1. Review And Accept Minutes From July 11th, 2017 Meeting
2. New Emergency Shelter Design & Planning: Presentation And Public Hearing

    1. Background, Committee/Council Goals Addressed

    - Belinda Ray, HHS Chair

    Overview of tonight's presentation & introduction of presenters

    - Dawn Stiles, Director of Health and Human Services, City of Portland

    Speakers/Presenters:

    - Rob Parritt, Oxford Street Shelter
    - Steve Weatherhead, Winton Scott Architects
    - Ann Tucker and Dr. Renee Faye-LaBlanc, Greater Portland Health

    Public Hearing:

    Members of the public will have a chance to offer input on the draft proposal via public testimony and/or written comments during this meeting.

    - Public comment will be taken (a summary of the rules and procedure for public comment is included below/on the other side of this agenda)
    - Large format drawings of the design will be posted in the room with post-its provided to allow comments directly on the drawings.
    - Chart paper and markers will also be provided for written comment.

    Committee Questions & Discussion

2.I. 5:30 PM Back-Up Materials

Documents:

HHS AGENDA SEPT 12, 2017.PDF
SHELTER EXPANDED ZONING COUNCIL APPROVED HHS MTG 9122017.PDF
SHELTER PROJECTIONS SUMMARY HHS MTG 9122017.PDF
SHELTER DIAGRAM 4 FOR SEPT 12.PDF
SERVICE COMPONENTS 9122017.PDF
NEW SHELTER PROJECT DESCRIPTION HHS MTG 9122017.PDF

2.II. Rules And Procedure For Public Testimony

Council committees use the City Council rules for public testimony. You can find the complete rules in the *Rules of Procedure for the City Council, Rule 31. Procedure for Addressing Council*. This document is available on the City Website:

HTTP://WWW.PORTLANDMAINE.GOV/DOCUMENTCENTER/VIEW/1184

Below is a summary of the main points:

- If you wish to speak, please raise your hand or line up.
- When you are recognized by the Chair, you will have up to three (3) minutes to offer your comments. Please begin by stating your name and where you live.
- While someone is speaking, others in attendance will not interrupt.
- There should be no expressions approval or disapproval (applause, snapping, boos, hissing).
- Remarks shall be confined to the merits of the pending item.
- The Chair may limit or cut off any commentary that is not germane or that is scurrilous, abusive, or not in accord with good order and decorum.
- Any person who shall continue to violate these rules, after warning by the Chair, may be ejected for the remainder of the meeting then in progress.

3. Committee Discussion Of Work Plan & Future Meetings Dates

Health and Human Services Committee Agenda
Tuesday, September 12, 2017, 5:30pm
State of Maine Room, City Hall

Councilor Belinda Ray, District 1, Chair
Councilor Nick Mavodones, At-Large
Councilor Brian Batson, District 3

1. Review and approval of minutes from July 11, 2017 meeting

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3. Committee discussion of workplan & future meeting dates

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PLANNING BOARD REPORT TO CITY COUNCIL
PORTLAND, MAINE

Emergency Shelter Amendments
Zoning Text Amendments for Emergency Shelters as conditional uses in B-3, B-4, B5, IL, ILb, IM and IH zones and Conditional Use Standards in Division 28
Health and Human Services Committee, City of Portland, Applicant

Submitted to: Portland City Council From: Planning Board	Prepared by: Barbara Barhydt, Development Review Services Manager Date: May 1, 2017

I. INTRODUCTION

The Health and Human Services Committee drafted and the Planning Board voted (6-1) to recommend to City Council the adoption of text amendments to add emergency shelters as a conditional use in the B-4, B-5, IL, ILb, IM and IH zones and update the conditional use standards. The Planning Board recommended a formatting amendment to consolidate the standards within the general conditional use standards, rather than listing them in each applicable zone. The draft before the City Council reflects this amendment Currently, emergency shelters are a conditional use in the B-3 zone and this would be retained. The proposed text amendments also include updated conditional use standards specific to emergency shelters to guide the development of new facilities.

II. REVIEW PROCESS AND PUBLIC COMMENT

The Planning Board held a workshop on the preliminary draft on April 6, 2017 and a public hearing on April 25, 2017. Notices for this item appeared in the legal ad, which was published in the Portland Press Herald on April 17 and 18. It was also posted to the web site and distributed through "notify me." At the public hearing, there were five members of the public who spoke. Sarah Ceriche supported the text amendments and offered suggestions for revisions to address management plans. Joe McNally, Milestone, Norman Maze, and Brian Townsend (written public comment, Att 5), supported the proposal CHOM also presented testimony in support of the proposed amendments. George Rheault spoke in opposition to the proposed amendments.

III. BACKGROUND ON EMERGENCY SHELTERS

Portland's emergency shelters are generally older facilities, under-sized for current demands, and unable to provide a broad range of services for homeless individuals. The Health and Human Services Committee is interested in developing a new state-of-the-art shelter to best serve the clientele as well as surrounding neighborhoods. At present, the needs of such a facility are being determined but there is no site identified. Best practices call for providing permanent housing for homeless individuals, such as Portland's successful Housing First projects, and then allow homeless shelters to offer temporary shelter accompanied with needed counseling and services to return clients to stable housing. As part of planning for shelters, the Health and Human Services

Committee began by evaluating current regulations and proposing updates to the zoning code. In particular, members identified the current limitation to the B-3 zone as both an obstacle to siting a modern shelter, and also based on outdated assumptions about the needs of shelter clients. The Committee has drafted new conditional use standards for emergency shelters and is proposing to add emergency shelters as a conditional use in two business zones and the industrial zones.

The City Council visited shelters in the Boston area and learned about best practices. Following that, the Health and Human Services Committee asked staff to develop proposed amendments, and held three meetings to develop the proposed amendments. The Committee sought guidance from shelter providers from the City and non-profits, as well as from the public. On April 13, 2017, following a public hearing on the matter, the Committee endorsed the amendments as drafted and forwarded them to the Planning Board for their consideration and recommendation to the City Council.

The Health and Human Services Committee reviewed the shelters and best practices that have been developed in other communities. The list of resources considered by the Committee is included as Attachment A and a copy of the Comparative Analysis of Homeless Facilities is included as Attachment B. In addition, the Committee considered the Final Resolution from the Salt Lake County Collective Impact on Homelessness (Attachment C) and the Public Safety & Security Benchmarking Study (summary as Attachment D). A floor plan concept is included as Attachment E. In this floor plan, there is a multi-purpose/dining room with adjoining kitchen facilities to accommodate 136 people. There are lockers, a laundry facility, bathrooms, offices and a central office area adjoining separated sleeping areas. The concept plan also shows an outdoor park/seating area. The larger facility is intended to offer services and counseling support within the shelter in order provide accessible and effective services.

In speaking with shelter operators, staff noted that the needs of emergency shelters have changed as the strategies for ending homelessness have changed. The priority used to be in rapidly rehousing recent arrivals to the shelter. That strategy was based on the idea that those clients are the easiest to find housing for, as they have often ended up in a shelter due to a short-term challenge. However, that left long-term shelter stayers in facilities for extended periods of time. As the shelter became a de-facto home for those stayers, and as they were not permitted to stay in most shelters due to space limitations, there was a need to provide a shelter near other services, such as downtown.

The newer model focusses on providing housing for those long-term stayers. While those housing units are more difficult to locate, because the challenges of housing this population is greater, the benefits are also much higher. Freeing up one bed from a long-term stayer allows many more transient users to use that same bed. As a shelter becomes a shorter-term solution for emergencies, there is a lessened need to provide nearby services, and instead the focus should be on providing a modern, clean, safe facility. Finally, modern shelters allow occupants to remain during the day and the shelters provide on-site space for medical care, substance abuse treatment, counseling, job readiness, housing assistance, and other services.

For all these reasons, the previous rationale for locating shelters downtown is no longer valid. The goal now is to provide zoning that allows a modern facility to be developed, for shorter-term stayers, near transit for those who need transportation. The Planning Board recommends and HHS Committee supports the proposed zoning amendments in order meet these goals and allow flexibility for shelter siting, while putting in place new conditional use standards to ensure that a shelter meets current best practices.

IV. CURRENT LAND USE CODE REGULATIONS FOR EMERGENCY SHELTERS

Definition:

Portland's zoning code defines emergency shelter as follows:

> *Emergency shelter: A facility providing temporary overnight shelter to homeless individuals in a dormitory-style or per-bed arrangement.*

Conditional Use Standards specific to Emergency Shelters

Emergency Shelters are listed as a conditional use only in the Downtown Business B-3 zone and the Planning Board is substituted for the Zoning Board of Appeals for the review. The specific conditional use standards in the B-3 district are as follows:

4. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474:

    a. The facility shall be in compliance with the city's current Comprehensive Housing Assistance Plan, a copy of which is on file in the department of planning and urban development, or, if there is no current edition of the Comprehensive Housing Assistance Plan, with a determination of need by the director of the department of health and human services.

    b. The facility shall be registered with the City of Portland Department of Health and Human Services.

Conditional Use Standards for all Conditional Uses

The general standards in Section 14-474, which are applied to all conditional uses, which would also apply and these standards address typical site plan concerns such as traffic, hours of operation, parking needs, landscaping, noise, signs, and other factors.

Parking Requirements

Division 20, Off-Street Parking, sets a parking requirement of 1 space per every 2 employees.

Site Plan Ordinance

As noted above, the Planning Board is substituted for the ZBA to conduct the conditional use reviews of Emergency Shelters. The site plan ordinance lists emergency shelters as subject to at a minimum a Level II site plan review, unless the size of the facility triggers a Level III review with the Planning Board.

V. PROPOSED TEXT AMENDMENTS

A. Text Amendments to list Emergency Shelters in Specific Zones

In preparing the draft amendments, staff considered whether it made sense to simply permit emergency shelters as conditional uses City-wide. However, in looking at the urban design and fabric of the other zones in the City, and the likely design of any new emergency shelter, it did not seem appropriate to site emergency shelters in other residential zones. However, group homes and other smaller-scale facilities similar in character to shelters continue to be permitted in those zones.

The proposed text amendments add Emergency Shelters as a conditional use to six zoning districts:

- Commercial Corridor B-4;

- Urban Commercial B5, excluding B-5b;
- Low Impact Industrial IL;
- Low Impact Industrial ILb;
- Moderate Impact Industrial IM; and
- High Impact Industrial IH.

The proposal retains emergency shelters as a conditional use in the Downtown Business Zone and cross-references the updated conditional use standards that are proposed within Section 14-474. The use is proposed for the B-5 zone, which has locations both on and off-peninsula, but the B-5b zone is excluded as it is a small area along the Waterfront. Please note that while emergency shelters are proposed in the various commercial and industrial zones, the entire zones are not open to this use based upon meeting the criteria of the conditional use standards, which requires the use to be within ¼ mile of a METRO Line or within ½ mile of METRO line if adequate indoor space for day time shelter use as well as strategies to help residents utilize transit. Attachment 1 is the zoning map showing the zones where shelters are proposed to be permitted as a conditional use. Following that map are two maps that show the ¼ mile buffer along METRO transit routes (Attachment 2) and the same map with the ½ mile buffers (Attachment 3).

B. Text Amendments for the Conditional Use Standards

At the Public Hearing, the Planning Board amended the draft to change the formatting for the proposed conditional use standards. Rather than inserting the same use specific standards in each applicable zone, the Board supported consolidating the standards under Section 14-474. The reformatted amendments before the Council are proposed to be included as use specific conditional uses as Section 14-474 3. The proposed conditional use standards allow emergency shelters to be reviewed by the Zoning Board of Appeals (ZBA) unless the proposal triggers a Level III site plan review and then the Planning Board would be substituted for the ZBA. Attachment 4 contains the proposed text amendments for each zone and the conditional use standards under Sec. 14-474. The standards are proposed to provide a safe sleeping environment for homeless individuals and to offer a broader range of services and facilities to serve the daily needs of clients. The standards address the following:

> (c) Emergency shelters, subject to the following conditions, in addition to the provisions of section14-474. Notwithstanding section 14-474(a) or any other provision of this Code, the Planning Board shall be substituted for the Board of Appeals as the reviewing authority for any shelter also subject to Level III site plan review:
>
> 1. The facility shall provide adequate space for conducting security searches and other assessments;
>
> 2. The facility shall be designed with a centralized shelter operations office on each level providing sight lines to sleeping areas;
>
> 3. A Management Plan adequately outlining the following areas shall be provided: Management responsibilities; Process for resolving neighborhood concerns; Staffing; Access restrictions; On-site surveillance; Safety measures; Controls for resident behavior and noise levels; and Monitoring Reports.
>
> i. Adequate access to and from METRO service shall be provided. The facility shall be within a ¼ mile of a METRO line, or shall be within ½ mile of a METRO line and provide adequate indoor

space to permit all shelter guests day shelter, as well as implement strategies to help residents utilize transit;

ii. The facility shall provide on-site services to support residents, such as case management, life skills training, counseling, employment and educational services, or other programs.

4. Suitable laundry, kitchen, pantry, bicycle storage, and secure storage facilities for shelter stayers shall be provided on-site;

5. An outdoor area for guest use shall be provided on-site with adequate screening to protect privacy of guests;

VI. POLICY DISCUSSION

A. Pending Comprehensive Plan

The pending Comprehensive Plan before the City Council has a vision statement that calls for the City to be equitable, sustainable, dynamic, secure, authentic and connected. The vision statements under equitable call for the following:

- We will remain an open and inclusive City, celebrating diversity and providing a welcoming and safe place for residents and visitors alike.
- We will be a state and national leader in achieving a more equitable city.
- The benefits and costs of our City will be born fairly across the entire City.
- Our government will continue to be transparent and its policies fair and uniformly enforced.
- We will incorporate the needs of all of our residents in planning for our future.

The secure vision also states:

- We will use compassion in our decision making and in our approach to public safety.
- We will be committed to accessible housing and healthy food for all our residents.

Relevant local goals found under the Housing Policy Guide call the City to "Increase, preserve, and modify the overall supply of housing City-wide to meet the needs, preferences and financial capability of all households."

The Facilities and Services policy guide call for the City to "Provide public safety, emergency response, and emergency management facilities and services that can effectively meet the needs of all residents." Pertinent strategies within that section include:

- Explore efficient ways of delivering services to the homeless by investigating a wide variety of services models, evaluating the local potential of these models, and developing plans for implementation.
- Align the City's land use code with City Council policy direction on shelter placement, shelter models, and facility requirements.
- Continue to embrace innovation and best practices towards eliminating homelessness.

In the existing comprehensive plan, the Housing Goal is to ensure an adequate and diverse supply of housing for all with the following related Policy Objectives:

- Create enough beds to ensure that no one is forced to sleep outside due to a lack of beds in emergency shelters.

- Transition to Permanent Housing: Encourage proposals to transition homeless families and individuals out of emergency shelters and transitional facilities into permanent housing, including single room occupancy units.

B. Discussion

The Planning Board recommends as amended for formatting, and the Health and Human Services Committee supports, allowing the use in those zones based on a changing model and need for emergency shelters. First, modern, state-of-the-art shelters have land area requirements that can be hard to meet in a densely-developed city. Practically speaking, it is important to keep the industrial zones open as options because they tend to have larger lots that can be uses for modern facilities, provided a shelter allows for transit accessibility. Second, the model for provision of shelter has changed away from providing a long-term place to stay to providing a truly emergency shelter for a relatively short period of time. This model change has been enabled by better success in locating permanent housing with support services for the longest-term residents of shelters and freeing up beds for short-term stayers. Under the new model, the focus is on providing a safe space with facilities on-site for residents while they get back on their feet rather than a more permanent residence. Third, while the industrial zones are permitted locations, the conditional use language also requires that shelters be located near METRO service. In effect, that limits the permitted areas to major corridors and not to the industrial zones in general (see attached maps for reference.) Fourth, the conditional use standards are proposed to guide the establishment of shelters that are well managed and offer the counseling and services needed to eliminate homelessness in Portland.

VII. PLANNING BOARD RECOMMENDATION

The Planning Board voted 6-1 (Morrissette opposed) to find the proposed zoning text amendments, as amended for formatting, are consistent with Portland's Comprehensive Plan and recommend to the City Council adoption of the proposed zoning text amendments. Carol Morrissette voted against the motion; however, she supports the updated provisions for emergency shelters and looks forward to a fresh approach to housing the homeless, but she opposes siting emergency shelters in industrial zones.

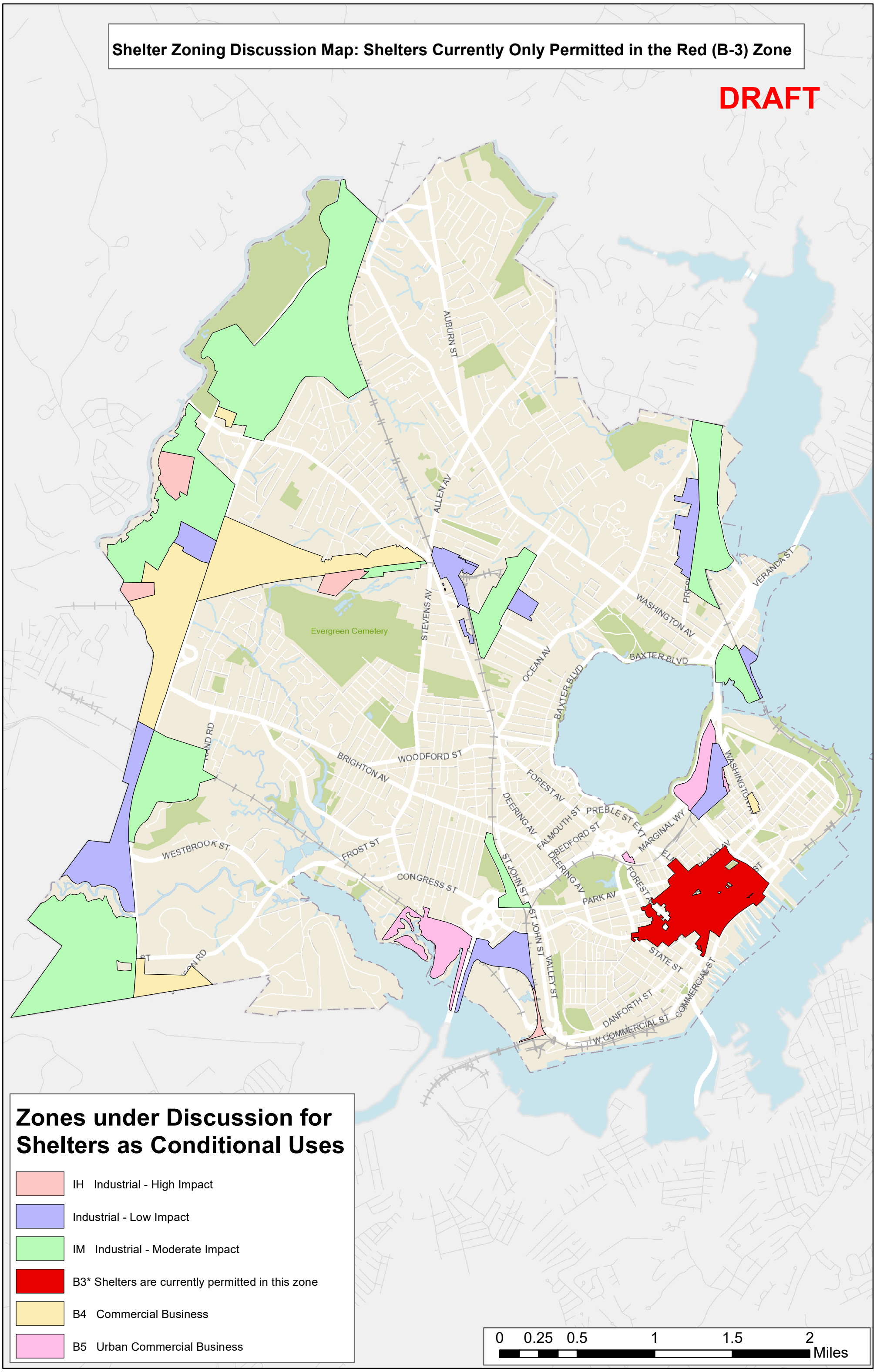
Attachments to the Report:

1. Map of Proposed Zones to Permit Shelters
2. Transit Line Buffer Map- Quarter Mile Buffer
3. Transit Line Buffer Map- Half Mile Buffer
4. Proposed Text Amendments for the Land Use Code
5. Public Comment, Brian Townsend, Amistad

Applicant's Submission
Att A Shelter Best Practices
Att B Homeless Shelters Comparison Report
Att C Resolution – Collective Impact on Homelessness Shelters
Att D Safety and Security Benchmarking Study
Att E Shelter Diagram 1117

Shelter Zoning Discussion Map: Shelters Currently Only Permitted in the Red (B-3) Zone

DRAFT

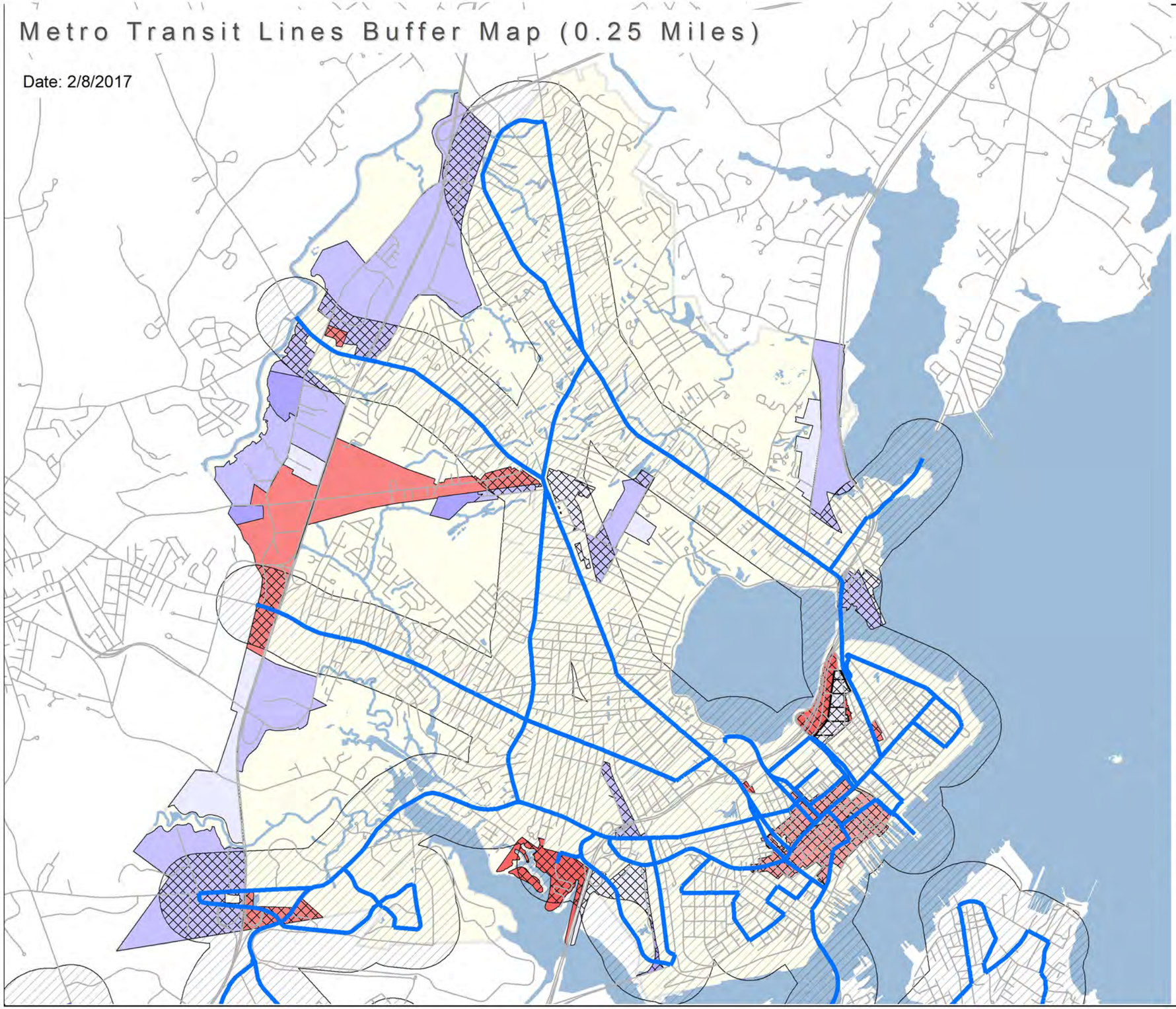


Zones under Discussion for Shelters as Conditional Uses

- IH Industrial - High Impact
- Industrial - Low Impact
- IM Industrial - Moderate Impact
- B3* Shelters are currently permitted in this zone
- B4 Commercial Business
- B5 Urban Commercial Business

Metro Transit Lines Buffer Map (0.25 Miles)

Date: 2/8/2017



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Metro Transit Lines
1/4 Mile Applicable Buffer
1/4 Mile Buffer

B3* Downtown Business
B4 Commercial Business
B5 Urban Commercial Business
IL Industrial - Low Impact
ILb Industrial - Low Impact
IM Industrial - Moderate Impact
IH Industrial - High Impact

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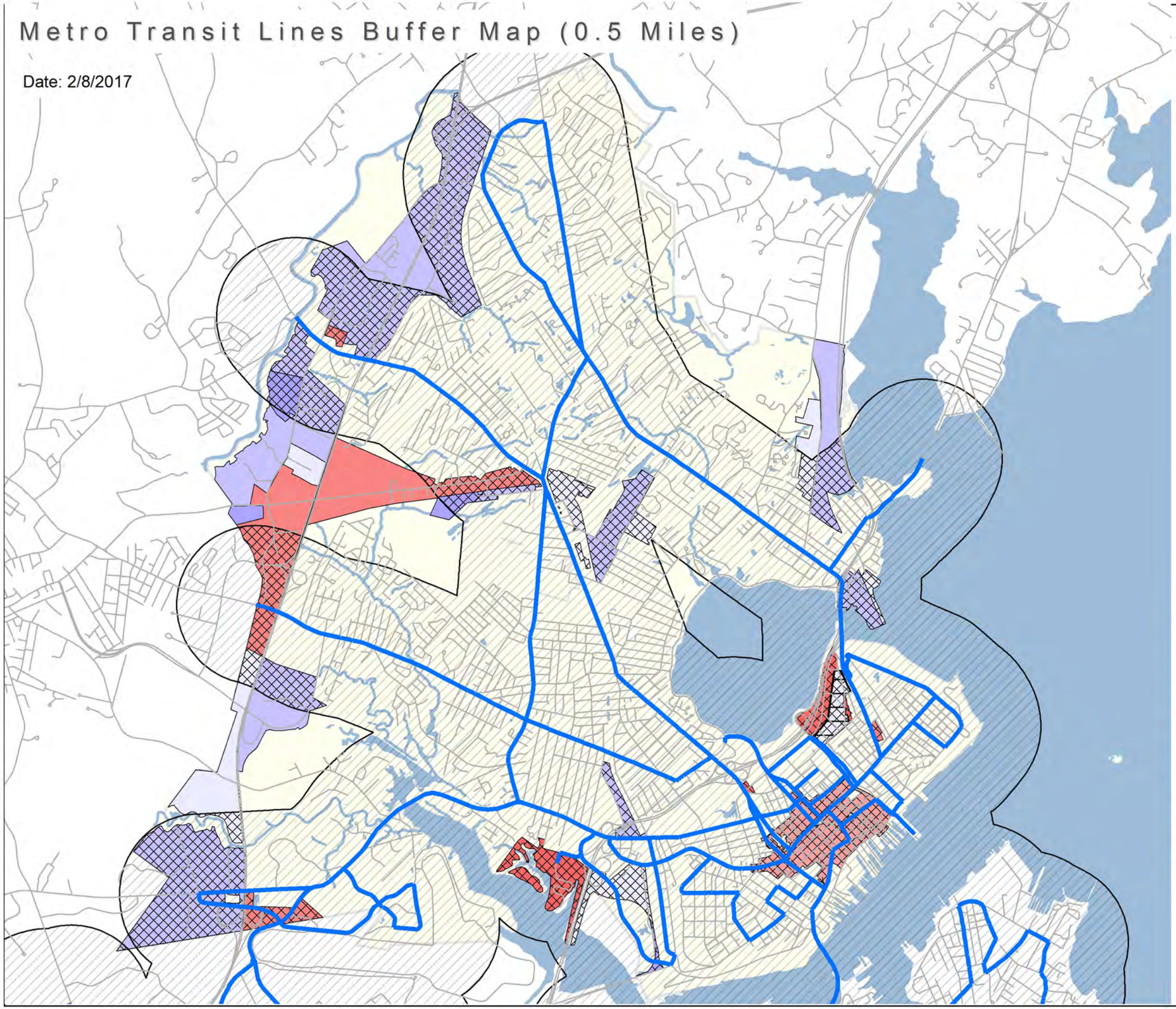
Metro Transit Lines Buffer Map (0.5 Miles)

Date: 2/8/2017



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Metro Transit Lines
Applicable 1/2 Mile Buffer
1/2 Mile Buffer

B3* Downtown Business
B4 Commercial Business
B5 Urban Commercial Business
IL Industrial - Low Impact
ILb Industrial - Low Impact
IM Industrial - Moderate Impact
IH Industrial - High Impact

1:40,000

PROPOSED TEXT AMENDMENTS FOR EMERGENCY SHELTERS

DIVISION 12. B-3, B-3b AND B-3c DOWNTOWN BUSINESS ZONES*

Sec. 14-218. Conditional uses.

(b) The following uses are permitted as provided in section 14-474 (conditional uses), provided that, notwithstanding section 14-474(a) or any other provision of this Code, the Planning Board shall be substituted for the board of appeals as the reviewing authority:

4. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474~~:~~and the use specific standards of Section 14-474 (c) 3.

~~a. The facility shall be in compliance with the city's current Comprehensive Housing Assistance Plan, a copy of which is on file in the department of planning and urban development, or, if there is no current edition of the Comprehensive Housing Assistance Plan, with a determination of need by the director of the department of health and human services.~~

~~a. The facility shall be registered with the City of Portland Department of Health and Human Services.~~

DIVISION 12.5. B-4 COMMERCIAL CORRIDOR ZONE

Sec. 14-229.11.1. Conditional uses.

The following use shall be permitted only upon the issuance of a conditional use permit, subject to the provisions of section 14-474 (conditional uses), and any special provisions, standards or requirements specified below:

(b) 4. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474 and the use specific standards of Section 14-474 (c) 3.

DIVISION 12.6. B-5 URBAN COMMERCIAL MIXED USE ZONE

Sec. 14-230.2. Conditional uses.

(a) The following uses shall be permitted as conditional uses in the B-5 and B-5b urban commercial mixed use zones,

provided that, notwithstanding section 14-471(c), section 14-474(a), or any other provision of this Code, the Planning Board shall be substituted for the board of appeals as the reviewing authority, and further provided that, in addition to the provisions of section 14-474(c)(2), they shall also meet the requirements set forth below:

5. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474 and the use specific standards of Section 14-474 (c) 3.

DIVISION 13. I-L AND I-Lb INDUSTRIAL ZONES*

Sec. 14-232.1. Conditional uses.

The following use shall be permitted only upon the issuance of a conditional use permit, subject to the provisions of section 14-474 (conditional uses), and any special provisions, standards or requirements specified below:

(b) 4. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474 and the use specific standards of Section 14-474 (c) 3.

DIVISION 14. I-M, I-Ma AND I-Mb INDUSTRIAL ZONES*

Sec. 14-248.1. Conditional uses.

The following use shall be permitted only upon the issuance of a conditional use permit, subject to the provisions of section 14-474 (conditional uses), and any special provisions, standards or requirements specified below:

(b) 4. Emergency shelters, subject to the following conditions, in addition to the provisions of section 14-474 and the use specific standards of Section 14-474 (c) 3.

DIVISION 15. I-H AND I-Hb INDUSTRIAL ZONES*

Sec. 14-262.1. Conditional uses.

The following use shall be permitted only upon the issuance of a conditional use permit, subject to the provisions of section 14-474 (conditional uses), and any special provisions, standards or requirements specified below:

(b) 4. Emergency shelters, subject to the following conditions, in addition to the provisions of section

14-474 and the use specific standards of Section 14-474 (c) 3.

Sec. 14-474. Conditional uses.

(a) *Authority.* The board of appeals may, subject to the procedures, standards and limitations set out in this section, approve the issuance of a conditional use permit authorizing development of conditional uses listed in this article.

(b) *Procedure:*

1. *Application.* Applications for conditional use permits shall be submitted to the building authority. A nonrefundable application fee, as established from time to time by the city council to cover administrative costs and costs of a hearing, shall accompany each application. The application shall be in such form and shall contain such information and documentation as shall be prescribed from time to time by the building authority but shall in all instances contain at least the following information and documentation:

    a. The applicant's name and address and his or her interest in the subject property;

    b. The owner's name and address if different than the applicant;

    c. The address, or chart, block and lot number as shown in the records of the office of the assessor of the subject property;

    d. The zoning classification and present use of the subject property;

    e. The particular provision of this article authorizing the proposed conditional use;

    f. A general description of the proposed conditional use;

    g. Where site plan approval is required by article V of this chapter, a preliminary or final site plan as defined by article V of this chapter.

2. *Public hearing.* A public hearing shall be set, advertised and conducted by the board of appeals in accordance with article VI of this chapter.

3. *Action by the board of appeals.* Within thirty (30) days following the close of the public hearing, the board of appeals shall render its decision, in a manner and form specified by article VI of this chapter, granting the application for a conditional use permit, granting it subject to conditions as specified in subsection (d), or denying it. The failure of the board to act within thirty (30) days shall be deemed an approval of the conditional use permit, unless such time period is mutually extended in writing by the applicant and the board. Within five (5) days of such decision or the expiration of such period, the secretary shall mail notice of such decision or failure to act to the applicant and, if a permit is authorized, shall issue such permit, listing therein any and all conditions imposed by the board of appeals.

(c) *Conditions for conditional uses:*

1. *Authorized uses.* A conditional use permit may be issued for any use denominated as a conditional use in the regulations applicable to the zone in which it is proposed to be located.

2. *Standards.* The Board shall, after review of required materials, authorize issuance of a conditional use permit, upon a showing that the proposed use, at the size and intensity contemplated at the proposed location, will not have substantially greater negative impacts than would normally occur from surrounding uses or other allowable uses in the same zoning district. The Board shall find that this standard is satisfied if it finds that:

   a. The volume and type of vehicle traffic to be generated, hours of operation, expanse of pavement, and the number of parking spaces required are not substantially greater than would normally occur at surrounding uses or other allowable uses in the same zone; and

   b. The proposed use will not create unsanitary or harmful conditions by reason of noise, glare, dust,

sewage disposal, emissions to the air, odor, lighting, or litter; and

c. The design and operation of the proposed use, including but not limited to landscaping, screening, signs, loading, deliveries, trash or waste generation, arrangement of structures, and materials storage will not have a substantially greater effect/impact on surrounding properties than those associated with surrounding uses or other allowable uses in the zone.

3. *Use Specific Standards*. The following additional standards of review apply to the specific uses.

a. Emergency shelters are subject to the following conditions, in addition to the provisions of section 14-474 (c) 2. Notwithstanding section 14-474(a) or any other provision of this Code, the Planning Board shall be substituted for the Board of Appeals as the reviewing authority for any shelter also subject to Level III site plan review:

1. The facility shall provide adequate space for conducting security searches and other assessments;

2. The facility shall be designed with a centralized shelter operations office on each level providing sight lines to sleeping areas;

3. A Management Plan adequately outlining the following areas shall be provided: Management responsibilities; Process for resolving neighborhood concerns; Staffing; Access restrictions; On-site surveillance; Safety measures; Controls for resident behavior and noise levels; and Monitoring Reports.

i. Adequate access to and from METRO service shall be provided. The facility shall be within a ¼ mile of a METRO line, or shall be within ½ mile of a METRO line and provide adequate indoor space to permit all shelter guests day shelter, as well as implement strategies to help residents utilize transit;

ii. The facility shall provide on-site services to support residents, such as case management, life skills training, counseling, employment and educational services, housing assistance, or other programs;

4. Suitable laundry, kitchen, pantry, bicycle storage, and secure storage facilities for shelter stayers shall be provided on-site; and

5. An outdoor area for guest use shall be provided on-site with adequate screening to protect privacy of guests.

(d) *Conditions on conditional use permits.* The board of appeals may impose such reasonable conditions upon the premises benefited by a conditional use as may be necessary to prevent or minimize adverse effects therefrom upon other property in the neighborhood. Such conditions shall be expressly set forth in the resolution authorizing the conditional use permit and in the permit. Violation of such conditions shall be a violation of this article.

(e) *Effect of issuance of a conditional use permit.* The issuance of a conditional use permit shall not authorize the establishment or extension of any use nor the development, construction, reconstruction, alteration or moving of any building or structure, but shall merely authorize the preparation, filing and processing of applications for any permits or approvals which may be required by the codes and ordinances of the city, including but not limited to a building permit, a certificate of occupancy, subdivision approval and site plan approval.

(f) *Limitations on conditional use permits.* No conditional use permit shall be valid for a period longer than six (6) months from the date of issue, or such other time as may be fixed at the time granted not to exceed two (2) years, unless the conditional use has been commenced or is issued and construction is actually begun within that period and is thereafter diligently pursued to completion; provided, however, that one (1) or more extensions of said time may be granted if the facts constituting the basis of the decision have not materially changed, and the two-year period is not exceeded thereby. A conditional use permit shall be deemed to authorize only the particular use for which it was issued and such permit shall automatically expire and cease to be of any

force or effect if such use shall for any reason be discontinued for a period of twelve (12) consecutive months or more.

(g) *Appeals from board decisions.* Appeals from any decision of the board of appeals or, where applicable, the Planning Board respecting a conditional use permit shall be to superior court.

(Code 1968, § 602.24.D; Ord. No. 437-74, 7-1-74; Ord. No. 407-83, 2-2-83; Ord. No. 467-83, § 2, 4-20-83; Ord. No. 237-83, 10-17-83; Ord. No. 222-13/14, 5-5-2014)

Sec. 14-475. Reserved.

***Editor's note—**Section 7 of Ord. No. 354-85, adopted Jan. 7, 1985, repealed § 14-475, relative to nonconforming uses, which derived from Code 1968, § 602.24.E, and Ord. No. 437-74, adopted July 1, 1974.

Att. 5

AMISTAD

"People Helping People"

To the chair, vice chair, and members of Portland's Planning Board:

Amistad has hundreds of active members who live in and around Portland. "Members" is the term we use to describe the adults who access services at our Peer Support and Recovery Center. Our members all have struggled with mental illness, and most have struggled with a co-occurring substance use disorder. We have members who have been with us for three decades, and also 19-year-old opiate-addicted members who just showed up this month. About 40% of our current members are homeless, while just under 80% have been homeless at one time in their life. So Amistad and its members have a huge stake in the outcome of this discussion.

We strongly support the city's efforts to create a new shelter, in a new location, with a new concept of what an emergency shelter should be. Our city government has demonstrated a commitment to solving the problem of homelessness for years. The agencies in this room, and others, have been fully on board. All of our efforts have made a difference. But homelessness is incredibly complicated. Mental illness is very often one of the causes of a person's homelessness, along with being one of the barriers to a solution.

When Amistad members see the public face of homelessness—around Bayside in the evening, or on the medians or elsewhere, they generally don't think for a second about how this reflects on Portland, or about the discomfort it causes them to confront that image. They see people whose struggle they recognize. Their empathy is pretty total.

Everyone in this room thinks that homelessness is unacceptable, and at Amistad we love that the city is looking at bold strokes to take it on. What I feel, in representing the collective voice of Amistad, is that the current physical layout of services for the homeless in this city very inadvertently traps those we aim to help in a maze with unmarked exits. A person who wakes up in the homeless shelter on Oxford Street looks out at the same limited horizon each day. The demands of survival narrow their field of options to what is available within sight of the shelter.

While a move outside the city would create logistical challenges, it would also create new horizons, and generate an optimal level of urgency in everyone involved, from the people who find themselves in a state of homelessness, to those of us who want to help them find a way out. The design we've heard discussed sounds more humane, more solutions-focused, and more, frankly, like the city we live in.

We are thankful that the city is putting this idea forward, and look forward to being a partner in solving any of the issues that arise in moving it from the idea stage to reality. On behalf of the members of Amistad, thank you for caring about this issue so strongly.

Brian Townsend, Executive Director

66 State Street, Portland, ME 04104-0992 • (207) 773-1956 office • (207) 773-2087 fax • www.Amistadinc.com

SHELTER Best Practice – findings

Shelter/Multi-service Center

1. Year-Round Emergency Shelter and Multi-service center Cost Model Report (Orange County, CA) 2013- National review of options for cities in the county: recommends multiservice center/shelters in each.
2. Comparative Analysis of Homeless Facilities and programs in selected Cities and Counties (Virginia Beach, VA) 2011- Reviews practices and models in a number of cities including some as best practices: Recommends consolidation of shelter and services into one site: speds of access and connections and saves many calls to providers and city-
3. Examples – Columbus OH, Hennipin mN.
4. Recent smaller city models: Tallahassee –Kearny Center (others looking to duplicate)
   San Luis Obispo (mult-service and populations in one site with architectural awards)
   Santa Cruz CA.

Single Point of Entry/ Assessment Center/ coordination at entry

USICH-HUD

Denver Shelter Assessment by NAEH in 2011- (led by norm Suchar current HUD Homeless)
Recommends consolidation and single site for each population (Adults, families, youth) in this city to coordinate and refer.

Virginia Beach recommendation

Harm Reduction/low barrier

HUD/USICH- accessible

Current work in San Francisco and Seattle on new model – Navigation centers- Open sites to get off the street-can bring pets and partners- (more extreme based on need) -

24 hours for working individuals and those ill:

Many include a respite area or program that is not always medically staffed for individuals who are ill or need some attention. Other include accommodation/level for those working that need flexibility in hours.

Storage

Huge issue nationally and viewed as an impediment to housing and especially employment for many: examples of options at shelter or in community: Portland Oregon: large containers;

San Diego: 300 bins -Transitional Storage Center

L.A two Storage Centers

Outside Space

Campus Models: Dallas, San Antonio, others

Navigation Centers and others: interior courtyard

Louisville Shelter has on site recovery program: (but higher barrier)

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

Prepared by:
City of Virginia Beach
Department of Housing and Neighborhood Preservation

Andrew Friedman – Director, Housing and Neighborhood Preservation
Sharon Prescott – Housing Development Administrator
Natalie Anderson – Principal Author

September 19, 2011

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

Conclusions

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

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

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

Sources

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

Department of Housing and Urban Development, Office of Policy Development and Research (May, 2002). Evaluation of Continuums of Care For Homeless People: Final Report.

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

U.S. Department of Housing and Urban Development Homeless Reports. Accessed July, 2011 from: www.hudhre.info/index.cfm?do=viewHomelessRpts

Norfolk Homeless Consortium website. Accessed August, 2011 from: www.norfolkhomelessconsortium.org

Individual shelter websites (listed in shelter profiles)

Maps

City of Daytona Beach zoning map. Accessed July, 2011 from: http://gis.codb.us/Freeance/Client/PublicAccess1/index.html?appconfig=CityMap

City of Fort Lauderdale zoning map. Accessed July, 2011 from: http://ci.ftlaud.fl.us/gis/files/maps/Zoning%20Map.pdf

City of Key West zoning map. Accessed July, 2011 from: www.keywestcity.com/egov/docs/1161957236_949066.pdf

City of Myrtle Beach zoning map. Accessed July, 2011 from: www.cityofmyrtlebeach.com/PDF%20Forms/Zoning%20Map.pdf

City of Norfolk zoning map. Accessed August, 2011 from: http://gisapp2.norfolk.gov/zoning_mapper/viewer.htm

City of San Diego zoning map (grid 15). Accessed July, 2011 from: www.sandiego.gov/development-services/zoning/pdf/maps/grid15.pdf

City of Virginia Beach zoning map (grids L06 and L07). Accessed August, 2011 from:
www.vbgov.com/file_source/dept/planning/ZoningGridReferenceMap.pdf

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

Att. B

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

Prepared by:
City of Virginia Beach
Department of Housing and Neighborhood Preservation

Andrew Friedman – Director, Housing and Neighborhood Preservation
Sharon Prescott – Housing Development Administrator
Natalie Anderson – Principal Author

September 19, 2011

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

Contents

Introduction – the Cost of Homelessness

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

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

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

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

[1] Ten Broeke, Cathy (August 1, 2011). Fighting homelessness: The cost of homelessness, The Downtown Journal.
[2] Gladwell, Malcolm (February 13, 2006). Million-Dollar Murray, The New Yorker.

Executive Summary

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

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

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

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

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

Summary of Findings

1) There is a trend toward consolidating a full spectrum of services (meals, case management, counseling, healthcare, training, etc.) and overnight shelter for the homeless into one location. This improves opportunities for the homeless to make connections to critical services and to make more effective use of their time to improve their situation. In addition, consolidating

services geographically reduces the call volumes that participating agencies must field from persons seeking assistance.

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

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

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

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

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

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

Table 1

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

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

Summary of Best Practices

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

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

2) Development of a sophisticated, region-wide homeless services organizing agency that fulfills the following functions:

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

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

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

5) Intensive programming support for individuals transitioning from the mental health, corrections, and foster care systems, as well as the military, into main-stream society and conventional housing.

6) For those exiting the corrections system, immediate training opportunities to build job skills and develop healthy relationships.

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

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

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

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

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

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

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

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

- Ensuring **a viable spectrum of affordable housing options** are available to the public at large.

- Providing a **permanent supportive housing** option for those who experience multiple barriers to housing stability, such as those with permanent mental and/or physical disabilities.

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

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

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

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

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

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

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

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

- **Effective data management** allows localities to accurately diagnose system design or implementation problems and also to measure progress against the goals of the long-range plan for homeless prevention.

- **Advocacy and leadership**. A successful homeless prevention and rehabilitation system requires the consistent support of champions in city government, and in the local residential and business communities.

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

Background

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

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

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

Purpose

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

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

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

Methods

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

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

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

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

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

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

Virginia Beach
Virginia

Profile

Virginia Beach, VA

City Profile

Population	434,922
Median Household Income	$63,370
Per Capita Income*	$30,415
Median Gross Rent	$1,101
Median Gross Rent as % of HH Income	29.8%

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

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

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

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

Source: HUD Homeless Resource Exchange Online Report

Virginia Beach, VA

Citywide centralized homeless intake: no

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

> Connection Point is a hotline that families may call when they are experiencing a housing crisis to determine if they qualify for emergency assistance. The hotline – (757) 227-5932 – is available Monday through Friday, from 7 a.m. to 11 p.m.
>
> Program for Assistance in Transition from Homelessness (PATH) provides street outreach services to individuals who are homeless and experience mental illness and/or substance abuse issues. Case manager(s) from the Department of Human Services, Mental Health/Substance Abuse Division attempt to engage this hard-to-serve population and connect them to housing and services.
>
> The City of Virginia Beach produces the Pocket Pal. This wallet-sized directory lists phone numbers for a variety of shelters, meal programs, social services, employment and other resources. The Pocket Pal is distributed through PATH Outreach, police personnel, and the faith community.

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

Virginia Beach, VA

Lighthouse Center

825 18th Street: Virginia Beach, Virginia 23451
www.voaches.org/Services/Homeless-Services/Lighthouse-Center

Profile

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

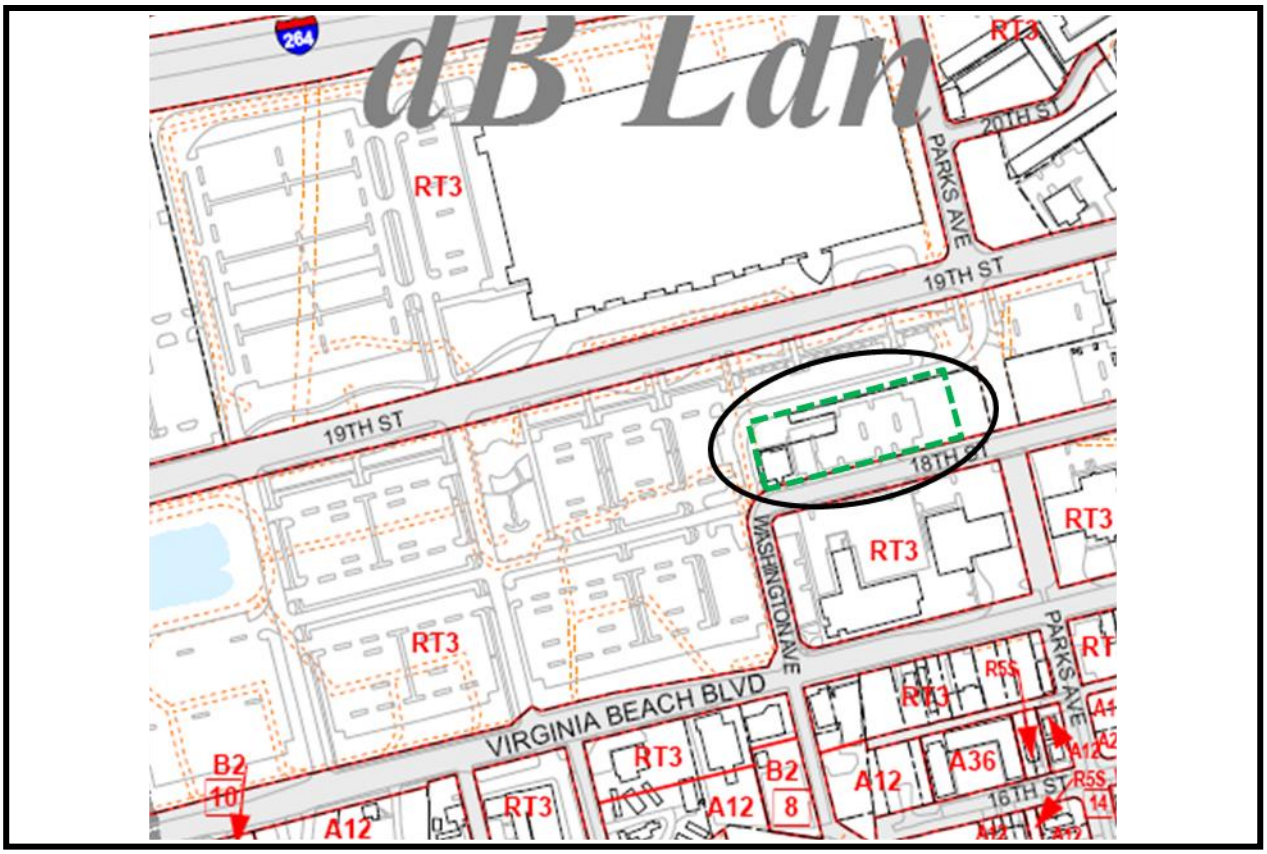
Available Services

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

Virginia Beach, VA

Zoning

The site and surrounding land uses are zoned RT3.



Source: Adapted from City of Virginia Beach Zoning Map

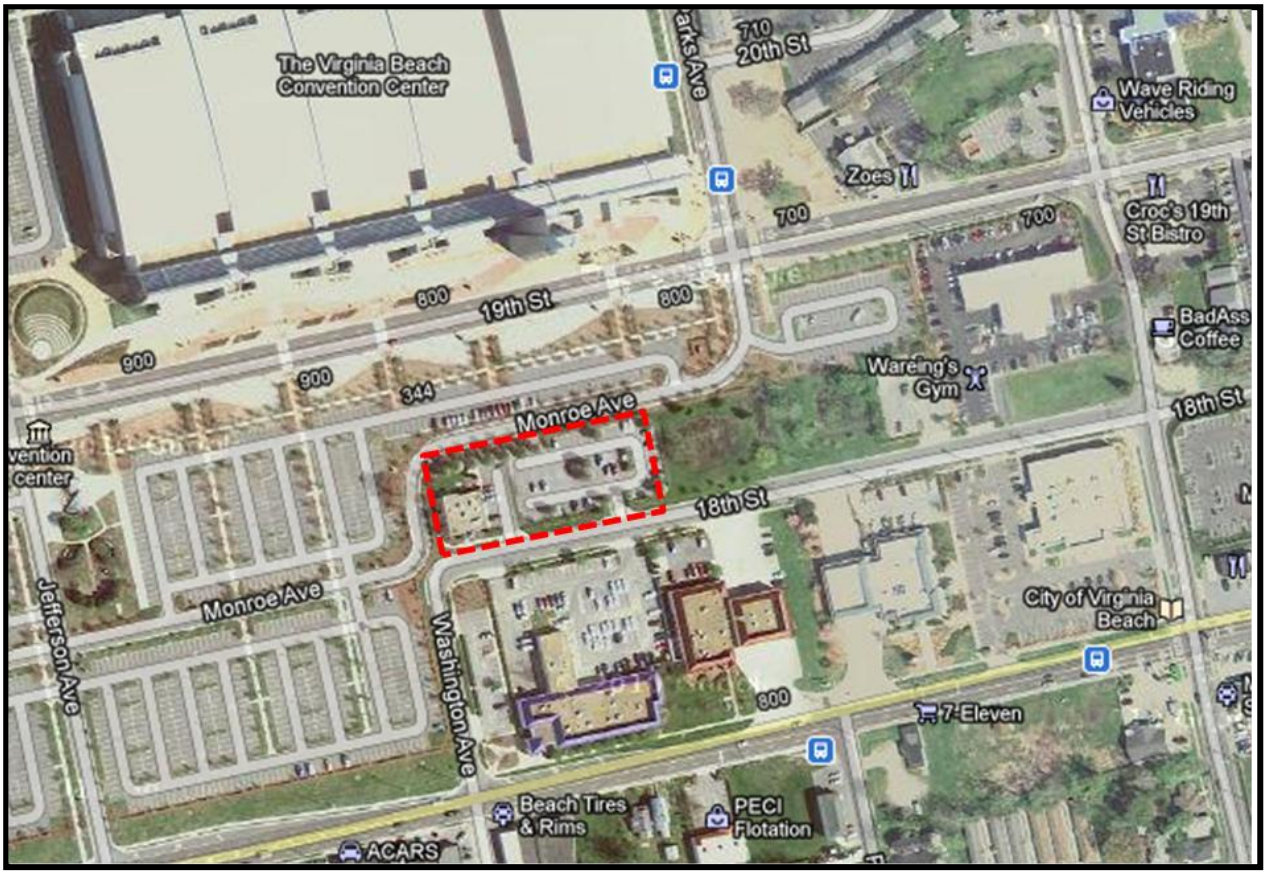
Zoning Legend

A12	Apartment District - Multi Family
A18	Apartment District - Multi Family
A24	Apartment District - Multi Family (24 units/acre)
A36	Apartment District - Multi Family (36 units/acre)
B2	Community Business District
RT3	Resort Tourist District - Mixed Use

Virginia Beach, VA

Surrounding Land Use Examples

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



Source: Adapted from Google - Map Data 2011

Virginia Beach, VA

Judeo Christian Outreach Center (JCOC)

1053 Virginia Beach Boulevard, Virginia Beach, VA 23451
www.jcoc.org

Profile

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

Available Services

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

Virginia Beach, VA

Summary

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

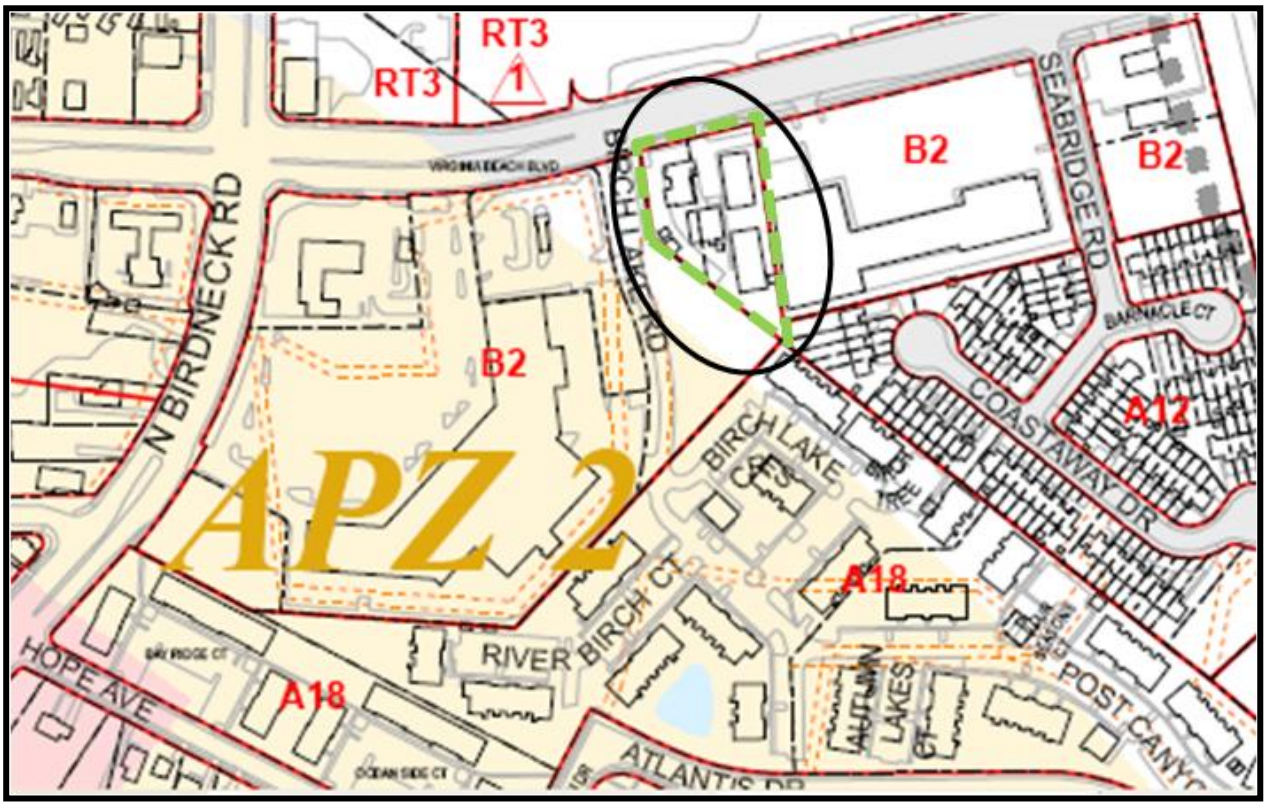
Once an individual becomes a resident, s/he is assigned a case manager. With the assistance of the case manager, the resident completes an initial assessment to identify job skills and interests. The case manager helps the resident develop an independent living plan, and refers the resident to appropriate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

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

Virginia Beach, VA

Zoning

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



Source: Adapted from City of Virginia Beach Zoning Map

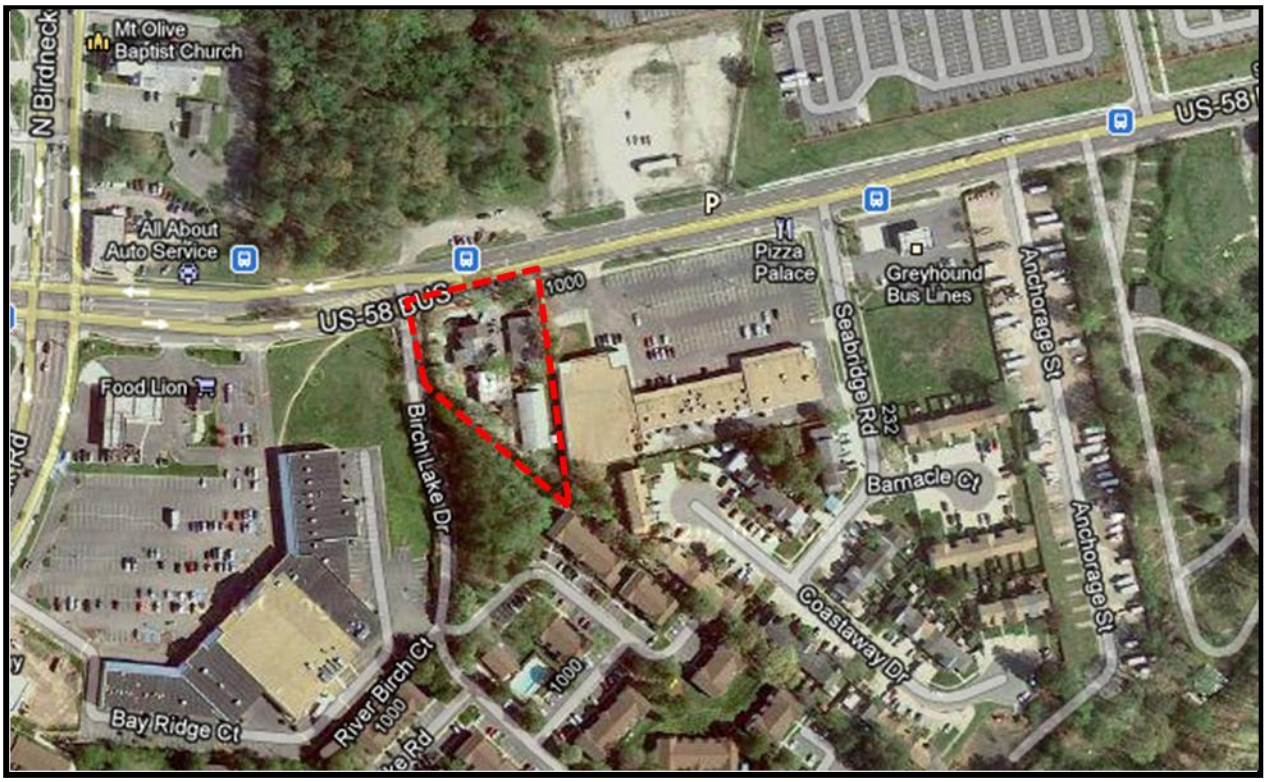
Zoning Legend

A12	Apartment District - Multi Family
A18	Apartment District - Multi Family
B2	Community Business District
RT3	Resort Tourist District - Mixed Use

Virginia Beach, VA

Surrounding Land Use Examples

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

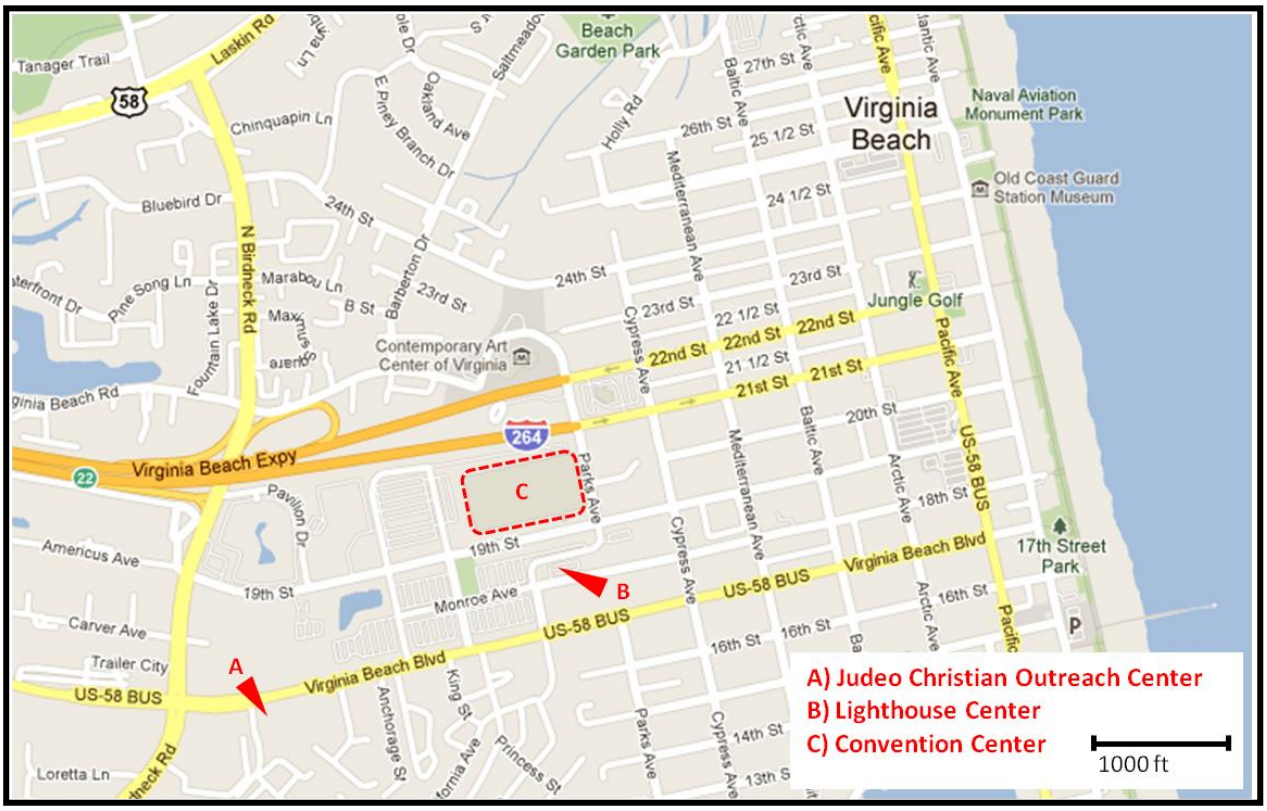


Source: Adapted from Google - Map Data 2011

Virginia Beach, VA

Location

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



Source: Adapted from Google - Map Data 2011

Norfolk
Virginia

Profile

Norfolk, VA

City Profile

Population	236,071
Median Household Income	$41,739
Per Capita Income*	$23,294
Median Gross Rent	$811
Median Gross Rent as % of HH Income	31.2%

Continuum of Care (CoC): VA-501 Norfolk

	2010			
	Emergency Shelter	**Transitional Shelter**	**Unsheltered**	**Total**
Individual homeless persons	285	59	56	400
Persons in households with adults and children	96	60	0	156
Total homeless persons	381	119	56	556
Total General Population of Geography Included in CoC			236,071 (same as city population)	
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		70	19	89
Severely mentally ill		54	0	54
Chronic substance abuse		111	0	111
Veterans		*	*	*
Persons with HIV / AIDS		26	0	26
Victims of domestic abuse		39	0	39
Unaccompanied youth (under 18 years)		0	0	0

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

Source: HUD Homeless Resource Exchange Online Report

Norfolk, VA

Citywide centralized homeless intake: yes for families

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

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

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

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

Norfolk, VA

City-Wide Homeless Services Organization

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

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

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

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

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

Norfolk, VA

Union Mission

5100 E. Virginia Beach Blvd, Norfolk, VA 23502
www.unionmissionministries.org

Profile

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

Available Services

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

Norfolk, VA

Summary

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

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

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

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

Community Relationships

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

Norfolk, VA

Union Mission Wellness Program

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

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

Transportation Assistance

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

Future Plans

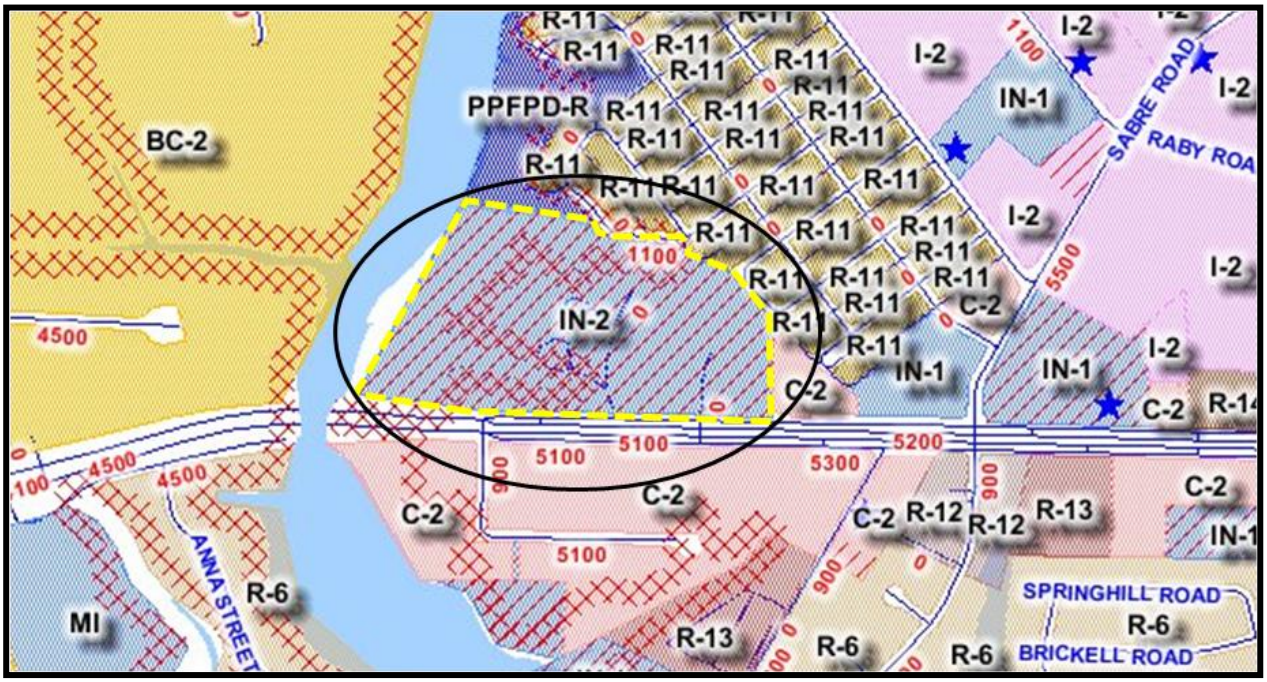
Once adequate funding can be secured, Union Mission plans to build an additional building on their main campus near Military Circle, to expand overnight shelter capacity.

[4] The dentists and dental technicians are not from the Navy

Norfolk, VA

Zoning

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



Source: Adapted from City of Norfolk Zoning Map

Zoning Legend

BC-2	Business and Commerce Park
C-2	Corridor Commercial
I-2	Light Industrial
IN-1	Institutional (special purpose district)
IN-2	Institutional Campus (special purpose district)
PPFPD-R	(definition not available)
R-6	Low Density Single-Family (5.81 du/acre)
R-11	Moderate Density Multiple-Family (15.02 du/acre)
R-13	Moderately High Density Multiple-Family (24.2 du/acre)

Norfolk, VA

Surrounding Land Use Examples

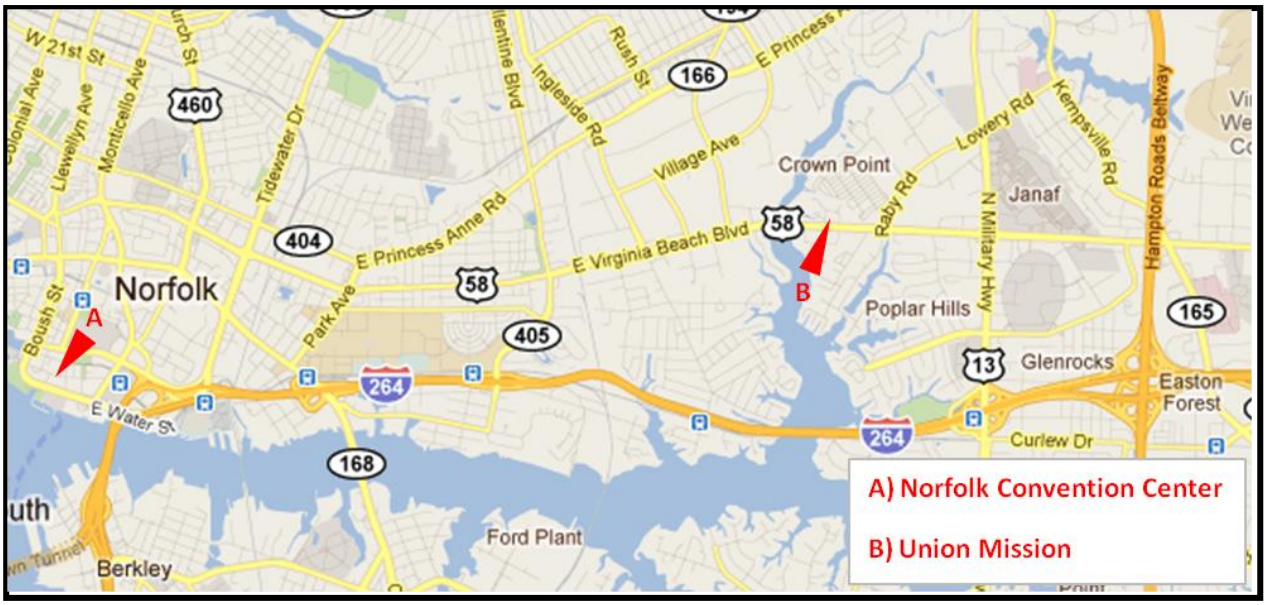
- Moderate density residential
- Commercial corridor
- Auto maintenance shop
- Virginia employment commission
- Appliance repair
- Commercial Printing
- Open space and river inlet

Source: Adapted from Google - Map Data 2011

Norfolk, VA

Location

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



Source: Adapted from Google - Map Data 2011

Norfolk, VA

F.O.R.kids, Inc.

4200 Colley Avenue Suite A, Norfolk, VA 23508
www.homesforkids.org

Profile

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

Available Services

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

Norfolk, VA

Summary

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

Emergency Shelter

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

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

Transitional Housing

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

Permanent Supportive Housing

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

Program Facilities

- ForKids Family Resource Center (4000 Colley Avenue): houses a library and classrooms.

Norfolk, VA

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

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

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

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

Zoning and Surrounding Land Uses

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

Ocean City Maryland

Profile

Ocean City, MD

City Profile

Population	49,081
Median Household Income	$52,600
Per Capita Income	$31,626
Median Gross Rent	$816
Median Gross Rent as % of HH Income	29.7%

Above data is presented for Worcester County, MD, in which Ocean City, MD lies
Source: U.S. Census, American Community Survey (2005-2009)

Continuum of Care (CoC): MD-513 Wicomico/Somerset/Worcester

(The tri-county CoC includes the unincorporated area of West Ocean City as well as Ocean City, MD)

	2010			
	Emergency	**Transitional**	**Unsheltered**	**Total**
Individual homeless persons	125	7	43	175
Persons in households with adults and children	27	28	0	65
Total homeless persons	162	35	43	240
Total General Population of Geography Included in CoC				167,857
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		32	18	50
Severely mentally ill		16	27	43
Chronic substance abuse		20	24	44
Veterans		*	*	*
Persons with HIV / AIDS		0	0	0
Victims of domestic abuse		19	2	21
Unaccompanied youth (under 18 years)		0	0	0

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

Ocean City, MD

Citywide centralized homeless intake: no

The tri-county area (Wicomico/Somerset/Worcester) is primarily rural. According to the shelter director interviewed for this report, cases of homelessness in Ocean City are those that are characteristic for a rural area. There are fewer cases of chronic, urban homelessness than one might expect to find in a resort city. In the majority of cases, individuals became homeless as a result of low-income status or substance abuse.

Ocean City, MD

Diakonia Emergency Shelter and Food Pantry

12747 Old Bridge Road, West Ocean City, MD
http://diakoniaoc.org

Profile

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

Available Services

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

Ocean City, MD

Summary

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

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

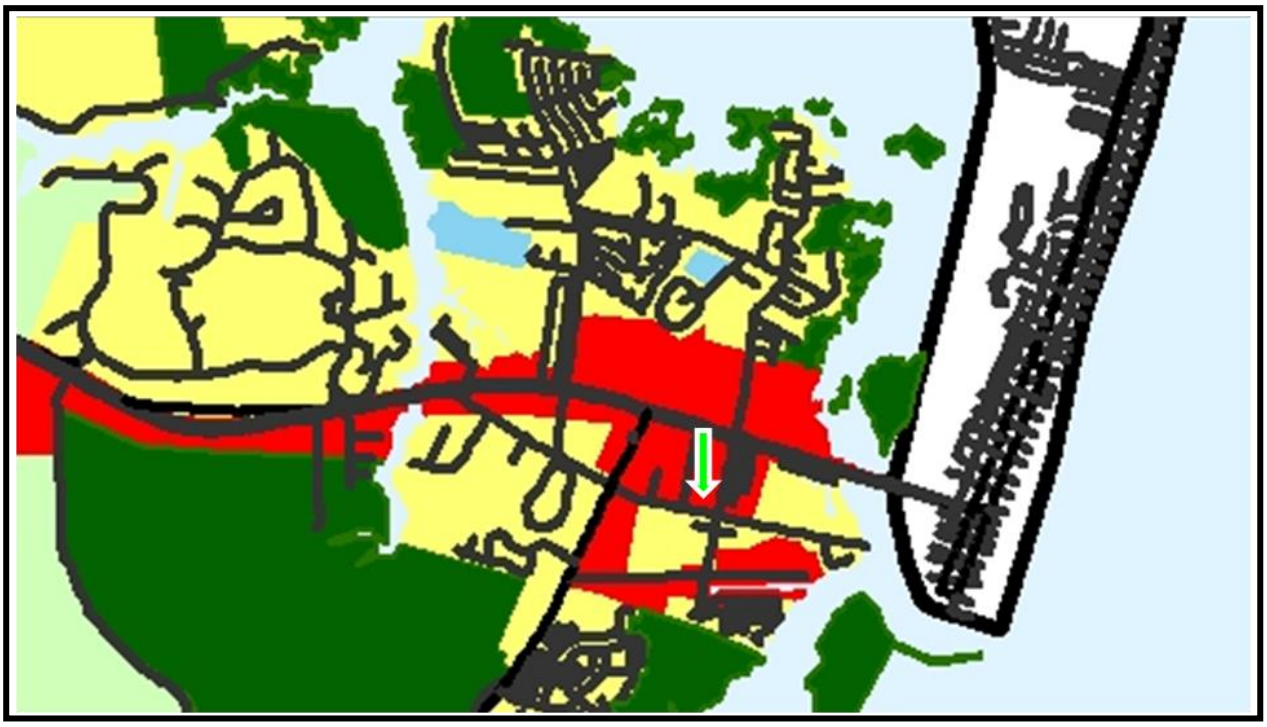
Although there is a tri-county continuum of care, the counties do not have a strong relationship. Often, homeless clients are unable to access public services because agencies are slow to respond. As such, Diakonia conducts its own client intake. Case managers assist clients in assessing needs and developing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

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

Ocean City, MD

Zoning

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



Source: Adapted from Worcester County Land Use Map

Zoning Legend

- agriculture
- commercial center
- existing developed areas
- green infrastructure
- industry
- institutional

Ocean City, MD

Surrounding Land Use Examples

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

Source: Adapted from Google - Map Data 2011

Ocean City, MD

Location

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

Source: Adapted from Google - Map Data 2011

Myrtle Beach
South Carolina

Profile

Myrtle Beach, SC

City Profile

Population	29,945
Median Household Income	$36,839
Per Capita Income	$28,916
Median Gross Rent	$747
Median Gross Rent as % of HH Income	30.8%

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

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

	2010			
	Emergency Shelter	**Transitional Shelter**	**Unsheltered**	**Total**
Individual homeless persons	205	260	646	1,111
Persons in households with adults and children	157	130	127	414
Total homeless persons	362	390	773	1,525
Total General Population of Geography Included in CoC			501,134	
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		95	134	229
Severely mentally ill		116	95	211
Chronic substance abuse		102	108	210
Veterans		*	*	*
Persons with HIV / AIDS		3	8	11
Victims of domestic abuse		80	116	196
Unaccompanied youth (under 18 years)		15	14	29

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

Citywide centralized homeless intake: no

The homeless in Myrtle Beach have access to a homeless assistance hotline (CASA): (843) 448-6206.

Myrtle Beach, SC

Street Reach Ministries Shelter

1005 Osceola Street Myrtle Beach, SC 29577
www.helpstreetreach.com

Profile

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

Available Services

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

Myrtle Beach, SC

Summary

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

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

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

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

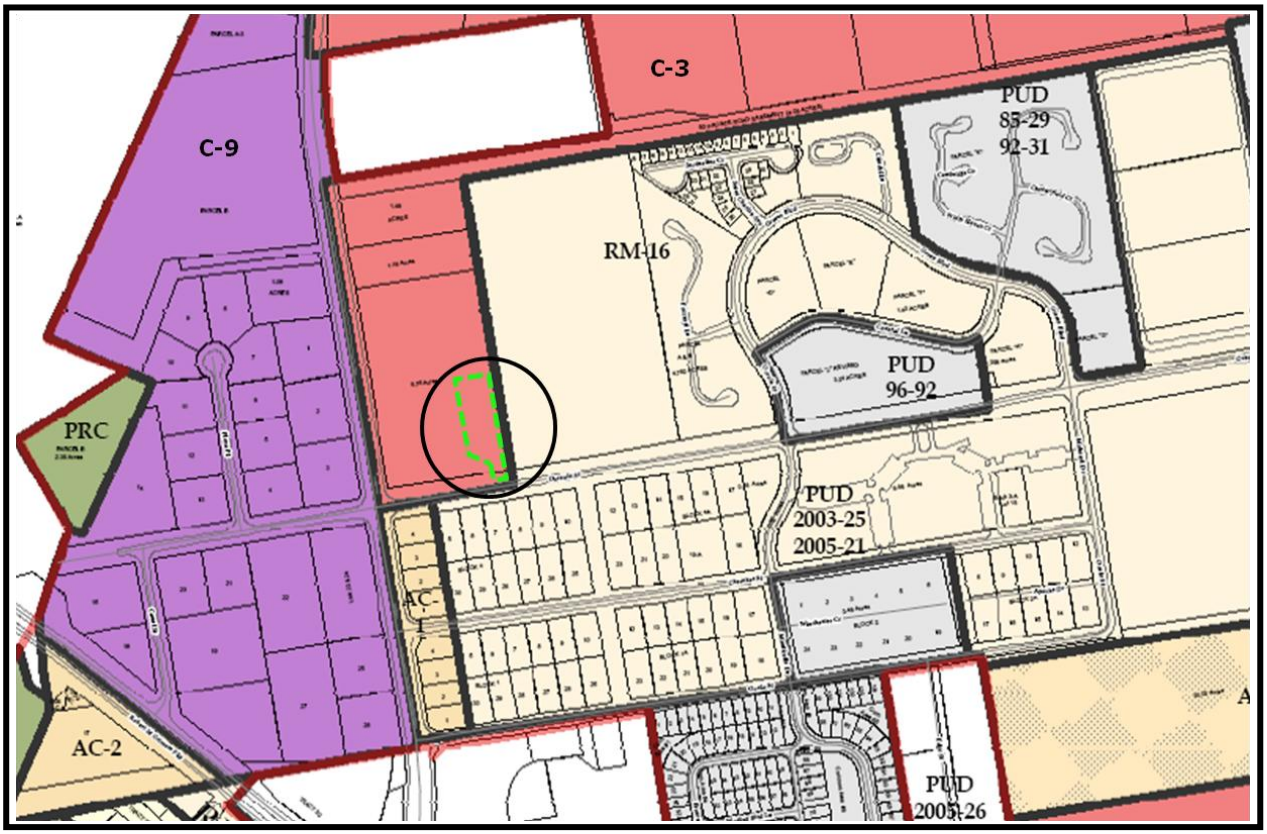
The shelter maintains strong relationships with complementary service providers and the Housing Authority, in order to connect clients with the appropriate services as well as opportunities for permanent housing. The shelter does not have much interaction with surrounding neighbors or neighborhood associations,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

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

Myrtle Beach, SC

Zoning

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



Source: Adapted from City of Myrtle Beach Zoning Map

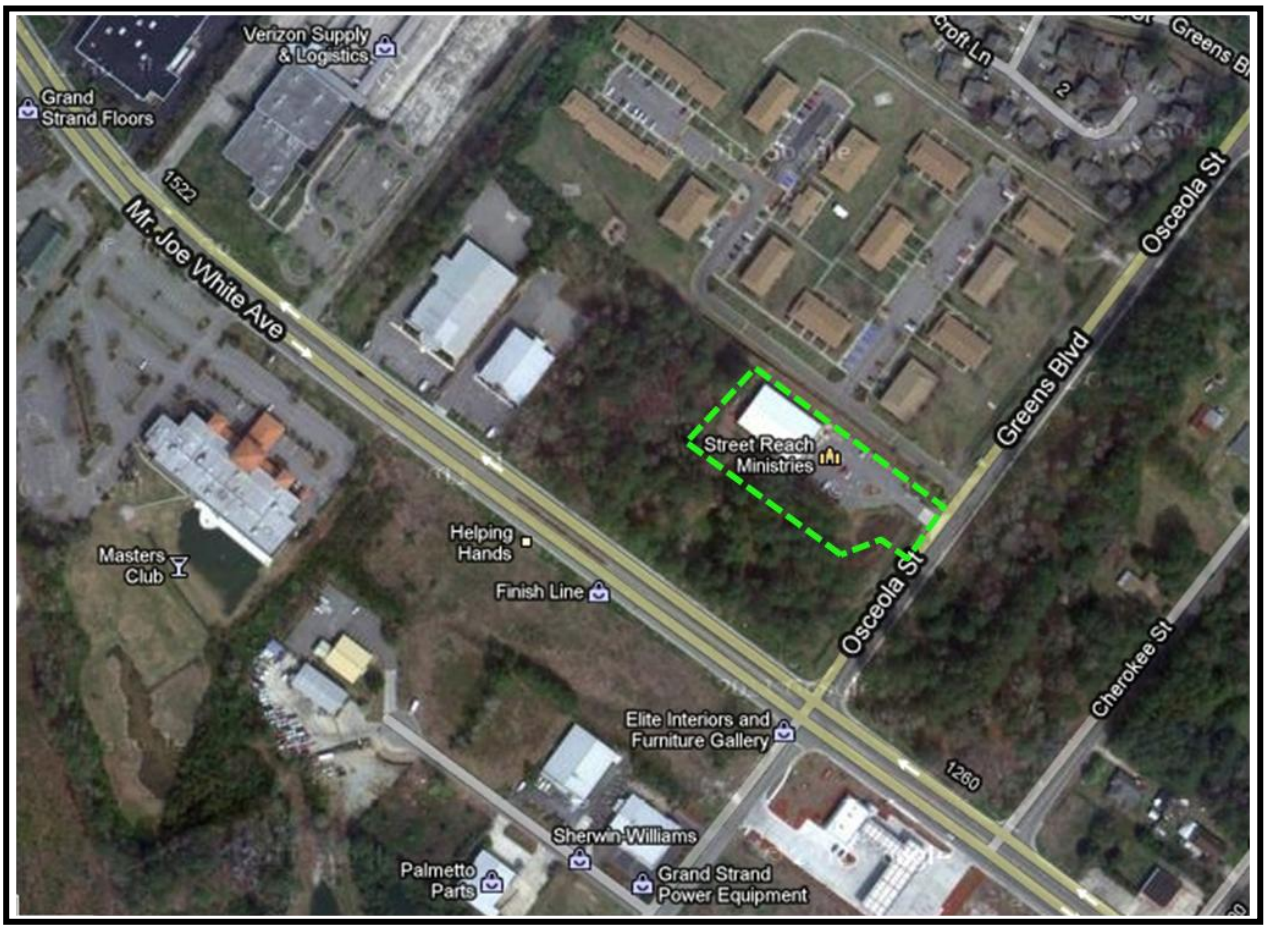
Zoning Legend

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

Myrtle Beach, SC

Surrounding Land Use Examples

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



Source: Adapted from Google - Map Data 2011

Myrtle Beach, SC

Haven House
975 Campbell Street, Myrtle Beach, SC 29577
www.myrtlebeachhaven.com

Profile

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

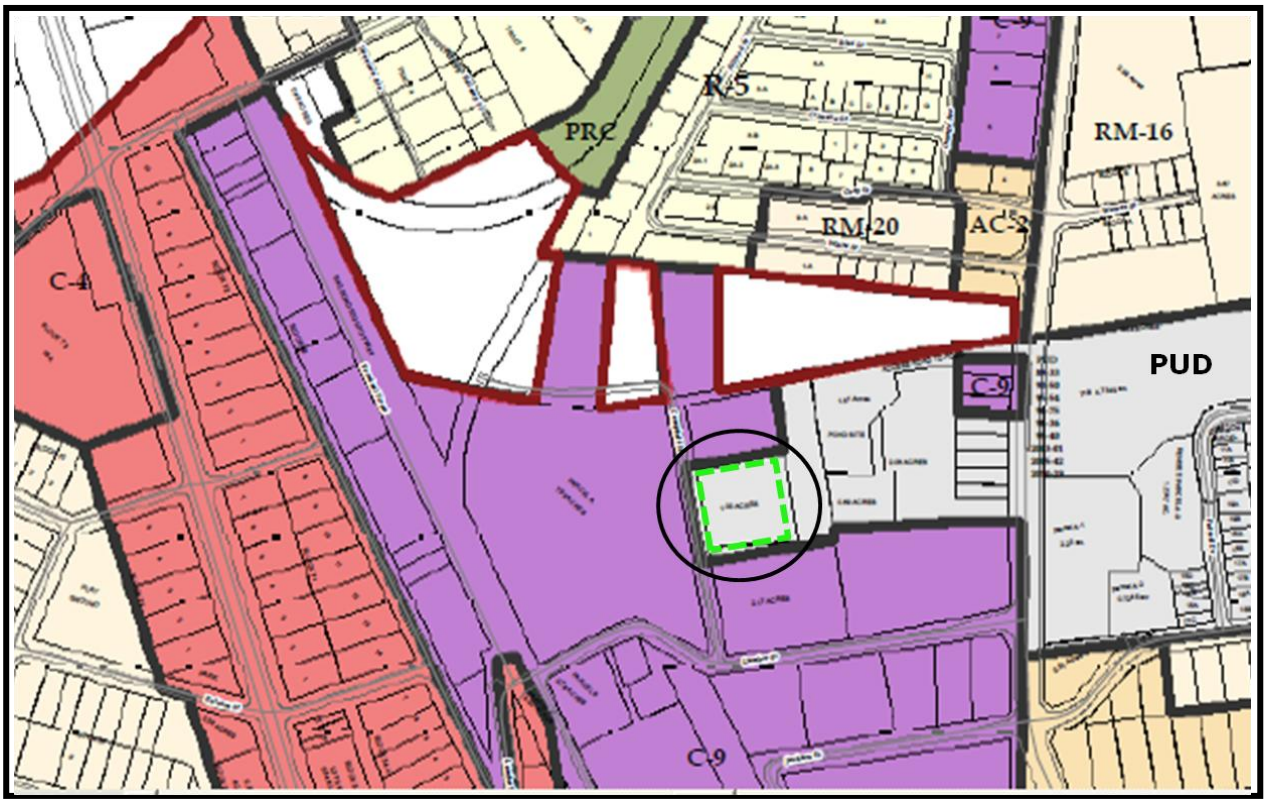
Overnight capacity:
- Single mothers with children: 20 beds
- Men-only dorm: 6 beds
- Cribs for small children: 4
- Total sleeping capacity in family rooms: 12 persons

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

Myrtle Beach, SC

Zoning

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



Source: Adapted from City of Myrtle Beach Zoning Map

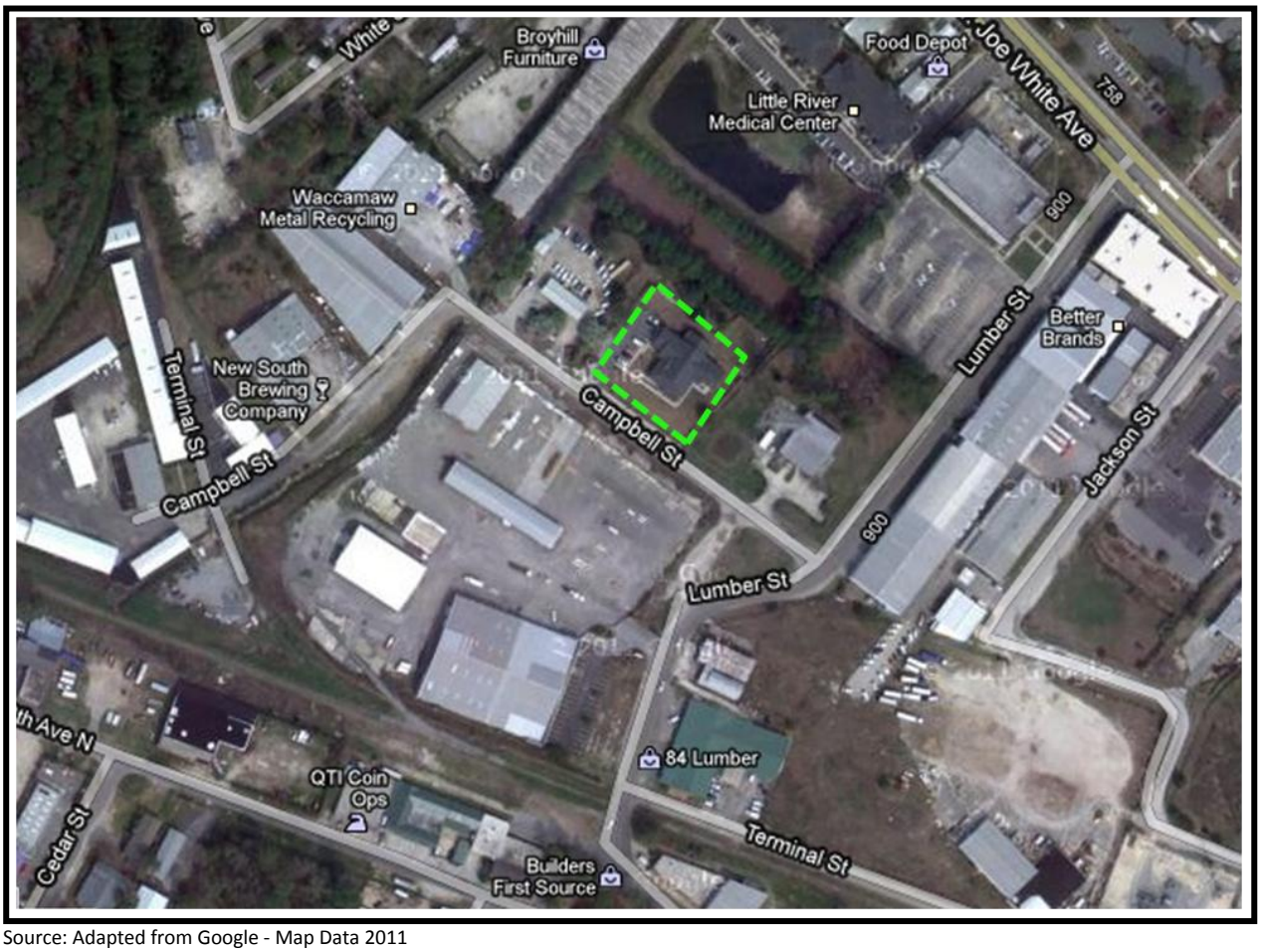
Zoning Legend

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

Myrtle Beach, SC

Surrounding Land Use Examples

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



Source: Adapted from Google - Map Data 2011

Myrtle Beach, SC

Location

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

Source: Adapted from Google - Map Data 2011

Daytona Beach
Florida

Profile

Daytona Beach, FL

City Profile

Population	63,946
Median Household Income	$30,658
Per Capita Income	$19,054
Median Gross Rent	$756
Median Gross Rent as % of HH Income	37.1%

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

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

	2010			
	Emergency	**Transitional**	**Unsheltered**	**Total**
Individual homeless persons	61	164	1,452	1,677
Persons in households with adults and children	39	439	0	478
Total homeless persons	100	603	1,452	2,155
Total General Population of Geography Included in CoC				580,076
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		0	173	173
Severely mentally ill		49	121	170
Chronic substance abuse		117	330	447
Veterans		*	*	*
Persons with HIV / AIDS		15	61	76
Victims of domestic abuse		154	0	154
Unaccompanied youth (under 18 years)		0	0	0

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

Source: HUD Homeless Resource Exchange Online Report

Daytona Beach, FL

Citywide centralized homeless intake: no

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

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

Daytona Beach, FL

Salvation Army Shelter

560 Ballough Rd Daytona Beach, FL 32114

Profile

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

Available Services

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

Daytona Beach, FL

Summary

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

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

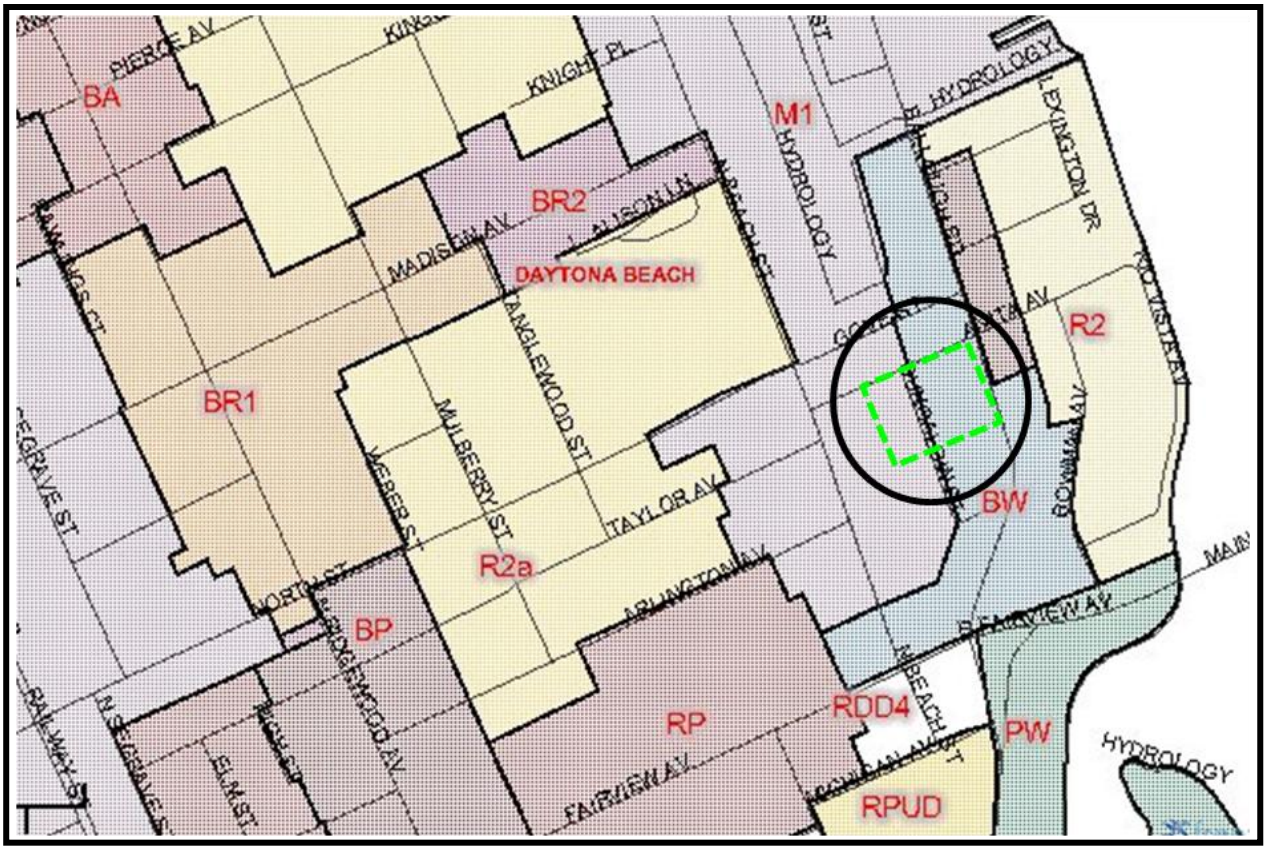
A portion of the clients who are housed on an emergency basis become part of the Streets Team program. The Streets Team is comprised of 10 residents who clean up the streets in the downtown area on a full-time basis.

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

Daytona Beach, FL

Zoning

Site: BW (for the shelter), M1 (for the shelter's recreational lot). Site also lies within the Ballough Road Redevelopment Zone.
To the north: M1
To the east: R2, then the Halifax River Lagoon (west of the Daytona Beach barrier island)
To the south: BW and PW
To the west: M1, R2A



Zoning Legend

Source: Adapted from City of Daytona Beach Zoning map

BA	Business Automotive
BP	Business Professional
BR-1	Retail
BR-2	Shopping Center
BW	Business Warehouse
M-1	Local Service Industry

PW	Public waterfront (city owned)
R-2a	Multi-Family Residential
RDD-4	Redevelopment (Business, Motor Vehicle, Mixed-Use)
RP	Residential Professional
RPUD	Residential Planned Unit Development

Daytona Beach, FL

Surrounding Land Use Examples

- Auto services
- Ice cream shop
- Residential
- There is a small neighborhood park to the north west

Source: Adapted from Google - Map Data 2011

Daytona Beach, FL

Star Family Center

340 North Street Daytona Beach FL 32114
www.thestarfamilycenter.org

Profile

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

Available Services

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

Daytona Beach, FL

Summary

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

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

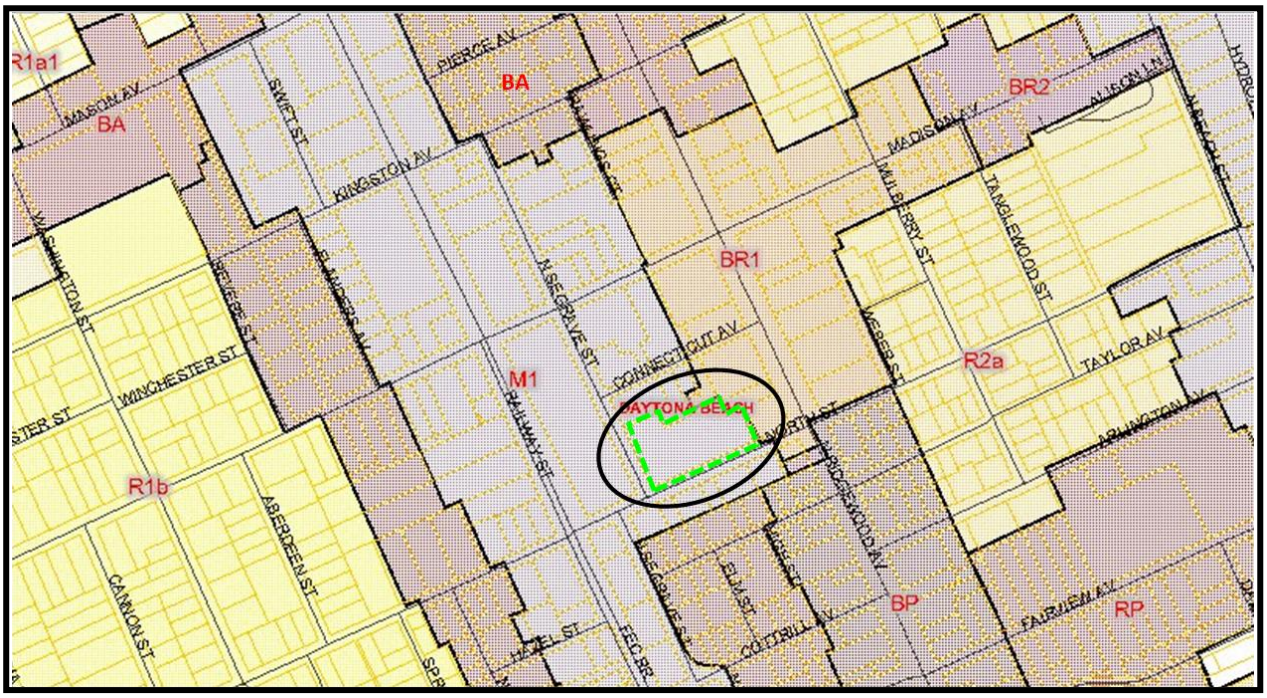
The shelter provides bus passes, gas cards, and bus tickets out of town (to return a client to his/her home city) when funds are available. The shelter has spent $4,000 so far this year on such transportation aids. The shelter benefitted from the recent donation of a 15-passenger van, which is driven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

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

Daytona Beach, FL

Zoning

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



Source: Adapted from City of Daytona Beach Zoning Map

Zoning Legend

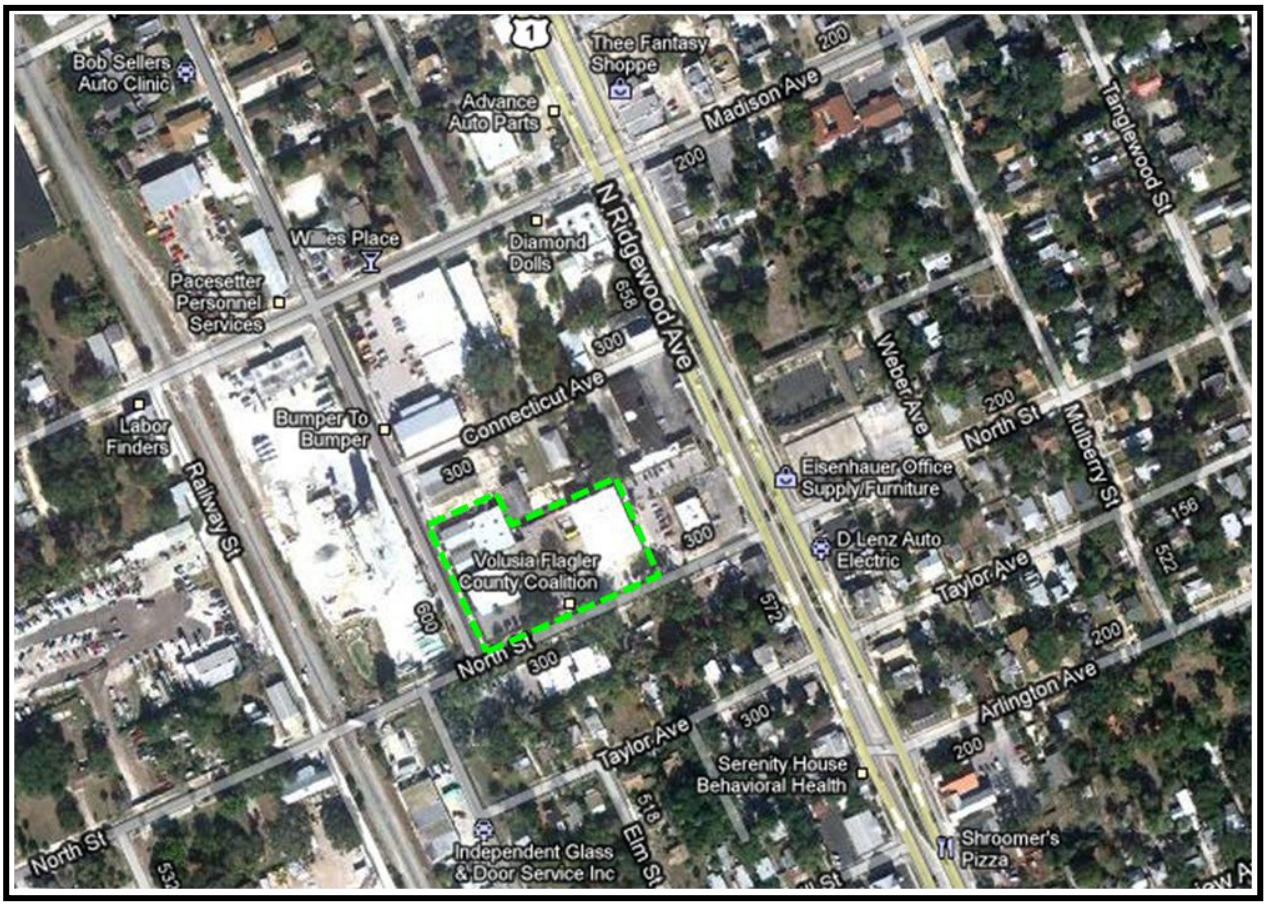
BA	Business Automotive
BP	Business Professional
BR-1	Retail
BR-2	Shopping Center

M-1	Local Service Industry
R-1 a-1	Single-Family Residential
R-2a	Multi-Family Residential
RP	Residential Professional

Daytona Beach, FL

Surrounding Land Use Examples

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

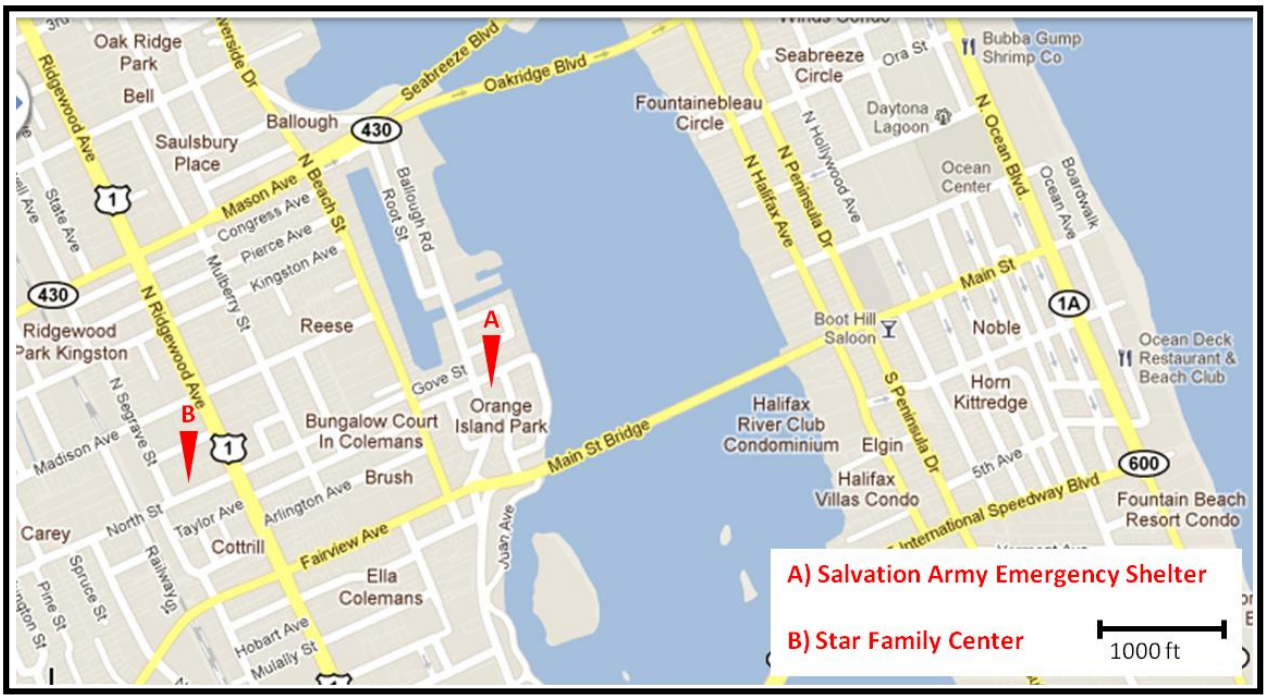


Source: Adapted from Google - Map Data 2011

Daytona Beach, FL

Location

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



Source: Adapted from Google - Map Data 2011

Fort Lauderdale
Florida

Profile

Fort Lauderdale, FL

City Profile

Population	183,374
Median Household Income	$50,886
Per Capita Income	$35,867
Median Gross Rent	$972
Median Gross Rent as % of HH Income	33.6%

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

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

	2009			
	Emergency	**Transitional**	**Unsheltered**	**Total**
Individual homeless persons	658	1,181	736	2,575
Persons in households with adults and children	226	360	64	650
Total homeless persons	884	1,541	800	3,225
Total General Population of Geography Included in CoC			1,759,132	
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		171	206	377
Severely mentally ill		848	0	848
Chronic substance abuse		1,067	0	1,067
Veterans		194	0	194
Persons with HIV / AIDS		97	0	97
Victims of domestic abuse		146	0	146
Unaccompanied youth (under 18 years)		25	0	25

Source: HUD Homeless Resource Exchange Online Report (2010 data not available)

Fort Lauderdale, FL

Citywide centralized homeless intake: no

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

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

According to an interviewee, the homeless in Fort Lauderdale follow the feeding schedule of local faith-based organizations and charities. There will tend to be a gathering of homeless individuals around the location where a meal is scheduled to provided that day/night. The beach area is very hot and not necessarily a desirable place for the homeless to populate during the day. As in other cities encampments still exist throughout Fort Lauderdale where the homeless can be found on any given day.

Fort Lauderdale, FL

Broward Partnership for the Homeless, Homeless Assistance Center

920 Northwest 7th Ave, Fort Lauderdale, FL 33311
www.bphi.org/index.shtml

Profile

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

Available Services

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

Fort Lauderdale, FL

Summary

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

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

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

Strategy

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

The service program design passes through four phases:

1) assessment, orientation and stabilization
2) development of an individualized case plan
3) implementing various interventions of the case plan
4) preparing for discharge and the provision of ongoing support

The shelter aims to provide a comprehensive set of services so that residents will be able to fulfill a majority, if not all, of their daily needs within the shelter site. This frees up residents'

time so they can focus on becoming rehabilitated, improving their level of education, and/or finding stable employment.

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

Relationship with Local Residents

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

Employment Program

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

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

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

Fort Lauderdale, FL

Transportation

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

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

Medical and Dental Care

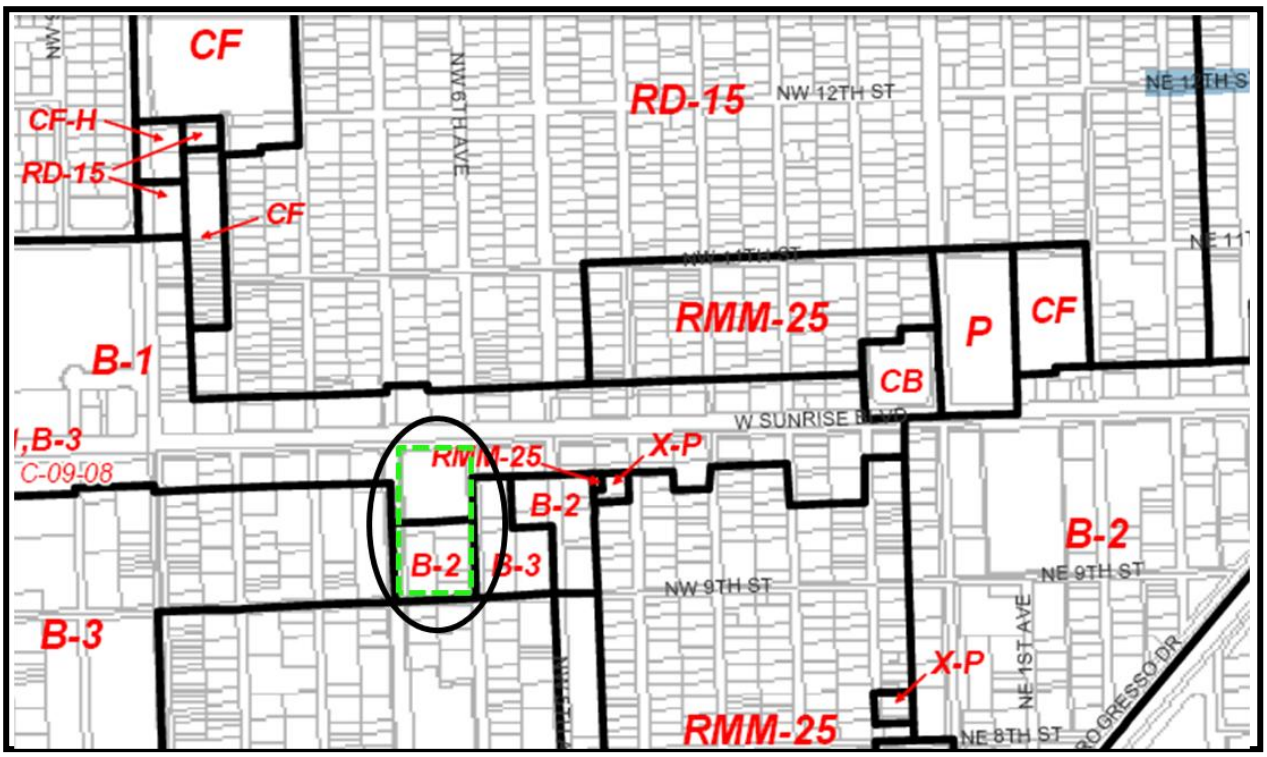
Residents are able to access basic medical care on-site. The shelter is responsible for purchasing the necessary medical equipment. Registered nurses from an outside agency visit the clinic on a regular basis to provide care.

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

Fort Lauderdale, FL

Zoning

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



Zoning Legend Source: Adapted from City of Fort Lauderdale Zoning Map

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

Fort Lauderdale, FL

Surrounding Land Use Examples

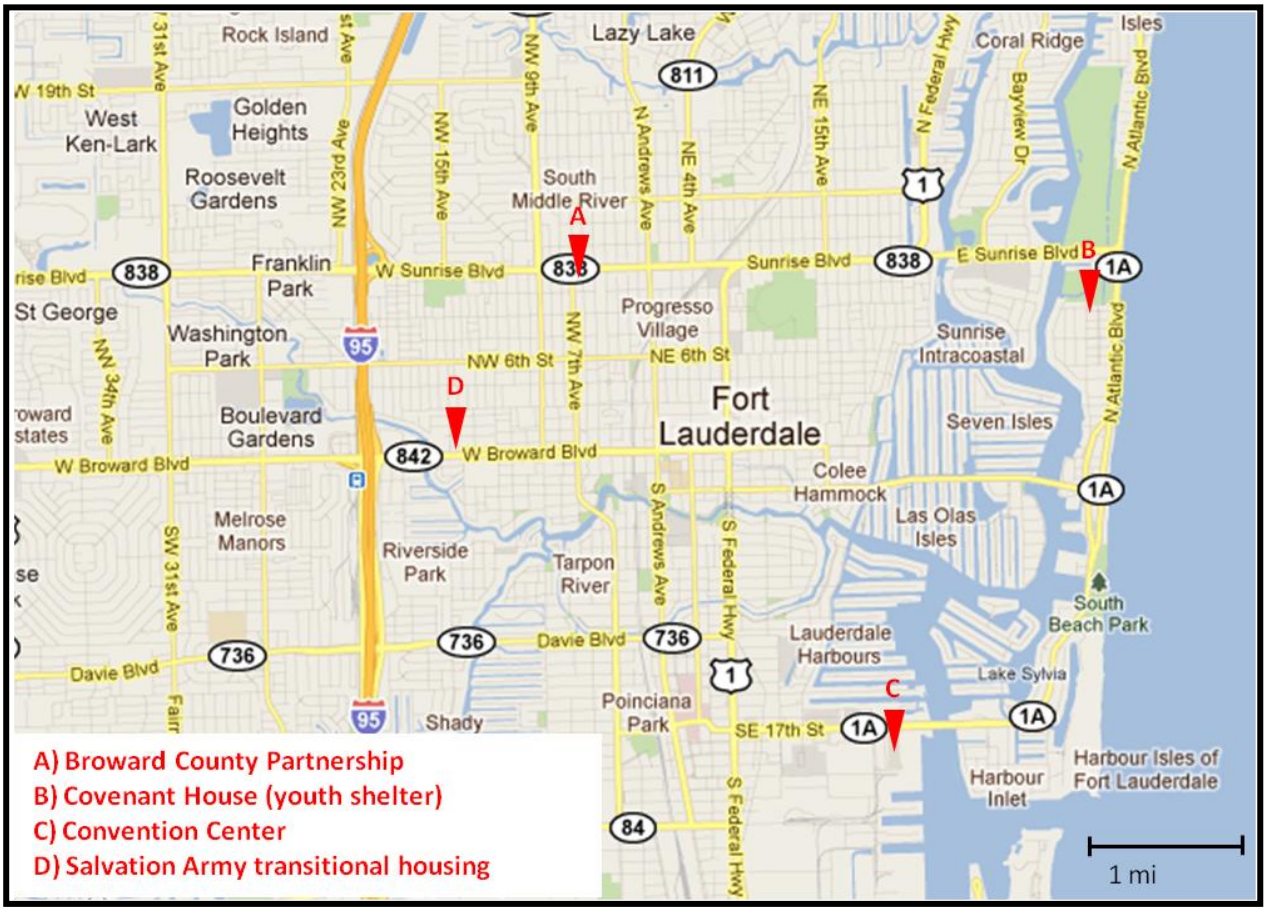
- The BCPC lies in a transitional district between residential and industrial uses.
- Fort Lauderdale housing authority
- A charter high school (new as of 2010-2011 school year)

Source: Adapted from Google - Map Data 2011

Fort Lauderdale, FL

Location

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



Source: Adapted from Google - Map Data 2011

Key West Florida

Profile

Key West, FL

City Profile

Population	22,914
Median Household Income	$52,004
Per Capita Income*	$30,800
Median Gross Rent	$1,279
Median Gross Rent as % of HH Income	35.1%

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

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

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

	2009*			
	Emergency	**Transitional**	**Unsheltered**	**Total**
Individual homeless persons	136	90	612	838
Persons in households with adults and children	50	48	104	202
Total homeless persons	186	138	716	1,040
Total General Population of Geography Included in CoC				74,024
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		164	125	289
Severely mentally ill		203	0	203
Chronic substance abuse		176	0	176
Veterans		66	0	66
Persons with HIV / AIDS		164	0	164
Victims of domestic abuse		44	0	44
Unaccompanied youth (under 18 years)		16	0	16

*HUD 2010 Point-in-Time (PIT) count data was not available at the time this report was written

Source: HUD Homeless Resource Exchange Online Report

Key West, FL

Citywide centralized homeless intake: no

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

SHAL is currently conducting door-to-door outreach surveys with local residents to collect recommendations on where to site a homeless day center. The mayor and the police force are both supportive of the day center project. As part of the day center project, SHAL has recommended dedicating funds for a mobile outreach unit. The unit would consist of a driver and case manager, who would pick up homeless individuals off the street throughout the city and bring them to the day center for an intake assessment.

Key West, FL

Keys Overnight Temporary Shelter (KOTS)

5501 College Rd, Key West, FL 33040
www.fkoc.org/emergency_shelter.html

Profile

- Shelter type: emergency[5]
- Population served: single adults

Available Services

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

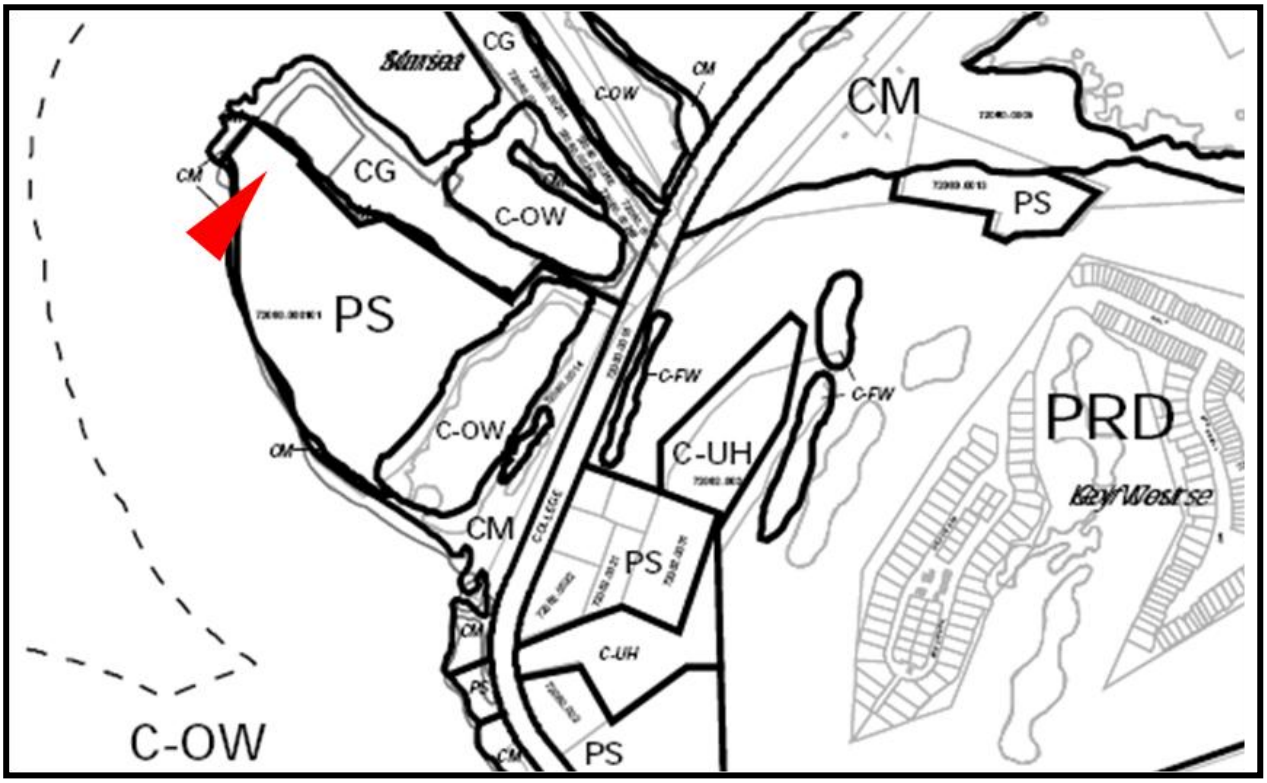
The City of Key West contracts with the Florida Keys Outreach Coalition to manage the emergency shelter.

[5] Despite the word "temporary" in the name, this shelter is an emergency shelter, not a transitional or temporary shelter.

Key West, FL

Zoning

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



Source: Adapted From City of Key West Zoning Map

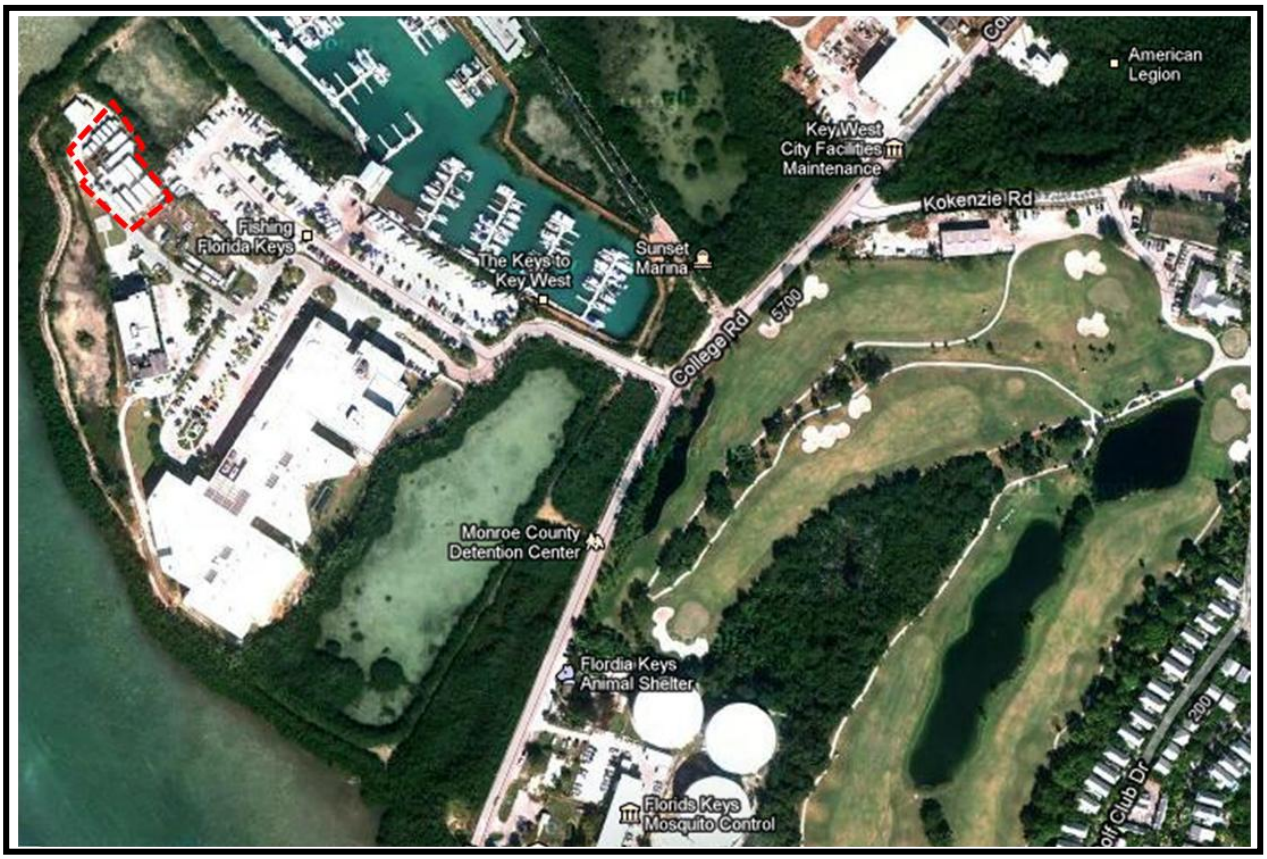
Zoning Legend

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

Key West, FL

Surrounding Land Use Examples

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



Source: Adapted From Google - Map Data 2011

Key West, FL

Florida Keys Outreach Center (FKOC)

2221 Patterson Avenue, Key West, FL 33040 (The William M. Neece Building)
www.fkoc.org/transitional_housing.html

Profile

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

Available Services

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

Key West, FL

Summary

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

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

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

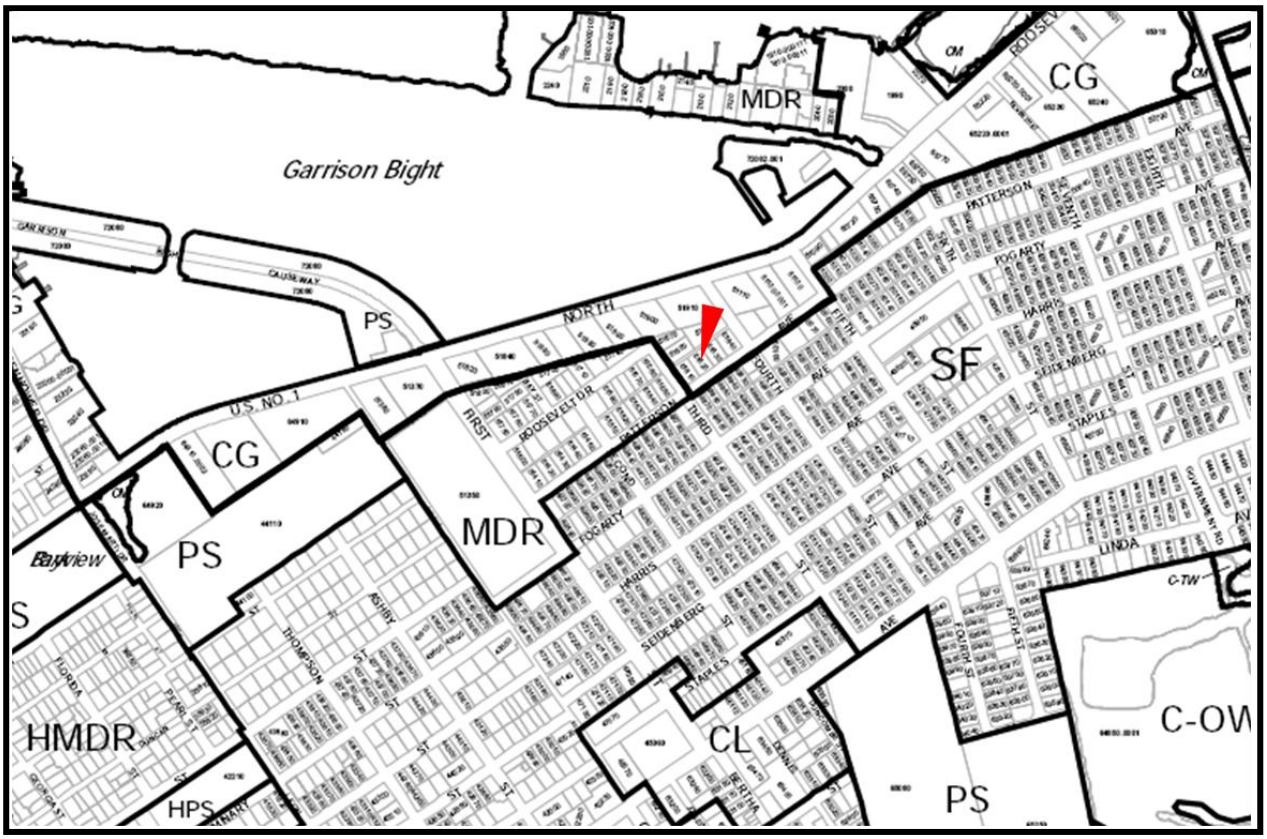
The FKOC structure used to be a shelter for homeless youth. It was then converted into its current use as an adult transitional shelter. Housing for the second and third phases of the rehabilitation program are located about 1 mile away from the Neece building. These additional housing structures were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

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

Key West, FL

Zoning

Site: General commercial
To the north: (ocean inlet)
To the east: Single family residential
To the south: Single family residential
To the west: Medium density residential, general commercial



Source: Adapted From City of Key West Zoning Map

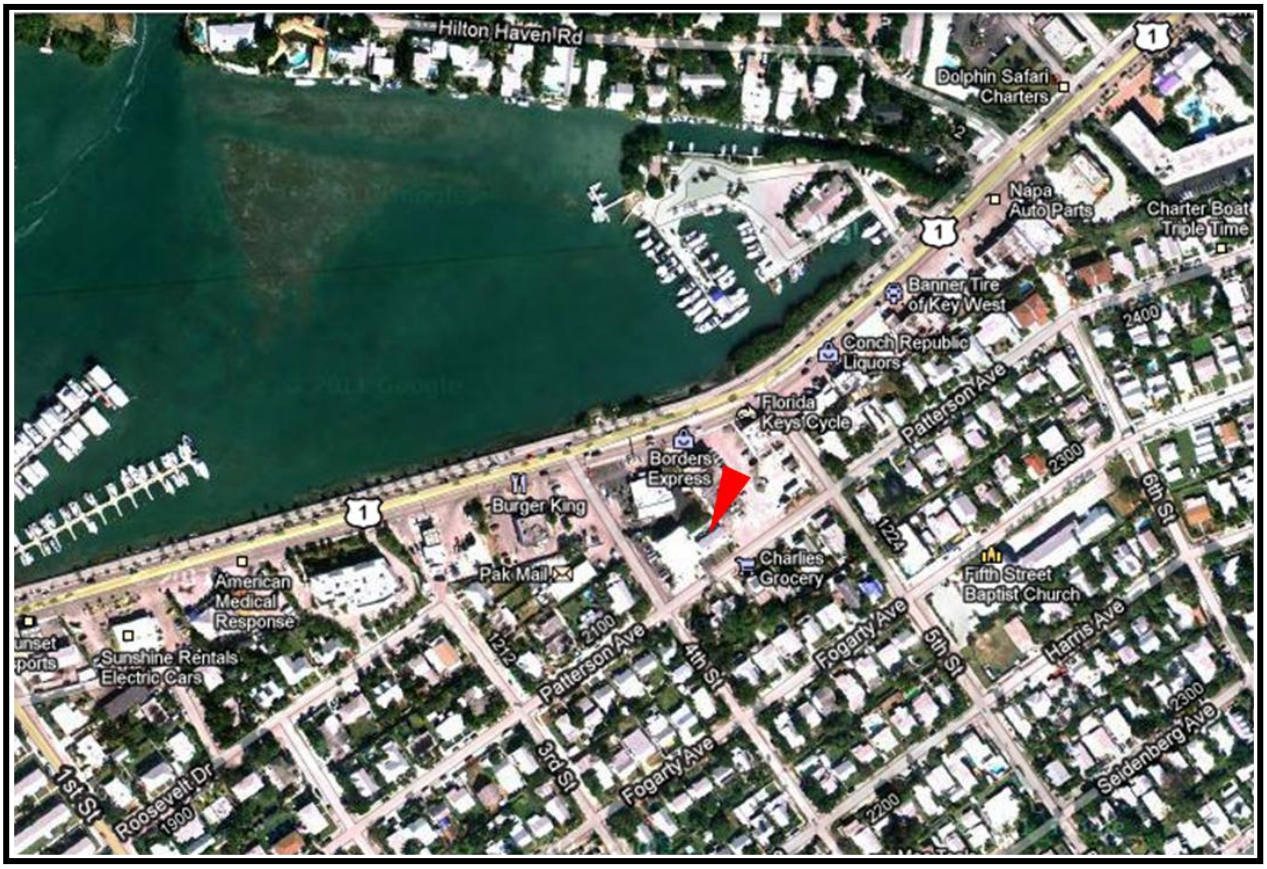
Zoning Legend

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

Key West, FL

Surrounding Land Use Examples

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

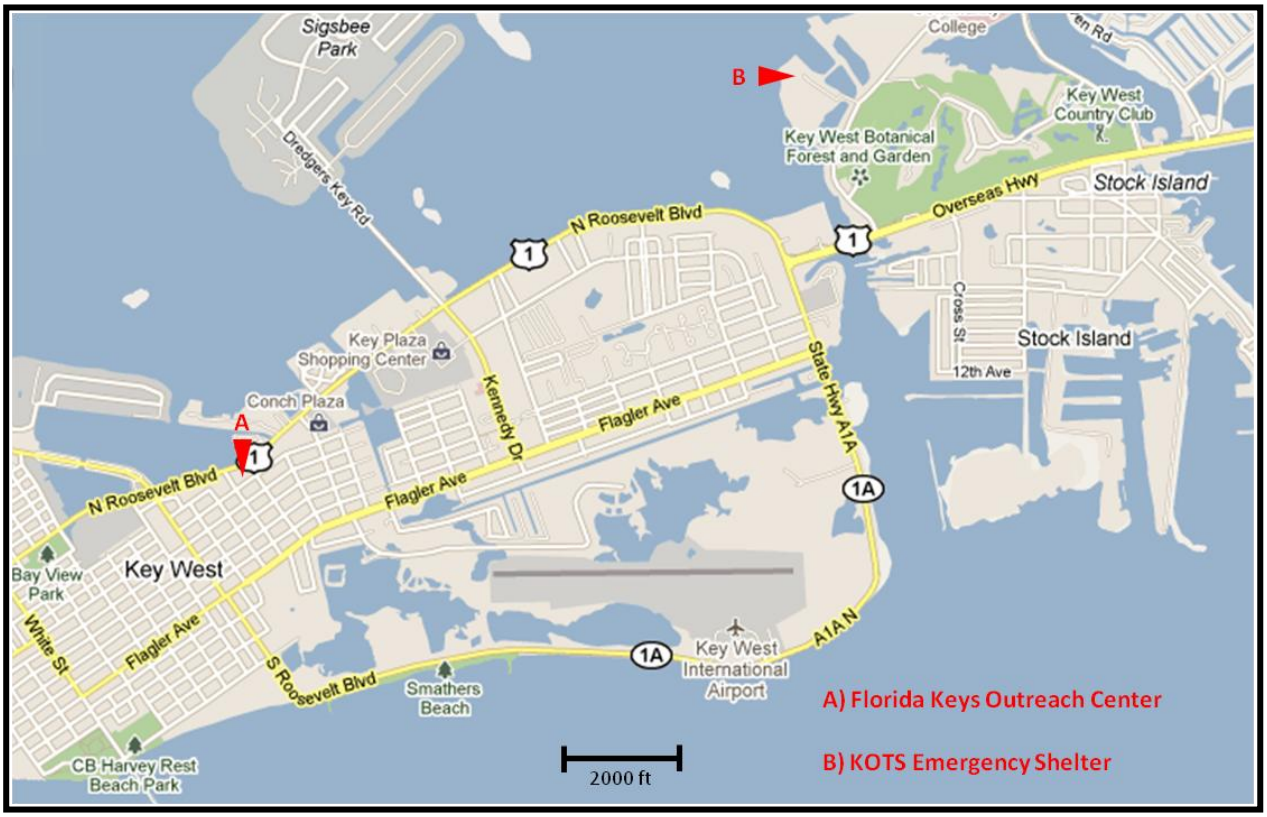


Source: Adapted From Google - Map Data 2011

Key West, FL

Location

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



Source: Adapted From Google – Map Data 2011

San Diego California

Profile

San Diego, CA

City Profile

Population	1,297,618
Median Household Income	$61,962
Per Capita Income*	$32,348
Median Gross Rent	$1,226
Median Gross Rent as % of HH Income	32.1%

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

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

	2010			
	Emergency	**Transitional**	**Unsheltered**	**Total**
Individual homeless persons	500	1,472	2,044	4,016
Persons in households with adults and children	95	410	5	510
Total homeless persons	595	1,882	2,049	4,526
Total General Population of Geography Included in CoC			1,297,618 (same as city population)	
		Sheltered	**Unsheltered**	**Total**
Chronically homeless		300	585	885
Severely mentally ill		703	536	1,239
Chronic substance abuse		885	902	1,787
Veterans		*	*	*
Persons with HIV / AIDS		66	123	189
Victims of domestic abuse		452	133	585
Unaccompanied youth (under 18 years)		40	0	40

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

Source: HUD Homeless Resource Exchange Online Report

San Diego, CA

Citywide centralized homeless intake: no

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

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

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

San Diego, CA

Neil Good Day Center (NGDC)

299 17th Street, San Diego, CA 92101
http://alphaproject.org (parent organization for the NGDC)

Profile

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

Available Services

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

San Diego, CA

Summary

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

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

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

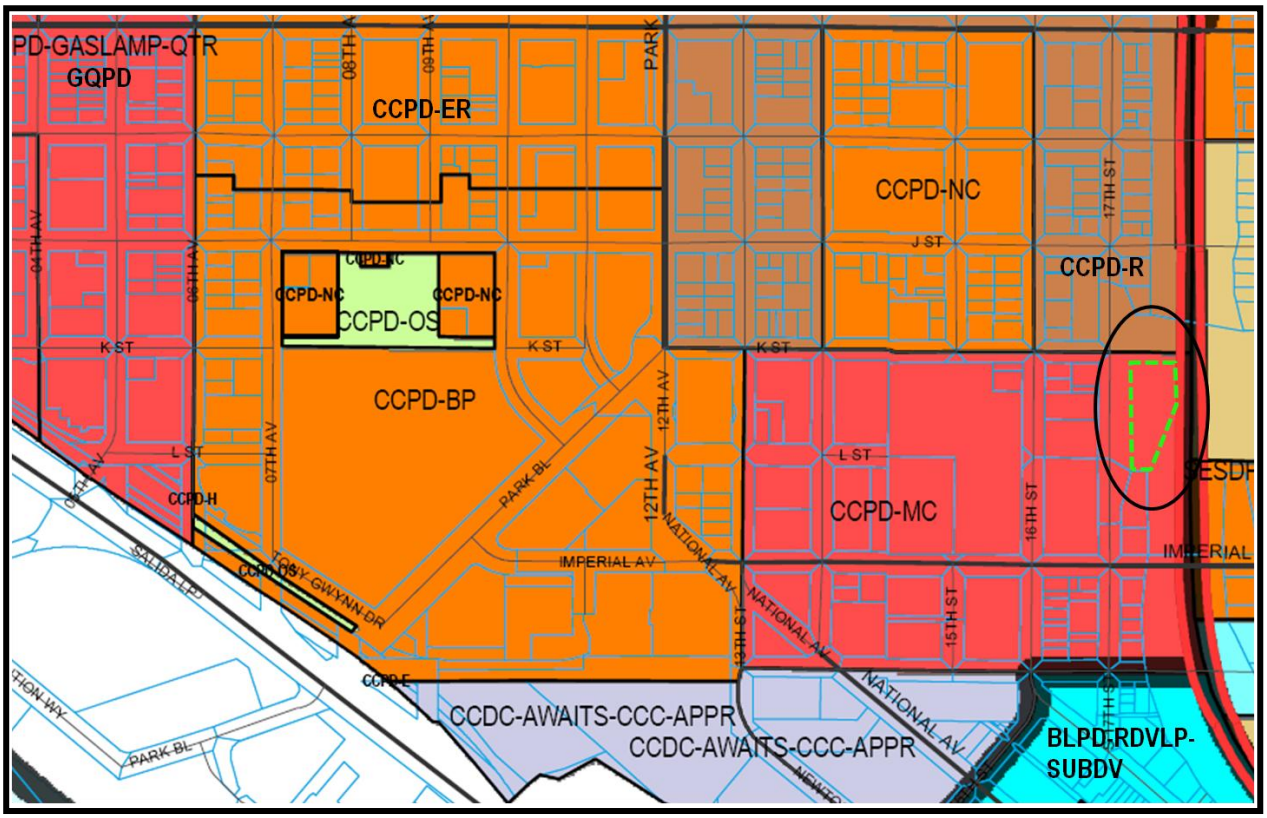
The NGDC manager stated that there is a clear need for day services in the city. However, having a full-time facility with overnight accommodations as well as day services would be preferable to having a facility that offers only day services.

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

San Diego, CA

Zoning

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



Source: Adapted From City of San Diego Zoning Map

(All classifications beginning with "CC" are commercial zones.
Precise zoning classification definitions were not available at the time this report was written.)

San Diego, CA

Surrounding Land Use Examples

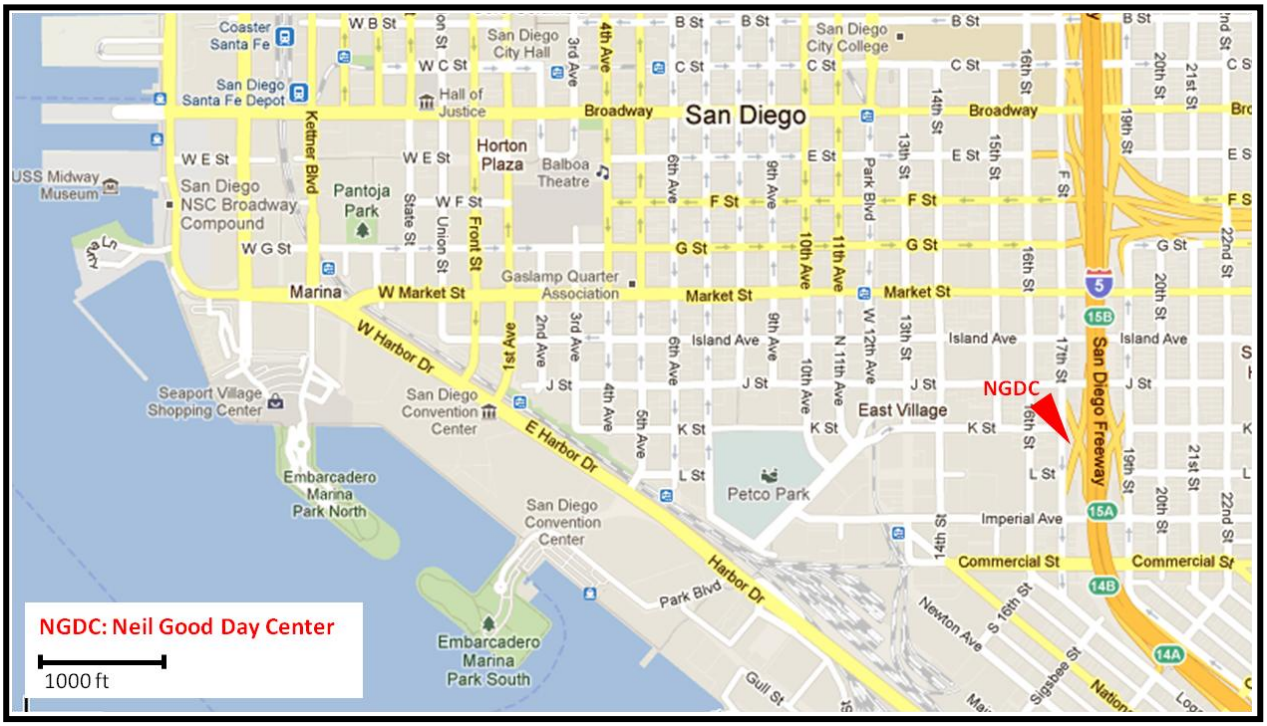
- Multi-family residential (Ballpark Place Apartments) across the street
- Interstate highway 5
- Auto services
- Custom furniture manufacturer
- Tattoo shop
- Liquor store and corner market
- San Diego Metro Transit Facility

Source: Adapted From Google - Map Data 2011

San Diego, CA

Location

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



Source: Adapted From Google - Map Data 2011

National Models

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

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

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

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

The localities in the following section of this report have brought an exemplary level of service and an innovative approach to the CoC framework.

Franklin County
Ohio

Profile

Franklin County, OH

County-Wide Comprehensive Model

The homeless prevention and response model in Franklin County, Ohio is well regarded at the national level. For people at risk of homelessness, navigating through what may seem like a random assortment of social services and community resources can be time-consuming, confusing and even daunting. The Community Shelter Board (CSB) of Columbus, Ohio intervenes in this process by linking citizens with a comprehensive set of services that are specific to their needs. CSB acts as a coordinator among existing public and private community service providers throughout Franklin County in order to streamline service provision.[7]

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

Access

CSB seeks to:

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

CSB recognizes that services which support strong families improve the likelihood that children will develop into self-sufficient adults. CSB is implementing a program called the Stable Family Pilot. Goals of this program include:

- Identifying families who are at risk of homelessness and providing them with case management, supportive services and cash assistance, if necessary, in order to keep each family in their existing permanent housing arrangement
- Facilitating homeless children remaining in a stable school situation
- Increasing the capacity of families to appropriately utilize existing community resources

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

Franklin County, OH

Crisis Response

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

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

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

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

Transition

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

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

Franklin County, OH

Advocacy

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

Measuring Outcomes

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

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

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

[8] Report from Freddie Mac (May, 2006): Promising Strategies to End Family Homelessness.

Hennepin County
Minnesota

Profile

Hennepin County, MN

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

The homeless assistance model for Hennepin County begins at the state level. The Minnesota Housing Finance Agency makes homeless program assistance grants9 through the Minnesota Family Homelessness Prevention and Assistance Program (FHPAP). Local jurisdictions apply for funding on a bi-annual basis through a competitive application process. Funding allocations are based on the applicant's track record of generating results, leaving service innovation in the hands of the grantee.

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

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

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

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

[9] Approximately $14.6 million in state-wide funds are expected to be available for the 2011 – 2013 grant making cycle.

percent of families did not experience a recurrence of homelessness. The cost of the program was an average of approximately $1,100 per family.

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

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

Building Relationships with Law Enforcement

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

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

10-Year Plan to End Homelessness

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

Hennepin County, MN

The six goals of the 10-year plan are:

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

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

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

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

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

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

Conclusions

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

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

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

Sources

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

Department of Housing and Urban Development, Office of Policy Development and Research (May, 2002). Evaluation of Continuums of Care For Homeless People: Final Report.

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

U.S. Department of Housing and Urban Development Homeless Reports. Accessed July, 2011 from: www.hudhre.info/index.cfm?do=viewHomelessRpts

Norfolk Homeless Consortium website. Accessed August, 2011 from: www.norfolkhomelessconsortium.org

Individual shelter websites (listed in shelter profiles)

Maps

City of Daytona Beach zoning map. Accessed July, 2011 from: http://gis.codb.us/Freeance/Client/PublicAccess1/index.html?appconfig=CityMap

City of Fort Lauderdale zoning map. Accessed July, 2011 from: http://ci.ftlaud.fl.us/gis/files/maps/Zoning%20Map.pdf

City of Key West zoning map. Accessed July, 2011 from: www.keywestcity.com/egov/docs/1161957236_949066.pdf

City of Myrtle Beach zoning map. Accessed July, 2011 from: www.cityofmyrtlebeach.com/PDF%20Forms/Zoning%20Map.pdf

City of Norfolk zoning map. Accessed August, 2011 from: http://gisapp2.norfolk.gov/zoning_mapper/viewer.htm

City of San Diego zoning map (grid 15). Accessed July, 2011 from: www.sandiego.gov/development-services/zoning/pdf/maps/grid15.pdf

City of Virginia Beach zoning map (grids L06 and L07). Accessed August, 2011 from:
www.vbgov.com/file_source/dept/planning/ZoningGridReferenceMap.pdf

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

Salt Lake County Collective Impact on Homelessness
Endorsement of Shared Vision and Outcomes

RESOLUTION of the COLLECTIVE IMPACT ON HOMELESSNESS STEERING COMMITTEE

WHEREAS, we have a common vision to provide housing and services as quickly as possible to those who are at risk for homelessness or homeless;

WHEREAS, we want everyone in our community to have a safe place to live;

WHEREAS, we want our homeless housing and services solutions to be system-oriented rather than agency oriented, and to promote engagement rather than enablement;

WHEREAS, we use our collective expertise, resources and data to continuously improve our homeless housing and services systems so that they are safe, integrated, efficient, and focused on self-sufficiency,

We agree as follows:

AGREEMENT 1: PURPOSE OF SHARED OUTCOMES

1.1. The Shared Outcomes represent the consensus of the Salt Lake County Collective Impact Steering Committee and serve as a reference and tool for current and future decision makers at the private, local, state, and federal level.

1.2. The intent of the Shared Outcomes is to guide the alignment of efforts and resources to ensure that the services we provide and the solutions we propose to solve the complex issue of homelessness best address our collective community needs.

1.3. The Shared Outcomes signify support for a redesign of the homeless housing and service system that can only be carried out in partnership with the State of Utah, local governments, service providers, businesses, community leaders, private funders and representatives of individuals who are homeless.

1.4. We agree to work diligently and in good faith to realize the Shared Outcomes – collectively and within our respective organizations and jurisdictions.

1.5. We recognize that reaching the Shared Outcomes will require further rigorous analysis and public review of community needs by other state, local, or private decision-making processes.

AGREEMENT 2: ACTIONS TO SUPPORT THE SHARED OUTCOMES

2.1. To achieve the Shared Outcomes, and in recognition of the inherent challenges in doing so across a large number of entities, perspectives, voices and jurisdictions, we agree:

2.1.1. To consider options for continued multi-jurisdictional coordination, collaboration, and communication, including a publically accountable governance structure, to facilitate achieving the Shared Outcomes and adapting them as informed by changing circumstances and data.

2.1.2. To work together to encourage other community members and leaders to align their efforts and resources with the Shared Outcomes, including but not limited to funding and authority necessary to prepare studies and perform work.

2.1.3. To build upon public engagement efforts and to maintain public transparency.

2.1.4. That decisions founded on the Shared Outcomes will be consensus-based and will not supersede the authority of any existing federal, state, and local jurisdictions.

AGREEMENT 3: SHARED OUTCOMES

We recommend these 14 strategically linked outcomes in four key areas of focus as the current priorities for our community:

Outcomes for County Residents Experiencing or At Risk for Homelessness:

1. We recognize and meet the distinct needs of these at risk and homeless populations:

    - Families with children
    - Transitional-aged youth
    - Single men and women
    - Veterans
    - Domestic violence victims
    - Individuals with behavioral health disorders (including mental health and substance use disorders)
    - Individuals who are medically frail/terminally ill
    - Individuals exiting prison or jail
    - Unsheltered homeless

2. We successfully divert individuals and families from emergency shelter whenever possible.
3. We meet the basic needs of those in crisis.
4. We provide individuals and families with stabilization services when they need them.

Outcomes for the County's Homeless Service and Housing Systems:

5. Salt Lake County's homelessness rates decrease over time.
6. Coordinated entry and a common, consistent assessment tool provide appropriate, timely access to services across the system. There is no 'wrong door.'
7. Individuals who are homeless have a relationship with a caseworker or similar individualized support.
8. Individuals who exit homelessness will be employed and/or have increased income/financial stability.

Outcomes to Prevent Homelessness:

9. Salt Lake County's housing supply meets the demand and needs of all residents.
10. People have access to the specific services and supports they need to avoid homelessness.
11. Children, adolescents and adolescents transitioning to adulthood do not experience homelessness.
12. If individuals and families become homeless, we prevent it from happening again.

Outcomes for Communities and Public Spaces:

13. Neighborhoods that host homeless service facilities are welcoming and safe for all who live, visit, work, recreate, receive services, or do business there.
14. Neighborhoods offering services also offer access to employment, job training, and positive activities during the day.

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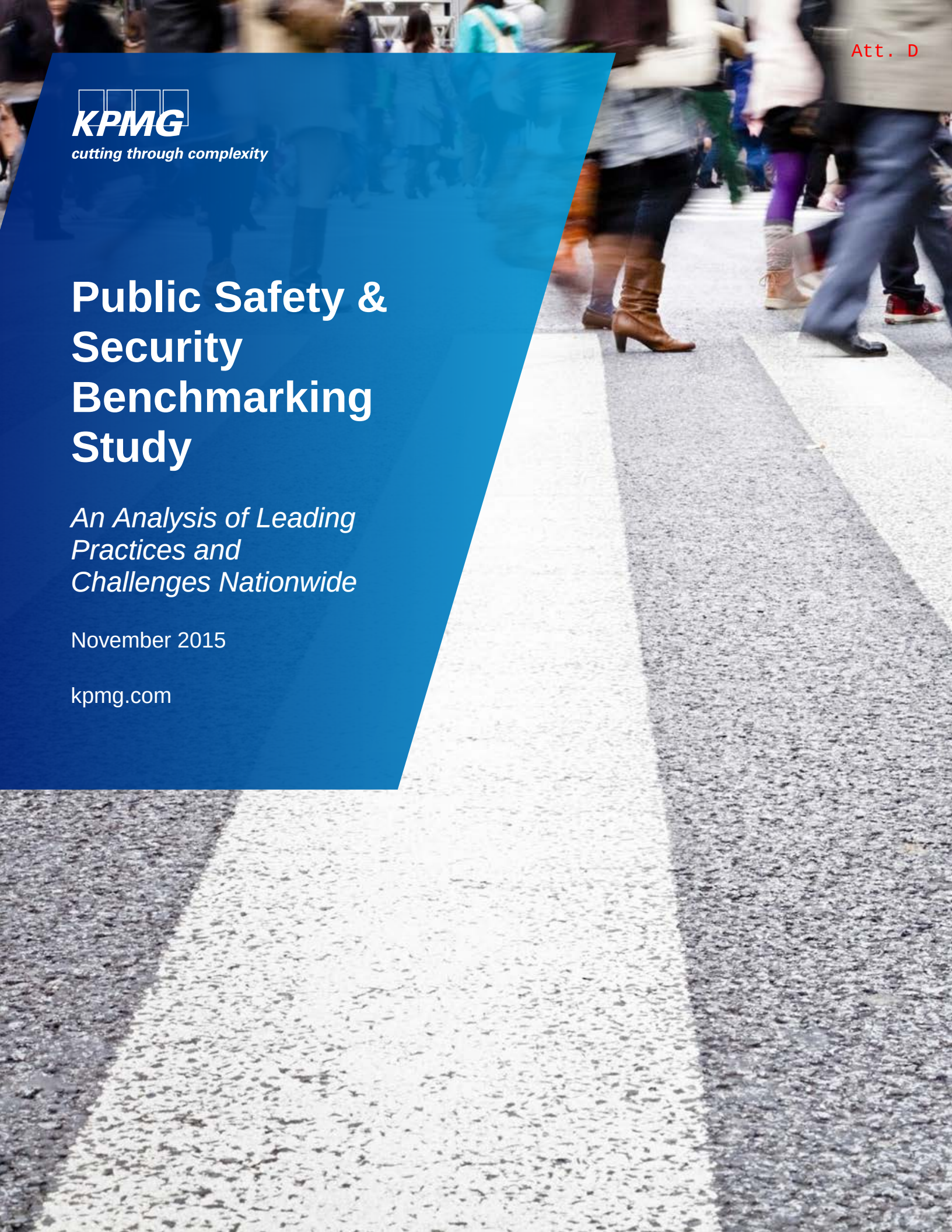


KPMG
cutting through complexity

Public Safety & Security Benchmarking Study

An Analysis of Leading Practices and Challenges Nationwide

November 2015

kpmg.com

Background and Methodology

In July 2015, the Downtown Denver Partnership (DDP) and Downtown Denver Business Improvement District (BID) began working with downtown stakeholders and a team from KPMG to develop a Security Action Plan, with the ultimate goal of helping to improve the perception and reality of safety in the downtown Denver area.

KPMG assisted the DDP by gathering feedback from the many downtown stakeholders, reviewing policy, observing behaviors, researching leading practices, and drawing upon the team's law enforcement and security backgrounds to develop the Security Action Plan, comprised of 60 projects and 240 actionable tasks to be carried out over the next 24 months.

To understand the leading practices in place across the country, the team worked with the International Downtown Association (IDA) to solicit input from other cities. Eight cities provided valuable input, which are summarized in this document.

Responding Entities

Eight cities contributed data to this effort as summarized in the table below. Responding cities varied across geographic size, overall budget, security personnel, and population.

City	Organization Type	Budget	Security Personnel	Population (2013)
Houston	DMD	Over $2.5M	0	2,196,000
Phoenix	BID	Over $2.5M	0	1,513,000
San Antonio	PID	Over $2.5M	4	1,409,000
San Diego	Property-Based BID	Over $2.5M	24*	1,356,000
Denver	BID	Over $2.5M	1	649,000
Oklahoma City	BID	Over $2.5M	2	610,000
New Orleans	BID	Over $2.5M	21	379,000
Salt Lake City	BID	Over $2.5M	0	191,000

* Note: security personnel also provide hospitality services.

Safety and Security Concerns

Respondents indicated that their stakeholders voice concerns around a number of issues that impact real and perceived safety. Concerns that were expressed by multiple cities include the following:

- Addressing the issues surrounding **panhandling and homelessness,** specifically as they relate to **mental health issues** were common in each of the eight cities surveyed.
- **Drug dealing and consumption** to include synthetic marijuana and alcohol was reported as a problem particularly related to the homeless population.
- **Lack of foot patrols and/or a security presence** were commonly recognized as a concern held by visitors, stakeholders, and tenants.
- **Lack of enforcement of laws and ordinance** was a prevalent issue, particularly as it relates to sitting and lying on public ways, panhandling and other grey areas such as synthetic marijuana use.

Safety and Security Leading Practices

The practices indicated below have yielded positive results for the cities reporting such information and may be opportunities for other cities to consider implementing. If implemented, these standards should be field tested and researched to help ensure that they align with each entity's needs, considering unique qualities of each community and the commonalities that may be present across organizations.

One leading practice that is transferable across the spectrum of all associations is local partnerships. Businesses, first responders, governments, and local communities can all benefit from the sharing of information and the joint promotion of safety and security. Other leading practices are shown below by city:

Denver: Off-duty police officer patrol program, community re-visioning effort, security action plan development.

New Orleans: Non-commissioned force of safety professionals and off-duty police presence, crime statistics monitored monthly, quarterly, and annually. Escorted walks with safety professionals, crime reporting app in evaluation stage.

Oklahoma City: Use of off-duty officers, private security company patrol efforts in underground tunnel system, inclusion of police department in monthly board meetings.

Phoenix: Work with local non-profits to provide services to homeless.

San Antonio: Previously worked with an urban revitalization and economic consultant to conduct a safety and security assessment. Outreach Ambassador Program to identify chronic panhandlers and in-need and at-risk homeless, partnering with off duty police officers in FY'16.

Salt Lake City: Work actively with city and police department to address safety and drug issues with a focus on homeless services; lobbied for increased funding and staffing for police personnel and private security for homeless services, currently conducting a study to evaluate moving or reconfiguring the current homeless shelter.

San Diego: Safety patrols, partnership with police department, integration of local outreach workers, and escorted walking services.

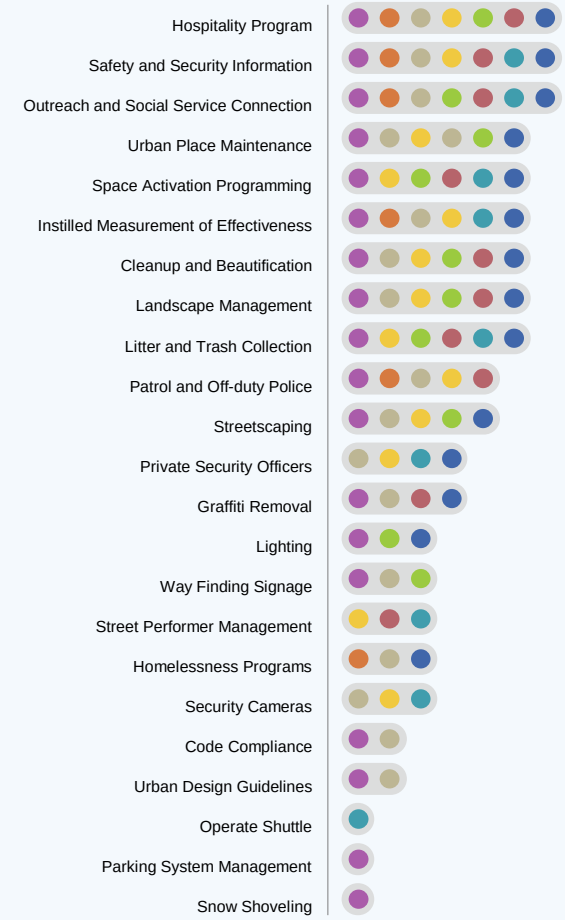
Trends and Takeaways

Community safety challenges can be presented in both real and perceived safety and security concerns, ranging from property and violent crime to the presence of unruly individuals or poorly maintained city infrastructure or building façades. These multifaceted challenges demand multidimensional preventative measures, as communities seek to prioritize crime deterrence strategies, establish methodologies to predict future patterns of crime, navigate local agency and organizational politics, and estimate the costs and benefits of such strategies.

Respondents indicated multiple strategies for addressing safety and security challenges, but the majority did not identify having a cohesive, up-to-date security plan. Many promising practices are in place across the nation, but the next stage in helping to shift the mindset on safety and security involves a collective effort between downtown groups–residents, business owners, property managers, tourists, public safety officers, and many others. Experimentation with apps and other tracking opportunities have shown to be user friendly, modern alternatives to a community watch and while still in field testing status, have provided promising results.

Service Offerings

Core service offerings center around the “clean and safe” mission of many of the responding participants. Hospitality, safety and security information, and social service outreach were the most consistently provided services.



Partnerships

Community, business, and local first responder partnerships and communication efforts act as a force multiplier for safety and security efforts, although respondents indicated varying levels of sophistication and scope. Responding cities identified the following formal or informal partnerships in delivering their services.

Measures of Success

Six of the eight responding cities reported a formalized methodology in measuring the success of their programs and to assist in the justification of continued or expanded funding. Other methods of measurement are listed below by city.

- **San Diego:** San Diego uses the Eponic Network data tracking system to monitor and optimize the performance of Clean & Safe Teams, Hospitality Ambassadors, Maintenance, and Homeless Outreach teams and share these statistics with the community.
- **Salt Lake City:** Salt Lake City conducts regular board and committee meetings.
- **Oklahoma City**, **Houston** & **Denver:** Each city has conducted surveys with the local community and their partners in order to understand their opportunities for growth.
- **New Orleans:** New Orleans evaluates annual crime statistics.

KPMG's Justice and Security Advisory Team

Our Justice & Security (J&S) Advisory team understands the balance organizations must strike between protecting people, places, property, and products from security threats and vulnerabilities while enabling optimal customer service and operating performance. We offer a suite of safety and security advisory capabilities that assist our clients in improving and coordinating organizational performance to achieve a more efficient and effective state of operation.

Our experience spans a diverse base of industry sectors and risk mitigation scenarios, allowing us to leverage our equally diverse skillsets to help your organization identify and mitigate its risks while helping drive corporate performance and shareholder value. Additionally, we draw upon KPMG's worldwide reach, allowing our clients to gain the benefits of global industry best practices implemented by local teams of experienced, passionate professionals.

For more information on KPMG's Justice & Security team, please contact the team members listed below.

This study was conducted in partnership with the Downtown Denver Partnership, Downtown Denver Business Improvement District and the International Downtown Association.

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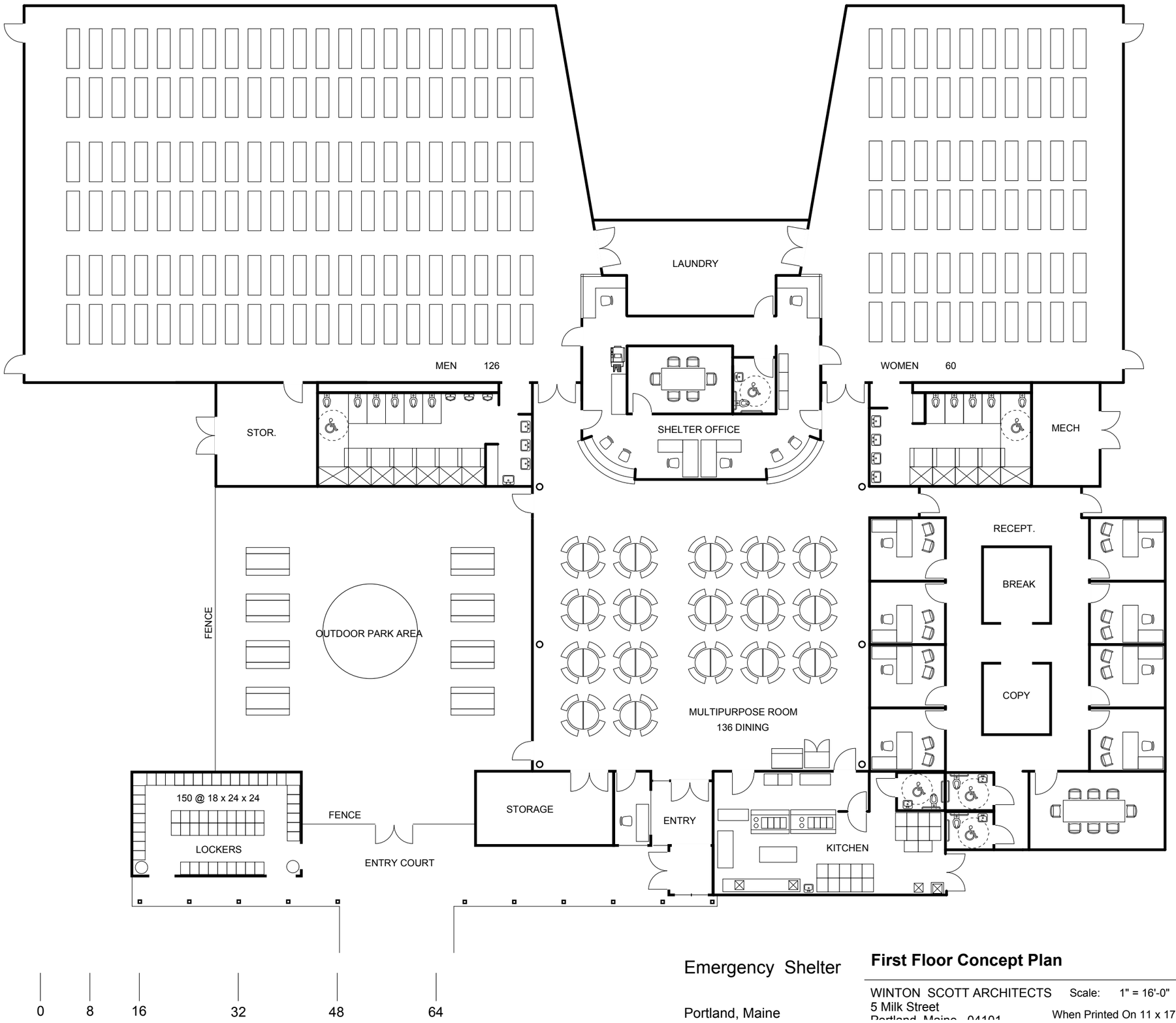


Emergency Shelter

Portland, Maine

First Floor Concept Plan

WINTON SCOTT ARCHITECTS
5 Milk Street
Portland, Maine 04101

Scale: 1" = 16'-0"

When Printed On 11 x 17

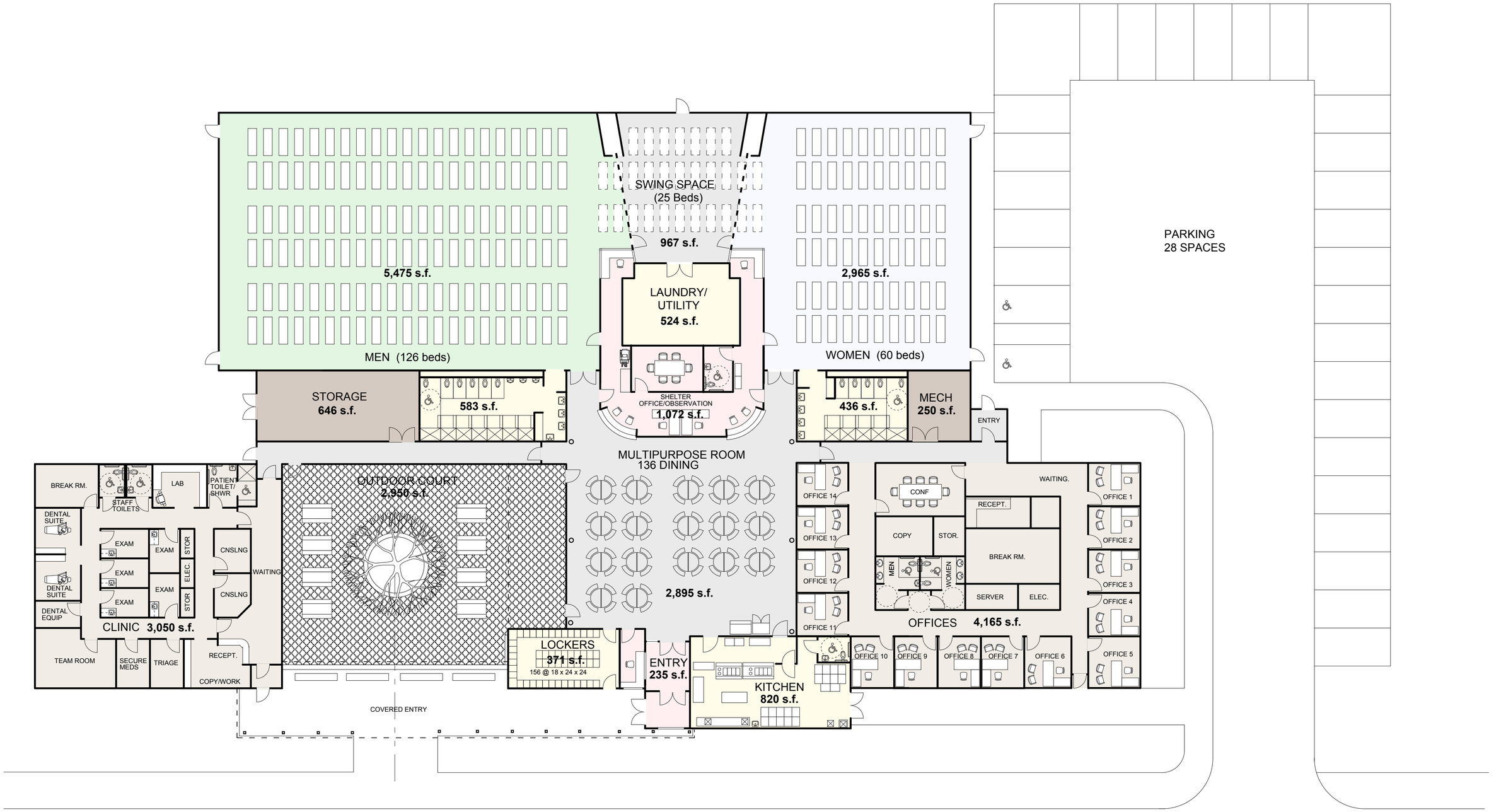
A 1

January 18, 2017

CURRENT AND PROPOSED OPERATING BUDGET

	OXFORD STREET FY 18 Budget	ESTIMATED NEW 200 BED SHELTER
EXPENDITURES		
Personnel	1,996,986	1,905,206
Benefits (37%)	656,008	653,126
Security - Police	187,464	0
Administrative Services	7,850	9,813
Client Supplies	45,700	57,125
Contractual Services	164,760	51,860
Land/Building Rent	151,688	0
Laundry /Sheets/Towels Blank	102,000	102,000
Supplies (Computers, Defib, et	27,200	0
Utilities	48,582	119,576
Telephone/Cellular Phone	7,710	7,710
Maintenance & Repairs	67,200	67,200
Minor Equipment/Furniture	11,500	0
Copier Lease	2,250	2,250
Office Supplies	12,500	12,500
TOTAL EXPENDITURES	3,489,398	2,988,366

*Note: Does not include costs associated with food service.
TBD based on type of operation



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DRAFT CONCEPT

WINTON SCOTT ARCHITECTS
5 Milk Street, Portland, ME 04101
207.774.4811 | wintonscott.com

Homeless Shelter
Portland, Maine

First Floor Concept Plan

Scale: 1" = 16'-0"

A 1

January 18, 2017
REV. 3.21.17
REV. 7.6.17
REV. 8.23.17

Dawn Stiles
Director, Health & Human Services Department

Service Components for the New Shelter Program

Peer Services

Medical Services

Mental Health Services

Substance Use Services

Employment Services

Food Services

Street Outreach

Housing

General Assistance

Security

Transportation

Advocacy/Community Outreach

Emergency Shelter (24 hrs)

Overdose Prevention

Storage

Laundry)

389 Congress Street
Portland, Maine 04101
874-8633

New Shelter Project Description

It is the goal of the City of Portland to undertake work on a new state- of- the- art, one story, adult emergency shelter to replace the Oxford Street Shelter. It will be open 24-hours a day 7- days a week with on-site meals and a wide range of services including: health and mental health care, substance use treatment, housing assistance, peer support, case management; employment, and more.

The City of Portland ‘s shelter guests and valued staff deserve to live and work in a respectful and safe environment. We will no longer allow some of our most vulnerable community members to live in inadequate conditions and in locations where they are easily abused, taken advantage of, and judged for their perceived shortcomings.

The current adult shelter, Oxford Street Shelter, is leased, poorly configured, and requires residents to vacate the facility every morning with all of their belongings. The building has three floors which require almost double the number of staff who could oversee guests in a single- story building designed specifically as a shelter. It also has cramped sleeping space which necessitates floor mats rather than cots and utilizes a large area for sleeping in the eaves of the building.

This page contains information about the possible shelter configuration, services, and frequently asked questions and the answers. We will update the page as we progress through the process. Thank you for your interest and support.