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What is a City but the People?: An Evaluative Study of the Development and Implementation of a 10-Year Plan to End Chronic Homelessness in Macon, Georgia

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CHAPTER I

Introduction

In Macon, Georgia each night 250 people have no place sleep. (Georgia 21,000) They inhabit abandoned buildings. They sleep in cars. Their belongings are bundled and nestled in underpasses, tattered suitcases and overfilling bags. Much like any other city, the people experience street-dwelling homelessness are just one segment of the extant homeless population.

The 250 Maconites experiencing homelessness nightly is a small portion of the 3.5 million people in the United States that experience homelessness annually. (U.S. Interagency Council, 2010) Homelessness exacts a heavy toll, including low quality of life, risk of assault, and early death. (370.pdf) Some researches have concluded that homeless people have a mortality rate considerably greater than the general population that does not experience homelessness. (Mobilizer Health, 2006)

Homelessness is preventable and unacceptable – no one should be without a safe, stable place to call home. (U.S. Interagency Council, 2010) The burden of homelessness is carried not only by the individuals and families experiencing this condition, but also by the various institutions, charitable organizations and individuals involved in providing supportive services to those experiencing this most extreme and perilous form of poverty. (ibid) In a very real sense, the burden of homelessness has a far-reaching societal impact. There are financial, political, social and philosophical implications that are brought to the forefront by the existence of homelessness. (NAEH "A Plan: Not a Dream", 2000)

Unsound policy, non-comprehensively planned/resourced programs, and unattended gaps within the social service safety net have facilitated the continued existence of homelessness. (Ibid) These "gaps", however, are just one causal component of homelessness – there must also be due consideration of the contingent social and behavioral factors which have lead people to homelessness. Notably, the recent global economic turmoil has resulted in conditions that increase the risk of homelessness for millions of people. (NAEH, 2004)

Homelessness has complex and multifactorial origins. (Shelton, 2009) Without proper holistic conceptualization of homelessness, without adequately addressing homelessness in comprehensive manner, and without the preventive methodology necessary to objectively engage this issue, the burden of homelessness will exponentially grow. (NAEH "A Plan: Not a Dream", 2000)

Regarding poverty and homelessness, Macon, Georgia is at a crossroads. The Macon Coalition to End Homelessness (MCEH) – a partnership of numerous private and public entities, including various City of Macon departments – has noted the need for a comprehensive and efficient method of impacting the root causes of homelessness and mitigating the risk of those who are in danger of becoming homeless.

Due to the variability and special conditions inherent to issues surrounding homelessness in mid-sized cities (Floyd, 1995), the national call to focus on chronic homelessness (NAEH, 2004), and the high level of contingent attunement allowed by its structure (NAEH "A Plan: Not a Dream", 2000), the MCEH has been prompted to develop a 10-Year Plan to End Homelessness.

10-Year Plan

10-Year Plans are a nationally noted best-practice community based intervention aimed at collaborating and consolidating efforts of preventing/eliminating homelessness. (NAEH "A Plan: Not a Dream", 2000) Practice and research suggests that the 10-Year Plan format is a successful approach to ending, not managing, homelessness. (ibid) There are four fundamental tenets to the 10-Year Plan format, they are:

- identifying the causes of and risks associated with homelessness and subsequently closing the pathways which allow people to become homeless;
- expanding the capacity, accessibility and appropriateness of supportive services to individuals who are currently experiencing homelessness in order to help such people establish independent lives away starkly differing from the patterns of behavior which accompanied homelessness;
- building the physical and operational capacity of organizations which interface with homeless people, provide supportive services or actively engage in the effort of mitigating and eliminating homelessness;
- utilizing a system of measurable outcomes that would provide a baseline for ongoing initiatives that would in turn steer the development of future 10-year Plan efforts.

There are several facets of the Ten-Year Plan format that distinguish it from other community-based initiatives aimed at preventing homelessness. (ibid) These include a reliance on healthy and active organized partnerships between local and state agencies. (ibid) Furthermore, collaboration amongst private and nonprofit entities is essential in attaining support to comprehensive address the issues, which lead to and sustain

homelessness. (ibid)

The solutions specific to the needs of Macon's homeless must come from within the community. These solutions, couched as objectives and action steps, act as indicators of progress; informing and steering the decisional processes of plan development. (U.S. Interagency Council, 2003)

Such decisions are made in a manner that recognizes that employing a preventive methodology – one that specifically targets reducing homelessness and the costs of maintaining current expensive systems – would lead to the reallocation resources to better serve vulnerable populations. (NAEH "A Plan: Not a Dream", 2000)

The degree of vulnerability is valued by the apparent difficulty in preventing or providing mitigating supportive services for these populations. A supportive social service network, unburdened by certain segments of the homeless population, could actively engage target groups such as those with the most severe health and behavioral needs; groups which typically incur the largest amount of cost due to the specific services which they rely upon in lieu of accessing the supportive social service network.

Homelessness and the Recession

Homelessness exacerbates the negative effects of extreme poverty on families and individuals. (Burt, 2005). In an abstracted sense, the unique focus of this study partially lies in the analysis of contemporary events, i.e. the most recent economic recession in America and the impact upon homeless populations in mid-sized cities.

Some research has noted that the current period of economic hardship mirrors events in the early 1980s when widespread homelessness was noticeably prevalent and

growing for the first time since the Great Depression. (USCM) The 43.6 million people experiencing poverty in 2009 is the highest record amount since the inception of reported poverty estimates. (ibid)

All available tools in the social armamentarium should be considered when evaluating the needs of those experiencing homelessness. This includes groups experiencing disproportionate growth in homelessness, i.e., families and Veterans. (U.S. Interagency Council, 2010)

The poverty rate and the number of impoverished people increased by 1.9 percentage points and 6.3 million people, respectively, between 2007 and 2009. During this period, the child poverty rate and number of children considered to be 'in poverty' (a high-risk group for homelessness) increased considerably. (Income, Poverty, and Health insurance Coverage in the United States.pdf)

The impact of the recession upon social service provision for homeless people and homeless prevention services was operationalized in the form of:

- sharp increases in the need for hunger assistance over the past year. On average, cities reported a 26 percent increase in the demand for assistance, the largest average increase since 1991. (ibid)
- increases in requests from middle class households that used to donate to food pantries, as well as increases in requests from families and from people who are uninsured, elderly, working poor, or homeless. People also are visiting food pantries and emergency kitchens more often. (ibid
- significant increases in the amount of food distributed over the past year was driven by both increased supply -- federal assistance from the stimulus package --

and increased need. (ibid)

Growing demand has caused food banks to distribute more and stockpile less. (ibid) The continued growth in sheltered family homelessness may indicate ongoing effects of the recession. The fragile economic circumstances of the relatives of struggling parents may mean that, as soon as job losses begin in an economic downturn, support networks for families at risk of homelessness fall apart.

Additionally, some research indicates that because of the recession, more families with two adults have become homeless. (HUD – AHAR, 2010) Some providers also find increases in the amount of paternally-led single-parent families requesting services. (ibid) The extrapolated importance of this statistic is not necessarily simply the growth of a certain category of homeless people, but rather the implicit loosening and deterioration of safety networks, support networks; the very structures often essential for people to escape homelessness.

Homelessness and Housing/Foreclosures

There is a strong link between the foreclosure crisis and increasing homelessness in communities throughout the nation. (Erlenbusch, 2008) Some researchers have concluded that the adoption of homeless prevention strategies as part of all legislative proposals designed to address the foreclosure crisis is imperative. (Ibid) Failure to do so will substantially add to the ranks of the homeless individuals and families. (ibid)

The impact of this crisis on cities already greatly impoverished (i.e. Macon, Georgia) may manifest in the depletion of supportive services and funds which would lead to greater numbers of people in need who may not be able to access or receive

supportive care. Appropriate planning to engage, mitigate and prevent increases in poverty (and by extension, homelessness) is needed.

Homelessness in Mid-Sized Cities

In addition to the subsequent effects of the most recent economic recession, the ability and willingness of Mid-Sized cities to engage the issue of homelessness is a fundamental facet of the community intervention evaluated in this capstone project.

The population of Bibb County, Georgia is approximately 156,000. (U.S. Census) The City of Macon has a population of about 97,000. (ibid). Currently, 1 out of every 4 people in Macon are living in poverty with the homeless rate increasing at a rapid rate. The number of homeless people in Macon has spiked 62 percent in just 2 years and is now topping between 600 and 800 people. Every night there are approximately 200 people without shelter.

Homelessness is commonly thought to be an urban issue, a perception that is reinforced by the presence of homeless people on the streets of major cities and in the characterization of homelessness in the media; areas outside of urban centers are also affected by homelessness. (NCH) The same structural issues that cause homelessness in cities – unaffordable housing and low incomes – exist in rural areas, and contribute to the number of people who are homeless in those areas. (ibid)

Mid-sized cities with a rural-urban mix, like Macon, Georgia, are forced respond to the issues related to homelessness differently than larger urban areas due to differing levels of funding. (Floyd, 1995) Akin to lower levels of financial support and community involvement, another barrier to developing the social engineering appropriate to tackle

the issue of homelessness in mid-sized cities is the lack of reliable data on homelessness within these non-urban areas. (ibid) Community interventions like the 10 Year Plan work as tools of engaging and gauging homelessness by building the measurable criteria upon which the issue of homelessness is objectively reviewed. (NAEH "A Plan: Not a Dream", 2000)

Homelessness and Public Health

C.E.A. Wilson's famously defined public health as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals". There may be a question as to how and why a public health framework would benefit those engaging an issue such as homelessness. The guiding principles of public health establish that that there will be a focus on prevention methodologies and actions; that inquiry will be based on evidence and testable methods; that various stakeholders in the given area are to uphold a community-based approach; and that all efforts are under the bridgehead of 'social justice' and equitable consideration for all vested parties. (Fotinos, 2004)

The 10-Year Plan framework directly aligns with the guiding principles of public health. (NAEH "A Plan: Not a Dream", 2000) The entire initiative is aimed at homeless populations and the prevention of future homelessness by the elimination of the pathways that place an individual or group at risk of homelessness. (ibid) This broad preventive goal is supported by an empirical structure that relays all intended actions and offers measurable objectives to gauge the progress of implementation efforts. (ibid) Such plans

must emphasize primary prevention while considering the need and impact of all possible levels of prevention. (Fotinos, 2004)

Purpose

The explicit purpose of this capstone project is to analyze the processes inherent in the development and implementation of a community-based intervention: the 10-Year Plan to End Chronic Homelessness in Macon, Georgia. The development of preventive policy initiatives and the intended target of the community-based initiatives are direct public health measures. Utilizing a public health approach to the issues of and surrounding homelessness in a mid-sized city will help local service providers assess issues, appropriately respond to needs, adequately coordinate resources and increase the reliance upon measurable objectives.

The finalized and vetted10-Year Plan and this paper will be part of the foundation of knowledge guiding the implementation of a preventive community-based intervention. Full disclosure, much of the information in the 10-Year Plan comes directly from this paper.

Limitations

The direction and the scope of the 10-Year Plan to End Chronic Homelessness is explicitly limited by the MCEH Steering Committee, the input of service providers and other vested entities, and the funding received for such a community-based initiative. The 10-Year Plan and the intended analysis can only be extended and compared to other

prevention program on a prima facie basis. The variability in populations, funding, community support and buy-in, and needs dictate the direction and goals of the policy.

CHAPTER II

Literature Review

Introduction

In understanding the processes and justification of the selection of a community-based policy/initiative aimed at the prevention of homelessness (i.e., the 10-Year Plan to End Homelessness initiative), it is essential to understand the issue of homelessness as a unique subject and also within the contextual schema of recent legislative and community efforts. This literature review attempts to portray the issue of homelessness as a condition with a growing body of fundamental knowledge, used for the purposes of accurately assessing and appropriately planning interventions aimed at preventing homelessness.

What is homelessness?

Definition of Homelessness

There are various forms of homelessness. The most common face of homelessness is the unsheltered individual living on the street. (U.S. Interagency Council, 2010) Those individuals who are staying in emergency shelters and transitional housing are referred to as sheltered. (Ibid)

While the unqualified term 'homelessness' may seem inferentially definable, there are many nuances and variations that distinguish the manner in which it is experienced and also outline the scope and activity of homeless service providers. These differences can be expressed through varying definitions of homelessness. The

distinctions are important to note because they may be indicative of specific services needed or of gaps in services that need to be addressed. It may also potentially indicate other paucities within the life/lives of the individual experiencing homelessness and, furthermore, of an inadequate social safety net (Knoxville, 2005).

According to the United Nations, "absolute homelessness" describes the conditions of persons without physical shelter. "Relative homelessness" describes the condition of those who have a physical shelter but one that does not meet basic standards of health and safety, such as and access to safe water and sanitation, personal safety, and protection from the elements.

The Federal definition of homelessness, as found in the McKinney-Vento Act, is "an individual who lacks a fixed and night-time residence or whose primary residence is a supervised public or private shelter designed to provide temporary living accommodations, an institution accommodating persons intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings". (NAEH, 2009).

The commonly employed definition of 'homelessness' has an explicit emphasis on the insufficient and temporary standard of living situations. Within the larger definition of homelessness found in the McKinney Homeless Assistance Act, it is important to pinpoint other groups as to gain a more complete understanding of the processes and potential populations of which comprise the homeless. On such group is the 'Precariously Housed'.

Those who are 'precariously housed' are those who have a semi-permanent living situation contingent upon the residency of another individual. The impermanent nature

of the living condition of these people places them at risk of completely losing their housing.

These are people who stay temporarily at another person's home because they have no home of their own. This rate of precariously housed homelessness varies greatly with cities having more than suburbs and some rural areas being high with migrant workers. Though there is little research on this subsection of precariously housed individuals, children and those currently enrolled in or recently graduated from school are a large percentage of homelessness that is not counted by some organizations. (NAEH, 2009)

Those deemed 'Institutionalized Homeless' are those housed within the penal system, mental health services and various organizations in lieu of permanent or independent housing. (ibid) Like with the case of 'precariously housed', this group is a hidden population. (ibid) Such populations of homeless that are considered institutionalized would reside in jails, prisons, half-ways houses, substance abuse and mental health service facilities.

One attempt at utilizing an alternative definitional view of homelessness has been proffered by the National Law Center of Homelessness and Poverty. The National Law Center suggests the adoption of a tripartite definition predicated upon the cyclical nature of homelessness and upon the duration of homelessness. The National Law Center of Homelessness and Poverty's definition would make the allow for the following distinctions: '*chronically homeless'* individuals are those with an average of two episodes of homelessness lasting a total of 650 days (Nat'l Law Center of Homelessness and Poverty, 01); the '*episodically homeless'* are those who experience four to five episodes

of homelessness lasting a total of 265 days; and, the *'transitionally homeless'* would refer to those individuals who experience a single episode of homelessness lasting an average of 58 days.

Definitional Issues

Prior to the reauthorization of the McKinney-Vento HEARTH Act, there was extensive dispute over the accuracy of the Federal definition of 'homelessness' amongst service providers and various entities involved in the world of homeless services/advocacy (NAEH, 2009). The impetus for what some would term as a more inclusive and comprehensively considerate definition of homelessness that would allow greater flexibility in the scope of service provision. (ibid)

The National Policy and Advocacy Council on Homelessness released a position paper on the issue that identifies how the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 definition frees the delimitations and increases the scope of homeless service provision, explicitly in terms of prioritization and definitions of chronic homelessness. Notable previous exclusions people who are forced to live in non-regular homeless situations; people temporarily staying with others because of a lack of alternative housing (these people are referred to as "doubled-up"), and people staying in motels and automobiles due to a lack of alternatives. (ibid)

There is still a lack of accounting for the individuals within mental health and correctional facilities. Though considered 'housed' for the duration of occupancy in either type of facility, the transitory/temporary nature of such facilities, the increased negative stigma, and the decreased social capital, all lead to the potential increased risk of

homelessness for these populations.

How many people are homeless?

According to the 2009 Annual Homeless Assessment Report, on a single night 643,067 people experienced homelessness. Over the course of a year, the estimated population that experiences homelessness is 1,558,917, (NCH – How Many, 2009).

It is very difficult to ascertain the number of people who experience homelessness. The question itself is misleading. Homelessness is impossible to measure with 100 percent accuracy. It is understood that homeless population counts are historically underestimated. (NCH – How Many.pdf) Those who experience homelessness often hold this status in a temporary manner as opposed to a chronic or persisting condition. (Burt, 2005) A potentially appropriate tool for acquiring other facets of the impact of homelessness may be accomplished by analyzing trends concerning the length of time people experience homelessness; not simply the number of homeless people.

Definitional issues, a lack of cohesive and clear census protocols and a general nonstandardized methodology often complicate studies of homelessness. (NCH – Census Fact Sheet, 2010) In part, the homeless are notoriously difficult to count because of their nomadic nature and because so many of the homeless are not in shelters, but are on the streets or are doubled-up with friends and family. (U.S. Interagency Council, 2003)

The Department of Housing and Urban Development (HUD) has undertaken a congressional mandate to implement a system that will provide an unduplicated count of homeless individuals and families who access homeless services. The nationwide

implementation of the Homeless Management Information System (HMIS) has helped improve the data collection necessary to assess the issue of homelessness with greater accuracy. (Library of Congress, 2005)

Built upon information from HMIS, the Annual Homeless Assessment Report (HUD – AHAR, 2010) is a report to the U.S. Congress on the extent and nature of homelessness in America. The report, prepared by HUD, provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. (HUD – AHAR, 2010)

Research trends show that participation in and utilization of HMIS among homeless service providers in these systems is rising. (HUD – AHAR, 2010) Currently, about 68 percent of all beds that are available for homeless and formerly homeless people are included in HMIS. HMIS-bed coverage is lowest among emergency shelters (65.2 percent) and highest among permanent supportive housing (72.9 percent) and safe havens (96.3 percent). (HUD – AHAR, 2010)

HUD – AHAR, 2010 and Homeless Population

The United States Census does not account for homeless individuals on an annual basis, additional methods of population counting are needed to chart progress, adequately assess needs and allocate services in a proportional manner. The HUD – AHAR, 2010 provides two types of estimates: Point-In-Time counts and counts predicated upon data from the HMIS. (ibid)

Data on homelessness is reported according to the respective administrative

geography unit called a Continuum of Care (CoC). Continuums of Care are the structure through which federal homelessness funding is awarded. The size and constitution of CoCs vary from individual cities to entire states. This heterogeneity makes it difficult to ascertain exactly what fraction of the homeless population is located in rural or urban areas (NAEH – Geography, 2009; HUD – AHAR, 2010).

Estimates that are based on Point-in-Time data provide one-night counts of all people who are homeless either in shelters or in places not meant for human habitation. Estimates that are based on HMIS data provide counts of all people who are sheltered homeless at any time during a year. (ibid)

There are differing strengths and gaps presented by both census methodologies. The HMIS data provides longitudinal counts of shelter use over a 12-month period. This data offers greater detail in terms of demographic profiles of sheltered homeless people. Additionally, such data is useful in describing the utilization patterns of residential and supportive services systems. (HUD – AHAR, 2010)

The PIT data provides a total count of all homeless people on a single night in January and has estimates of the people who are sheltered (i.e., in emergency shelter or transitional housing) and unsheltered (i.e., in a place not meant for human habitation) on the night of the count. (ibid)

Unlike HMIS-based counts, one-night PIT counts are particularly sensitive to dramatic changes within the nation's largest cities and to evolving enumeration strategies/protocols. (ibid) It is of importance to notes that neither PIT nor HMIS-based data support an unduplicated estimate of the total number of people who are sheltered and unsheltered homeless over the course of a year. (ibid)

There are noted limitations in these census methodologies; it is important to note that such research tools as those within the HUD – AHAR, 2010 are based on a national survey of service providers. (HUD – AHAR, 2010) There is no evidence to suggest that all homeless people utilize service providers, thereby potentially driving the actual numbers of people experiencing homelessness higher than the annually reported number. (ibid)

The count of sheltered and unsheltered people on a single night in January 2008 and January 2009 increased by 2.1 percent. (HUD – AHAR, 2010) The increase in homelessness includes a 4.1 percent increase in sheltered homelessness and a 1.7 percent decrease in unsheltered homelessness. (ibid)

It has been established that the number of people experiencing homelessness is unreliable. (NCH – How Many, 2009) Due to the inaccuracy of population counts other facets of gathered data are valuable in ascertaining the impact of homelessness. One such method of increasing the validity and applicability of gathered data is analyzing the duration that a person or a family is homeless.

'Duration of homelessness' is important given that (i) some definitional distinctions of homelessness are predicated upon length of homelessness and, (ii) it is a potential indicator of the utilization of housing and supportive services. The annual report of the U.S. Conference of Mayors found that the average length of stay in emergency shelter was 69 days for single men, 51 days for single women, and 70 days for families. For those staying in transitional housing, the average stay for single men was 175 days, 196 days for single women, and 223 days for families. Permanent supportive housing had the

longest average stay, with 556 days for single men, 571 days for single women, and 604 days for women.

Based on the 2008 and 2009 Continuum of Care Housing Inventories and 2009 Homeless Count and Predictive model, there are reportedly 21,095 total homeless within Georgia. (DCA, 2009) These individuals only have 10,139 emergency and transitional beds available. (Ibid) For Bibb County/Macon, the Continuum of Care Inventories and Predictive model report that 576 individuals are homeless in Macon; a population that must contend for the 368 emergency and transitional beds available in the area. (ibid)

Causes of Homelessness

It is difficult to address homelessness without an understanding of the contributing factors that lead to the situation. Homelessness is generally the result of a combination of complex structural issues and individual risk factors that are unique to each individual and family. (NCH – Why, 2009) Certain health behaviors are known to be associated with increased mortality and morbidity for a number of conditions; these behaviors and conditions are referred to as 'risks'. Improvements in health status can result from behavior changes in relation to these risk factors. (Shelton, 2009) The following homeless characteristics/demographics are categorized according the extrinsic-intrinsic risk factor distinction. Solutions must address both types of contributing factors.

'Extrinsic factors' are conditions that are beyond the immediate control of a family or individual, yet these people are subject to these conditions: poverty, lack of affordable housing, difficulty in accessing mental health and substance abuse treatment, lack of a living wage, limited or non-existent transportation to access amenities and

opportunities, and limited educational opportunities. (Shelton, 2009)

'Intrinsic risk factors' refer to conditions deemed within the realm of individual control or influence. (Ibid) These include: substance abuse/addiction, severe and persistent mental illness and mental disorders, such as posttraumatic stress disorder, that impair an individual's ability to function well enough to work and/or remain appropriately housed without supportive services; history of abuse as children and/or as adults, including domestic violence; broken homes or dysfunctional family situations; serious health condition; learning disabilities; developmental or physical disabilities; low educational levels; poor financial management and resultant bankruptcy/credit issues; poor job skills; difficulty in accessing and retaining housing and/or employment; and, criminal history. (ibid)

Homeless Demographic Trends

The subsequent section relates trends in major demographic categories for homelessness. The two strongest trends responsible for the rise in homelessness in the past three decades are (i) a growing shortage of affordable rental housing and (ii) a simultaneous increase in poverty. (NCH – Why, 2009) Persons living in poverty are most at risk of becoming homeless; therefore, it follows that demographic groups who are more likely to experience poverty are also more likely to experience homelessness.

Homelessness exacerbates the negative effects of extreme poverty on families and individuals. (Ibid) Many homeless individuals have multiple concurrent issues – chronic mental illness, substance abuse, and domestic violence. (Knoxville, 2005)

Including 'poverty', there are ten notable areas that describes issues common to

sub-populations of homelessness. (NCH – Why, 2009) The sub-population categories also describe the need of (often) specialized social service provision. These categories are divided by their intrinsic-extrinsic risk factor designation. The intrinsic risk factor characteristics include age, families, gender, ethnicity, persons with mental illnesses, and persons with active addictions. The extrinsic risk factor characteristics included employment, domestic violence, and military veterans. [It is noted that the 'domestic violence' category is placed after 'gender' due to the connection of the inherent factors].

Age

In terms of 'age', research shows growth in homelessness at the extremes of the age spectrum, issues of homelessness are increasing. These populations have an implicitly greater dependence on social supports according to the NAEH study. Based on the NAEH's existing data on homelessness among the elderly as well as poverty and homelessness rates among the elderly, they conclude that the number of homeless older people will see a 33 percent increase in the next decade. (Mashburn, 2010)

In rural areas, the numbers of children experiencing homelessness are much higher. According to the National Law Center on Homelessness and Poverty, in 2004, 25 percent of homeless were ages 25 to 34; the same study found percentages of homeless persons aged 55 to 64 at 6 percent.

Families

The number of homeless families with children has increased significantly over the past decade. (U.S. Interagency Council, 2010) Families with children are among the

fastest growing segments of the homeless population. The one-year estimates of shelter use show that almost 62,000 more family members were in shelter at some point during 2009 than had been during 2007, making up almost 40,000 families. (Poverty Report) These proportions are likely to be higher in rural areas. (USCM) Research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas (Vissing, 1996). All 21 cities with available data cited an increase in the number of persons requesting food assistance for the first-time. The increase was particularly notable among working families. (USCM, 2009)

As the number of families experiencing homelessness rises and the number of affordable housing units shrinks, families are subject to much longer stays in the shelter system. (USCM, 2009) For instance, in the mid-1990s in New York, families stayed in a shelter an average of five months before moving on to permanent housing. (ibid) Today, the average stay is 5.7 months, and some surveys say the average is closer to a year (ibid).

Gender

Most studies show that single homeless adults are more likely to be male than female. (USCM, 2009; HUD – AHAR, 2010) In 2007, a survey by the U.S. Conference of Mayors found that of the population surveyed 35 percent of the homeless people who are members of households with children are male while 65 percent of these people are females. However, 67.5 percent of the single homeless population is male, and it is this single population that makes up 76 percent of the homeless populations surveyed (U.S. Conference of Mayors, 2007). Smaller surveys and research tools have suggested that

the male homeless population in Macon falls in line with the national trends. (Odom; Banze)

Domestic Violence

Women-headed households are disproportionately represented among homeless families, among residents of subsidized housing, and in court eviction proceedings. (Nat'l law center on poverty and homelessness) Among mothers with children experiencing homelessness, more than 80 percent had previously experienced domestic violence. (ibid) Violence against women is a principal cause of women's homelessness. (NLCPH, 2001) Between 22 percent and 57 percent of homeless women report that domestic or sexual violence was the immediate cause of their homelessness, depending on the region and type of study. (NLCPH, 2001),

Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence (ibid). According to Domestic Violence Counts 2009, on a single day, 65,321 adults and children nationwide sought services after leaving life-threatening abuse. (HUD – AHAR, 2010) On this same day, domestic violence programs provided emergency shelter and transitional housing to more than 32,000 adults and children. (Ibid)

Domestic violence creates vulnerability to homelessness for women and children with limited economic resources. (U.S. Interagency Council, 2010) Domestic violence often includes exertion of financial control, leaving victims with poor credit and few resources. (ibid) Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. (ibid)

In Georgia, over 4,100 adults and over 4,450 children were provided with shelter at Department of Human Services certified Domestic Violence Agencies in SFY 2009. (DCA, 2009) Over 3,500 additional victims of domestic violence were denied shelter during this period due to lack of shelter space. (Ibid)

Ethnicity

Numerous sources note that the sheltered homeless population is estimated to be 42 percent African-American, 38 percent white, 20 percent Hispanic, 4 percent Native American and 2 percent Asian. (USCM, 2009; HUD – AHAR, 2010, U.S. Interagency Council, 2010). As is the case with the total U.S. population, the ethnic makeup of homeless populations varies according to geographic location. For example, people experiencing homelessness in rural areas are much more likely to be white. (USCM, 2009) In Georgia, 49 percent of homeless survey respondents were Caucasian and 45 percent were African American. (DCA, 2009).

The increase in the number of undocumented Hispanic individuals in the area is a hidden population which should be considered at risk of homelessness. The rate at which these populations increase in mid-sized cities is unknown. Locally, the areas where portions of undocumented immigrants live are encampments outside city limits or doubled-up within rental units. Also, there is a transitory nature to the patterns of employment and residency which, if impacted by an unforeseen event such as a medical event or incarceration, may lead to an increased risk of homelessness.

Persons with Mental Illness

Reports indicate that between a fourth and a third of homeless persons have serious mental illnesses such as schizophrenia, bipolar disorder, or chronic depression. (NCH – Why, 2009) By contrast, only six percent of the U.S. population suffers from a serious mental illness (USCM, 2009). According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5 to 7 percent of homeless persons with mental illness require institutionalization; most can live in the community with the appropriate supportive housing options (ibid). Although the rates of mental and physical illnesses are high among homeless persons, their access to health services is more difficult. (ibid) They often do not have a regular source of health care, and the daily struggle for food and shelter may take priority over mental health care. (NCH – Why, 2009) People with serious mental illness who are homeless are often incarcerated when they cannot get the care and treatment they need. (USCM, 2009)

People with mental illness experiencing homelessness also frequently end up in the emergency room and hospitalized; high-cost interventions do not improve long-term prospects for people with mental illness who have no place to live. (HUD – AHAR, 2010) Georgia's Department of Behavioral Health and Development Disabilities reported that over 5,000 homeless mental health consumers were served in SFY 2008. (DCA, 2009).

Those who are institutionalized are not technically considered homeless, however, upon their (eventual) release there is the issue of establishing residency patterns and attaining appropriate amenities. There is an assumption that unless adequate services (i.e., mental health and supportive services coordination) are attained, the individuals released from institutions and mental health facilities will have an increased risk of

homelessness.

Persons with Addiction Issues

Studies that produced high prevalence rates of substance abuse over-represent long-term shelter users and single men, and employ lifetime rather than current measures of addiction. (USCM, 2009) Some research suggests that among surveyed homeless people 38 percent have an alcohol issues, and 26 percent report issues with other drugs (ibid). The usage of alcohol and narcotics is often given a causal relationship with homelessness as opposed to a concurrent condition of homelessness or as a method of coping with issues related to homelessness. Treating homeless people for drug and alcohol related an illness in less than optimal conditions is expensive.

Employment/Living Wage

There are several issues in terms of homelessness and employment. Attaining employment is not sufficient grounds to secure prevention against homelessness; a living wage must also accompany employment. The universal living wage is based upon the premise that a full time employee should be able to found basic housing. (Task Force on Homelessness, 2010) Determination of a living wage is accomplished by using two federal guidelines: Fair Market Rents – established by HUD – are gross rent estimates that make provisions for the cost of shelter rent and utilities; and, that roughly 30 percent of a person's income should cover housing expenses. (ibid) There are variations in the formula based upon the location of a metropolitan area, e.g. the living hourly wage for a person living in a one-bedroom apartment in Atlanta is $15.77/hour while for the same

living conditions a Maconite would only need to earn $11.31/hour. (ibid)

Historical research suggests that within the past forty years, a year-round worker earning the minimum wage was paid enough to provide essential resources for a family of 3 above the poverty line (Sklar, 1995). From 1981-1990, however, the minimum wage was frozen at $3.35 an hour, while the cost of living increased 48 percent over the same period. Congress raised the minimum wage to $5.15 per hour in 1996, and it has not been raised until 2007. In 2007, President Bush signed into law a plan that would increase the minimum wage to $7.25 an hour, over two years. This increase has not kept up with the ground lost to inflation in the last 20 years; thus, the real value of the minimum wage today is 26 percent less than in 1979 (EPI, 2005), worth only $4.42 in real dollars (ibid). Contrary to popular belief, the majority of minimum-wage workers are not teenagers: 72 percent are age 20 or older (ibid). Thus, inadequate income leaves many people homeless. The U.S. Conference of Mayors' 2009 survey of 26 American cities found that 13 percent of the urban homeless population were employed (USCM, 2009). In a number of cities not surveyed by the U.S. Conference of Mayors - as well as in many states - the percentage is even higher. When asked to identify the three main causes of hunger in their city, 83 percent of cities cited poverty, 74 percent cited unemployment and 57 percent cited the high cost of housing. (ibid).

Veterans

The Veterans' Administration estimates that 107,000 veterans are homeless on any given night. (HUD – AHAR, 2010) Only eight percent of the general population can claim veteran status, but nearly one-fifth of the homeless population claims veteran

status. (NCHC, 2010) About 1.5 million other veterans, meanwhile, are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing. In terms of ethnicity, roughly 56 percent of all homeless veterans are African American or Hispanic, despite only accounting for 12.8 percent and 15.4 percent of the U.S. population respectively. (ibid)

In addition to the complex set of factors influencing all homelessness – extreme shortage of affordable housing, livable income and access to health care – a large number of displaced and at-risk veterans live with lingering effects of post-traumatic stress disorder (PTSD) and substance abuse, which are compounded by a lack of family and social support networks. (NCHC, 2010)

The VA system thoroughly details the demography of veterans and including those who are currently homeless. Such diligent statistical review affords information such as:

23 percent of the homeless population are veterans

33 percent of the male homeless population are veterans (NCHC, 2010)

In Georgia, 12 percent of the survey respondents who were homeless were also veterans. (DCA, 2009)

The Cost of Homelessness

Placement in homeless shelters may seem like a cost-effective measure, but this disregards the long-term costs associated with shelters. (U.S. Interagency Council, 2010) The cost of homelessness can be quite high, particularly for those with chronic illnesses. (ibid) Because they have no regular place to stay, people who are homeless use a variety

of public systems in an inefficient and costly way. (Mondello, 2007) Preventing a homeless episode, or ensuring a speedy transition into stable permanent housing can result in a significant cost savings. (ibid) People who are homeless are more likely to access costly health care services. (U.S. Interagency Council, 2010)

Stressful living conditions exacerbate symptoms, and make it difficult for people who are experiencing homelessness to follow through with treatment and receive preventive care. ("Cost of Homelessness", 2010) Following their move into their own apartments, participants experienced fewer physical health and mental health crises that required emergency room visits and inpatient hospitalizations. (ibid) The operationalized savings included:

- Reductions in health care costs by 59 percent for a savings of $497,042 (ibid)
- Decreases in emergency room costs by 62 percent for a savings of $128,373 (ibid)
- Decreases in general inpatient hospitalizations by 77 percent for a savings of 255,421 (ibid)

According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than did comparable non-homeless people. This extra cost, approximately $2,414 per hospitalization, is attributable to homelessness. (ibid) Homelessness both causes and results from serious health care issues, including addictive disorders. (ibid)

People who are homeless spend more time in jail or prison -- sometimes for crimes such as loitering – a high-cost service. According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for overnight jail. (ibid) A typical cost of a prison bed in a state or federal

prison is $20,000 per year. (ibid)

Emergency shelter is often an essential albeit costly alternative to permanent housing. While it is sometimes necessary for short-term crises, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately $8,067 more than the average annual cost of a federal housing subsidy (also referred to as a Section 8 Housing Certificate).

Prevention Approach

Despite the effectiveness of services to help people leave homelessness, reducing homelessness or ending it completely requires stopping these families and individuals from becoming homeless. Policies and activities capable of preventing new cases, often described as "closing the front door" to homelessness, are as important to ending homelessness as services that help those who are already homeless to reenter housing (NAEH, 2004).

Most communities in the United States offer a range of activities to prevent homelessness. (Burt, 2005) The most widespread activities provide assistance to avert housing loss for households facing eviction. (Ibid) Other activities focus on moments when people are particularly vulnerable to homelessness, such as at discharge from institutional settings (e.g., mental hospitals, jails, and prisons). Given that the causes and conditions of becoming homeless are often multifaceted, communities use a variety of strategies to prevent homelessness.

Initiatives concentrating on the primary prevention of homelessness are necessary in achieving this effort. Secondary and tertiary prevention activities are also noted, but

only as part of a community's comprehensive prevention strategy. Planning at all levels and types of prevention are employed to successfully prevent people from becoming homeless and also in the effort to end chronic homelessness.

Though the variety of initiatives and mechanisms change contingent upon the location, some research suggests that prevention efforts have a distinct effect upon the impact of homelessness. After entering a concentrated homeless prevention program, cities experienced an average of 77 percent fewer inpatient hospitalizations, 62 percent fewer emergency room visits, 60 percent fewer ambulance transports, 38 percent fewer psychiatric hospitalizations, 68 percent fewer police contacts (Mondello, M., 20007 via U.S. Interagency Council, 2010) The monetary saving from the prevented utilization of these services is extremely crucial in understanding the consequences of establishing and implementing prevention policy.

10-Year Plan

Espoused by Federal agencies, including the Interagency Council on Homelessness, 10-Year Plans to End Homelessness are business-like, outcome-oriented homeless prevention plans that incorporate a cost benefit analysis, best practice engagement, services innovations, and prevention. Cities and counties across the country are being encouraged by the ICH to create 10-Year Plans. Various legislative efforts have been enacted in many States and resulted in the creation of local 10 Year Plans that provide new models of federal, state, and local jurisdictional partnership and planning. (Perdue, 2004)

Practice and research has suggested that the 10-Year Plan format is a successful

approach to ending, not managing, homelessness. There are four fundamental tenets to the 10-Year Plan format, they are:

- identifying the causes of and risks associated with homelessness and subsequently closing the pathways which allow people to become homeless;

The homeless assistance system ends homelessness for thousands of people every day. (U.S. Interagency Council, 2010) People who become homeless are almost always clients of public systems of care and assistance including the mental health system, the public health system, the welfare system, and the veterans system, as well as the criminal justice and the child protective service systems (including foster care). (ibid) The more effective the homeless assistance system is in caring for people, the less incentive these other systems have to deal with the most troubled people – and the more incentive they have to shift the cost of serving them to the homeless assistance system. (ibid)

- expanding the capacity, accessibility and appropriateness of supportive services to individuals who are currently experiencing homelessness in order to help such people establish independent lives away starkly differing from the patterns of behavior which accompanied homelessness;

For the chronically homeless, exit homelessness as quickly as possible this means permanent supportive housing (housing with services) – a solution that will save money as it reduces the use of other public systems. (U.S. Interagency Council, 2010) People should not spend years in homeless systems, either in shelter or in transitional housing

- building the physical and operational capacity of organizations which interface with homeless people, provide supportive services or actively engage in the effort of mitigating and eliminating homelessness;

While the systems can be changed to prevent homelessness and shorten the experience of homelessness, ultimately people will continue to be threatened with instability until the supply of affordable housing, living wages or applicable services is increased; incomes of the poor are adequate to pay for necessities such as food, shelter and health care; and disadvantaged people can receive the services they need. (U.S. Interagency Council, 2010) Attempts to change the homeless assistance system must take place with the context of larger efforts to help very poor people

- utilizing a system of measurable outcomes that would provide a baseline for ongoing initiatives which would in turn steer the development of future 10-year Plan efforts.

Data suggests that most localities could help homeless people much more effectively by changing the mix of assistance they provide. (U.S. Interagency Council, 2010) A first step in accomplishing this is to collect much better data at the local level. (ibid) A second step is to create a planning process that focuses on the outcome of ending homelessness – and then brings to the table not just the homeless assistance providers, but the mainstream state and local agencies and organizations whose clients are homeless. (ibid)

There are several facets of the 10-Year Plan format that distinguish it from other community-based initiatives aimed at homelessness. These include a reliance on healthy and active organized partnerships between local and state agencies and with private and nonprofit entities; each essential in order to establish a sound plan to prevent, reduce and end homelessness.

The grass-roots advocacy and support will be a crucial element in the effort to finding solutions specific to the needs of Macon's homeless. These tailored solutions will

be presented in the form of action steps. The need for action steps highlights the pragmatic and accountable measure, which inform and steer the decisional processes of plan development. Such decisions are made in the manner of recognizing that employing a preventive methodology, one that specifically targets reducing homelessness and the costs of maintaining our current expensive system, would lead to the reallocation resources to better serve vulnerable populations.

The degree of vulnerability could be valued by the apparent difficulty in preventing or providing mitigating supportive services for these populations. A supportive social service network, unburdened by certain segments of the homeless population, could actively engage target groups such as those with the most severe health and behavioral needs; groups which typically incur the largest amount of cost due to the specific services which they rely upon in lieu of accessing the supportive social service network.

Recent developments in Homeless Prevention Policy

A cursory familiarity of the recent legislative history of homelessness is helpful in understanding impact and direction homeless initiatives are headed. The McKinney-Vento Act is a conditional funding act. The McKinney-Vento Homeless Assistance Act (PL100-77) was the first – and remains the only – major federal legislative response to homelessness. (NCH, McKinney-Vento, 2006). President Ronald Reagan signed the McKinney Act into law on July 22, 1987. The original structure consisted of 15 programs which were intended to provide a range of services to homeless people, including: the Continuum of Care Programs, the Supportive Housing Program, the

Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program. (ibid)

Subsequently, the McKinney-Vento Act has been reauthorized several times, with special emphasis on assisting educational efforts and service programs. (NCH, McKinney-Vento, 2006) These reauthorizations occurred in 1988, 1990, 1992, 1994, 2001, and 2009. These amendments have, for the most part, expanded the scope and strengthened the provisions of the original legislation. (ibid)

The most recent reauthorization is known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. HEARTH provides greater decision making at the local level, more closely aligns the HUD definition of homelessness with other federal agency definitions (including the Department of Education), expands resources for emergency shelter and supportive services, provides a framework for greater homeless prevention activity, and allows communities the flexibly to implement a range of housing solutions. (NAEH – HEARTH, 2010)

The Affordable Care Act is intended to further the Plan's goals by helping numerous families and individuals experiencing homelessness to access and utilize health care. Some of these provisions include the expansion of Medicaid to nearly all individuals under the age of 65 with incomes up to 133 percent of the federal poverty level (currently about $15,000 for a single individual). (U.S. Interagency Council, 2010) This significant expansion will allow more families and adults without dependent children to enroll in Medicaid. Healthcare Reform supports the expansion of community health centers serving vulnerable populations, including those who are homeless or at risk of being homeless. (ibid)

The Federal Strategic Plan to Prevent and End Homelessness is a segment of the HEARTH Act of ’09. The set of priorities with the Federal Strategic Plan cater to the strategies aimed at preventing homelessness. The Interagency Council on Homelessness adopted six core values that greatly reflect the values of the MCEH 10-Year Plan initiative. (U.S. Interagency Council, 2010) The six core values include:

- Homelessness is unacceptable
- There are no “homeless people”, but rather people who have lost their homes who deserve to be treated with dignity and respect
- Homelessness is expensive; investment in solutions is needed
- Homelessness is solvable
- Homelessness can be prevented
- Collaborations give strength to new initiatives.

CHAPTER III

Development Process

The Macon 10-Year Plan to End Homelessness is a comprehensive community-based initiative prepared by the Macon Coalition to End Homelessness (MCEH) on behalf of the City of Macon. The Coalition's decision to develop a 10-Year Plan is in part due to a national initiative helmed by the Federal Interagency Commission on Homelessness. The Federal Interagency Commission on Homelessness has noted the effectiveness of homeless prevention programs aimed at chronically homeless individuals. The local push toward developing this initiative was itself spurred by evidence suggesting that 10-Year Plan models are the most effective method of dealing with homelessness in a comprehensive and collaborative manner.

The explicit purpose of this capstone project is to analyze the processes inherent in the development and implementation of a 10-Year Plan to End Chronic Homelessness in Macon, Georgia. The Macon 10-Year Plan is designed as a "living" guide to the strategies, collaborations, and progress needed to comprehensively and effectively end chronic homelessness.

The City of Macon's Economic Community Development Department (ECDD) has been supportive of and helpful in the planning process and subsequent development of a local 10-Year Plan. This policy initiative will aide in the revitalization of Macon in accordance with, respective of, and utilizing the maximal value inherent in the three (3) fundamental components espoused by the ECDD: the hardware (the physical

development that enhances a community), the software (the social programs, rules and regulations that keep order), and links to other resources (outside programs and capital that can be leveraged).

The purpose of this capstone project is to describe the process of the planning and implementation of a 10-Year Plan in a mid-sized city. For the purposes of temporal clarity, the stages of developing this initiative are divided into periods. The periods are: Initial Interest to Pre-Planning, Steering Committee Input to Writing, and Building Support to Implementation.

Initial Interest to Pre-Planning (Consultant to Report)

The initial interest in developing a 10-Year Plan to End Homelessness in Macon occurred at the service provider level. Members of the Macon Coalition to End Homelessness, aided by local affiliations with the philanthropic group, the Knight Foundation, traveled to Miami, Florida to observe the functionality of a homeless assessment center and the viability of a Ten-Year Plan to End Homelessness.

In Miami, representatives of the MCEH attended a conference regarding the Miami Homeless Trust and the Community Partnership for Homelessness. Both of these entities would become valuable models for the Macon, Georgia 10-Year Plan to End Homelessness, a one-stop assessment center, and mechanisms for funding this endeavor.

The success Miami's Homeless Trust and Community Partnership for Homeless, i.e. the vast reduction of homeless populations and successfully transition roughly 62 percent of individuals who enter the program

(http://www.cphi.org/cycle_homelessness.asp), inspired the MCEH leadership to develop a similar strategy for dealing with the issue of homelessness in Macon, GA.

Borrowing from the successful structures observed in Miami, the MCEH leadership established a general vision for the implementation of preventive community-based initiative. There would be an exploration into the viability of 10-Year Plan to End Homelessness in Macon. The 10-Year Plan would itself potentially lead to the establishment of a single-site assessment center that would house the majority of local service providers.

The City of Macon's Economic Community Development Department (ECDD) supported this pre-planning process by funding and hiring a consultant to address a number of foundational pre-planning needs. Under the Community Development Block Grant program, the ECDD funded consulting services that would: yield responses from local groups with a vested interest in homelessness; an array encompassing homeless service providers, local businesses, the general populous, and homeless individuals. The consultant fund was also intended to yield a standardization of the process of 10-Year Plan development that entailed the development of a Resource Inventory, collaborative efforts among public and private agents involved in homelessness, and justifiable grounds that the development of a "One-Stop-Shop" assessment center would be the centralized preventive effort.

Within the contract, the ECDD granted the MCEH with provisional jurisdiction and general coordination of the 10-Year. The contract of services stated the need for a gaps assessment of homeless services, a determined concentrated program plan of action/a consensus end point, the development of an oversight committee, along with

subcommittees for executing the preplanning processes, and the hiring of an author for the 10-Year Plan.

In accordance with the contracted agreement with the ECDD on behalf of the City of Macon, the MCEH formed a 10-Year Plan Steering Committee for the purposes of developing a plan agreed upon and amenable to the issues of those in the vested in the issue of homelessness. The MCEH Steering Committee includes several local executive directors of homeless services and a contingent of AmeriCorps VISTAs placed in Macon, Georgia and working under the supervision of the MCEH. The Steering Committee includes:

Jeff Nicklas, Executive Director of Macon Rescue Mission

Johnny Fambro, Executive Director of Central City AIDS Network, Inc.

Denise Saturna, Executive Director of Come to the Fountain Ministries

Allison Gatliff, Director of the Mulberry Mission Outreach Facilities

Andrea Palmer, Macon ECDD Representative

Alexander Morrison, Macon ECDD Representative

Phillip Banze, AmeriCorps VISTA, National Coalition for the Homeless Georgia Supervisor

Amanda Tremain, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator

Jonathan Schultz, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator

Michael Gazy, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator

The Steering Committee also contracted the services of Ronnie Odom, a consultant in the field of homelessness. In the effort of inquiring into the viability of preventive homeless initiatives in Macon, Georgia, Mr. Odom designed a series of public forums/town hall focus group events to generate community input and awareness of the pre-planning process. In total, Mr. Odom facilitated four focus groups with service providers, two focus groups with the homeless community, a single focus groups with the business community, and two focus groups with the general public. Mr. Odom's surveying techniques focused on the role of the MCEH, the perceptions of homelessness (trends, causes and effects), and potential solutions to the issue of homelessness.

Mr. Odom's focus group surveying technique yielded valuable information from the four attending groups. The service provider focus group described the perception of homelessness in Macon. The service provider group noted that apart from housing, collaboration among providers is the largest impediment to more efficient and successful utilization of homeless prevention resources. Apart from unemployment/poverty, the recurrent theme of service providers' cognizance of the paucity in collaboration arose, yet again.

The survey of homeless individuals yielded similar information as the service provider focus group. The homeless individuals' survey also yielded rough estimates of the extremely impoverished Macon residents. Basic demographic and behavioral data

was compiled. Mr. Odom's rough survey indicated that many of the demographic trends in Macon's homeless population are in-line with regional and broad national trends.

The Odom survey reports that a vast majority (78 percent) of homeless individuals were single, African American men. The same percentage of individuals also reported their age as greater than 46 years. Furthermore, 51 percent of the homeless survey respondents reported that they are currently employed or receive most of their income through some manner of employment.

The Odom focus groups also yielded valuable information regarding the perception of homelessness by the local business community and the general Macon populous. The primary concern of businesses and the general populous was decreasing the visibility of homelessness and presence of panhandlers/vagrants in the downtown district. The survey participants offered responses that indicate a lack of understand of the pathways that lead to homelessness, what populations are truly at risk of homelessness and what methods would best prevent the onset of future homelessness.

The array of groups surveyed helped the Steering committee identify gaps in service, subpopulations that may need special focus, and general perceptions of the homeless community and those who provide supportive services.

Representatives of the National Coalition for the Homeless also conducted a regional survey shortly after the completion of Mr. Odom's contract. The NCH's survey, larger in scale and more precise in terms of validity, was focused on the Health of Homeless people as it correlates to employment patterns. The NCH survey also provided some general demographics and trends not expressed within the Odom focus groups. Though by no means comprehensive, the NCH Summer Health Survey allowed the

Steering Committee to understand certain trends of the individuals most frequently utilizing supportive services, especially shelter services.

These two data sources are invaluable given the lack of information that exists concerning the specific homeless populations and the inherent barriers in achieving comprehensive counts.

Steering Committee Input to Writing

With the information gathered from local research efforts, nationally available data, and personal observations, the Steering Committee compiled a listing of entities with a vested interest in the issues of homelessness in Macon.

The success of 10-Year Plans relies upon accurate information, successful incorporation of entities involved with homelessness at all levels, and collaboration amongst various providers and agencies which may have not existed prior to the establishment of the plan; which challenges the community to be more proactive in addressing homelessness concomitant to the promotion of higher levels of accountability and responsibility. Suggested measures to impact homelessness in Macon include but are not limited to:

- Assessment center
- Decrease preventable usage of high-cost services
- Increase coordination of services/Increased efficiency of existing services
- Increase access to appropriate services
- Increase in the utilization and applicability of Pathways HMIS
- Strengthen Partnerships with Faith-Based Organizations

- Strengthen Partnerships with the local Business Community
- Engage the Board of Education – teachers/administrators and students
- Increase Economic Opportunities
- Continuing education of local populous
- Educate police on proper methods of engaging/handling homeless individuals (establish protocol and contacts with appropriate service providers to avoid unnecessary jail)
- Homeless/Poverty Court Development
- Policy development and diligence of policy that may impact homelessness
- Sex offenders/special group consideration

Writing to Community Engagement

In early fall of 2010, the MCEH made considerable efforts at publicizing homelessness and the 10-Year Plan. The MCEH, with the National Coalition for the Homeless' Faces of Homelessness Speakers' Bureau's assistance, successfully placed several stories in local media. The most significant of these media initiatives is a front-page article featuring an analysis of the current state of homelessness in Macon. Media presence is a fundamental tool in establishing the issue of homelessness as one important to those in the community with little to no contact with homeless people.

In addition to media coverage, a town hall style meeting was held on the current state of "Poverty, Hunger and Homelessness" in Macon. This event addressed the growing populations and increasing costs associated with poverty in a mid-sized city.

Collaborative efforts, i.e. the 10-Year Plan, were mentioned and garnered rousing support from the attending audience.

Engaging the local populous is an essential tool in assessing the perception of effort of the 10-Year Plan. Routine involvement and presence from the community in which plans are being developed and implemented is essential to a sustainable community-based initiative such as this.

In mid-November, a mayoral declaration has been made (Appendix A). This declaration (which is actually a plaque) is a representation of the city of Macon's emphasis upon homelessness. It signifies that the city government is aware of, responsive to, and publicly acknowledging homelessness as an issue of concern.

CHAPTER IV

Results: The 10-Year Plan

This section references a draft of the 10-Year Plan to End Chronic Homelessness in Macon-Bibb County Georgia (Appendix B). The framework for the 10-Year Plan is a noted best-practice model that has been employed in more than 200 cities nationally. The 10-Year Plan has been developed with the express goal of curbing the effects and existence of homelessness in Macon, Georgia.

Full disclosure: the author of this report is also a member of the MCEH Steering committee and the lead writer on the 10-Year Plan initiative. Previous sections of this report – which is an ostensive foundation for the 10-Year Plan – are found in this draft.

CHAPTER V

Next Steps/Recommendations

The explicit purpose of this capstone project was to analyze the processes inherent in the development and implementation of a 10-Year Plan to End Chronic Homelessness in Macon, Georgia. The development of preventive policy initiatives and the intended target of the community-based initiatives is valued as a direct public health measure. The review of contemporary literature and evidence-based practices leads to the understanding that utilizing a public health approach to the issues of and surrounding homelessness in a mid-sized city will help local service providers assess issues, appropriately respond to needs, adequately coordinate resources and increase the reliance upon measurable objectives.

The intended impact of upstream preventative policy is the reduction and eventual elimination of chronic homelessness in Macon, Georgia. The coordination of services and proportionate allotment of resources will help services providers impact the risk factors that are correlated and associated with homelessness. In doing so, the current 250 individuals currently experiencing homelessness will be able to access services and engage in behaviors which would support an independent lifestyle with reduced morbidity and morality.

Upstream policy efforts constitute only a single facet of a comprehensively planned community-based intervention; further "downstream" efforts designed to impact other related issues of homelessness must be formulated and enacted. In the effort of establishing a successful 10-Year Plan to End Homelessness that addresses the gaps in

service provision and subpopulations not attended to by current provider networks, the MCEH Steering Committee is considering numerous guides, templates and recommendations. The following recommendations and templates will be discussed starting with the Odom Survey results, followed by the Interagency Council on Homelessness' Great Practices guide to successful plan implementation, and concluding with recommendation posited by the author of this project.

Consultant Recommendations

In fulfilling his contract with Macon ECDD and the MCEH, Mr. Ronnie Odom supplied the Steering Committee with a list of recommendations. Mr. Odom noted that the Steering Committee was essential throughout the pre-planning process and the format needs to remain for the rest of process. He further suggested that invitations to increase the committee should be sent to business leaders (including the Macon Housing Authority, DFACS, and the Medical Center), City and County officials, and representatives from both the homeless and church communities.

Mr. Odom also suggested that the MCEH organize a series of working subcommittees to support the effort of the 10-Year Plan Steering Committee. His listed subcommittees would include a marketing/public relations committee, an education/training committee, a committee devoted to community relations and another devoted to coalition building. His experience as a consultant withstanding, Mr. Odom's recommendations are rather basic, but still essential to the development of plan that appropriately reflects the interests and needs of the local constituencies. The MCEH Steering Committee has yet to follow the recommendations of Mr. Odom.

Good. . .to Better. . . to Great: Innovations in 10-Year Plans

A greater community commitment is needed to make the 10-Year Plan and subsequent implementation efforts as effective as possible. A concentrated effort is needed to keep the plan alive and present among the top issues of Macon's legislative agenda. This is a process of collaboration and discovery. Although Mr. Odom's recommendations are commendable and appropriate for the 10-Year drafting process, his recommendations fail to breach substantive recommendations for the information within the 10-Year Plan. An added benefit of the 10-year plan best practice and measurable outcome model is that comparative research can be conducted on various 10-Year plan initiatives.

The Interagency Council on Homelessness meta-analytically studied over 300 local jurisdictions engaged in 10-Year Planning Initiatives. (U.S. Interagency Council, 2008) We learned that Great Plans have something in common with Great Companies. (ibid) The USICH analysis is predicated upon research performed by Mr. Jim Collins' and his team of researchers.

Collins' research compiled information from 1500 corporations and identified 11 companies of the Fortune 500 that achieved and sustained outstanding performance. (ibid) Analysis of the key elements of success of the eleven companies led to the development of ten methods under three distinct three broad categories: Disciplined People, which highlights political/community will, partnerships, and consumer-centric solutions; Disciplined Thought, which highlights the importance of business plans, budget implications, prevention/intervention, and innovative ideas; and, Disciplined

Action, which emphasizes the need for an implementation team, broad-based resources, and a living document.

Under the category of Disciplined People, the garnering of political/community will entails leadership from jurisdictional leaders. (U.S. Interagency Council, 2008) Plans with the greatest amount of sustained success typically receive sponsorship by Mayors, County Executives and Governors. (ibid) 10-Year Planning requires long-term commitments from vested entities, a dedicated staff, diverse stakeholders seeking novel collaborations and partnerships, and a general willingness to engage existing problems in a creative manner. (U.S. Interagency Council, 2003) The support of jurisdictional leaders is to reinforce, sustain and augment 10-Year implementation (U.S. Interagency Council, 2010). The benefits of such support would include the ability to sustain plan implementation regardless of political leadership and various shifting local priorities, developing novel resources, identifying new stakeholders within the community, and subsequently recruiting these agents. (ibid)

The MCEH has yet to recruit a significantly visible person (or group of people) to lead the public campaigning for a 10-Year Plan. Although the Macon ECDD has supported the Pre-planning process, the political leaders of Macon have only minimally and cursorily responded to the implorations of the MCEH to partner with and publicly front 10-Year Plan implementation efforts. There is a great need to build the political will necessary to support the passage and implementation of a 10-Year Plan to End Homelessness. Although there have been noted successes in this realm, a continued effort must be applied so that homelessness will remain an issue at the forefront of political agendas.

The USICH additionally notes that Great Plans include decision-makers from government agencies right from the beginning. (U.S. Interagency Council, 2008) Effective planning and implementation includes leaders from the government at every level: city/county, region, state, federal government, USICH and other agencies. (ibid) Also, coordinating a local 10-Year Plan with state plans is found to produce comprehensive results. (ibid) This is slowly being reached in Macon, Georgia. Members of the MCEH are beginning to interact with contacts in local government. The MCEH members' primary purpose is to publicize the 10-Year Plan.

The MCEH has been involved with the City of Macon's Economic and Community Development Department from the inception of the planning process. However, it is noted that the MCEH has failed to involve entities beyond local governmental bodies. Due to the planned funding mechanism of this program (a Special Purpose Local Option Sales Tax which levies a 0.1 percent tax on restaurants and bars netting more than $400,000) there will inevitably need to be support from local, county and state governmental representatives and decision makers. The support will be necessary because there currently exist limitations on the type of program that receive SPLOST funding in Georgia. This potential funding mechanism of the MCEH's 10-Year Plan is derived from a method created for the Miami Homeless Trust.

Furthermore, the culling of service providers would be essential for input on the writing process. A plan that does not respond to the needs of all vested parties, will invariably have to afford the corrective measures to make subsequent emendations. In keeping with the sentiment of the pervious point, the third point in the USICH Innovations in 10-Year Plans is the consideration of consumers.

In order to identify and respond to consumer preference, a variety of surveying mechanisms including focus groups and surveys. (U.S. Interagency Council, 2003) The consideration of consumer interest should also manifest in consistent and clear results. It should be noted that the semantic shift from 'homeless individual' to 'consumer' is change in the view and potential stigmatization of populations seeking social services.

The USICH also identified activities under the categorization of 'Disciplined Thought'. (U.S. Interagency Council, 2008) These touchstones designed to coordinate the approach and consideration of homelessness issues. Under this category, Great Plans are configured to achieve results by incorporating into their content: Business Principles – familiar concepts, such as 'investments' return, that bring a business orientation to the strategy; Baselines –documented numbers that quantify the extent of homelessness in the local community; Benchmarks –incremental reductions planned in the number of people experiencing chronic homelessness; Best Practices –proven methods and approaches that directly support ending chronic homelessness; Budget –the potential costs and savings associated with plan implementation. (U.S. Interagency Council, 2010)

The MCEH Steering Committee has made an effort to survey and engage the local homeless population (read: future consumers of the 10-Year Plan). These efforts have ranged from formal surveying techniques, focus groups, and personal interviews of homeless individuals at encampments and at service provider locations. Additionally, the MCEH has made an intentional effort to include measurable outcomes couched in familiar business terminology, in the hopes of increasing the literacy and potential responsiveness to the plan. One of the Steering Committee members is a practicing CPA and has kindly donated her time to the more rigid economic issues pertaining to the 10-

Year Plan and future endeavors aimed at homeless prevention. In a larger sense, the preventive methodology of the 10-Year Plan is a subsumed cost-benefit analysis. In public presentations, the MCEH is actively emphasizing this aspect of the 10-Year Plan benefits.

The USICH also notes prevention protocols to close the front door into homelessness concomitant to the opening of intervention methods that would mitigate homelessness (U.S. Interagency Council, 2003). Prevention practices identified include such activities as prioritizing high-risk, vulnerable populations such as veterans, abuse victims, elderly, youth, ex-offenders. (ibid) However, there are other methods of prevention, e.g. the centralization of funding and service delivery to increase coordination and reduce redundancy; the development of discharge protocols for homeless people exiting various institutions such as the penal system and health related institutions. (U.S. Interagency Council, 2008)

The MCEH has made an effort to note all prevention methodologies and activities (not just primary prevention) in the effort of comprehensively addressing homelessness in Macon. The MCEH needs to coordinate the efforts of all service providers, in an equitable manner. A potentially effective method of organizing the efforts of this abstracted initiative would be a flow chart that outlines the processes that an individual would take from at-risk of homelessness, to homelessness to successful retention of healthy behaviors that decreases the risk of homelessness.

The Disciplined Thought activities include the incorporation of the latest research-based, results-oriented innovations. (U.S. Interagency Council, 2008) These efforts can be suggested but they must be tailored to the needs of specific communities. Within

Macon, the primary preventive method employed – based upon research and best-practices – is the foundation of a one-stop assessment center/intake facility.

There are Macon-specific initiatives being helmed by the MCEH. Such initiatives include the establishment of a poverty/homeless court to facilitate the treatment of individuals with outstanding records, warrants, etc. by substituting fines and jail time for minor offenses with placement in treatment programs; specialized consideration and placement of registered and convicted sex offenders who are often left out of homeless interventions due to zoning issues; increases in the utilization of Pathways via user-informed and driven changes to the interface of Pathways HMIS; and, the development of alternative funding streams such as concert benefits and events aimed at publicizing the 10-Year Plan.

The actions that fall under the category of 'Disciplined Action' are designed to coordinate the efforts of those involved in the 10-Year Plan and also to evaluate the effectiveness of actions using objective, measurable goals. (U.S. Interagency Council, 2008) Under this branch are included recommendations that call for accountability for the implementation process, efforts that diversify the funding streams of preventive initiatives, and 10-Year Plans which are drafted with the intention of continual updating and oversight. (ibid) The MCEH is keeping these downstream efforts in mind and analyzing the appropriate recommendations.

Additional Recommendations

The 10-Year Plan to end Homelessness in Macon is in the burgeoning stages. This preventive policy initiative has a potential to impact the homeless community in a substantial manner. There are still potential barriers to successful implementation.

One of these is a comprehensive population count. The current mechanisms of population counts have been discussed and the limitations are well-known. The author of this project is currently working on developing new protocols and methods of increasing utilization of Pathways HMIS.

For instance, the temporal consideration of 'homelessness' definitions could be furthered and accepted if the adequate changes to the Pathways account system are made. Pathways HMIS is needed to gather information on the homeless population so adequate resources and funds can be allocated. According to the service providers, the utilization of Pathways HMIS in Macon, GA would be categorized as sporadic at best.

Additionally, the sources of information for the HMIS count have severe exclusions and omissions. These exclusions represent large communities who rely on service providers. These exclusions also represent groups emphasized in new federal homeless prevention initiative standards espoused by HUD and other funding agencies.

Specifically, these figures do not include people who do not use shelter or transitional housing at any point during the year. Nor do these figures include women who use domestic violence shelters that are exempted from reporting for reasons of safety. (NAEH, 2009) Only people who are unsheltered or in emergency shelters or transitional housing are counted. (ibid)

Those who are incarcerated or institutionalized for mental health are not considered homeless regardless of their transitory nature. Such populations need to be deemed as

high risk of homelessness and therefore under the vigilance of the social service networks which would be involved in ending homelessness. Such vigilance could be aided by the usage of information systems such as Pathways HMIS.

Furthermore, the institutions reporting to Pathways is far from a complete listing of those in routine contact with the homeless populations. There needs to be novel ways to count doubled-up individuals, include at risk individuals, women in domestic violence shelters, sex offenders in camps, and other groups are not included.

A reporting system (potentially built upon or structured around Pathways) that is specifically pliable to the needs of Macon could be developed. We could develop methods to innovatively use the Pathways output to further depict the actual presence and level of need of homeless individuals in Macon-Bibb. This could incorporate quarterly reports, establish a Pathways coordinator, implement redundant counts, incorporate medical, police and educational system data.

In addition to a population count, an existing barrier is establishing the funding mechanism to support the planned assessment center. This potential funding mechanism of the MCEH's 10-Year Plan is derived from a method created for the Miami Homeless Trust. It is potentially planned that a tenth of a percent Special Purpose Local-Option Sales Tax be levied upon businesses with a liquor license. These businesses must also gross above a certain threshold to qualify for the SPLOST tax; if they fall below the threshold, such businesses would hypothetically be exempt.

SPLOST programs must be decided upon by the Bibb County Commission, the initiative would then need to be passed by a voter referendum. Homelessness and the specific goals of the 10-Year Plan must be known, accessible issue in which action is

deemed necessary. Garnering support for homelessness should be a primary objective of the MCEH, especially the Steering Committee. Publicizing the 10-Year Plan, and highlighting the benefits to the community at-large, seems to be a rudimentary and essential step in the effort to gain support for homelessness.

In an election cycle that highlights the need for fiscal frugality in the heavily conservative Republican South, spending on an unpopular issue may be a concept met with little support if the terms of the SPLOST are not fully understood and the appropriate parties are not engaged.

More than 350 churches are located in the city proper. (Macon.com) Given the observed high level of religiosity in Macon bifurcates the locus of community leadership between the governmental agencies and the faith-based institutions. As of the writing of this paper, the MCEH has been rather unsuccessful in engaging the faith-based community of Macon, Georgia.

Awareness of the 10-Year Plan is essential for community buy-in, but also there must be awareness and input from the consumers of this product. These "consumers" would include (i) homeless individuals, and (ii) stakeholders (e.g. homeless service providers, local governments, faith-based organizations, etc.). Given that the MCEH and the 10-Year Plan is primarily represented and enacted by the service provider community of Macon, the input of the homeless community is needed.

There are other notable steps that the MCEH could potentially take to ensure the success of the 10-Year Plan to End Homelessness, however, it is within the structure of the plan, which allows for such variations in growth and development. The ability to be tailored to such a unique manner is the strength of 10-Year plans, thereby making them

ideal prevention initiatives for mid-sized cities and an ideal tool in ending chronic homelessness.

Homelessness is a completely unacceptable condition; with these important first steps, perhaps the day will come when no Maconite have to resort to homelessness.

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APPENDIX A – Mayoral Proclamation

"Proclamation, from the Office of the Mayor, Macon, Georgia.

Whereas, for the past several years the National Coalition for the Homeless and Macon Coalition to End Homelessness have been working to educate the community on issues of poverty and homelessness in our city; and

Whereas, the purpose of this proclamation is to educate the public about the many reasons people are hungry and homeless including the shortage of shelter and resources in Macon, Georgia for very low income residents; and to encourage visible and vocal support for homeless assistance service providers other agencies combating poverty; and

Whereas, there are many organizations committed to sheltering and and providing supportive services as well as meals and food supplies to the homeless and impoverished in our community including: the Macon Outreach at Mulberry, the Macon Rescue Mission, the Rainbow Center and others; and

Whereas, the theme of National Hunger and Homelessness Awareness Week 2010 is "Bringing America Home"; and

Whereas, the Mayor/City Council of Macon, Georgia recognize that hunger and homelessness continues to be a serious problem for many individuals and families in Macon, Georgia; and

Whereas, the intent of National Hunger and Homelessness Awareness Week is consistent with the activities of the National Coalition for the Homeless and the Macon Coalition to End Homelessness,

Now, Therefore, I, Robert A.B. Reichert, do hereby proclaim November 14-20, 2010 as: "National Hunger and Homelessness Awareness Week" in the City of Macon, and all citizens are encouraged to recognize and act upon the fact that many of our citizens do not have adequate housing and require our assistance and support.

In witness whereof, I have hereunto set my hand and caused the Seal of the City to be affixed this 4th day of November 2010.

Robert A.B. Reichert, Mayor.

APPENDIX B – 10-Year Plan Draft

Macon-Bibb County

10-Year Plan To End Chronic Homelessness

Prepared, On Behalf of the City of Macon by:

The Macon Coalition to End Homelessness

November 2010

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INTRODUCTION

I. Background

Homelessness is a growing concern both nationally and in terms of local impact. Nationally, 3.5 million people in the United States experience homelessness every year. In Bibb county nearly 600 people are currently homeless with roughly 200 individuals who do not have a place to sleep every night. Homelessness is a preventable and unacceptable condition.

The burden of homelessness is carried not only by the individuals and families experiencing this condition, but also by the various institutions, charitable organizations and individuals involved in providing supportive services to those experiencing this most extreme and perilous form of poverty.

The burden of homelessness has a far-reaching societal impact. There are financial, political, social and philosophical implications that are brought to the forefront by the existence of homelessness. Loopholes within policy, cracks in supportive programs, and unattended gaps within the social service safety net have facilitated the continued existence of homelessness. These “gaps”, however, are just one causal component of homelessness – there must also be due consideration of the contingent social and behavioral factors which have lead people to homelessness.

Without proper holistic conceptualization of homelessness, without adequately addressing homelessness in comprehensive manner, and without the preventive methodology necessary to objectively engage this issue, the burden of homelessness will exponentially grow.

The Macon Coalition to End Homelessness is a partnership of numerous private and public entities, including various City of Macon departments. The MCEH has noted the need for a comprehensive and efficient method of impacting the root causes of homelessness and mitigating the risk of those who are in danger of becoming homeless. The 10-year Plan to End Homelessness is a nationally prevalent, noted best-practice community based intervention that aims at consolidating efforts for the prevention and elimination of homelessness.

II. 10-Year Plan

10-Year Plans to End Homelessness are business-like, outcome-oriented homeless prevention plans that incorporate a cost benefit analysis, best practice engagement, services innovations, and prevention. Practice and research has proven that the 10-Year Plan format is a successful approach to ending, not managing, homelessness. There are four fundamental tenets to the 10-Year Plan format, they are:

- identifying the causes of and risks associated with homelessness and subsequently closing the pathways which allow people to become homeless;
- expanding the capacity, accessibility and appropriateness of supportive services to individuals who are currently experiencing homelessness in order to help such people establish independent lives starkly differing from the patterns of behavior accompanying homelessness;
- building the physical and operational capacity of organizations which interface with homeless people, provide supportive services or actively engage in the effort of mitigating and eliminating homelessness;
- utilizing a system of measurable outcomes that would provide a baseline for ongoing initiatives which would in turn steer the development of future 10-year Plan efforts.

There are facets of the 10-Year Plan format that distinguish it from other community based initiatives aimed at homelessness. These include a reliance on healthy and active organized partnerships between local and state agencies and with private and nonprofit entities; each essential in order to establish a sound plan to prevent, reduce and end homelessness.

Grass-roots advocacy and support will be a crucial element in the effort to finding solutions specific to the needs of Macon's homeless. These tailored solutions will be presented in the form of action steps. The need for action steps highlights the pragmatic and accountable measure which inform and steer the decisional processes of plan development. Such decisions are made in the manner of recognizing that employing a preventive methodology, one which

specifically targets reducing homelessness and the costs of maintaining our current expensive system, would lead to the reallocation resources to better serve vulnerable populations.

III. Plan to Address Gaps

The success of 10-Year Plans relies upon accurate information, successful incorporation of entities involved with homelessness at all levels, and collaboration amongst various providers and agencies which may have not existed prior to the establishment of the plan; which challenges the community to be more proactive in addressing homelessness concomitant to the promotion of higher levels of accountability and responsibility.

Suggested measures to impact homelessness in Macon include but are not limited to:

- Assessment center
- Decrease preventable usage of high-cost services
- Increase coordination of services/Increased efficiency of existing services
- Increase access to appropriate services
- Increase in the utilization and applicability of Pathways HMIS
- Strengthen Partnerships with Faith-Based Organizations
- Strengthen Partnerships with the local Business Community
- Engage the Board of Education – teachers/administrators and students
- Increase Economic Opportunities
- Continuing education of local populous
- Educate police on proper methods of engaging/handling homeless individuals (establish protocol and contacts with appropriate service providers to avoid unnecessary jail)
- Homeless/Poverty Court Development
- Policy development and diligence of policy that may impact homelessness

- Sex offenders/special group consideration

IV. Timeline

(This is pending review and input from the other members of the Steering Committee)

Below are general guidelines to the major objectives of the 10-Year Plan.

Year	Objectives	Outcomes
0-1 (2010)	• Creating the governance to implement and monitor the plan • Improving data collection methods, including monitoring the decline of homelessness among those disproportionately affected. • Building the community-wide political will necessary to succeed in the remaining	*By the end of 2010:* • An inclusive, effective governing structure is fully operating • A public awareness campaign is in place to educate the public on homelessness and the 10-Year Plan
2-5 (2011-2015)	• Expanding service system eligibility for people at risk of becoming homeless, expediting entry into housing for people who become homeless, and providing appropriate services • Identifying and implementing strategies to address the disproportionate representation of specific groups of homeless people • Realigning existing funds to implement and support programs that have been proven to be effective • Restructuring service systems to enable better coordination among prevention and service programs.	*By the end of 2015:* • The number of individuals and families experiencing homelessness will be greatly reduced • Programs that focus on chronic homelessness will show a decrease in clients • A decline in street-

	• Developing affordable, supportive housing and assertive outreach and engagement teams to help people secure housing, increase independence and maintain housing stability.	dwelling homelessness will begin to occur • Data collection processes will be in place, including the HMIS, that will be heavily utilized
6-9 (2016-2019)	• Collaborate with local agencies such as the police department and medical facilities in order to implement policies to prevent discharging people onto streets without appropriate housing • Update timeline and plan to end chronic homelessness.	*By the end of 2019:* • Shelter systems will seem marked declines in populations • Shelter systems will have to consolidate
10 (2020)	• Continually revise data from population to make sure appropriate declines in homelessness track with intended progress	*By the end of 2020:* • *People who enter into homelessness will have immediate access to housing with appropriate supports* • *Downsized outreach and emergency services will continue to aid individuals and families* • *There will be no need for homeless encampments*

DEVELOPMENTAL PROCESS

This section will highlight the development of the 10-Year Plan, including a description of the sponsoring organization (the Macon Coalition to End Homelessness). Furthermore, there will be a description of the processes (and people) which lead to the development of this 10-year plan. The data sources will also be identified and discussed within this section; we will touch upon the justifications for selecting the data sources and actions taken toward the establishment of a successful 10-Year plan.

The Macon Ten Year Plan to End Homelessness is a comprehensive community-based initiative prepared by the Macon Coalition to End Homelessness (MCEH) on behalf of the City of Macon. The Coalition's decision to develop a Ten Year Plan is in part due to a national initiative helmed by the Federal Interagency Commission on Homelessness. The Federal Interagency Commission on Homelessness has noted the effectiveness of homeless prevention programs aimed at chronically homeless individuals. The local push toward developing this initiative was itself spurred by evidence suggesting that Ten Year Plan models are the most effective method of dealing with homelessness in a comprehensive and collaborative manner. The City of Macon's Economic Community Development Department (ECDD) has been supportive of and helpful in the planning process and subsequent development of a local Ten Year Plan.

This policy initiative will aide in the revitalization of Macon in accordance with, respective of, and utilizing the maximal value inherent in the three (3) fundamental components espoused by the ECDD: the hardware (the physical development that enhances a community), the software (the social programs, rules and regulations that keep order), and links to other resources (outside programs and capital that can be leveraged).

The Macon Ten Year Plan is designed as a “living” guide to the strategies, collaborations, and progress needed to comprehensively and effectively end chronic homelessness. This is a first, albeit important, step in the effort of comprehensively eliminating homelessness.

The initial interest in developing a Ten Year Plan to End Homelessness in Macon occurred at the service provider level. Members of the Macon Coalition to End Homelessness, aided by local affiliations with the philanthropic group, the Knight Foundation, traveled to Miami, Florida to observe the functionality of a homeless assessment center and the viability of a Ten-Year Plan to End Homelessness.

In Miami, representatives of the MCEH attended a conference regarding the Miami Homeless Trust and the Community Partnership for Homelessness. Both of these entities would become valuable models for the Macon, Georgia 10-Year Plan to End Homelessness, a one-stop assessment center, and mechanisms for funding this endeavor.

The success Miami’s Homeless Trust and Community Partnership for Homeless, i.e. the vast reduction of homeless populations and successfully transition roughly 62% of individuals who enter the program, inspired the MCEH leadership to develop a similar strategy for dealing with the issue of homelessness in Macon, GA.

Borrowing from the successful structures observed in Miami, the MCEH leadership established a general vision for the implementation of preventive community-based initiative. There would be an exploration into the viability of 10-Year Plan to End Homelessness in Macon. The 10-Year Plan would itself potentially lead to the establishment of a single-site assessment center which would house the majority of local service providers.

The City of Macon’s Economic Community Development Department (ECDD) supported this pre-planning process by funding and hiring a consultant to address a number of foundational pre-planning needs. Under the Community Development Block Grant program, the ECDD funded consulting services that would: yield responses from local groups with a vested interest in homelessness;

an array encompassing homeless service providers, local businesses, the general populous, and homeless individuals. The consultant fund was also intended to yield a standardization of the process of 10-Year Plan development that entailed the development of a Resource Inventory, collaborative efforts among public and private agents involved in homelessness, and justifiable grounds that the development of an assessment center would be the centralized preventive effort.

In accordance with the contracted agreement with the ECDD on behalf of the City of Macon, the MCEH formed a 10-Year Plan Steering Committee for the purposes of developing a plan agreed upon and amenable to the issues of those in the vested in the issue of homelessness. The MCEH Steering Committee includes several local executive directors of homeless services and a contingent of AmeriCorps VISTAs placed in Macon, Georgia and working under the supervision of the MCEH. The Steering Committee includes:

Jeff Nicklas, Executive Director of Macon Rescue Mission
Johnny Fambro, Executive Director of Central City AIDS Network, Inc.
Denise Saturna, Executive Director of Come to the Fountain Ministries
Allison Gatliff, Director of the Mulberry Mission Outreach Facilities
Andrea Palmer, Macon ECDD Representative
Alexander Morrison, Macon ECDD Representative
Phillip Banze, AmeriCorps VISTA, National Coalition for the Homeless Georgia Supervisor
Amanda Tremain, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator
Jonathan Schultz, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator
Michael Gazy, AmeriCorps VISTA, National Coalition for the Homeless, Coordinator

The Steering Committee also contracted the services of Ronnie Odom, a consultant in the field of homelessness. In the effort of inquiring into the viability of preventive homeless initiatives in Macon, Georgia, Mr. Odom designed a

series of public forums/town hall focus group events to generate community input and awareness of the pre-planning process. In total, Mr. Odom facilitated four focus groups with service providers, two focus groups with the homeless community, a single focus groups with the business community, and two focus groups with the general public. Mr. Odom's surveying techniques focused on the role of the MCEH, the perceptions of homelessness (trends, causes and effects), and potential solutions to the issue of homelessness. The array of groups surveyed helped the Steering committee identify gaps in service, subpopulations that may need special focus, and general perceptions of the homeless community and those who provide supportive services.

Representatives of the National Coalition for the Homeless also conducted a regional survey. The NCH's survey, larger in scale and more precise in terms of validity, was focused on the health of homeless people as it correlates to employment patterns. The NCH survey also provided some general demographics and trends not expressed within previous focus groups. The NCH Summer Health Survey allowed the Steering Committee to understand certain trends of the individuals most frequently utilizing supportive services, especially shelter services.

These two data sources, among others, are invaluable given the lack of information that exists concerning the specific homeless populations and the inherent barriers in achieving comprehensive understanding of the severity of homelessness in Macon-Bibb Co.

HOMELESSNESS

This section discusses the various forms of homelessness and the impact of several existing definitions. This section will also relay the basic demographic information of the homeless population in Macon-Bibb Co.

I. Definitions

Homelessness is experienced in many forms by various types of people. The Federal definition of homelessness, as found in the McKinney-Vento Act, is "an individual who lacks a fixed and night-time residence or whose primary residence is a supervised public or private shelter designed to provide temporary living accommodations, an institution accommodating persons intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings".

The most visible form of homelessness is '*chronic homelessness*'. These individuals are characterized as those who are typically unaccompanied, being homeless for a period of a year or longer, disabled by addiction, mental illness, chronic physical illness or disability, or development disability. Those considered 'chronically homeless' may frequently utilize high-cost services such as emergency rooms, correction facilities, detoxification facilities, etc., thereby increasing the incurred cost and burden of homelessness. Such utilization of high cost services can be prevented.

Research has shown that the most vulnerable populations are those that are at risk of homelessness and those experiencing chronic homelessness. The degree of vulnerability is valued by the apparent difficulty in preventing or providing mitigating supportive services for these populations.

A supportive social service network which is unburdened by certain segments of the homeless population can actively engage target groups such as those with the most severe health and behavioral needs; groups which typically incur the largest amount of cost due to the specific services which they rely upon in lieu of accessing the supportive social service network.

The United States Interagency Council on Homelessness notes several reasons why focusing on chronic homelessness is the greatest emphasis of this

prevention plan (some of which have been touched upon previously). The chronically homeless (i) consume a disproportionate amount of costly resources; (ii) have a visible impact on the impression of security within a community; (iii) when engaged, will free up resources for other homeless groups; (iv) are a population that is finite; and (v) are in greatest need of assistance and special services.

There are numerous definitions in addition to 'chronic homelessness'. In general, these fall under the category of 'temporarily homeless' – those that stay in the system for brief periods and do not return. This group consists of about 80% of the homeless population and, based on national research, consume about 32% of the resources devoted to support homeless.

Other definitions include '*episodically homeless'.* Those considered 'episodically homeless' are those who experience four to five episodes of homelessness lasting a total of 265 days. Additionally, there are those who are considered '*transitionally homeless'.* The 'transitionally homeless' are those who experience a single episode of homelessness lasting an average of 58 days.

In addition to the previously offered definitions, there are other locally identified homeless groups. These groups are generally considered '*at risk'* of becoming homeless. This is catch-all categorization encompasses both people who have yet to become homeless to those who have been homeless and may have recidivistic tendencies. Both aspects of this spectrum need to be considered for comprehensive reform and planning.

The first of these groups: those who are *'precariously housed'*. These are individuals who have a semi-permanent living situation contingent upon the residency of another individual. The impermanent nature of the living condition of these people places them at risk of completely losing their housing. These are people who stay temporarily at another person's home because they have no home of their own. This rate of precariously housed homelessness varies greatly with cities having more than suburbs and some rural areas being high with migrant workers.

The second of these groups is the *'institutionalized homeless'*. This group includes those who are housed within the penal system, mental health services and various organizations in lieu of permanent or independent housing. Like with the case of 'precariously housed', this group is a hidden population. Unlike the case of other hidden populations, there is no census question to account for these people. Such populations of homeless that are considered institutionalized would reside in jails, prisons, half-ways houses, substance abuse and mental health service facilities.

Further distinction and compilation of homeless definitions will only increase the understanding of homelessness as a unique condition in Macon. This often-deemed abstracted analysis is fundamental in identifying new groups of homeless individuals or new trends within the homeless community.

II. Causes of Homelessness

It is difficult to address homelessness without an understanding of the contributing factors that lead to the situation. Homelessness is generally the result of a combination of complex structural issues and individual risk factors that are unique to each individual and family. Solutions must address both types of contributing factors.

Structural Factors – Conditions that are beyond the immediate control of a family or individual, yet these people are subject to these conditions:

- Poverty
- Lack of affordable housing
- Difficulty in accessing mental health and substance abuse treatment
- Lack of a living wage
- Limited or non-existent transportation to access amenities and opportunities, and
- Limited educational opportunities

Individual Risk Factors – Conditions deemed within the realm of individual control or influence. These include:

- Substance abuse/addiction
- Severe and persistent mental illness and mental disorders, such as posttraumatic stress disorder, that impair an individual's ability to function well enough to work and/or remain appropriately housed without supportive services
- History of abuse as children and/or as adults, including domestic violence
- Broken homes or dysfunctional family situations
- Serious health condition
- Learning disabilities
- Developmental or physical disabilities
- Low educational levels
- Poor financial management and resultant bankruptcy/credit issues
- Poor job skills
- Difficulty in accessing and retaining housing and/or employment
- Criminal history

III. Homeless Population/Previous Research

Georgia's Department of Community Affairs reports that in 2009, on a single night in January, approximately 21,000 people were homeless in Georgia. More than half were unsheltered or facing imminent loss of their housing; the other 43% were in emergency or transitional housing, or housing for victims of domestic violence.

The DCA reported that for Bibb Co. the Point-in-Time bed inventories, sheltered count and predictive model indicate 576 people are homeless. 250 of these people are reported as 'unsheltered homeless'.

Background Research

The information which was used to arrive at these population statistics was culled from Point-In-Time and Predictive models. There are other sources of

research which give a more complete picture of homelessness at the local level. This research includes both qualitative and quantitative research by various sources.

1) 1995 Homeless Study
   I. Survey Technique: In depth survey of 100 people of demographic, health, and behaviors. It was conducted in 1995. Study was conducted at homeless shelters, homeless service providers, and homeless camps.
   II. Demographics
      a. Total Number Surveyed: 100
      b. Gender Breakdown: 91% Men; 9% Female
      c. Racial Breakdown: 51% Black; 48% White; 1% American Indian
      d. Age Breakdown: Young(17-29): 15%; Middle Aged(30-59)79%; Elderly(60 and over): 6%
      e. Nativity/ Years in Macon: 27% Born in Macon; 40% Individuals born in other GA Cities and moved to Macon
   III. Limitations: Though this is a highly-detailed quantitative study with accompanying statistical analysis, the research was conducted 15 years ago. The temporal validity of this information decreases however many of the findings will be helpful in terms of historical analysis and comparison.
2) Laura Dingley
   I. Qualitative Interview Technique
   II. Findings:
      a. Total Number Interviewed: 10
      b. Gender Breakdown: Male: 8; Female:2
      c. Racial Breakdown: African American: 8; White/Caucasian 2
      d. Age Breakdown: Average Age: 48.9

III. Limitations: This is the most in-depth qualitative data based on homelessness in Macon. The utilization of interview techniques increases the amount of information available but also decreases the external validity of such research; the problems and issues found in these responses may not represent issues of other homeless individuals.

3) Point in Time Counts

I. Survey Technique:

II. Demographic Data/ Findings

a. Total Homeless Bibb Co.: 576

b. Housing Situation: 250 Unsheltered; 326 Sheltered

III. Limitations: The point-in-time counts are grossly inaccurate undercounts which do not reflect the drastic variability of the living situation of homeless people.

4) Ronnie Odom

I. Survey Technique: Total individuals surveyed were 37. Conducted at Macon Outreach at 2 dates. Surveys

II. Demographic Data/Findings

a. Total Number Surveyed: 37

b. Gender Breakdown: Males: 30; Females 7

c. Racial Breakdown: White: 8; Black: 29

III. Limitations: There are several notable problems with the surveying techniques employed by Ronnie Odom. The amount of people within the sample is not representative of any of the given homeless population numbers thereby rendering the information questionable or barely representative at best. Furthermore, there are issues with the questions and the format employed for gathering data (focus groups). Additionally, there are issues with the nature of focus groups, Mr. Odom and

MCEH representatives tended to lead discussions and thereby influence the results.

5) National Coalition for the Homeless Survey

I. Survey Technique

II. Demographic Data/Findings

a. Total Number Surveyed: 168

b. Gender Breakdown: Males: 136; 81% Females: 31;18.%% Transgender: 1;.6%

c. Racial Breakdown: 23.5% White, 68.7% Black, 2.4% American Indian/ Alaskan, 3.6% Bi-Racial, 1.2% Other, .6 Hispanic

d. Age Breakdown: Average age:46

e. Years in Macon: Average length in Macon: 10 years

III. Limitations: The most notable issue of limitation in this survey research is the intended utilization of information; health data and not specific demographic data should be culled from this research. Further extension and statistical forecasting needs to be done to explore the potential range or breadth of the issues raised by this research.

HOMELESS SERVICE PROVIDERS

This section includes a complete listing of the various entities and organizations involved with homelessness at a local level. Additionally, we will identify gaps that currently exist in the social service provider network.

A. Listing of Services

Loaves and Fishes	Macon Outreach	Rainbow Center	Lighthouse Missions	Georgia Legal Services	Carl Vinson VA
Macon Rescue Mission	Centenary United Methodist	Mentor's Project	Macon Housing Authority	Indigent Defense Office	Department of Labor
Family Advancement Ministries	Christ Episcopal	EOC-Day Shelter	Teen Challenge of Middle Georgia	Georgia Justice	Economic Community Development Department
Come to the Fountain	Salvation Army	First Choice Primary Care	Department of Family and Children Services	Goodwill	

B. Description of Services

A survey was given to the homeless service providers in Macon, GA. The participants were asked to give a description of the service organization, including but not limited to the breadth of services, the availability of services, populations served and limitations of services.

City of Macon ECDD

Economic and Community Development Department provides the Community Development Block Grants available for public service projects, rehabilitation projects, and other projects necessary to carry out CDBG- eligible subgrants. ECDD also is a liaison to homeless providers for other city departments and residents of the city. The provider services only City of Macon residents

Central City AIDS Network

The Rainbow Center serves exclusively HIV positive and AIDS individuals. The primary focus of this service provider is to provide medical assistance and housing for people affected with HIV/ AIDS. They have a transitional housing facility, shelter plus care, and a rent assistance residential program. Individuals in the transitional facility have access to meals served once a day throughout the week. CCAN clients also have access to HIV/AIDS support groups and substance abuse programs. They also have access to a food bank and clothing bank. Medical expenditures are covered predominately by Ryan White and ADAP programs. Individuals staying in these residential programs (shelter plus care and transitional housing) pay 30% of their income to CCAN to cover costs- if they do not have access to funds through employment, SSI, or disability they do community service hours to assist the facility. CCAN also hosts a Friday lunch that is open to the community.

Mentor's Project of Bibb County

The Mentor's Project of Bibb County is a youth focused program that

helps at-risk youth stay away from crime and drugs. It encourages the students to stay in school through a number of programs. The primary service of the Mentor's Project is mentor- protégé program in which students are paired up with a mentor who spends approximately 4 hours a month with the students. The Mentor's Project also has after school classes open to JAG students and Mentor's Project students that teaches a number of basic skills to students to help keep them away from drugs and crime- and increase their chances for employment within the community.

Come to the Fountain

Come to the Fountain does picnics in the park Sunday nights. These picnics provide warm meals to anyone who wishes to come and eat every week. The program is all volunteers and has no paid staff. The purpose of the picnic is more than just a weekly meal, the program hopes to build lasting relationships with individuals that participate with the program on a frequent bases. Occasionally, Come to the Fountain will distribute cold weather supplies or hygiene kits to individuals in need. Other financial assistance is available on a case by case basis.

Good Will of Middle Georgia

The primary focus of Good Will of Middle Georgia is employment and skills training services. They also assist with some services that assist with employment such as: transportation passes, work clothes, resume assistance, on-line application assistance, eye exam and glasses, state identification, birth certificates, and on the job training. They also run a post secondary school, the Helms Career Institute, with short term programs that cater to career growth needs of the homeless population. They offer training as an enhancement to their employment needs. Enrollment in their program is limited to two years. Their funding is 25% private and 75% public. There services are limited to those who fall under the HUD definition of homeless.

Georgia Justice

Georgia Justice Project provides a number of legal services. These include: expungement, medication and correction of criminal histories, criminal history counseling, and job and housing related issues based on criminal history. Their expungement services are limited by state law, and they are not able to expunge all records. The funding for these services are all private.

Macon Outreach

Macon Outreach provides a number of services. These services are daily meals, groceries, and assistance with transportation and prescriptions. The groceries may only be provided every 90 days and the person must have proof of residence to be considered for the program. Their services are not limited to only homeless individuals, but is broad and include the homeless, families, the elderly , and unemployed.

Bethel Home

Bethel Home provides services to Veterans, homeless, and a re-entry program for individuals coming out of jail. They provide housing and letters of proof of homelessness. They are split 50-50 on public private funds. The primary focus of their services is Veterans.

Macon Rescue Mission

The Macon Rescue Mission is a Christian based program. The offer a number of services including residential program for homeless men, residential program for female victims of domestic violence and their children, emergency shelter in extreme weather temperatures, food box distribution to elderly and disabled, baby diaper distribution, walk in feeding of the hungry, emergency clothing and furnishings available when possible, emergency travel assistance when possible, limited transitional housing, thanksgiving and Christmas meals served (including service to shut-ins), and adopt a family Christmas Program.

The funding stream for the Macon Rescue Mission is predominately private-around 96%.

Centenary Community Missions, Inc.

Centenary Community Missions, Inc. primary provides the following services: breakfast of Sunday mornings, some assistance with bills, transitional housing for men, bicycles, and limited general outreach such as obtaining birth certificates and identification cards, bus passes, and prescription assistance. The funding stream is all private from members of the Centenary Church. There transitional program has 6 beds and they only house men who commit to being clean and sober and who are employable.

The Salvation Army

The Salvation Army provides a number of services through their organization. These services include: clothing, food, meals, shelter (emergency and transitional programs), and financial assistance. People stay in the emergency shelter may only stay 30 days before they are to be transitioned out of service; there is a nominal fee that accompanies stays of longer than 4 days. The funding sources for The Salvation Army are 5% private and 95% public. They serve anyone that is in need and do not limit services to individuals residing in either emergency or transitional shelter.

Family Advancement Ministries

Family Advancement Ministries provides utility and rent assistance, diapers, car seats, and children and maturity clothes. They also occasionally provide a number of classes that are open based on what the topic of the course is. These services are limited to women with children under the age of six. They are funded by 70% private donations and 30% public donations.

Veterans Affairs

The primary service that Veteran Affairs provides for homeless

individuals is HUD/ UASH housing, back to work domiciliary therapeutic program, and CWT/ IT work therapy. Clients are limited to a 6th month stay with occasional extension when therapeutically indicated. They are funded through government funds.

First Choice Primary Care

The primary service that is provided by First Choice Primary care is primary health care for the uninsured at a discounted rate. The main target of the services that they provide is uninsured adults and children. They are unable to provide free services. They are a funded predominately by public funds.

C. Identified Gaps

This section identifies gaps in the homeless services provided in Macon, GA. This list will act as a baseline for actions which need to be addressed in order to more comprehensively and efficiently engage the issue of homelessness in Macon, GA. The section is divided in to two categories: 'populations' and 'services'

Populations

Women

Fifty percent of women who experience homelessness resulting after domestic violence. Women that wish to stay in domestic violence shelters must have court or police documentation to support that they experienced domestic violence. This leaves women who never reported the domestic violence without a place to go. However, there are many women who do not end up homeless because of domestic violence. For those women it is especially hard to find housing for them.

There is one emergency shelter in Bibb County that will take women, and the bed space is limited to less than twenty beds. Single women have the option of one transitional housing facility that has very limited space as well. This leaves

women vulnerable if they are unable to afford housing. Living on the streets leaves women at risk for prostitution, drug and alcohol abuse, sexual assault, physical assault, and disease. This leaves women particularly at risk to engage in risky behavior to secure safety on the streets or safe housing, even for a night.

Families

Families in Bibb County also face a number of issues when it comes to placement in shelters. There is only one shelter that will take the whole family together- Loaves and Fishes. The family must have three children to qualify for housing. For single parents there are other options. A women that has left because of domestic violence may stay at shelters as long as her opposite sex child is not over the age of 14. Children that stay with parents at other shelters are limited even in the case of same sex children. A parent must be able to prove the child is their child. Families with children older than fifteen are not able to stay in any of the shelters that are available in Bibb County. This makes staying together as a nuclear family difficult if they are experiencing trouble keeping housing. They have other program options such as HPRP (Homeless Prevention and Rapid Rehousing Program). Housing Choice has strict restrictions that often leave families ineligible or they are kicked out because of other program requirements. This often leads to doubling up in homes or living in substandard housing throughout the county

Young Adults

Policies at homeless shelters sometimes make it difficult for young adults who are without a place to stay find shelter. The two shelters that take young adults with families require that the kids over the age of 15 have identification if they are with the parent. If they are staying with an opposite sex parent often times after a certain point they are no longer allowed to be in the shelter. This leaves the parents with two options stay at the shelter without their child or leave. The shelters also do not take anyone alone under the age of 18. This leaves the sixteen to eighteen year old population in Bibb County.

While Macon does not typically see kids living on the streets with their families- it is common for families to double up in homes or for children to be living with a family member that is not their biological parent.

Another problem that plagues youth age children, aging out of the foster care system can be particularly difficult for children. While students are able to sign on to stay until they are twenty-one and receive additional assistance, not all in the foster care system choose this path which makes them more likely to end up on the street.

These issues make in particularly hard on young adults to have a safe and stable living situation, and without this they are more likely to get involved prostitution, drugs, or crime.

Veterans

The Veterans' Administration estimates that **107,000** veterans are homeless on any given night. Only eight percent of the general population can claim veteran status, but nearly one-fifth of the homeless population claims veteran status. About 1.5 million other veterans, meanwhile, are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.

In terms of ethnicity, roughly **56 percent** of all homeless veterans are African American or Hispanic, despite only accounting for 12.8 percent and 15.4 percent of the U.S. population respectively.

In addition to the complex set of factors influencing all homelessness – extreme shortage of affordable housing, livable income and access to health care – a large number of displaced and at-risk veterans live with lingering effects of post-traumatic stress disorder (PTSD) and substance abuse, which are compounded by a lack of family and social support networks.

The VA system thoroughly details the demography of veterans and including those who are currently homeless. Such diligent statistical review affords information such as:

23 percent of the homeless population are veterans

33 percent of the male homeless population are veterans
47 percent served Vietnam-era
17 percent served post-Vietnam
15 percent served pre-Vietnam
67 percent served three or more years
33 percent were stationed in war zone
25 percent have used VA homeless services
85 percent completed high school/GED, compared to 56 percent of non-veterans
89 percent received an honorable discharge
79 percent reside in central cities
16 percent reside in suburban areas
5 percent reside in rural areas
76 percent experience alcohol, drug or mental health problems
46 percent are white males, compared to 34 percent of non-veterans
46 percent are age 45 or older, compared to 20 percent non-veterans

In Georgia, 12 percent of the survey respondents who were homeless were also veterans.

Mentally Ill and Chronic Homeless

Reports indicate that between a fourth and a third of homeless persons have serious mental illnesses such as schizophrenia, bipolar disorder, or chronic depression. By contrast, only six percent of the U.S. population suffers from a serious mental illness. According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5 to 7 percent of homeless persons with mental illness require institutionalization; most can live in the community with the appropriate supportive housing options. Although the rates of mental and physical illnesses are high among homeless persons, their access to health services is more difficult. They often do not have a regular source of health care, and the daily struggle for food and shelter may take priority over mental health

care. People with serious mental illness who are homeless are often incarcerated when they cannot get the care and treatment they need.

People with mental illness experiencing homelessness also frequently end up in the emergency room and hospitalized; high-cost interventions do not improve long-term prospects for people with mental illness who have no place to live. Georgia's Department of Behavioral Health and Development Disabilities reported that over 5,000 homeless mental health consumers were served in SFY 2008.

There is the impending closure of a mental health facility in a town adjoining Macon, GA. This closure, and the subsequent release of institutionalized individuals with potentially severe and prohibiting conditions, could lead to an increase in the prevalence of homeless individuals with presenting mental health issues and also the increased need in services for these individuals. Appropriate measures for placement, medication, and counseling services also bare consideration.

Prison and Jail Re-Entry

Re-Entry for institutionalized adults is particularly difficult. While Bibb County does have the resources of a coalition dedicated to this effort, the services to support the out coming offender population is not adequate. Programs for ex- offenders are hard to come by, and this leaves them at risk for homelessness. They are also less likely to be eligible for government assistance or admission into traditional homeless transition centers who often have criminal record checks.

Housing for individuals who have limitations where they are allowed to live makes affordable housing harder to come by. In addition to housing issues, it is also harder for ex-offenders to find jobs after having large gaps in employment history and if they find jobs, finding or affording transportation to jobs sites often lead to limitations in employment. Additionally, finding work that fits in with visits to probation or parole officers is also difficult to find, especially if they individual is under a high level of monitoring by correctional officers.

Criminal background checks make it more difficult for individuals to find housing or work, and limited availability make it very difficult for parole and probation officers to ensure these opportunities for all ex- offenders.

Services

Limited Emergency Shelter Space

The survey participants indicate that there is simply too little emergency shelter space and additionally, very little support/opportunity in the establishment of emergency shelters. The current capacity for emergency shelter space in Macon is, in total, less than 150. The Salvation Army is the primary facility for emergency shelter. Several other facilities have the ability to extend shelter space.

There has been difficulty in assessing when government-sanctioned emergency shelters. Most notably during the Summer of '10, the Emergency Management Agency of Macon was contacted during the most extreme heat of the season; the emergency shelter plan consisted of a reliance of charity and public support. There were no existing plans for a shelter, no readily available resources for the Emergency Management Agency to act quickly and in a manner of prevention rather than reaction.

In the winter, there is an apparent lack of emergency shelter space for women. The ability to house women and children safely and separately from male homeless populations does impact the availability of the shelter space available.

A thorough planning of seasonal shelter and services needs to be coordinated amongst all vested parties.

Assistance to keep people in housing- additional rent assistance/ mortgage assistance/ utility assistance *

There are currently only a few programs which emphasize the importance of keeping individuals. The agencies which administer these programs are DFCS, River Edge and Faith-based entities. There is little local emphasis on the

utilization of the Homeless Prevention and Rapid Re-housing Program (administered via the River Edge center). DFCS offers utility assistance and there is the option for landlords to declare units within their buildings as Section 8. Apart from these pathways, there seems to be only informal and non-sustainable methods of acquiring temporary assistance for rental and utility issues.

There needs to be an emphasis on the issue of preventing people from becoming homeless by aiding people in securing their current housing status. This may include the advertising programs such as HPRP and coordinating various outlets for assistance among the faith-based community – with the eventual goal of aligning all efforts.

Work Programs for those in Shelter + Care

Many of the local Shelter + Care organizations require that the individuals enrolled either pay a percentage of income or work a set amount of hours in lieu direct remuneration. There is a lack of employment opportunities for these individuals. The fundamental causal factors of this lack of opportunity are far-reaching at situated at various. Research has shown that structure, employment and engagement with noninstitutionalized individuals is beneficial for those transitioning from homelessness through the shelter + care program.

There availability of work programs would help local communities by offering a consistent work force for various labor positions in addition to adding revenue and taxable income streams which would have previously not existed.

PLANS to ADDRESS GAPS

Plans to Address Gaps/ Recommendations -- *We will provide a detailed analysis of the apparent gaps which exist amongst the supportive service network. Furthermore, we will provide action steps in order to effectively achieve our proffered recommendations. These recommendations will be categorized by*

their respective placement among the basic tenets of the 10-Year Plan. These tenets include: Preventing homelessness; expanding the available services; expanding the physical and operational capacity of organizations involved in ending homelessness/providing services to the homeless population; and, employing measurable outcomes for assessing the current, planned and ongoing progress. We would also consider formatting this section in deference to a 10-Year Plan timeline provided by the MCEH steering committee members.

There are four fundamental tenets to the 10-Year Plan format, they are:

- The identification of the causes of and risks associated with homelessness and subsequently closing the pathways which allow people to become homeless
- The expansion of the capacity, accessibility and appropriateness of supportive services to individuals who are currently experiencing homelessness in order to help such people establish independent lives starkly differing from the patterns of behavior which accompanied homelessness;
- The construction of the physical and operational capacity of organizations which interface with homeless people, provide supportive services or actively engage in the effort of mitigating and eliminating homelessness;
- The utilization a system of measurable outcomes that would provide a baseline for ongoing initiatives which would in turn steer the development of future 10-year Plan efforts.

While these goals are listed as separate objectives, they are very interdependent. Prevention relies on community awareness of resources available and is the first step in preventing homelessness. For chronically homeless individuals and many homeless, supportive services are critical in maintaining any successful permanent housing situation. Employment is critical in creating independence, in reducing the need for supportive permanent housing

and to create an opportunity for individuals or families to stabilize in permanent housing over the long term.

Outreach is essential in developing greater understanding of the needs of homelessness that will

A. Prevention - identifying the causes of and risks associated with homelessness and subsequently closing the pathways which allow people to become homeless

a. Stop Discharging People into Homelessness

b. Decrease Preventable Utilization of High Cost Services

c. Domestic Violence Services

d. Homeless/Poverty Court Establishment

e. Policy

f. Interface with Board of Education, Teachers, and Administration

g. Increased Economic Opportunities

B. Expanding Supportive Services-expanding the capacity, accessibility and appropriateness of supportive services to individuals who are currently experiencing homelessness in order to help such people establish independent lives away starkly differing from the patterns of behavior which accompanied homelessness

a) Emergency Shelter

b) Increased Mental Health Housing/ Access to Mental Health Care

c) Additional Substance Abuse Supportive Services

d) Better utilization of juvenile, drug, and mental health court

e) Veterans

f) Domestic Violence

g) Recently Released offenders (re-entry)

h) Sex Offenders

i) Education programs with Police/possibly a Community/Homeless Liaison

j) Rapid Rehousing

C. Expanding Capacity-building the physical and operational capacity of organizations which interface with homeless people, provide supportive services or actively engage in the effort of mitigating and eliminating homelessness

a) Facilities

i. Safe Haven- is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and have been unable or unwilling to participate in housing or supportive services.

ii. Emergency/Weather Shelter- serves as an immediate alternative to the streets in times of inclement weather or emergency.

iii. Safe Parking Lot- is a secure parking lot that is supervised where homeless persons that live in their cars can relocate and park to be safe and secure.

iv. Assessment Center/ Centralized Intake- facility that serves as a host to streamline services in the area by having a single site for intake that would assess and refer the individual to the appropriate services.

v. Non-compliant/ Low function extended stay-facility for those who are unable to function in a more

stringent supportive housing facility, but that need supportive services.

b) Partnerships

i. Strengthen partnerships with business and other communities

ii. Strengthen partnerships with health care providers

iii. Strengthen partnerships with faith based organizations

c) Gap Groups

i. Couples without kids

ii. Youth

iii. Sex offenders

iv. Whole Family Housing

D. Measurable Outcomes- utilizing a system of measurable outcomes that would provide a baseline for ongoing initiatives which would in turn steer the development of future 10-year Plan efforts.

a) Utilization of Pathways

b) Development/ Improved Methods

c) Development of appropriate measurable outcomes