



CITY OF NEW ORLEANS
HOMELESS SERVICES WORKING GROUP
2011

TEN-YEAR PLAN TO END HOMELESSNESS



“...to make sure that all New Orleanians
have a place they can call home.”

Mayor Mitch Landrieu

LETTER FROM THE MAYOR

Dear Readers:

Unlike any other city in America, residents of New Orleans know what it is like to be without a home. Indeed, after Hurricane Katrina, many who never thought they would ever be homeless were suddenly left with nothing.

In the years since, the number of homeless in New Orleans has doubled and on any given night there are nearly 6,500 people living on the streets of our city including unsheltered individuals, youth and families. This number also includes Veterans who served our country and mentally ill citizens whose housing situation is complicated by untreated conditions.

This is an urgent issue that needs immediate attention. Since taking office in May of 2010, I have made ending homelessness in New Orleans a priority. To lead this effort, I appointed a long-time homeless advocate as the City's first Director of Homeless Policy. Plus, I convened a Homeless Services Working Group with outstanding representatives from a diverse cross-section of government, business, and community stakeholders. This Working Group was tasked with developing a Ten-Year Plan to End Homelessness in the City of New Orleans.

We are breaking new ground. For the first time the City of New Orleans along with our friends and partners at the Departments of Housing and Urban Development, Labor, Justice, Veteran Affairs, and Health and Human Services have a single comprehensive plan that will lead to an increase in available resources, improve coordination, and take on several urgent issues of grave concern.

Ending homelessness in New Orleans will be no easy task, and we must be united in that effort – we are one city that will share one fate. This is our mindset and the Ten-Year Plan to End Homelessness represents a start – a viable roadmap to ending homelessness in our community so all New Orleanians have a place they can call home.



Sincerely,

A handwritten signature in black ink that reads "Mitch". The signature is written in a cursive, flowing style.

Mitchell J Landrieu
Mayor, City of New Orleans



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EXECUTIVE SUMMARY

Since Hurricane Katrina, the homeless population in New Orleans has increased rapidly. On any given night, approximately 6,500 individuals in New Orleans are without a home, making the city's rate of homelessness one of the highest in the nation. This is unacceptable.

This is not a new problem, but further complicating the situation are the devastating consequences of Hurricane Katrina. Now, nearly six years after, the storm's impact on the New Orleans homeless population is still being felt.

In March 2011, the City of New Orleans Office of Community Development, with the City's Director of Homeless Policy, convened an initial series of meetings to discuss strategies for improving services and housing for the homeless. Participating in this initial meeting were federal, state, and local partners, along with UNITY of Greater New Orleans, the Continuum of Care^a lead agency.

The outcome of this convening was a strategic framework for a public planning process to develop a plan to end homelessness in New Orleans. This would become the Mayor's Homeless Services Working Group, which would craft the plan using national best practices. This Working Group was comprised of a diverse cross-section of government, business, and community stakeholders, and was tasked with developing a master plan to prevent and end homelessness.

Throughout this public planning process, the City of New Orleans and the Homeless Services Working Group have been guided by the landmark *Opening Doors Plan*,¹ released in 2010 by the United States Interagency Council on Homelessness.

Opening Doors is the national, federal plan to end homelessness by 2020. The New Orleans Plan follows the roadmap set out by this national best practice and addresses the same primary themes identified in *Opening Doors*. Below is an overview of each theme and a quick look at how the New Orleans Plan seeks to address those themes through its own initiatives.

^a "A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals." From "What is a Continuum of Care: Fact Sheet." Available: <http://www.endhomelessness.org/content/article/detail/1744>



THEME ONE: Increase Leadership, Collaboration, and Civic Engagement

Create the New Orleans Interagency Council on Homelessness

Launch specific initiatives with Department of Veterans Affairs and the Downtown Development District

Institute cross-sector collaborations – City, State, Continuum of Care, business and community leadership

Establish planning and service opportunities to encourage dialogue

THEME TWO: Increase Access to Stable and Affordable Housing

Increase availability of Permanent Supportive Housing

Increase availability of affordable housing

Explore opportunities to reorganize existing housing stock to better serve the needs of homeless constituents

THEME THREE: Increase Economic Security

Link homeless constituents with resources across local, state, and federal systems, including particular focus on income-related benefits

Develop capacity for job training among provider agencies via collaboration with the city workforce investment board and the business sector

THEME FOUR: Improve Health and Stability

Establish and enforce standards of care

Retool discharge planning to prevent people being discharged into homelessness from public institutions

Promote and facilitate cross-sector communication

Examine ways to access benefits from health care reform initiatives and expanded Medicaid services

THEME FIVE: Retool the Homeless Crisis Response System

Expand centralized intake to increase access and use of services

Establish partnerships to identify constituents living in abandoned and unsafe dwellings

Address needs and services specific to identified sub-populations of homeless constituents

Ensure unsheltered clients establish immediate linkages to low barrier shelters, safe havens, and emergency shelters; while also connecting them with permanent housing resources



Cross-cutting efforts across sectors, groups, and local, state and federal governments are essential components to making measurable reductions in the homeless population. Therefore, this Working Group is pleased to recommend to the Mayor three new Signature Projects that will represent unprecedented civic support for ending homelessness in New Orleans:

- **The Downtown/Home Partnership** - A new partnership between the City and the Downtown Development District that will fund street outreach that focuses on reducing homelessness in high traffic areas by quickly linking those without a home to housing and social services.
- **The Development of a 24-Hour Comprehensive Homeless Community Resource Center**- A partnership between the Department of Veterans Affairs and the City of New Orleans to re-develop a portion of the former downtown VA Hospital site for a homeless resource center.

This Plan takes a ‘Housing First’ approach centered on providing homeless individuals with immediate housing and then linking them with the supportive services necessary to sustain their housing status and improve their quality of life.

- **The New Orleans Homeless Trust**- A public-private partnership housed at the Greater New Orleans Foundation that will fund new innovative and bold initiatives designed to serve the New Orleans homeless population.

This Plan takes a **Housing First** approach that is centered on providing homeless constituents with immediate housing and then linking them with the supportive services necessary to sustain their housing status and improve their quality of life. This Plan provides strategies for addressing such urgent issues as housing the unsheltered homeless living in and around the

downtown and those living in abandoned, blighted buildings throughout the City. The Plan also outlines detailed strategies to increase the availability of resources, improve data collection, improve service delivery, and facilitate partnerships and coordination.

By carrying out the initiatives outlined in the Plan, the following timeline will be accomplished:

- Veteran homelessness ended within 5 years
- Chronic homelessness ended within 10 years
- Family homelessness ended within 10 years

This will be no easy task, but by working together anything is possible. There is so much to do and this Plan represents a start—a detailed framework to ending homelessness in our community.



CITY OF NEW ORLEANS TEN-YEAR PLAN TO END HOMELESSNESS

Like other large metropolitan communities, New Orleans struggles with many manifestations of homelessness. However, in the last six years there has been a tremendous increase in the homeless population. This can be primarily attributed to the devastation wrought by Hurricane Katrina. More than one million people were displaced and 70 percent of all occupied housing units were damaged.² Many, who prior to the storm had been housed, employed, and lived stable lives, after the storm struggled to get back on their feet and were left unsheltered, forced to sleep on the streets or in abandoned buildings.

In addition, Katrina devastated the City's health care and social service infrastructure. Vulnerable individuals who suffered from mental illness or had physical disabilities were unable to access necessary care. Many who were housed but relied on services to keep their life on the rails, fell off after the storm and returned to the street or sought shelter in abandoned houses. Other recent events like the economic downturn and the 2010 BP Oil Spill have also impacted the rate of homelessness in this community.

The most recent Point in Time ("PIT")^a survey conducted by UNITY of Greater New Orleans, the lead agency of the Continuum of Care ("CoC"), gives a snap shot of what is happening on the streets of New Orleans. The survey found that on any given night in New Orleans **204 families with children were homeless**. Of these, **32 families—representing 98 people—were sleeping in their cars, on the streets or in abandoned buildings**, while the other **172 families were residing in temporary housing such as emergency shelter or transition housing**. In addition, the PIT found **21 youth^b and 5,276 individual adults living on the streets or in abandoned buildings**. An additional **828 adults were residing in temporary housing** such as overnight emergency shelters or transitional housing.

Since Mayor Landrieu came into office, he has made ending homelessness a priority. In June 2011 Mayor Landrieu established a Homeless Services Working Group with a diverse range of representatives from government, business, and the community. This Working Group's focus was to create a

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^a The "Point in Time" survey is an annual count of homeless people that seeks to "understand the number and characteristics of homeless people living in shelters or on the street, or in places not meant for human habitation." The PIT survey is critical to planning for service delivery in communities that seek Federal and other funding to address homelessness, and PIT standards ensure that data is collected consistently and accurately.

^b Per PIT reporting standards, a "youth" is considered "any person under the age of eighteen who presents for services alone."





Tamika Young

I have come to New Orleans Women's Shelter (NOWS) who will help me set future goals without a time limit. I am getting assistance with my educational goals, which is my degree in Registered Nursing. I have a safe place, a clean place for my family and I. I also have set goals for myself that my case manager will help me reach! Thank you NOWS for a second chance at life!

Budd Biggs

(homeless for one year; just housed)

When I found out I was going to get an apartment, it felt as if a huge weight had been lifted from me. Knowing I would have my own place, where I would be safe, where my things would not be stolen meant everything to me."



strategic master plan to prevent and end homelessness in New Orleans. In developing the plan, the Homeless Services Working Group established a set of guiding **principles** from which all activities and strategies would be grounded. It was agreed that the plan must be:

- **Culturally Relevant** – Develop programs and strategies for reducing homelessness that consider the cultural context of homeless constituents the plan is designed to support.
- **Therapeutic & Healing** – Be mindful of the therapeutic concerns (i.e. trauma history, family of origin, mental health conditions) of homeless constituents and provide appropriate consideration to creating avenues for recovery and healing from those concerns,
- **Data Driven** – Policy recommendations will be informed by data, and any new programming will be solutions oriented and tied to measurable outcomes.

With these principles and the US Interagency Council on Homelessness Opening Doors Plan as our guide, the Homeless Services Working Group is pleased to present the culmination of this public, community driven planning process: **a Ten-Year Plan to End Homelessness in the City of New Orleans.**



THEME ONE

INCREASE LEADERSHIP, COLLABORATION & CIVIC ENGAGEMENT

As a means of homeless services governance, the Mayor will establish the **New Orleans Interagency Council on Homelessness (“NOICH”)** to oversee the implementation of the Ten-Year Plan. NOICH is modeled after the United States Interagency Council on Homelessness (“USICH”) that was originally created in 1987 as part of the McKinney Homeless Assistance Act. The USICH was created “as an independent establishment within the Executive Branch to review the effectiveness of federal activities and programs to assist people experiencing homelessness, promote better coordination among agency programs, and inform state and local governments and public and private sector organizations about the availability of federal homeless assistance.”³

Communities across the country are increasingly implementing similar systems in order to retool their cities’ homeless services, and New Orleans will follow this well-established trend by establishing NOICH. One such model community is Washington, D.C., which established its own Interagency Council on Homelessness in 2005.⁴

Led by the City’s Director of Homeless Policy, the NOICH will be an interdisciplinary, diverse body comprised of leaders from UNITY, homeless service providers, business, criminal justice, health care, higher education, faith-based, government, non-profit, neighborhood, and philanthropic sectors. There will also be significant homeless constituent representation on the Council. Meetings of the NOICH will take place quarterly with established committees meeting monthly and reporting back to the full NOICH.

Committees will include:

- **Data** – This committee will address data collection, data quality, and access to data with the goal of improving the quality and use of data. This committee will also develop a performance management plan that will be used to establish benchmarks, develop incremental goals and monitor the implementation of the Ten-Year Plan.
- **Service Delivery** - This committee will be tasked with examining efficacy and coordination of service delivery across multiple service systems. Special focus will be given to developing discharge planning directives to better use limited resources and improve client outcomes following discharge from a public institution. This committee will convene stakeholders to craft common standards of care and to develop training opportunities for homeless service providers. Goals for this committee will include improving the quality of services available to homeless people in the city, and providing homeless service providers with tools to grow their capacity and enhance the quality of their services.
- **Finance** – This committee will identify funding needed to carry out the Plan’s goals and objectives, and will examine funding opportunities and address financial barriers to access of homeless services.
- **Veterans** – This committee will continue collaborative efforts between the Southeast Louisiana Veterans Health Care System (SLVHCS) and the NOICH, including the ongoing development of the service center located at the former VA Hospital site, and other areas of future collaboration. The goal of this committee would be to maintain current initiatives between the two entities and explore future areas of collaboration.



THEME TWO

INCREASE ACCESS TO STABLE & AFFORDABLE HOUSING

Housing First is the corner stone of the City’s efforts to end homelessness. The first step must be to get people housed. Only once that baseline need is met can other issues like unemployment, substance abuse and mental illness be effectively managed or treated. Girding this model is the belief that housing is a basic human right, and that stable housing represents the vital launch pad from which all other interventions and systemic changes must take place. In addition, many other cities and regions have used Housing First principles to great effect and the approach is now considered a best practice.⁵

Since Hurricane Katrina, New Orleans has leveraged federal investments and private partnerships to establish a diverse new stock of affordable housing. A primary goal of this plan is to ensure that some of this housing is set aside for homeless constituents and that the City’s already comprehensive housing plan ensures that providing housing for homeless constituents remains an important goal.

Through leadership in the Office of Community Development, housing will be made available for the homeless throughout the City. New criteria will be put in place regarding the scoring of affordable housing NOFA’s (Notices of Funding Availability) to give preference to developers/organizations who commit to serving homeless constituents in the City’s housing development proposals.

Utilizing the HUD Calculating Unmet Need⁶ methodology, the Working Group developed this Housing Production Plan by examining the existing housing stock, the need for future housing development and a broad set of homeless data. Over the course of the 10-Year Plan, the following housing will be added to the stock available to serve the homeless in New Orleans:

INDIVIDUALS	
Low Barrier Shelter (to include Respite Beds and Working Persons Shelter)	185 beds
Safe Havens	50 beds
Prevention and Rapid Re-housing	6,000 interventions over 10 years, 600 per year
Permanent Housing	2,115 beds

FAMILIES	
Low Barrier Shelter	45 beds or 15 units of reorganized TH; 20 units 6 units of new shelter
Prevention and Rapid Re-housing	1,500 interventions over 10 years, 150 per year
Permanent Housing	516 beds, 172 units





Damien Pryor

(been homeless for year and a half)

The hardest part about being homeless is having people pass by you and they either ignore you or they look at you like you have some kind of disease.

One of the other major goals of the NOICH will be to identify and establish additional safe havens for service-resistant constituents and increase the number of low-barrier shelter beds for the unsheltered homeless population. These additional shelter beds will make a measurable difference in reducing the number of homeless constituents living in abandoned buildings or on the streets. As more homeless constituents are ultimately housed, these shelters and safe havens will convert to become more permanent housing solutions.

To promote more harmonious relationships between neighborhoods and homeless constituent service providers, developers creating housing for the homeless will be strongly encouraged to pursue and establish **Community Acceptance Plans** with representatives of the neighborhood in which the housing will be located. Community Acceptance Plans are a process undertaken by housing developers to ensure community involvement and buy-in for new affordable housing developments. These agreements promote constructive communication between the developer and the neighborhood residents. Developing additional Good Neighbor Agreements are a part of this process. Good Neighbor Agreements outline issues regarding property maintenance and appearance, codes of conduct, community safety, and overall quality of life for both future tenants and neighborhood residents.^{7, 8} As demonstrated in Columbus, Ohio, by the Community Shelter Board, Good Neighbor Agreements can be proactive measures to allay neighborhood fears and misunderstandings regarding housing developments for special needs populations.

NOICH will oversee the implementation of affordable housing charrettes^a (similar to the design charrettes held as a part of ongoing post-Katrina City planning efforts⁹) in the community, scheduled at regular intervals, to augment and support ongoing development efforts for new affordable housing and permanent housing stock to meet community need.

Housing and the availability of affordable housing, is the ultimate solution to homelessness. But to be clear, this solution lies not only in the provision of housing, but also the development of a comprehensive system of care to address a constituent's broad array of needs—case management, medical/mental health/substance abuse treatment, family support services, and job training.

^a A charrette is an intensive planning session where citizens, designers and others collaborate on a vision for development. It provides a forum for ideas and offers the unique advantage of giving immediate feedback to the designers. More importantly, it allows everyone who participates to be a mutual author of the plan. From "What is a Charrette?" Available: http://tndtownpaper.com/what_is_charrette.htm



THEME THREE

INCREASE ECONOMIC SECURITY

Ultimately, increasing economic security for homeless individuals depends upon consistent delivery of high quality care and services, and capacity building both at the individual client level and at the macro agency level. In order to address these related concerns, NOICH will establish a **Service Delivery Committee**.

This Committee will determine where other system resources are underutilized or where barriers exist to utilization by homeless constituents. Cutting across these identified populations, special focus will also be given to mentally ill, working poor, non-English speakers, and other subpopulations. After such examination has taken place, concrete steps will be taken to remove identified barriers to service access via a collaborative process among NOICH and homeless service provider partners.

Across the nation, communities working to improve homeless services have identified Standards of Care to document the level of service and quality of care that homeless constituents can expect to receive when entering publicly funded programs.

All too often, services that could be assisting homeless constituents are not adequately utilized, or are not utilized at all, leaving gaps in service for those who are often most vulnerable. Some of these poorly utilized programs include Medicaid, Temporary Assistance for Needy Families (TANF), Social Security Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP), commonly referred to as “Food Stamps.”

When utilized appropriately and accessed quickly, these services can enhance quality of life for homeless constituents, thereby improving service outcomes and helping to ensure stability in housing. However, homeless constituents who participated in the Homeless Services Working Group repeatedly expressed that these mainstream systems are very difficult to navigate. The need for better overall train-

ing, sensitivity training, and cultural competency training of service workers was consistently echoed by homeless constituents.

Homeless service providers also said that it is difficult to access mainstream benefits and/or services for their clients. The need for better coordinated, consistent and ongoing communication between homeless service providers and mainstream agencies is an immediate need and would improve service delivery. Specific resolutions to these issues include trainings for homeless service providers on how to effectively access mainstream services, and regularly scheduled meetings between mainstream service providers.

Peer to peer training and coordination will tremendously improve constituents' access to services. Homeless service providers can train mainstream benefits workers on how to more effectively assist special needs populations, and mainstream benefits workers can train homeless service providers on how to expedite the provision of benefits. Communication strategies, like the quarterly service coordination meetings hosted by UNITY, will ensure that there is regular communication and coordination



among service providers. The Office of Homeless Policy is committed to facilitating such dialogue and training upon Plan implementation.

The Service Delivery Committee will also be tasked with increasing services designed to strengthen homeless constituents' economic security. For example, the Homeless Services Working Group found that there is a dire need for apprenticeship programs and higher education scholarships for homeless youth, job training for individuals and heads of households, and childcare services for homeless heads of household.

Taking service delivery to the next step, NOICH will develop a community process to engage both homeless constituents and homeless service providers in the development of standards of care for homeless service providers.

Across the nation, communities working to improve homeless services have identified standards of care to document the level of service and quality of care that homeless constituents can expect to receive when entering publicly funded programs. Standards of care can include, but are not limited to: health and safety standards; clients' rights, responsibilities and methods of grievance; case management; and housing quality standards. Standards of care may also be used to monitor and evaluate the care provided by homeless service providers. The goal of developing community-wide standards is to create accountability, transparency, and ultimately assurance that homeless constituents are receiving only the best, most efficient and most appropriate services.

Upon the initiation of the Standards of Care, all homeless service providers funded by the City and/or the CoC lead agency will be required to maintain compliance with the Standards in order to receive funding. Simultaneously, NOICH will oversee the development of a training curriculum to support agencies in their efforts to learn and comply with the Standards of Care. These trainings will be undertaken by a partnership between New Orleans area higher educational entities, the Office of Homeless Policy and the CoC. Trainings will be culturally relevant and informed by research and best practices. A means of regular oversight will be established such that the Standards of Care will be updated along programmed intervals of time.



THEME FOUR

IMPROVE HEALTH AND STABILITY

DISCHARGE PLANNING

In describing his agency's efforts to address discharge planning, one of the presenters to the Homeless Services Working Group said, "The front door to the street, is the back door to the institution."¹⁰ Many homeless constituents have a history with institutional discharges and are caught in an unfortunate cycle where they are discharged from one institution, end up on the street, only soon thereafter to be admitted to another institution.¹¹ Such institutions include hospital facilities for medical and/or mental health concerns, prison or municipal jail facilities, or the foster care system.

Effective discharge planning is key to ensuring the success of individuals exiting these various institutions. Effective discharge planning identifies a constituent's needs and develops a plan for addressing them once he/she returns to the community. These needs can include linkages to mainstream services and benefits, referrals to community-based supportive services, job readiness activities, and housing

referrals. Elements identified as essential components of best-practice discharge planning include early constituent and family involvement, case workers that can provide additional support in the transition process, exiting institution staff input, and a written discharge plan.¹²

Effective discharge planning identifies a constituent's needs and develops a plan for addressing them once he/she returns to the community.

In order to promote effective discharge planning across institutions NOICH will advocate for consistent discharge planning procedures across public institutions including hospitals, corrections facilities, and the foster care system. NOICH will examine current discharge protocols, gaps in discharge planning, and research-based methods to inform the development of cross-institutional discharge planning standards. NOICH will also encourage the development of linkages between public in-

stitutions and community mental health centers, Veterans' service centers and medical clinics so these services can be proactively included in effective discharge planning efforts. Through the establishment of interdepartmental case coordination, efforts will be made to enhance coordination with constituents shared by multiple systems, such as those suffering from HIV/AIDS, substance abuse, and individuals who are Veterans.



THEME FIVE

RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

THE UNSHELTERED HOMELESS IN THE CENTRAL BUSINESS DISTRICT

In the aftermath of Hurricane Katrina, a visible and sizable population of homeless residents began to cluster in the downtown New Orleans area. Though efforts have been made over the last several years—including major initiatives that have addressed the encampments at both City Hall and under the Claiborne Avenue overpasses—there remain in the downtown area groups of homeless individuals who are in need of housing. While UNITY has been instrumental in working alongside the agencies that comprise the CoC to address this issue, appropriate housing has been in short supply. Now is the time to tackle this problem with a long-term housing strategy for these individuals for whom a permanent housing solution has remained elusive.

To address this issue, the City will partner with the Downtown Development District (“DDD”) on a new collaborative project called the **Downtown/Home Partnership**. The project will address homelessness in the downtown New Orleans area through targeted outreach services. Building upon existing best practices in cities like Washington, D.C., this new partnership will be a strong demonstration of the commitment of both the City and business community to address homelessness in New Orleans.¹³ Already the City of New Orleans, the DDD, the State Office of Community Development, the Metropolitan Human Services District, UNITY and the agencies that comprise the CoC, have completed the Calliope Bridge Housing Initiative, an effort to house a significant portion of the downtown homeless population. By utilizing existing and/or reorganized resources, housing was secured for all homeless constituents living within the Calliope Bridge identified target area. All told, over 100 homeless constituents in this area were served and connected with appropriate housing as a part of this initiative.

Following these efforts to address the immediate housing needs of the downtown homeless population, the Downtown/Home Partnership will continue to address homelessness in the downtown area through assertive outreach and linkages to necessary services, while utilizing Homeless Management Information System (HMIS) data to track progress and identify constituents’ needs.



HOMELESS IN ABANDONED BUILDINGS

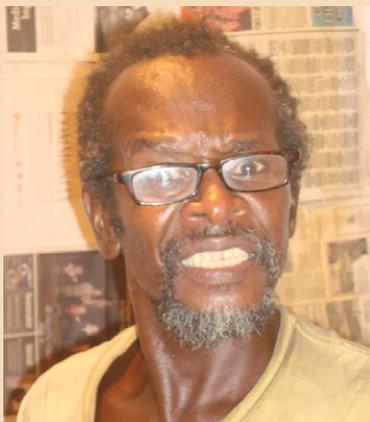
The combination of large numbers of homeless individuals and nearly 50,000 unoccupied properties throughout the city has resulted in significant numbers of people living in blighted buildings not fit for human habitation. According to the latest UNITY Point in Time (“PIT”) survey, on any given night 4,767 people are residing in such buildings. Eighty-seven percent of these individuals have at least one disabling condition and 11 percent are over the age of 62.

In 2008, after learning through surveys that 64 percent of the Claiborne Bridge homeless camp had arrived there from abandoned buildings, UNITY of Greater New Orleans launched the Abandoned Buildings Outreach Team to address the problem of homeless constituents living in abandoned buildings. The team conducts systematic searches of abandoned buildings in New Orleans by day, returning by night to buildings showing signs of life in order to rescue and re-house the occupants.

The City of New Orleans Code Enforcement Department, which is the City entity responsible for remediating blight, has worked closely with the Homeless Services Working Group on this urgent issue. Action items that have resulted from this collaboration include:

- The City and UNITY will coordinate with Code Enforcement officials to accurately document the number of individuals living in housing not meant or suitable for human habitation.
- To address the needs of the homeless population living in unsafe housing or abandoned buildings, the Office of Homeless Policy and UNITY will collaborate with Code Enforcement leadership to leverage the strength of a new districting plan that separates the City into sixteen districts with designated Code Enforcement Officers assigned to each district.
- Trainings will be provided for Code Enforcement Officers to assist them in identifying signs of habitation in such buildings.

The Office of Homeless Policy, UNITY, and the New Orleans Police Department’s Quality of Life Officers will develop a coordinated system of engagement with homeless individuals residing in abandoned or unsafe buildings, with the ultimate goal of linking them with services and alternative housing.



Mr. Tommie

Mr. Tommie Mabry was found by the UNITY outreach team on a freeze night in a two-room apartment in the basement of a flooded house. Suffering with physical and mental disabilities, Mr. Mabry quickly rose to the top of the Permanent Supportive Housing (PSH) Registry, a systematic method for prioritizing those most likely to die if not housed, and has been housed for the past two and a half years. Today, Mr. Tommie volunteers with outreach on freeze nights.

Tommie says of finally having a place to call home, “Being homeless is like swimming in an Olympic-sized pool. Having a house is like finally taking a breath of fresh air.”



AREAS OF SPECIFIC FOCUS

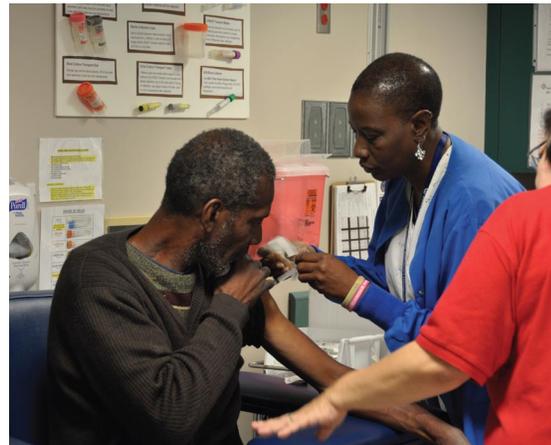
VETERANS AFFAIRS

Secretary of Veterans Affairs (“VA”), Erik K. Shinseki, has prioritized ending homelessness for Veterans, and has authorized Veterans’ service providers across the country to aggressively pursue this goal. According to the most recent data cited by the U.S. Department of Veterans Affairs, approximately 15 percent of the New Orleans homeless population consists of Veterans, and on any given night there are over 500 homeless Veterans in New Orleans.

In its efforts to address the needs of the homeless Veteran population, the VA served over 1200 homeless Veterans throughout the last year, and utilized 100 percent of its allotted Veterans Affairs Supported Housing (“VASH”)^a vouchers. Reflecting increased numbers of Veterans served in this community, the number of allocated VASH vouchers has significantly increased for the New Orleans area in this fiscal year.

In February 2011, the Southeast Louisiana Veterans Health Care System (“SLVHCS”) established a Homeless Coalition tasked with addressing Veterans’ homelessness in this community. From this coalition a series of initiatives were established, with implementation already underway, including:

- Adoption of a “Housing First” model, including the implementation of a Risk Assessment Tool to document and prioritize Veterans based on acuity and vulnerability
- Focus on hiring preferences for Veterans, for both temporary and permanent construction-related positions to support the development of the new VA hospital facility currently in the initial phases of construction in New Orleans



^a VASH assists homeless Veterans and their families to afford decent, safe, and sanitary housing through the distribution of housing vouchers. From HUD Homeless Resource Exchange, “Introduction and Overview of HUD Homeless Programs.” Available: <http://www.hudhre.info/index.cfm?do=search&refererType=homeResourceSrc&searchtype=3&cv=t2&keywords=glossary&go2=>





- Increased integrated Stand Down events which connect veterans to resources and provide referrals for housing and employment^a
- Development of a Virtual Front Door—an online clearinghouse for homeless services and resources
- Implementation of a Veterans Court at the criminal, municipal, and federal levels
- Partner with community medical centers for use of mobile health clinics
- Increase marketing of VA homeless services to community partners

The VA is an active and committed partner with the City in ending homelessness in New Orleans. Folding these ongoing initiatives into the City's homelessness planning efforts, SLVHCS has initiated the formation of a partnership with the City that represents only the second such known collaboration in the country; and in that planning process additional opportunities for innovative partnerships emerged. In addition to endorsing the above ongoing initiatives originally established by the VA, the City and SLVHCS have now partnered to examine how to use a portion of the former VA Hospital site in downtown New Orleans as a **24-Hour Comprehensive Homeless Community Resource Center**, the first such center in the country.

This new center will be designated as the centralized intake and service center for the New Orleans area, tasked with serving all homeless constituents. Easily integrating the **No Wrong Door**^b approach to services endorsed by Secretary Shinseki¹⁴, this center will either provide help on the spot or link the individual to someone who can.

Further plans for this center will be determined through design and planning charrettes. SLVHCS has obtained the commitment from an internationally renowned architect and design firm that has worked on previous Veterans' facilities to lead the charrette. The charrette will include a wide range of stakeholders, including Veteran and non-Veteran homeless constituents. Meanwhile, NOICH will develop a plan for long-term funding/sustainability of the center.

^a *Stand Downs are events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services such as housing, employment, and substance abuse treatment. From U.S. Department of Veterans Affairs, "Stand Down." Available: <http://www.va.gov/HOMELESS/StandDown.asp>*

^b *"No Wrong Door" refers to an approach in which caregivers share common information and tools that can break down unnecessary barriers and allow clients to gain access to all needed services no matter whose door they come to first. From Connecticut Coalition to End Homelessness, "Definition List." Available: http://www.cceh.org/glossary/definition/no_wrong_door*



FUNDING

In New Orleans, homeless services are funded by the following sources of federal funds¹⁵:

- **ESG** (Emergency Shelter Grants) – HUD-funded formula grant that provides homeless persons with basic shelter and essential supportive services including limited prevention services.
- **HOME** (Home Investment Partnership Act) – HUD-allocated funds to expand the supply of decent, safe, sanitary and affordable housing.
- **TBRA** (Tenant-based Rental Assistance) – A subset of HOME, provides up to 24 months of rental assistance for homeless individuals & families. HOME strives to rapidly re-house, stabilize, and re-engage those who are homeless.
- **SHP** (Supportive Housing Program) – Competitively-awarded HUD-funded grants that help develop housing and funds related supportive services for people moving from homelessness to independent living.
- **Shelter Plus Care** – Funded by HUD, provides rental assistance for supportive housing, primarily for people with serious mental illness, chronic problems with alcohol and/or drugs, and AIDS or related diseases.
- **CDBG** (Community Development Block Grant) – Federal funds that have been used by the City to address urgent needs, and/or needs of low- to moderate-income individuals.

Across the country other cities and states are finding ways to leverage additional funds by tapping private philanthropic monies. Not only does this augment the total amount of money available for homeless services, it also provides an unrestrictive source of funds that can be used to launch innovative new projects and build capacity within the Continuum of Care. Creating such a pool of flexible funds is the goal for the **New Orleans Homeless Trust**.

Housed at the Greater New Orleans Foundation, the Trust will accept donations both large and small with the goal of building a network of motivated funders in New Orleans and beyond who support the mission of ending homelessness in our City. Harnessing these private resources will allow the City to launch innovative and flexible endeavors based on best practices that assist homeless individuals, families, Veterans, and youth of this community.



Photo by Cheryl Gerber

I want to go to college and become a surgical nurse so I can make enough money to give back to the people at Covenant House.



DATA

Collecting reliable data on the number, characteristics, and service needs of individuals, families, and unaccompanied youth experiencing homelessness is a critical component of local homeless planning, program development, and system analysis. Accurate data helps to understand homeless populations, adjust the types of programs and services available according to need, efficiently target resources, justify requests for additional resources, raise public awareness about the issue of homelessness, and measure community progress towards preventing and ending homelessness.¹⁶

Recognizing the critical role data plays in effective system planning, the New Orleans Interagency Council on Homelessness (“NOICH”) will immediately create a Data Committee to benchmark and measure progress on the Ten-Year Plan. Critical partners on the Data Committee will include UNITY, the lead agency responsible for the Homeless Management Information Systems (HMIS), and VIA Link, the agency that manages the HMIS.

HMIS provides for longitudinal data on all persons accessing the homeless assistance system. The system can be used to generate unduplicated counts of clients served, information on how clients enter and exit the system, and measure the performance of the system in moving clients into permanent housing. The expected outcome from the work of this Committee is to manage the development and oversight of a performance management plan to ensure that the entire community can measure both the impact of singular programs and the system as a whole. To successfully accomplish this goal, the Committee will need to develop a data quality management and training plan to ensure all providers realize the importance and value of having accurate, reliable data from which to benchmark and measure progress in ending homelessness.

A long-term goal of the Ten-Year Plan is for the City and UNITY to utilize results from this performance measurement system to determine successes and address needed changes in the Ten-Year Plan to End Homelessness. The types of measures necessary to inform plan implementation and progress include:

- Availability and quantity of housing stock
- Capacity of CoC member service providers
- Gaps in housing and service resources
- Quality of services provided (via standardized evaluation measures)
- Fluctuation of Point in Time count over the Ten-Year Plan
- Program performance of key Ten-Year Plan initiatives



SPECIFIC POPULATIONS

Youth

DATA

- In 2010, 950 unaccompanied youth were served by New Orleans homeless service providers.

FACTS

- A “youth” is considered “any person under the age of eighteen who presents for services alone.”¹⁷
- More likely than their peers to suffer with untreated mental illness, be sexually assaulted or exploited, experience partner violence, and become victims of violent crime.¹⁸
- Often fleeing turbulent and abusive home environments, many have a long history of physical and emotional neglect.

NEEDS

- Mental health treatment, abuse screenings, reengagement in educational endeavors, job training, and life skills education.
- Additional housing.

ACTION

- Develop proactive intervention programs that work closely with the public school systems to prevent vulnerable children from becoming homeless youth.
- Develop diversion programs for youth that have recently become homeless, or those at imminent risk who are living in temporary housing situations.
- Expand employment opportunities for youth through the development of apprenticeship opportunities and mentorship programs in partnership with the New Orleans business community.
- Establish a one-stop shop that provides wraparound health, employment, education and case management services in a safe environment for unaccompanied youth population.
- Build additional housing capacity for youth within the homeless system.
- Develop effective discharge planning to prevent youth exiting foster care or the juvenile justice system from being discharged into homelessness.



Photo by Hilary Duffy

The staff here at Covenant House have had a big impact on my life, and if I hadn't come here, I don't know where I'd be or what I'd be doing with my life.



Youth & Families

DATA

- According to 2010 HMIS data, 7,555 persons in families were served by New Orleans area homeless service providers, including 3,118 children.

FACTS

- Many families are the working poor.
- Most were living in rental housing prior to becoming homeless.
- Majority are African American.

NEEDS

- Services designed to address the multi-systemic needs of a family (i.e. children's services, educational, medical, health care).

ACTION

- House 98 persons from PIT survey that were found in places not meant for human habitation.
- Strengthen central intake facilities for families so they may access a variety of services quickly and effectively.
- Target outreach to identify homeless families and families at risk of homelessness, including outreach efforts to schools, churches and faith-based organizations, hospitals, and main-stream service delivery entities (e.g. Medicaid/Medicare, SNAP ("food stamp") offices, and child support enforcement agencies).
- Work with UNITY and the homeless service providers to link job readiness and workforce development programs for heads of household.
- Work with family agencies to engage them in efforts to plan for and address needs of homeless families.



Natasha Vaughn

I realize the value of my education. I have enrolled in school to get my GED. Then I plan on getting a license for a CNA. I want to be a nurse. New Orleans Women's Shelter (NOWS) is working with me to develop a plan to secure childcare, employment, my education and housing. When I learn to manage the above I believe I will be able to end homelessness for me and my children.



Chronic Homeless

DATA

- 4,064 chronically homeless individuals were served in 2010.

FACTS

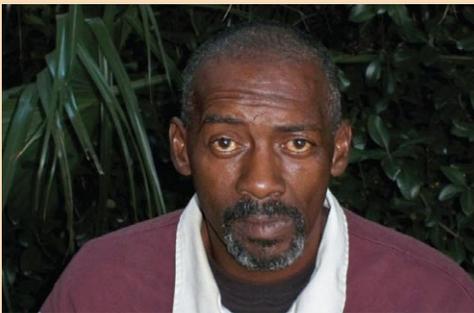
- New Orleans has almost double the number of chronic homeless as is reported nationally. They tend to be an older population; with most falling in 45-61 years of age range; two thirds of them are males; 79 percent have a disability – medical, physical, or psychiatric.

NEEDS

- Low barrier shelters, permanent supportive housing, access to medical and psychiatric care.

ACTION

- Increase outreach efforts via the Downtown/Home Partnership and homeless service providers.
- Promote easier access to services via a centralized intake system.
- Promote consistently high quality of services by monitoring services and developing Standards of Care.
- Increase housing stock to allow for the types of shelters and permanent housing needs for this population.
- Promote and facilitate the linkage of Medicaid funded mental health providers with housing providers.



THE PLAN

ACTION ITEMS SUMMARY

Timelines:

All initiatives described in this plan will be launched within the first year. Implementation will be ongoing over the course of the Ten-Year Plan, with programmed and as-needed evaluation taking place over the course of Plan implementation. There will be a structured evaluation initiative occurring during the final year of the ten-year timeline.

As delineated previously, the following timelines will be accomplished:

- Veteran homelessness ended within 5 years
- Chronic homelessness ended within 10 years
- Family homelessness ended within 10 years

Guiding Principles:

- **Culturally Relevant** – Develop programs and strategies for reducing homelessness that consider the cultural context of homeless constituents the plan is designed to support.
- **Therapeutic & Healing** – Be mindful of the therapeutic concerns (i.e. trauma history, family of origin, mental health conditions) of homeless constituents and provide appropriate consideration to creating avenues for recovery and healing from those concerns
- **Data Driven** – Policy recommendations will be informed by data and any new programming will be solutions oriented and tied to measurable outcomes.



INCREASE AVAILABLE HOUSING

ACTION ITEM 1: Increase production and use of housing options for the homeless through Housing First principles. The following chart represents the additional housing stock that will be developed over the course of Plan implementation:

INDIVIDUALS	
Low Barrier Shelter (to include Respite Beds and Working Persons Shelter)	185 beds
Safe Havens	50 beds
Prevention and Rapid Re-housing	6,000 interventions over 10 years, 600 per year
Permanent Housing	2,115 beds

FAMILIES	
Low Barrier Shelter	45 beds or 15 units of reorganized TH; 20 units 6 units of new shelter
Prevention and Rapid Re-housing	1,500 interventions over 10 years, 150 per year
Permanent Housing	516 beds, 172 units

ACTION ITEM 2: Increase safe-haven and low barrier shelters to ensure that all unsheltered homeless have shelter, particularly those who have traditionally been service-resistant.

ACTION ITEM 3: Increase access to safe and affordable rental/subsidized housing. The City will encourage the creation of homeless set-asides in affordable housing developments throughout the City, oversee implementation of affordable housing planning charters, and other ongoing efforts to encourage development of affordable housing.

ACTION ITEM 4: City will encourage housing developers to pursue Community Acceptance Plans, to include Good Neighbor Agreements, with representatives of the neighborhoods in which their housing will be located.

ADDRESS URGENT ISSUES

ACTION ITEM 1: Reuse old VA Hospital in downtown New Orleans for innovative, collaborative VA/City venture to create 24-hour Comprehensive Community Resource Center.

ACTION ITEM 2: Move all homeless constituents out of abandoned and unsafe housing in collaboration with UNITY of Greater New Orleans and City of New Orleans Department of Code Enforcement.

ACTION ITEM 3: Institute plan to address centralized homeless population in the downtown New Orleans area in collaboration with Downtown Development District.



IMPROVE STANDARDS OF CARE AND BUILD CAPACITY

- ACTION ITEM 1:** Develop comprehensive Standards of Care protocol that will be adopted and utilized consistently by all homeless service providers delivering services to homeless constituents.
- ACTION ITEM 2:** Improve collaboration, communication, and coordination of services among all providers delivering services to homeless constituents.
- ACTION ITEM 3:** Ensure that programs designed to address the needs of low-income and vulnerable populations are in fact accessed to serve the needs of homeless constituents (e.g. Medicaid, "Food Stamps," and Social Security).
- ACTION ITEM 4:** Develop trainings which ensure that homeless service providers are informed and buy in to this Plan.
- ACTION ITEM 5:** Assist homeless service providers in efforts to increase their capacity and streamline services across agencies so as to free up capacity that could be utilized elsewhere.

IMPROVE SERVICE DELIVERY AND DISCHARGE PLANNING

- ACTION ITEM 1:** Identify and fill gaps in services to ensure that all populations are receiving consistent and effective services that address their housing, medical, and financial needs.
- ACTION ITEM 2:** Establish and advocate for consistent and effective discharge plans that prevent mainstream systems and institutions from releasing clients into homelessness.
- ACTION ITEM 3:** Ensure the development of targeted homeless outreach efforts to create more effective and streamlined services tailored to the specific needs of these client populations.

IMPROVE COLLECTION AND USE OF DATA

- ACTION ITEM 1:** Identify data needed to accurately measure performance of programs, assess security, training and the quality of data presently collected.
- ACTION ITEM 2:** Engage all providers of homeless services to utilize consistent data measurement and management protocols from which to benchmark and measure progress in ending homelessness.



ADDENDA

HOMELESS SERVICES WORKING GROUP OVERVIEW

In an Executive Order dated June 2, 2011, New Orleans Mayor Mitchell J. Landrieu created the Homeless Services Working Group. Recognizing that homelessness has become a chronic and unremitting problem for New Orleans, Mayor Landrieu's executive order charged the Working Group to:

- Review all aspects of homeless services in the City of New Orleans;
- Review the planning processes, policies, and implementation strategies undertaken by homeless service providers as part of the Continuum of Care;
- Review information about national best practices for homeless services and recommendations that other organizations may submit to the Working Group;
- Make final recommendations to the Mayor regarding a long-term strategic plan for homeless services in Orleans Parish.

The Working Group – comprised of a cross-section of the community representing the Continuum of Care, business, criminal justice, health care, higher education, faith-based, government, non-profit, neighborhood, and philanthropic sectors—worked cooperatively with federal and state partners in order to create outcome-driven approaches based on national best practices in order to best serve the needs of the homeless and the City.

The Working Group was chaired by Stacy Horn Koch, Director of Homeless Policy. Federal Judge Jay Zainey and Jade Brown-Russell, who is an attorney employed by Harrah's, served as Co-Chairs. In 2004, Judge Zainey founded Project H.E.L.P, which now provides free legal services to the homeless in New Orleans and 15 other cities. Ms. Brown-Russell is the chair of the Downtown Development District and a board member of UNITY, which has worked to serve the homeless population in New Orleans.

Other members include leaders from UNITY of Greater New Orleans, the lead agency for the Continuum of Care; City Council members and their staff; the Orleans Parish Sheriff; State and Local administrative and political leaders; homeless constituents; local nonprofit directors; business development leaders; faith-based services representatives; homeless advocates and activists; and many others.



WORKING GROUP MEMBERSHIP

Iye Allen	Dottie Belletto
Adena Boris	Cheryl Breaux
Jade Brown-Russell (Co-Chair)	Tim Carpenter
Julie Catellier	Dr. Rebecca Chaisson
Dooky Chase, III	Henry Coaxum
Ed Cohn	Liza Cowan
David Crosby	Dr. Sarah DeLand
Lucas Diaz	Dr. Peter DeBlieux
Dr. Rochelle Head Dunham	Laverne Dunn
Don Erwin	Mike Griffin
David Bowman	Sheriff Marlin Gusman
Hon. Stacy Head	Jeff Hebert
Bill Hines	Fr. Henry Hudson
Calvin Johnson	Vicki Judice
Martha Kegel	Kathy Laborde
Ellen Lee	Anthony Love
Hon. Cynthia Hedge-Morrell	Andreanecia Morris
Debra Morton	Lynn Overmann
Angela Patterson	Aimee Quirk
Dr. Stephanie Repasky	Larry Rivers
Kenneth Rocky	Mark Romig
Chief Ronal Serpas	BB St. Roman
Toya Barnes Teamer	Lauri Toups
Laura Tuggle	Kurt Weigle
Dr. Andrew Williams	Hon. Jay Zainey (Co-Chair)
Luis Zervigon	

In addition, representatives from a number of homeless service providers from across the City regularly participated in the Working Group's meetings and deliberations. Their insight was invaluable.

Finally, a number of homeless constituents attended regularly. Their perspective was perhaps the most influential as the Working Group shaped the Plan.



PROCESS

In a series of six meetings spread out over 100 days, Working Group members and service providers were divided into four standing subcommittees to address homelessness as it related to: Data; Families, Youth, and Children; Single Individuals; and Veterans. These subcommittees identified clear and concise strategies to ending homelessness for their particular subpopulation and then brought their recommendations to the larger group for further discussion and refinement.

Under the deft assistance of professional facilitators provided by the Department of Housing and Urban Development, the themes and policy priorities identified in this document represent the cross-cutting issues that are of most concern to the homeless population in New Orleans. This report is the fruit of their labor, and is designed to inform and guide the Mayor—and the community at large—on how to most effectively and efficiently tackle the issue of homelessness.

COMPREHENSIVE LIST OF HOMELESS SERVICES WORKING GROUP PARTICIPANTS

Clarence Adams, Ozanam Inn
Ivy Allen, Foundation for the Mid-South
Connie Andry, Catholic Charities
Wayne Baquet, Lil Dizzy's Cafe
Toya Barnes Teamer, Dillard University
Dottie Belletto, New Orleans Convention Company
Cheri Blair, Audubon Institute
Alecia Blanchard, Catholic Charities
Edward Bonin, Drop-in Center
Adena Boris, LA Dept. of Children and Family Services
Brandi Bowen, New Orleans Regional AIDS Planning Council
Cheryl Breaux, HUD
Tyra Johnson Brown, City of New Orleans
Ayesha Buckner, Orleans Parish School Board
Jamie Buth, Southeast LA Veterans Health Care System
Tim Carpenter, Fannie Mae
Julie Catellier, Southeast Louisiana Veterans Health Care System
Rebecca Chaisson, Tulane University School of Social Work
Edgar Chase, Dooky Chase Restaurant
Craig Coenson, Metropolitan Human Services District
Joseph Constans, Southeast Louisiana Veterans Health Care System
Liza Cowan, J.P. Morgan Chase
David Crosby, First Baptist New Orleans
Peter DeBlieux, Louisiana State University Health Sciences Center
Sarah Deland, Tulane University
Lucas Diaz, City of New Orleans
Biaggio DiGiovanni, Ozanam Inn
Laverne Dunn, Louisiana Department of Education



Don Erwin, St. Thomas Community Health Center
Don Everand, Rebuild Center
Gregory Favret, Catholic Charities
Dawn Fletcher, New Orleans Women's Shelter
Melinda B. Flynn, Consultant
Derrick Francis, City of New Orleans
Michelle Gaiennie, Bridge House/Grace House
Lydia Glapion-Days, City of New Orleans
Linda Gonzales, New Orleans Mission
Michael Griffin, Daughters of Charity
Amanda Guma, State of Louisiana, Office of Community Development
Clifton Gunderson, Community Member
Kim Gunderson, Community Member
Marlin Gusman, Orleans Parish Sheriff's Office
Melissa Haley, Volunteers of America
Darlene Hargrove, City of New Orleans
Clifton Harris, VIA Link
Darrin Harris, Ekhaya Youth Project
Jeff Hebert, City of New Orleans
Felice Hill
Bill Hines, Jones Walker
Wyatt Hines, Covenant House
Henry Hudson, Trinity Episcopal Church
Karen Jackson, Salvation Army
Yolanda Jenkins, New Orleans Police Department
Mark Johnson, Brotherhood, Inc.
Calvin Johnson, Metropolitan Human Services District
Elizabeth Jones, Tulane University
Vickie Judice, UNITY of Greater New Orleans
Morris Kahn
Karyn Kearney, Audubon Institute
Tyrone Keelen, Tulane University
Martha Kegel, UNITY of Greater New Orleans
Jim Kelly, Covenant House
Kathy Laborde, Gulf Coast Housing Partnership
Barbara Lacen-Keller, City of New Orleans
Andrew Lauber, Gulf Coast Housing Partnership
William Lavender, City of New Orleans
Fran Lawless, City of New Orleans
Fran Ledger, Canavan Associates
Ellen Lee, Greater New Orleans Foundation
Steve Loria, Belle Reve
Colleen Lusignan, Faubourg Lafayette Neighborhood Association
Mary Mangan, Homeless Constituent
Trey Mangum, NO/AIDS Task Force
Sarah Marcello, Southeast Louisiana Legal Services
Karen Martin, Traveler's Aid
Mike Martyn, Responsibility House
Sabrina Mays-Montana, City of New Orleans
Diana Meyers, St. Anna's Episcopal Church
Amanda Mills, UNITY of Greater New Orleans



Andreanecia Morris, Providence Community Housing
Debra Morton, Recovery School District
Kathleen North, UNITY of Greater New Orleans
Eric Oleson, Project Lazarus
Jonathan Padgett, VIA Link
Angela Patterson, UNITY of Greater New Orleans
Else Pedersen, Bridge House
William E. Peters, Jr., Homeless Constituent
Aimee Quirk, City of New Orleans
Gail Ratleff, Ozanam Inn
ChaRita Red, City of New Orleans
Valerie Reinhard, UNITY of Greater New Orleans
Stephanie Repasky, Southeast Louisiana Veterans Health Care System
Juanita Reynolds, City of New Orleans
Larry Rivers, Southeast Louisiana Veterans Health Care System
Dean Robinson, Southeast Louisiana Veterans Health Care System
Kenneth Rocky, Southeast Louisiana Veterans Health Care System
Jade Russell, Co-Chair
Madelyn Cosey Sanchez, City of New Orleans
Glenis Scott, Youth Empowerment Project
Robert Sevalia
Dan Silverman, New Orleans Women's Shelter
Loretta Smith, New Orleans Mission
B. B. St. Roman, New Orleans Police Department
Becky Stallard, The Pro Bono Project
Vickie Starks, Southeast Louisiana Veterans Health Care System
Reid Stone, Hero-Farm
Trevor Theunissen, City of New Orleans
Oliver Thomas, Covenant House
Don Thompson, Harry Tompson Center
Laura Tuggle, Housing Authority of New Orleans
Cory Turner, Catholic Charities
Noel Twilbeck, NO/AIDS Task Force
Madeline Uddo, Southeast Louisiana Veterans Health Care System
Lilia Valdez-Lindsley, Southeast Louisiana Veterans Health Care System
Anthony Vanacore, Homeless Constituent
Voris Vigee, Volunteers of America of Greater New Orleans
Peter Waxman
Kurt Weigle, Downtown Development District
Clarence White, UNITY of Greater New Orleans
Donald Wilkerson, Exodus House
Andrew Williams, Louisiana State University Health Sciences Center
Patrice Williams, City of New Orleans
Arthur Wilson, Homeless Constituent
James Young, State of Louisiana, Office of Community Development
Jay Zainey, Co-Chair
Luis Zervigon, Crescent Capital Consulting



BEST PRACTICES

The New Orleans Working Group has taken steps to ensure that our efforts are reflective of successful practices utilized in other parts of the country. Here are a few examples of some programs and models that have inspired the Homeless Services Working Group:

Boston, Massachusetts – Funders Together

- Philanthropic network established solely to harness national philanthropic community to address homelessness
- Board composed of leaders from major nonprofit entities – Bill and Melinda Gates Foundation, Melville Charitable Trust, Robert Wood Johnson Foundation, and many others

Chatham-Savannah Authority for the Homeless

- Executive Director, Mark Baggett Julie, presented at Working Group meeting
- Best practice for plan development, quality assurance, discharge planning standards

Columbus, OH – Community Shelter Board

- Performance measurement
- Accountability and Standards of Care at every level of the CoC

Denver, Colorado – Denver’s Road Home

- Developed and initiated Ten-Year Plan to End Homelessness in Denver community by 2015
- Served as a model for comprehensive plan development, as well as homeless trust in particular.

Des Moines, Iowa – Iowa Institute for Community Alliances

- Project Director Julie Eberbach presented at Working Group Data Subcommittee meeting
- Best practice as related to overhaul and development of HMIS system

Miami, Florida – Miami-Dade Homeless Trust

- Known for excellent standards of care built into their programs
- Accountability and Standards of Care at every level of the CoC
- Discharge planning

Minneapolis, MN – Hennepin County Master Plan

- Ten-year plan developed in 2006 is one of the strongest best practices for planning process, their data plan in particular
- Plan addressed broad goals, recommendations, and action steps over a number of service areas and issues, and is generally regarded as data-rich

Norfolk, Virginia – City of Norfolk Office to End Homelessness

- Director, Sarah Paige Fuller, presented at Working Group Single Individuals Subcommittee meeting
- As part of their Strategic Plan to End Homelessness, her office developed and implemented Standards of Care



Portland, OR – Outside-In

- Focus on youth
- Aim is self-sufficiency
- Meets clients where they are – LGBTQ, mental health services, medical care

Washington, DC – The Community Partnership for the Prevention of Homelessness

- Innovative business – community partnership utilizing Housing First Model to directly impact homelessness within downtown Washington, D.C.
- Downtown DC Business Improvement District funds Downtown Homeless Services Team comprised of six clinicians, which has successfully moved over 700 people out of homelessness since its inception in 2008
- Accountability and Standards of Care at every level of the CoC

Washington, DC – DC Interagency Council on Homelessness

- Innovative independent governmental agency for cross-sector collaboration on homeless services coordination on a local level
- Served as a model for the development of NOICH

Washington, DC – United States Interagency Council on Homelessness (“USICH”)

- Innovative independent governmental agency for cross-sector collaboration on homeless services coordination on a federal level
- Serves as a model for local interagency councils, such as the one established by this Ten-Year Plan.



GLOSSARY

Chronically Homeless – A homeless person with disabilities living in emergency shelters or places not meant for human habitation for more than a year, or having four or more episodes of such homelessness in the past 3 years.

HMIS – Homeless Management Information Systems – HMIS is a computerized data collection application designed to capture client-level information on the characteristics and service needs of adults and children experiencing homelessness over time.

Housing First – An approach to homeless services that is based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that affect the individual or household can and should only be addressed once stable housing is achieved.

Low Barrier Shelter – An overnight housing shelter for individuals who are homeless without imposition of identification, time limits, or other program requirements.

Permanent Supportive Housing – provides long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting

Rapid Re-housing – A newer service offering that typically provides time limited subsidy to homeless individuals or families who don't need highly service-enriched interventions, but are often unsheltered due to job loss or other extenuating circumstances.

Safe Haven – 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. It is expected that clients will be re-engaged with treatment services as they become stabilized and learn to trust service providers.

Transitional Housing – facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.



ACKNOWLEDGEMENTS

Mayor Mitchell Landrieu

Working Group Members

Cedric Grant, Deputy Mayor of Facilities, Infrastructure & Community Development

Barbara Poppe, Director, United States Interagency Council on Homelessness

Anthony Love, United States Interagency Council on Homelessness

Nan Roman, National Alliance to End Homelessness

Shaun Donovan, Secretary, Department of Housing & Urban Development

Mercedes Marquez, Department of Housing & Urban Development

Mark Johnston, Department of Housing & Urban Development

Ann Oliva, Department of Housing & Urban Development, Office of Special Needs Assistance Programs

Kathleen Sebelius, Secretary, Department of Health & Human Services

Charlene LeFauve, Department of Health & Human Services, Co-Occurring & Homeless Activities Branch

Eric Shinseki, Secretary, Department of Veteran Affairs

Julie Catellier, Department of Veteran Affairs, Director, Southeast Louisiana Veterans Health Care System

Stephanie Repasky, Department of Veteran Affairs, Southeast Louisiana Veterans Health Care System

Larry Rivers, Department of Veteran Affairs, Southeast Louisiana Veterans Health Care System

Hilda Solis, Secretary, Department of Labor

UNITY of Greater New Orleans

Lakeview Christian Center

KIPP Central City

Melinda Flynn

Darlene Mathews

Michelle Hayes

Fran Ledger

Aaron Zagory

Stacy Horn Koch

Sam Joel



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Mitchell J. Landrieu, Mayor