Grant Program, FEMA, the HUD SuperNOFA, and implementation of the Homeless Management Information System.

What is Homelessness? The term “homeless” or “homeless individual or homeless person” includes-

- 1) an individual who lacks a fixed, regular and adequate nighttime residence; and
- 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 (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

[McKinney Homeless Act, Title 42, Chapter 119, Subchapter I, Sec. 11302]

What is “Chronic Homelessness”?

“A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continually homeless for a year or more, or has had four or more episodes of homelessness over the last 3 years.

• Does not include:

- a. Homeless families with children
- b. Non-disabled individuals” *

*[Federal Register/Vol.69, No.94, and May 14, 2004/Notices]

A “disabling condition” is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. *

*[Collaborative Initiative to End Chronic Homelessness <http://www.ich.gov/>]

Facts about homelessness in Norman and Cleveland County

- On January 27, 2005, 373 people were homeless in Cleveland County
- 238(64%) were homeless individuals 18 years of age and older -181 sheltered/57 unsheltered
- 135 (36%) persons were in 68 homeless families, (124 persons sheltered /11 unsheltered).
 - 20 single parent head of household families, 13 two parent families, 5 couples.
- 97 children under 18 (45%) in homeless families-89 sheltered/8 unsheltered
- 25 sheltered/20 unsheltered individuals met “chronic” definition

Subpopulations represented in the sheltered homeless population included:

Four Veterans, 68 seriously mentally ill persons, 43 chronic substance abusers, 37 persons with dual diagnosis, 59 victims of domestic violence/abuse, 17 persons with physical disabilities and 21 persons with HIV/AIDS.

Subpopulations represented in the unsheltered homeless population included:

Two Veterans, 12 seriously mentally ill persons, 26 chronic substance abusers, 8 persons with dual diagnosis, 4 victims of domestic violence/abuse, 4 persons with physical disabilities and no known persons with HIV/AIDS.

The homeless housing inventory includes:

Emergency housing – 30 individual beds/25 family beds

Transitional Housing – 49 individual beds/104 family beds

Permanent Supported Housing* – 10 units: 8 units housing persons with mental illness and 2 elderly housing units.

*101 supported housing units not included in homeless housing inventory – 49 for persons with mental illness; 44 elderly housing units; 8 units housing persons with physical disabilities. Persons with HIV/AIDS – 0 reported

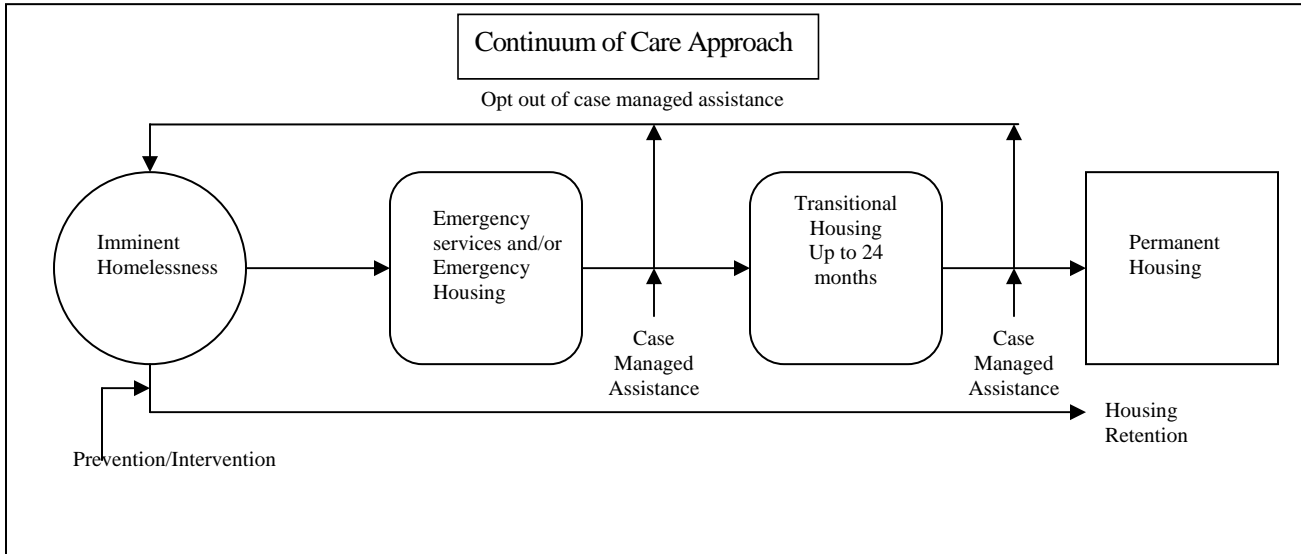
“Research confirms that approximately 10 percent of the nation's homeless are so-called chronically homeless - often suffering from mental illness or substance abuse. Though they are a fraction of the overall homeless population, the chronically homeless account for more than half the resources designed to meet the needs of the entire homeless population.”* For this reason, President Bush has made it a national goal to move toward ending chronic homelessness in ten years.

*[May 2001, Center for Mental Health Policy and Services Research, University of Pennsylvania. Dennis Colane, Stephen Meraux and Trevor Hadley]

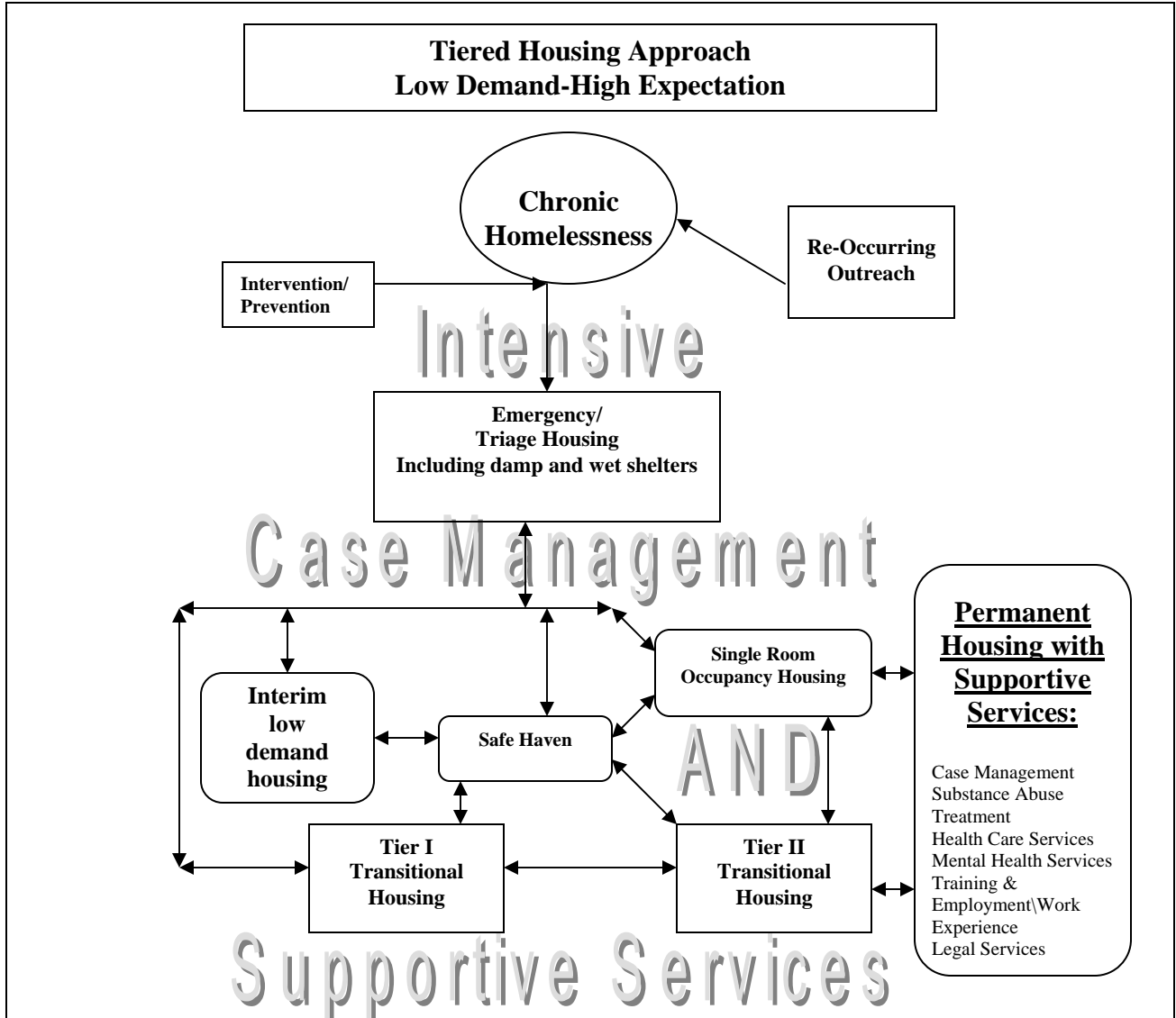
A Change in Approach

Services are currently delivered in an approach of “housing readiness”. The Continuum of Care provides a seamless system across all types of housing beginning with emergency housing and ending in permanent housing. Utilizing this approach, people can opt out of emergency shelter and go back to the street or apply for admittance to a transitional housing program. From here progression along the continuum to permanent housing is determined by compliance with case managed goal sets and activities. Persons who are “chronically homeless” do not progress along the continuum because they are never “ready to be housed”. Their mindset is that of survival from day to day with the least amount of restriction on their activities. This gives them the appearance of being aimless and ungrounded when in fact they are overwhelmed with the tasks of survival, maintenance of a medication regimen, and safeguarding themselves and their personal belongings.

The Continuum of Care system is also vulnerable to recidivism. Multiple housing sets and multiple case management sets not only increase the already fragmented lifestyle of persons living in homelessness but increase stressors on the households of families who are homeless.



A less demanding approach is necessary when assisting those experiencing chronic homelessness. This approach begins with outreach and access to the most basic of amenities such as food, clothing, bathroom facilities, telephone, and a place to secure belongings. From here the approach progresses to intervention along a system of assisted resource centers, triage shelter and into Safe Haven and Single Room Occupancy Housing where services are offered rather than required. The key to this approach is the provision of housing with a progressive application of services to assure retention of housing. In some cases services may need to be available in the form of lifelong support to prevent the reoccurrence of episodes of homelessness.



Definition of Housing Types

- 1) Emergency/Triage Housing-Short term shelter (usually up to 2 weeks) where crisis needs are met, intake and assessment conducted and determination for housing appropriateness takes place. Determination of need for detoxification, medication stabilization, or other assistance occurs at this entry prior to making entry into the case managed housing system.
- 2) Damp Shelter is housing for people who are *under the influence* of alcohol or other drugs.
- 3) Wet Shelter is housing for people who are *actively abusing* alcohol or other drugs.
- 4) Interim low demand housing is housing that is a safe place for people to be that provides food and crisis intervention for a longer term than the traditional emergency shelter. This can be a resource utilized for people awaiting entry into the case managed housing system.
- 5) Safe Haven is a form of supportive housing in which a structure or a clearly identifiable portion of a structure: (1) serves hard-to-reach homeless persons with severe mental illness or other debilitating behavioral conditions who are living on the streets and have been unwilling or unable to participate in structured supportive services; (2) provides 24-hour residence for an unspecified duration;(3) has private or semi-private accommodations;(4) may provide for the common use of kitchen facilities, dining rooms, and bathrooms; and(5) in which overnight occupancy is limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis. A Safe Haven project that requires participants to execute a lease agreement may be classified as permanent supportive housing.
- 6) Tier I Transitional Housing is a one type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. In Tier I intensive case management takes place while homeless persons live on-site for up to 24 months. In this level of transitional housing substance abuse treatment, mental health stabilization, medical treatment and other proactive counseling/treatment programs are accessed. Applications for entitlement programs and benefits are initiated and employment assessments and resources are accessed.
- 7) Tier II Transitional Housing is the last step in the preparation for entry/re-entry into the permanent housing system. Entitlements are set in place, counseling/treatment programs are completed or permanently established and job development/placement is finalized. Application for permanent housing assistance occurs during this phase of transitional housing. Lifeskills training is completed and support systems are set in place prior to placement in permanent supported housing.
- 8) Single Room Occupancy (SRO) housing contains units for occupancy by one person in projects not exceeding 100 units.
- 9) Permanent Housing with Supportive Services is a housing type that can be for one or more residents per unit. Services are available to help residents live as independently as possible on-site or in close proximity to the housing.

Defining Self-sufficiency

Self-sufficiency for the chronically homeless population must include the parameters inherent in persons who have a disabling condition or condition(s). The definition of self-sufficiency becomes inclusive of the definitions utilized within those subpopulations being served.

Self-sufficiency is a state of autonomy wherein a person is in charge of their own decisions and is able to name and orchestrate their own services. When a person is self-sufficient they exercise control over their environment and have reached their optimum level of functioning. Ultimately persons who are self-sufficient have accessed and are utilizing entitlement supports without need for additional financial assistance.

Discussion

Close the Front Door – Intervention in the cycle of homelessness is the gateway to ending chronic homelessness. This is a universal task requiring systemic shifts in the way community agencies and Mainstream Resources interact with one another and their customers. The discharge planning process requires particular focus when trying to stop the cycle of repeated recidivisms back onto the streets and/or into shelters.

Collaborative discharge and referral planning in association with a strong base of supportive affordable housing assures that persons leaving institutions such as jails, prisons, treatment facilities, mental health hospitals and other institutions are not discharged to the streets or into shelter systems. A proactive approach to prevention through intervention and continuous access to service and income supports is the responsibility of the Mainstream Resource providers, business and economic development entities, community social service agencies, and managers of housing and transportation services.

Goal I.1 is appointment by the Oversight Committee of an ad hoc Discharge Planning Committee. The ad hoc Discharge Planning Committee will be directly responsible for conducting the tasks under “Goal IV: Prevent discharges to shelters, nursing homes, and the streets”. The specific tasks under this Goal include development of written discharge planning standards and guidelines, provision of training, and execution of Memorandums of Agreement. Additionally, the Discharge Planning Committee will develop and maintain a service matrix, and designate a single point of entry.

“Goal I.2 is convening of a Director’s committee with membership comprised from local nonprofit agencies serving the target population, civic organizations, faith-based entities, and Mainstream Resource providers.” The intent of this goal is twofold: 1) engage the Mainstream Resource Providers in community level decision making; 2) engage community level decision makers in holding Mainstream Resources accountable.

Open the back door - Immediate re-entry into decent, safe, affordable housing is critical for persons who are homeless or for whom homelessness cannot be prevented i.e. have no affordable housing resources or ability to access affordable housing resources. “Shelters” should not be considered “housing”. Shelters are stop-gap facilities for crisis management, emergency assistance, and access to crisis services while awaiting access to entitlement programs and tiered housing options. Shelter is short-term, provided for a minimum of time, with services focused on immediate critical needs such as food, clothing, and medical assistance. From this short-term accommodation homeless persons move through Tier I transitional housing facilities while undergoing intensive resource and needs assessments. Here determination of eligibility for and acquisition of

Mainstream Resource assistance is facilitated and intensive case management with supportive assistance is coordinated among community service providers. Job training, job placement and life skills training also take place in Tier I transitional housing. Housing readiness is finalized in Tier II Transitional Housing where housing placement, primary health care, mental health care, substance abuse services and other ongoing supports are established as necessary. Mainstream Resource providers are responsible for intensive case management and services including transportation to appointments for access to services. Supportive services such as information, referral, and self-sufficiency assistance are the responsibility of the community social services agencies.

No one should be inside the shelter/transitional housing system for longer than eighteen months. Anyone doing so is preventing others who can move out of the cycle of homelessness from accessing the homeless service system. The bottleneck that is presently occurring is at the level of transition into permanent housing. There is not enough decent, safe, affordable housing for persons with low or limited incomes.

Goal II: “Remove Barriers to acquisition of entitlement services from Mainstream Resource Providers”; and “Goal III: “Provide Access to supportive services”; are gateways to success of the Ten Year Plan. The responsibility for the accomplishment of the tasks identified under each of these goals is shared among individual providers, coordinating agencies, the Oversight Committee, the Director’s Committee, and the ad hoc committees. The tasks under these goals must be attained quickly and therefore require a multi-faceted effort. Failure to do so will derail the Ten Year Plan.

Build the Infrastructure - Within ten years full revitalization of the infrastructure of affordable housing, employment with benefits, Mainstream Resource entitlements, health, mental health and substance abuse services must take place in order to fully implement this Plan. The service system paradigm must shift. The manner in which services are accessed and delivered has to be contracted between the Mainstream Resource providers and the community. Empowering individuals to live independently while receiving the necessary supports to achieve autonomy and self-sufficiency is the key to success.

Norman is home to a model supportive housing program, McKinzie Gardens. McKinzie Gardens I & II provide 39 units of housing for persons with severe and persistent mental illness in HUD Section 811 facilities. This is permanent supportive housing for persons with severe and persistent mental illness, some who have been dually diagnosed. Since opening in 2000 McKinzie Gardens I has been 100% occupied, with fewer than 5 units whose occupancy has turned over. McKinzie Gardens II, opened in 2004 also has had 100% occupancy with only one turnover. These 39 units presently have an additional 144 applications for housing.

Three Shelter Plus Care programs also assist with supportive housing in Norman. HOPE Community Services for the mentally ill assists with 10 units of housing; Progressive Independence assists with 6 units of Shelter Plus Care Housing, and Thunderbird Clubhouse assists with 4 units of project-based Section 8 housing vouchers. All of these programs also operate at full capacity with waiting lists.

Within the next 12-18 months, 789 units of new, market rate, rental housing will be available in Norman. It is anticipated that availability of these rental units will promote migration of college students out of older rental units and units held by private landlords. Hopefully this migration will increase availability of potentially affordable housing.

However, the housing will remain out of reach for low income persons without Section 8 voucher assistance. At this time, the Norman Housing Authority has no available Section 8 vouchers and has a closed waiting list.

Goal I.4 is appointment by the Oversight Committee of a Planning and Development ad hoc committee. This ad hoc committee will be charged with responsibility for implementation of Goal VI: Develop a tiered system of specialized housing solutions. Tasks included within this goal address development of a plan that identifies capital and operations funding resources and responsibilities. The Planning and Development ad hoc committee will also assist with Goal VII: Develop affordable, accessible, visitable housing.

The infrastructure of public support and participation cannot be overlooked when engaging solutions to community-wide problems. As such, proactive community support and positive awareness are vital to the success of the Ten Year Plan. To that end, Goal VIII: Provide annual public information and training for agencies, hospitals, law enforcement, detention facilities and the community at large provides avenues to engage community participation in solutions to chronic homelessness.

Plan for outcomes - Managing financial information, housing supply and availability, access to services, expenditures of tangible goods, services and monetary resources is critical to the success of any system. Today, in Oklahoma, homelessness is a business whose monetary value well exceeds 10 million dollars per annum. In Norman, homeless programs and services easily exceed 3.5 million dollars a year, an operating cost of \$9,589/day or \$26/homeless person/day on the day of the point in time count in 2005 –72 of whom were without shelter.

Goal I.3 is appointment by the Oversight committee of the ad hoc Information/and Data Collection committee to coordinate the tasks outlined in Goal V: Continuously collect information on the Chronically Homeless Population. The tasks in Goal V design an instrument for information collection, conduct increasingly frequent Point-in-Time Counts, and implement a system-wide Homeless Management Information System. In addition to the tasks to be undertaken in Goal V, the Information and Data Collection committee will be engaged in the tasks of providing information to the ad hoc Public Awareness/Marketing committee and the ad hoc Planning and Development committee.

Goals and Tasks

Goal I Designate an Oversight Committee to implement ECHO 2015

I.1-I.5 The purpose of Goal I is to assure implementation of ECHO 2015 on a timely basis with maximum participation from the community-at-large, service social providers and civic resources.

Goal II Remove barriers to acquisition of entitlement services from mainstream resource providers

II.1 Designation of primary contacts will streamline access to services from mainstream resources for the target population.

II.2 Maintaining updated mainstream resource information on the United Way website will assist community-based providers and homeless persons and those coming into or referring into the community.

II.3 A service matrix will map access to resources for the community and service providers.

Goal III Provide access to supportive services

III.1 The 211 telephone system is similar to the 911 emergency telephone system. When in place, people with critical social service needs will be able to call 211 and receive assistance with finding resources to get them out of crisis. Implementation of the 211 system is essential to the accessibility of services throughout the State of Oklahoma. This will maximize access to services between and amongst communities.

III.2 Designation of a coordinated entry system will provide a single station for assessment, determination of eligibility for services, creation of photo shelter identification, designation of most appropriate service and housing solution.

III.3 A shelter photo identification system will reduce time and resources expended on intake, access, and will equip homeless consumers with tools to initiate access to entitlement programs.

III.4 An abbreviated resource guide and map are a consumer driven task. These will be created in pocket size form out of durable material for distribution directly to homeless consumers and locations frequented by homeless consumers.

III.5 Establishment of a flex funds account will remove the financial barrier to obtaining birth certificates, photo I.D., driver's licenses, etc. These documents are required for access to employment, medical assistance, shelter, and eligibility determination for entitlements.

III.6 Memorandums of Understanding reduce the red tape often experienced between agencies.

III.7 Americorps/VISTA resources reduce the cost of indirect services to the community and service providers while providing an opportunity to maximize community participation in solutions to community issues.

III.8 Transportation is vital to accessing all services within the community. With the chronic population, transportation amenities must be low or no cost with a minimum of barriers to access.

Goal IV Prevent inappropriate discharges to shelters, nursing homes, and the streets

IV.1 Written discharge planning and guidelines will provide a map for all agencies to follow when conferring on the most appropriate placement for persons being discharged into the community.

IV.2 Training will maximize understanding and participation in the discharge planning process.

IV.3 Memorandums of Understanding will clearly delineate the responsibilities and roles of each party agency in the Discharge Planning process.

Goal V Continuously collect information on the chronically homeless population

V.1 Design of an instrument for information collection and capture of vital information is essential to clearly identify the population and design community resources to eliminate chronic homelessness.

V.1-7 Information collection needs to be more frequently undertaken to determine the numbers of chronic homeless, the success of the efforts being made to reduce their number, and resource adjustments needed to ameliorate the problem.

V.8 A Homeless Information Management System is essential to services access and coordination of resources.

Goal VI Develop a tiered system of specialized housing solutions

VI.1 A well organized development plan provides a map to achieving the provision of housing solutions to solve the problem of chronic homelessness.

VI.2 Triage shelter, ideally the site for the system entry, provides a place for chronically homeless people to be while awaiting determinations regarding the most appropriate placement in services and housing amenities. For example: a detoxification facility might be the most appropriate first placement for a person coming in off the street, whereas hospitalization for stabilization of medication might be most appropriate for another. In some cases direct placement in Tier I transitional housing may be best suited for others.

Goal VII Develop affordable, accessible, visitable housing

VII.1 Local, state and federal resources will maximize development of affordable, decent, safe housing for the target population.

VII.1.a. Participation of the local community and faith-based entities creates community buy-in and community participation in the solutions to chronic homelessness.

VII.2. Identification of local housing inventory assists in identification of housing availability and gaps in housing resources.

VII.3. Where affordable housing is available, every effort must be made to advocate for availability to the chronically homeless population.

VII.3.a.-b. Private Landlords have expressed that they are more likely to rent to members of the target population when housing maintenance support and lifeskills supports are going to be continuously provided by the referring agency. In order to accomplish this, a revolving fund for minor repairs and home visitation is an essential element of the follow-up services.

Goal VIII Provide public information and training for agencies, hospitals, law enforcement, detention facilities and the community at large a minimum of once per year

VIII.1. Information, awareness, and training programs for all agencies that interact with the target population will reduce misperception, enhance knowledge of the services available to the chronically homeless, and enhance direction of clientele to resources most appropriate for their service needs.

VIII.2. *Olmstead v. L.C.* Supreme Court decision clarified that undue institutionalization is discrimination based on disability under Title II of the Americans with Disabilities Act. The *Olmstead v. L.C.* decision challenges federal, state, and local governments to develop more opportunities for individuals with disabilities through accessible systems of cost-effective community-based services. The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The ADA and the *Olmstead* decision apply to all qualified individuals with disabilities regardless of age. This training will train people to assist with implementing the *Olmstead* decision.

VIII.3.4.5.6. Provision of consistent, thorough, and accurate information about the chronically homeless eases the apprehensions about the chronically homeless and their plight. Through this engagement of the local community and the resources within the community in providing supports to the solutions to end chronic homelessness is enhanced.

ECHO 2015 Goals to End Chronic Homelessness		Date to be Accomplished	By Whom
Goal I. Designate an Oversight Committee to implement ECHO 2015		May 005	Mayor, City of Norman
I.1	Appoint an ad hoc Discharge Planning committee	July 005	Oversight Committee
I.2	Convene a Director's Committee with membership comprised from local nonprofit agencies serving the target population; civic organizations; faith-based entities and mainstream resources.	August 005	United Way of Norman Board of Directors
I.3	Appoint an ad hoc Information/Data Collection Committee	July 005	Oversight Committee
I.4	Appoint an ad hoc Public Awareness/Marketing Committee	July 005	Oversight Committee
I.5	Appoint an ad hoc Planning and Development Committee	July 005	Oversight Committee
Goal II Remove barriers to acquisition of entitlement services from mainstream resource providers			
II.1	Each mainstream resource agency designate a primary and secondary person (by title) to be the contact for homeless services [mainstream resource agencies: Community Development Block Grant; Community Services Block Grant; Social Services Block Grant; HOME program; Housing Choice Voucher Program; Public Housing; Mental Health Block Grant; Substance Abuse Block Grant; Workforce Investment Act/Workforce Development; Vocational Rehabilitation; Veterans Assistance; Education].	September 005	Local Mainstream Resource Supervisors/Managers
II.1.a	Maintain an updated list of mainstream Contacts	September 2005 - onward	Continuum of Care/United Way Help Line
II. 2.	Execute Memorandums of Understanding between mainstream resource agencies and the Oversight Committee identifying intensive case management services and associated entitlements targeted to the chronically homeless population; and the community identified needs for those services.	December 006	Mainstream Resource Agencies and the Oversight Committee
II.3.	Develop and maintain a service matrix identifying the services available to the chronically homeless population from mainstream resources and community-based supportive services identifying the agency providing each service.	December 006 - onward	Discharge Planning Committee
Goal III Provide access to supportive services			Oversight Committee
III. 1	Implement the 211 System	September 008	Oklahoma Legislature
1.A.	Prepare a white paper for distribution to Legislators encouraging expeditious implementation of the 211 system.		Oversight Committee
III. 2	Designate a coordinated point of entry system	January 006	Food & Shelter for Friends/ East Main Place
III. 3	Implement the shelter identification system	June 006	Single Point of Entry
III. 4.	Develop an abbreviated resource guide to emergency food and shelter services including a community map	September 005	United Way Helpline/Transition House
III. 5.	Establish a flex funds account for the purpose of obtaining personal and identification documents.	January 006	The Salvation Army
III. 6.	Execute Memorandums of Understanding with community agencies and the flex fund account designee outlining criteria, eligibility, and process for utilizing flex funds.	September 006	Director's Committee
III. 7.	Obtain Americorps/VISTA volunteers to supplement outreach to persons not in shelters who are located off-site of the resource centers.	June 007	Food and Shelter for Friends

III. 8.	Provide varied and viable transportation options to chronically homeless persons.	October 006	Planning & Development committee
8. A.	Conduct a study of what transportation options are most practical and feasible for the chronically homeless and community resources.	June 006	Information & Data committee
8.B.	Explore opportunities for no cost transportation options to transport the chronically homeless to services resources.	June 006	Information & Data committee
Goal IV	Prevent inappropriate discharges to shelters, nursing homes, and the streets		Discharge Planning Subcommittee
IV.1.	Develop written discharge planning standards and guidelines for adoption by the Continuum of Care, Homeless Here Coalition, and Oversight Committee.	December 006	Discharge Planning committee
IV.2.	Provide training for mainstream resource providers and community service agencies on the discharge planning process and guidelines a minimum of one time per year.	Commence March 007	Discharge Planning committee
IV.3.	Execute Memorandums of Agreement between mainstream resource agencies and the Oversight Committee outlining the discharge planning standards, training to be provided and agreement to participate in the discharge planning process.	January 008	Discharge Planning committee
Goal V	Continuously collect information on the chronically homeless population		Information & Data Collection committee
V.1.	Design an instrument including demographic and needs identification for information collection during counts of chronically homeless.	January 006	Information/Data Collection committee
V.2.	Conduct a point-in-time count of the chronically homeless in conjunction with the point-in-time count of the general homeless population once per year.	January 006	Continuum of Care
V.3.	Conduct a point-in-time count of the chronically homeless separate from the general count once per year.	August 006	Continuum of Care
V.4.	Conduct a point-in-time count of the chronically homeless separate from the general count twice per year.	March , September 007	Continuum of Care
V.5.	Conduct a point-in-time count of the chronically homeless quarterly.	March, June, August, November, 008	Continuum of Care
V.6.	Conduct a point-in-time count of the chronically homeless bi-monthly.	February, April, June, August, October, December , 009	Continuum of Care
V.7.	Count the chronically homeless on the 15 th of each month.	Commence February 15, 010	Continuum of Care
V.8.	Implement a system-wide Homeless Information Management System.	June 010	Information & Data Collection committee
Goal VI	Develop a tiered system of specialized housing solutions		Planning & Development committee
VI.1.	Establish a development plan with identification of capital and operations funding resources and responsibilities.		Planning & Development committee

VI.2. Triage Shelter			
2.A. Site control	June 008	Food & Shelter for Friends/The Salvation Army	
2.B. Operating agent	June 007		
2.C. Commence services	October 010		
VI.3. Day Resource Center			
3.A. Site control	June 006	Food & Shelter for Friends	
3.B. Operating agent	June 005		
3.C. Construction completion	September 007		
3.D. Lease-up for service agencies	“ “		
3.E. Commence housing services	“ “		
3.F. Commence nutrition services	“ “		
3.G. Commence supportive services	“ “		
VI.4. Tier II Transitional Housing			
4.A. Operating agent	June 005	East Main Place	
4.B. Commence services	September 008		
VI.5. Safe Haven			
5.A. Obtain site control – Contract for purchase or lease agreement	June 008	Mission Norman, Inc./The Salvation Army	
A.1. Identify funding sources	June 007		
1.1. Secure funding commitment	June 010		
5.B. Establish a development plan with identification of operations funding and responsibilities	September 006		
B.1. Identify operating agent	June 007		
5.C. Construct/prepare facilities	September 012		
C.1. Determine service amenities	April 012		
1.A. Execute Memorandums of Agreement with service partners	July 012		
C.2. Train staff	September 012		
5.D. Commence housing services	January 013		
5.E. Commence supportive services	January 013		
VI.6. Single Room Occupancy Housing			
6.A. Obtain site control – Contract for purchase or lease agreement	June 014		Mission Norman, Inc.
A.1. Identify funding sources	January 012		
1.1. Secure funding commitment	June 013		
6.B. Establish a development plan with identification of operations funding and responsibilities	June 012		
B.1. Identify operating agent	September 013		
6.C. Construct/prepare facilities	November 015		
C.1. Determine service amenities	October 014		
1.a. Execute Memorandums of Agreement with service partners	December 015		
C.2. Train staff	“ “		
6.D. Commence housing services	January 016		
6.E. Commence supportive services	“ “		
VI.7. Section 811 housing for Severe and Persistently Mentally Ill			
7.A. Obtain Site Control	July 007	McKinzie Gardens, Inc.	
7.B. Designate applicant agency	January 007		
7.C. Secure funding reservation	September 007		
7.D. Begin construction	April 008		
7.E. Lease-up	April 009		

Goal VII Develop affordable, accessible, visitable, housing		Norman Oklahoma Affordable Housing [NOAH], Progressive Independence, Board of Realtors
VII.1. Continue to utilize local, state and federal funding resources.	Ongoing	Planning & Development committee
1.A. Encourage continued collaboration with local, faith-based, foundation, state and federal funding resource partners.	Ongoing	Continuum of Care
A.1 Secure match preference from Kings gate funding board for housing activities targeted to the homeless.	February 007	City of Norman
VII.2. Identify the inventory of affordable, accessible, visitable housing presently in the community.	February 010	Norman Oklahoma Affordable Housing [NOAH]
VII.3. Place ten persons from the chronically homeless population in affordable or subsidized housing presently in the community.	February 007	Norman Housing Authority [NHA]
3.A. Develop a revolving fund to finance maintenance and repair of housing resources utilized by homeless programs.	February 009	Planning & Development committee
3. B. Establish a process to conduct regular inspections of housing units utilized by homeless programs to assist with maintenance and avoid property damage.	February 007	Norman Housing Authority [NHA]; Norman Affordable Housing Corporation [NAHC]; Director's committee
VII.4. Add 200 units of affordable housing targets to low-income persons at or below 50% of the median income.	June 015	Norman Oklahoma Affordable Housing [NOAH]; City of Norman
VII.5. Require 2% of new multi-housing units to be affordable, accessible, visitable units.	June 010	Norman Oklahoma Affordable Housing Corporation [NOAH]; City of Norman

Goal VIII Provide public information and training for agencies, hospitals, law enforcement, detention facilities and the community at large a minimum of once per year		Public Awareness/Marketing Subcommittee/Information & Data Collection Subcommittee
VIII.1. Develop public information, awareness, and training programs for agencies, hospitals, law enforcement, detention facilities and the community at large a minimum of once per year.	January 007	City of Norman, Continuum of Care
VIII.2. Provide training for housing and service providers through the Olmstead Training Program.	January 006	Progressive Independence
VIII.3. Coordinate information with the United Way Helpline website.	Ongoing	Information and Data Committee/United Way Help Line
VIII.4. Maintain updated information regarding the demographics of the homeless population on City of Norman website.	Commence June 005	Information and Data Committee/Continuum of Care
VIII.5. Engage public participation in the solutions to homelessness by presenting information in a public forum a minimum of once per quarter.	Commence April 005	Public Awareness/Marketing Subcommittee/Information & Data Collection Subcommittee
VIII.6 Engage media participation in the solutions to homelessness by placing information in the media once per quarter.	Commence April 005	Public Awareness/Marketing committee/Information & Data Collection committee