
Executive Summary



Breaking the Cycle

Delaware's Ten-Year Plan to End Chronic Homelessness
And Reduce Long-Term Homelessness

Prepared by the Delaware Interagency Council on Homelessness
February 2007

Governor Ruth Ann Minner
The Tatnall Building
Dover, DE 19901

Dear Governor Minner:

The Delaware Interagency Council on Homelessness (DICH) is pleased to provide Delaware's Ten-Year Plan to End Chronic Homelessness and Reduce Long-Term Homelessness. We thank you for this opportunity to work together to develop this important Plan and wish to express our gratitude to those who helped create it. We would also like to thank those people who have been homeless, who took time to talk to us about their experiences.

If fully implemented, this plan would end chronic homelessness in Delaware. People who are chronically homeless are those individuals who have a disabling condition and find themselves without a home, either frequently or for long periods of time.

Delaware already has much of the infrastructure needed to address this issue. The Homeless Planning Council of Delaware (HPC) has successfully accessed over \$20,000,000 in federal funds over the last five years to develop and operate supportive housing. Additionally, the HPC administers the Delaware Homeless Management Information System, which collects extensive data on the extent and nature of homelessness in Delaware. We know that many of the people who have the most serious mental health and/or substance abuse problems already have treatment teams in place that have been proven effective when paired with affordable housing both here in Delaware and across the country.

Through its work, the DICH has identified five major strategies to end chronic homelessness in Delaware:

1. Develop New Housing for Persons Who Are Chronically Homeless or At-Risk for Chronic Homelessness
2. Remove Barriers to Accessing Existing Affordable Housing
3. Improve Discharge and Transition Planning
4. Improve Supportive Services for Persons Who Are Homeless
5. Enhance Data Collection and the Use of Technology

Finding the resources to implement this Plan will be challenging; however, implementation of similar measures in other areas has proven that reductions in the use of high cost services almost totally offset the increased investment in housing. We greatly appreciate the opportunity to provide this information and hope that you will agree that chronic homelessness is a problem that we simply cannot afford to ignore.

Sincerely,

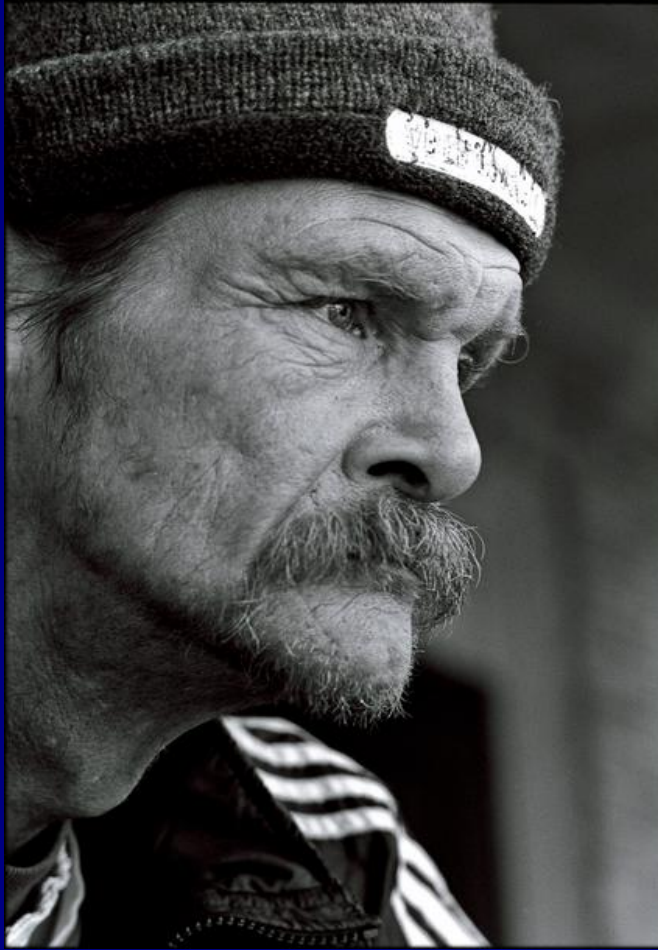
Sandra Ross Johnson
Chair

Sincerely,

Catherine Devaney McKay
Co-Chair

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Introduction

Introduction

Homelessness is a significant problem in Delaware. On any given night it impacts more than 1,800 people and more than 6,700 persons over the course of a year. A significant segment (15%) of the homeless population in Delaware is comprised of persons who are chronically homeless – unaccompanied persons who have been homeless for a year or more, or four times over the last three years, and who have a qualifying disabling condition. Research has shown that while persons who meet the definition of chronic homelessness make up only 10% of homeless people nationwide, they consume more than 50% of the resources allocated to providing homeless services. The case for developing a solution is clear – not only is chronic homelessness unacceptable in terms of human cost, it is also economically costly.

In March 2005, Governor Ruth Ann Minner appointed the Delaware Interagency Council on Homelessness (DICH), and charged it to adopt and monitor the implementation of a plan to reduce homelessness and end chronic homelessness in Delaware within ten years. The DICH includes broad representation from stakeholders, community leaders, state and federal government agencies, supportive housing developers and homeless service providers and formerly homeless individuals. Together, DICH members have reviewed local and national homelessness data, best practices for housing and services, and financing strategies to develop a plan that addresses the needs of chronically homeless persons and persons who are at risk of chronic homelessness (people with a qualifying disabling condition who are currently homeless, have experienced homelessness or are precariously housed). Together, chronically homeless persons and persons at risk for chronic homelessness make up 50% of the homeless people in Delaware. *Delaware's Ten-Year Plan* focuses on the 50% of homeless persons described above. Recommendations made in this Plan are intended to be additive to what currently exists in Delaware to serve homeless people.

Over the past twenty years, Delaware has developed a strong community-based response to homelessness, with a broad continuum of housing and services offered by both non-profit and state agencies, and an extensive planning and data collection system spearheaded by the Homeless Planning Council of Delaware. Unfortunately, the existing homeless service-delivery system is insufficient to end homelessness, particularly for those for whom homelessness has become a chronic condition. It is time for a new approach – one that takes what works within our existing system, and pairs it with strategies that have proven effective in Delaware and in other communities across the country.

To end chronic and long-term homelessness in Delaware the DICH, recommends five broad strategies:

1. Develop New Housing for Persons Who Are Chronically Homeless or At-Risk for Chronic Homelessness
2. Remove Barriers to Accessing Existing Affordable Housing
3. Improve Discharge and Transition Planning
4. Improve Supportive Services for Persons who are Homeless
5. Enhance Data Collection and Use of Technology

Delaware's Ten-Year Plan will require a significant investment of resources. Finding the resources to implement this Plan will be challenging; however, implementation of similar measures in other areas have proven that reductions in the use of high cost services almost totally offset the increased investments. The most frequently cited study demonstrating the cost effectiveness of providing supportive housing is the study published by the Fannie Mae Foundation in 2002, *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*, by Dennis P. Culhane, Stephen Metraux and Trevor Hadley. The study found that prior to placement in supportive housing, chronically homeless persons and persons at risk for chronic homelessness used vast amounts of expensive services in public sector systems – prisons, psychiatric hospitals, emergency rooms, emergency shelters. The study showed that 95% of the cost of providing supportive housing was covered by savings in other systems for which costs could be easily gathered.

Delaware's Ten-Year Plan is not just about creating housing units – although more than 2,000 beds will be needed. It also calls for implementing a range of prevention and service-delivery strategies that have a basis in evidence and have been demonstrated to be effective. It requires a willingness to examine the assumptions under which we have approached issues in the past, to assess our activities and initiatives honestly and critically, and ultimately, to do business differently through changing systems, redirecting existing resources and securing commitments for additional funding. The significant focus of this Plan is on investing our precious local resources in a manner that better serves homeless people and, in so doing, eliminates chronic homelessness and reduces long-term homelessness in Delaware.

To find the resources needed to implement this Plan, the DICH will seek support and endorsement from key stakeholders throughout the state, including civic and faith groups, communities of color and their institutions and organizations, businesses, small business owners, housing and service providers, homeless persons and their advocates, and elected and appointed officials.



Homeless Data

Who Are the Homeless and the Chronically Homeless in Delaware?

Homelessness is a serious problem for many Delawareans. The Homeless Planning Council gathers information about homelessness in Delaware in two ways – through a Point-in-Time survey conducted twice a year, once in the summer and once in the winter, and through real-time electronic data collection through the Delaware Homeless Management Information System (DE-HMIS). Data from these sources was used by the DICH to develop this Plan.

During the Point-in-Time survey conducted on January 26, 2006, **1,834** homeless persons, with the following characteristics, were counted in Delaware.

Homeless Subpopulation	Sheltered	Unsheltered	Hotel/Motel	Doubled-Up	Total
Chronically Homeless	224	70	n/a	n/a	294
Seriously Mentally Ill	380	57	9	23	469
Chronic Substance Use	410	90	5	32	537
Veterans	116	66	3	23	208
Domestic Violence Victims	78	6	4	7	95
Children in Families	190	8	37	44	279
Unaccompanied Youth	10	n/a	n/a	n/a	10

According to the U.S. Department of Housing and Urban Development (HUD), a person is chronically homeless if she/he meets the following criteria:

- she/he is unaccompanied; and
- has been homeless for twelve consecutive months, or four times over the last three years; and
- has a disabling condition including a diagnosable mental health or substance use condition, developmental, physical or other disability.

Of the **1,834** persons counted in the Point-in-Time survey, **294** were identified who met that definition of chronically homeless. Almost three quarters of those identified as chronically homeless were in New Castle County. Most were in some type of short-term or transitional housing, but 70 of them were unsheltered, living on the streets, in cars or other places not meant for habitation.

County	Unsheltered	Emergency Shelter	Transitional Housing	Statewide	Percentage
New Castle	49	93	72	214	73%
Kent	9	9	15	33	11%
Sussex	12	12	23	47	16%
Total	70	114	110	294	100%

Of the 294 persons interviewed who met the definition of chronically homeless persons:

- 42% had a serious mental illness
- 52% had a substance use condition
- 4% had HIV/AIDS

The Homeless Planning Council, using the method described in *Estimating the Need: Projecting from the Point-in-Time* published by the Corporation for Supportive Housing, estimates that over the course of one year, there are 6,758 homeless persons in Delaware. Of those, 73% are in New Castle County; 13% are in Kent County; and 14% are in Sussex County. Of the estimated **6,758** homeless people in Delaware, it is further estimated that **337** meet the definition of chronically homeless.

Who Are at Risk of Chronic Homelessness in Delaware?

During the January 26, 2006 Point-in-Time survey, the Homeless Planning Council counted almost 300 persons who met the definition of chronic homelessness on that night, plus another almost 300 homeless persons with qualifying diagnoses who were already homeless, but not for enough time to be classified as chronically homeless.

Of the 1,834 persons counted:

- 70% were individuals
- 32% reported having no income
- 53% reported having monthly household incomes below \$1,000
- 50% reported having a substance use and/or mental health condition.

These persons, and many other people with mental health and/or substance abuse conditions and other disabling conditions who are dependent on Social Security Income (SSI) or General Assistance (GA) as their only income, are at risk for chronic homelessness.

“A person whose only income source is Supplemental Security Income (SSI) receives \$603 per month; a person whose only income is from General Assistance (GA) receives \$127 per month. Fair market rent for a one-bedroom apartment in New Castle County is \$792 per month. Safe, affordable housing in Delaware is financially impossible for people dependent on these sources alone for income.”

Catherine Devaney McKay
President, Homeless Planning Council of Delaware
Co-Chair, Delaware Interagency Council on Homelessness

In addition to the data developed as part of the Point-in-Time survey in which **280** persons at-risk for chronic homelessness were counted, data was collected from other sources such as the Department of Services for Children, Youth and their Families (DSCYF), the Department of Corrections (DOC), and providers of community-based mental health and substance abuse treatment, homeless outreach, and housing programs for homeless persons. These sources identified an additional **1,069** people at risk for chronic homelessness. Another **330** people in supportive housing were identified as at risk due to increasing costs and matching funds needed to access federal funding and **30** people were estimated as needing supportive housing for families who have experienced long-term homelessness due to a disabling condition of a family member.

Altogether, the DICH identified approximately **2,000 Delawareans as chronically homeless or at risk for chronic homelessness.**

Unmet Need – Unduplicated estimate of the number of people identified by the DICH as either chronically homeless or at-risk of chronic homelessness.

People	Source
294	Chronically Homeless (PIT Survey)
280	At-Risk (PIT Survey)
1,099	Identified by Providers
330	People in Units at Risk (HPC)
2003	Total Identified

What Is Delaware’s Current System for Serving the Homeless?

Delaware has a good foundation on which to build a better system for addressing the needs of the chronically homeless. Delaware maintains a delivery system that extends from street outreach to permanent supportive housing.

The current system maintains 1,356 beds for homeless individuals and families. In addition there are approximately 120 motel voucher certificates being used across the state on any given night.

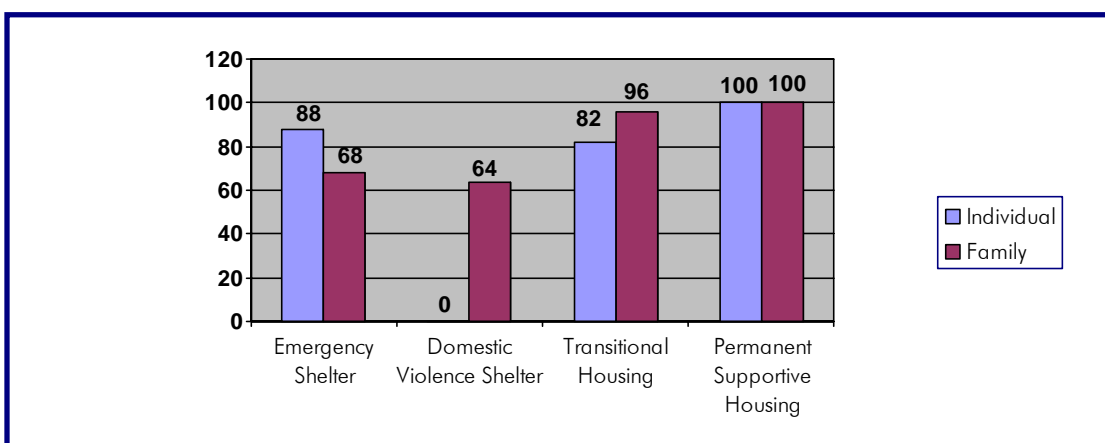
Many of the beds in the emergency and transitional inventory are not available to chronically homeless population for a variety of reasons: the beds are designated for families only; there are policies requiring criminal background checks and clearance prior to admission; and people who have committed certain rule violations during earlier stays are banned from being re-admitted.

532	Emergency Shelter Beds
76	Seasonal Beds
471	Transitional Housing Beds
277	Permanent Supportive Beds
1,356	Current Total Inventory

Although emergency shelters are not always fully occupied in Delaware, there are people – many of them chronically homeless – who are not sheltered. In fact, on January 26, 2006, fewer than 90% of the emergency shelter beds for individuals were occupied and transitional housing beds for individuals were only about 80% occupied.

By contrast, on the nights in 2005 and 2006 when the Point-in-Time survey counts of the homeless were conducted in Delaware, occupancy rates at permanent supportive housing programs for persons who were homeless and were diagnosed with mental health and/or substance use conditions and/or HIV/AIDS were near 100%.

The following chart shows the occupancy rates of various housing options as counted in the homeless count on January 26, 2006:



HUD provides most of the funds for the 277 permanent supportive housing beds, most of which are designed to meet the needs of persons with serious mental health problems, substance abuse conditions and/or HIV/AIDS, through its Supportive Housing Program (SHP). These funds have been declining over recent years, while requirements for local matching funds have been increasing.

Assertive Community Treatment and Other Evidence-Based Practices

In order to help persons who are chronically homeless or at-risk for chronic homelessness to get and keep permanent housing, individualized supportive services are essential. In this regard, Delaware has a good foundation for developing a system that effectively serves this population. Delaware was an early adopter of Assertive Community Treatment (ACT), a service-delivery model that provides comprehensive, locally-based treatment to people with severe and persistent mental health conditions. To have the competencies and skills to meet a person's multiple treatment, rehabilitation and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. ACT provides highly individualized services directly to persons in their own homes and communities.

In 1988, Delaware established ACT as its flagship mental health service delivery system, ultimately developing twelve teams statewide serving 1,300 people. Some of the housing programs which have been developed with HUD funding have been tied to the ACT teams for professional service provisions. The adoption of these treatment teams has undoubtedly decreased the total number of persons with serious mental illness entering the ranks of the chronically homeless.

Delaware's system of outpatient substance abuse treatment also uses evidence-based practices to engage and retain people in treatment including motivational enhancement, motivational incentives, and performance-based contracts. The state agency and the contractual providers are participating together in the *Advancing Recovery: State and Provider Partnerships for Quality Addictions Care* project funded by the Robert Wood Johnson Foundation.

While these services have reduced expensive hospitalization and incarceration rates, and helped people to achieve recovery, the necessary foundation for community-based supportive services is housing. The lack of affordable, accessible community-based housing contributes to high rates of homelessness, incarceration, and institutionalization among people with mental health and/or substance use conditions and has prevented many people with disabilities from accessing an independent life in the community.

A number of people identified in the Point-in-Time survey, who are at risk of chronic homelessness, already receive ACT or outpatient substance abuse treatment services, but are living in precarious conditions where rents are high or housing conditions are substandard, or they are doubled up with friends or family. Some are homeless. These persons need access to safe, affordable housing where services that are already funded can be delivered for maximum effectiveness.



Recommendations

Photo courtesy of Joel Plotkin, Connections CSP, Inc.

Recommendations

The DICH recommends five broad strategies to end chronic homelessness over the next ten years:

1. Develop New Housing for Persons Who Are Chronically Homeless or At-Risk for Chronic Homelessness
2. Remove Barriers to Accessing Existing Affordable Housing
3. Improve Discharge and Transition Planning to Prevent Homelessness During Transition from the Children's System of Care to the Adult System or Following Discharge from Hospitalization, Institutionalization or Incarceration
4. Improve Supportive Services for Persons Who Are Homeless
5. Enhance Data Collection and the Use of Technology

Recommendation 1

Develop New Housing for Persons Who Are Chronically Homeless or At-Risk for Chronic Homelessness

A combination of new construction of 648 new supportive housing units and 1,000 rental subsidies is needed to adequately house approximately 2,000 people who are chronically homeless or at risk of chronic homelessness. These units and subsidies will serve persons with incomes below 30% of median who have diagnosable mental health conditions, substance use conditions, physical disabilities including HIV/AIDS, and/or developmental disabilities, who have been homeless or who pay more than 50% of their income for rent.

New Housing to Be Developed

Task/Activity	Start Date	Capital	Operating	Services
1-1. 294 new beds of permanent housing, for people with extremely low or no incomes to accommodate chronically homeless persons who are unsheltered, living in emergency or transitional housing.	FY2008	\$23,520,000	\$4,998,000	\$3,324,000
1-2. 99 new beds of permanent housing, for people with extremely low or no incomes, to accommodate persons with mental health disorders who are currently unsheltered, living in emergency or transitional housing, or living in the Delaware Psychiatric Center.	FY2009	\$3,360,000	\$1,883,700	\$1,089,000
1-3. 215 new beds of Safe Havens and sober transitional housing for people with extremely low or no incomes with substance use disorders who are unsheltered or living in transitional housing.	FY2010	\$14,690,000	\$3,145,000	\$414,000
1-4. 10 new units of transitional and permanent supportive housing specifically designed to serve young adults exiting foster care who need additional onsite support services.	FY2008	\$250,000	\$50,000	\$30,000
1-5. 30 new permanent supportive housing to accommodate families where the head of household has a diagnosable mental health or substance use disorder and is accompanied by his/her children.	FY2016	\$480,000	\$116,000	\$30,000

Note: Not all of the proposed housing units will be new construction. In New Castle and Kent Counties, where there is stock of existing rental housing with vacancies to meet the projected needs, many of the proposed beds will be located in existing rental housing that can be master-leased or leased directly to individuals with rental subsidies. Even in cases where “new development” is proposed in New Castle and Kent Counties, it is most likely that the development may reclaim existing buildings that are vacant, under-utilized, or substandard through acquisition and rehabilitation. In Sussex County, where the supply of rental housing is scarce and/or unaffordable, new development may be necessary.

New Rental Subsidies

Task/Activity	Start Date	Capital	Operating	Services
1-6. 600 New rental subsidy vouchers for persons with mental health and substance use conditions who are currently receiving services, but who need affordable housing.	FY2008	\$0	\$4,320,000	\$0
1-7. 200 New rental subsidy vouchers, good for 5 years, for youth exiting foster care who wish to live independently and have the skills to do so.	FY2008	\$0	\$1,440,000	\$0
1-8. 200 New transitional rental subsidy vouchers, good for a maximum of 5 years, for re-entering offenders with qualifying disabilities.	FY2009	\$0	\$1,440,000	\$0

Recommendation 2

Remove Barriers to Accessing Existing Affordable Housing

Youth exiting foster care, persons with mental health and/or substance use conditions and persons with criminal convictions have significant barriers preventing them from gaining entry to existing units of affordable housing. Persons, who rely on Social Security Income or part-time and temporary employment, earning less than 30% of median income, cannot afford even most subsidized housing. Finally, there are barriers to maintaining current programs. Three hundred people who live in housing developed and mostly funded with HUD Supportive Housing Program (SHP) funding are in jeopardy of losing their supportive housing over time because of the increasing burden of federally required local match and lack of increases in funds to cover inflation.

Task/Activity	Start Date	Capital	Operating	Services
2-1. Identify funds to preserve existing units funded through the HUD SHP, including costs of planning and operating those programs and funding for the Homeless Planning Council as the managing entity. (Total approximately 330 units)	FY2010	\$0	\$1,400,000	\$200,000
2-2. Establish a set aside of available funds to ensure that at least 25% of the housing developed each year targets persons with incomes below 30% of median income.	FY2009	Will Vary	Will Vary	None
2-3. Establish and fund entities in each county for coordinating discharge planning for persons who are homeless as a single point of contact. Each entity should have respite beds to facilitate transition to permanent supportive housing.	FY2008	\$100,000	\$92,400	\$10,000
2-4 Review housing eligibility requirements for all Delaware housing authorities and jurisdictions that are currently in place and seek cooperation in loosening restrictions that are not required by HUD regulations.	FY2008	None	None	None
2-5. Compile and maintain an inventory of vacant housing units in all public housing authorities that are in need of repairs, and an estimate of the costs to complete those repairs.	FY2010	None	None	None

Recommendation 3

Improve Discharge and Transition Planning to Prevent Homelessness Following Transition Between the Children’s System of Care and the Adult System and Discharge or Release from Hospitalization, Institutionalization and Incarceration

People are vulnerable to homelessness when they face major life changes. Careful planning for the transition between the children’s system of care and the adult system and for discharge from long-term hospitalization, institutionalization or incarceration will help to prevent chronic homelessness in the years to come. Accomplishing this objective requires collaboration and cooperation among Delaware’s governmental entities and service providers.

Discharge and transition planning strategies should focus on three populations at great risk for chronic homelessness:

1. Youth aging out of Delaware’s foster care system;
2. Persons with diagnosed mental health and/or substance use conditions; and,
3. Persons returning to Delaware’s communities from prison.

Task Activity	Start Date	Costs
3-1. Establish a Discharge Planning Workgroup to review and strengthen discharge and aftercare planning strategies to ensure that appropriate linkages with housing and community based care are in place before people are discharged.	FY2007	None
3-2. Allow Foster Care youth to be eligible and assisted to apply for federal housing assistance at the age of 16.	FY2007	None
3-3. Develop intake processes at hospitals, providers of mental health and/or substance use treatment services and community health centers to determine if a person who presents for treatment is homeless and include direction as to how to respond when the answer is yes.	FY2008	TBD
3-4. Identify non-shelter living arrangement for each person who is leaving one of the settings described above before they are discharged. No person should leave a hospital, nursing home, or residential treatment program without an identified transitional or permanent place to live, the necessary entitlements or employment income to pay for it, and the supportive services needed to sustain it.	FY2014	TBD
3-5. Create specific housing locator services that “reach in” to hospitals, nursing homes, prisons, residential alcohol and drug treatment programs, and other institutional settings to become a part of the discharge planning process for persons who are leaving these settings.	FY2010	TBD

Recommendation 4

Improve Supportive Services for Persons Who Are Homeless

Although Delaware has an extensive system of care for persons with mental health, substance abuse and primary care issues, and much of that system of care uses evidence-based practices such as integrated treatment for mental health and substance abuse conditions, ACT, performance-based contracting and other nationally promoted methodologies, not all persons who are homeless are able to access the services they need to get and keep housing.

Task/Activity	Start Date	Costs
4-1. Develop a universal screening tool for use in assessing every person receiving homeless services.	Completed	None
4-2. Integrate services to remove barriers related to payer source, diagnosis, geography and other rules that fragment the system.	FY2007	TBD
4-3. Integrate primary care services with mental health and substance abuse services whenever possible and make these services available on a walk-in basis in each county at various times throughout the day and evening.	FY2007	TBD
4-4. Ensure services include case management assistance to get income supports and affordable housing.	FY2007	TBD
4-5. Explore and implement transportation services for persons to access supportive services.	FY2007	TBD
4-6. Develop and maintain training for service providers regarding the language and cultural beliefs of the homeless population and make provisions to address them.	FY2007	TBD
4-7. Seek amendment to federal regulations where possible to enhance employment services offered by the Dept. of Labor to persons who are homeless and have other challenges, including substance abuse and/or mental health conditions.	FY2007	TBD

Recommendation 5

Enhance Data Collection and Use of Technology

In order to better integrate housing and supportive services statewide, some data collection methods must be strengthened and technology enhancements must be made. These recommendations are intended to streamline the process of helping those in need, creating a more efficient and cost-effective statewide care system.

Task/Activity	Start Date	Costs
5-1. Implement e-housing, ¹ which includes an on-line application for those seeking affordable housing and is linked to a comprehensive database of affordable housing options.	FY2007	FY2006 DSHA Budget
5-2. Research data integration options and coordinate use between DE-HMIS and databases throughout all applicable state agencies.	FY2007	TBD
5-3. Expand the statewide Housing Needs Assessment to include information regarding the housing needs of people with disabilities.	FY2008	FY2006 DSHA Budget
5-4. Identify opportunities for a single enrollment/eligibility form for mainstream benefits that may be used at multiple points of contact, including Department of Corrections and Delaware Psychiatric Center, so persons who have known release dates can be enrolled in benefits prior to their discharge.	FY2008	TBD
5-5. Add housing locator kiosks to state service centers for consumer use.	FY2010	TBD

¹ E-housing is DSHA online housing application system.



Funding the Plan

How Do We Fund This Plan?

This strategy to end chronic homelessness and reduce long-term homelessness uses available resources, encourages a mixture of funding streams and policy changes, and seeks to develop new resources to implement Delaware’s Ten-Year Plan.

The cost projections provided are estimates. There is significant variation in housing costs for different communities across the state, and cost will vary for services depending on the needs of the residents. However, using available data from Delaware housing and service programs serving similar populations, we have projected the costs of many of the recommendations.

The costs involved in implementing this plan can be identified as one of the following categories of funding:

- Capital
- Operating
- Supportive Services

“As we focus on ending chronic homelessness, we must also preserve Delaware’s affordable housing stock serving those below 50% of median income. Many of these units are older and deteriorating due in large part to federal policy changes that reduced rents and subsidies. The impact of our efforts to implement this Plan will be diminished if we lose any of these units for low-income individuals. “

Saundra Ross Johnson
Director, DSHA
Chair, DICH

Most funding sources are restricted, or at least give higher priority, to either housing or services. Few are flexible enough to finance both, and operating funds can be very difficult to maintain. Therefore, identifying ways to use multiple funding resources to develop seamless and effective programs will be the challenge.

Capital Funding

“Capital” sources may be used to fund “bricks and mortar”. Capital costs are the costs associated with acquisition, building and/or rehabilitating housing units.

Operational Funding

Operating sources may be used to pay for the costs of maintaining the housing unit or physical component of supportive housing. Operating costs include, but are not limited to, property management, utilities, maintenance, insurance, security, debt service or other loan payments, and operating and replacement reserves.

Supportive Services Funding

Supportive services refer to flexible services designed to provide the assistance people with special needs must have to live in the community without becoming homeless.

Capital Funding

Existing Resources

A number of resources are available for funding the construction costs of new supportive housing. The Delaware State Housing Authority should consider a set-aside of some of the state's allocation of Low-Income Housing Tax Credits to be used for supportive housing, which is affordable for people with incomes below 30% of median. State and local jurisdictions receiving federal funds for community development should also consider setting aside funding to develop housing to meet the needs of the poorest people in our community. Funding dedicated to developing supportive housing can then be used to leverage additional philanthropic and charitable funds.

Developing New Resources

New funding for construction of supportive housing is critical to maximize our ability to leverage non-state dollars.

Options for funding the capital objectives of the Plan that should be considered include:

- General Obligation Bonds
- Multi-Family Housing Bonds
- Low Income Housing Tax Credit
- Federal Home Loan Bank Affordable Housing Program
- Philanthropic Resources
- Increases to state-appropriated housing funds, such as the Housing Development Fund and the Housing Tax Check-off
- Tobacco settlement proceeds allocated by the Delaware Health Care Commission
- Federal Community Development Block Grant and HOME Investments Partnership funds
- Designation of a portion of an existing tax program such as Delaware's real estate transfer taxes to fund the development of housing for homeless persons
- Reallocation of funds used to support institutions to assist persons with disabilities to live in community settings

The Shift from Institutional Services to Community-Based Services

As public institutions in Delaware have downsized over the last 20 years, for many complex reasons, a disproportionate share of the resources have remained tied to the institutions. A possibility for deriving resources to fund Delaware's Ten-Year Plan would be to add some of the costs associated with the one-time capital development of new housing to any bond issue used to fund capital development of institutional beds. Support from the Governor's Commission on Community-Based Alternatives to Institutionalization for People with Disabilities should be sought to extend their "money follows the person" initiative further to address the needs of persons with mental health and substance use disorders.

Operational Funding

Funding for ongoing operation of housing is generally the most difficult to obtain and maintain. In housing built for higher income tenants, rents can cover much or all of these costs. In supportive housing for people with extremely low or no incomes, it is important to maximize opportunities for operational funding.

Maximizing Mainstream Resources

Mainstream resources are those state and federal programs that provide income supports to very poor persons and persons with disabilities, such as Social Security, General Assistance, Medicaid, and Food Stamps. These systems are often fragmented and difficult to access, especially for people with cognitive or mental health problems. However, when used to their fullest extent, these programs can provide income to allow people to pay some rent or they can assist people in becoming employed. Yet, even with mainstream resources to assist in funding operational costs most people needing this level of service will need additional subsidies to cover the operational costs of specialized housing developed to meet their needs.

Housing Vouchers

The DICH is recommending increased state funding be appropriated to create a state-operated voucher program. The current federal voucher program has long waiting lists and only a small percentage of vouchers become available each year; however, each local housing authority and other housing jurisdictions could allocate some portion of their federal housing assistance vouchers to offset the operating costs of some of the proposed projects.

Delaware Health Care Commission

Most of the monetary settlement related to lawsuits against big tobacco companies went to fund prescription drugs for elderly persons and persons with disabilities who were ineligible for Medicaid. However, the Delaware Health Care Commission (DHCC), which allocates and administers the funds, has made grants for residential substance use and homeless services. In light of the recent implementation of Medicare Part D, which covers a significant portion of the costs of prescription drugs for elderly persons and persons with disabilities, some of the funds previously allocated to this use from the DHCC may become available for use in the development and operation of housing for homeless persons.

Supportive Services Funding

Much of the funding needed for social services is already available and directed to the people who need it, but adequate housing is essential to effective service provision.

Maximizing Mainstream Resources

Although the cost to develop and operate the proposed new housing will be high, many of the supportive services that will be needed are already funded. For example, we expect that many of the persons with mental health conditions who will receive rental subsidies will be enrolled in a program for persons with mental health or substance use conditions. These services are funded through a combination of Delaware Medicaid, General Fund, and federal Block Grant dollars.

The Shift from Institutional Services to Community-Based Services

As medications and community-based treatment options have improved, research has shown that it is more cost effective to provide most treatment in community settings. Delaware's experience has reflected this research. The annual cost per year to keep a person in the Delaware Psychiatric Center is more than \$170,000. At comparable costs of \$72,000 per year for a licensed group home bed and \$34,000 per year for a bed in a supervised apartment program, 5 new beds of supervised apartments or 2.4 group home beds could be developed for each state hospital bed that could be eliminated.

While it is clear that there is not a dollar-for-dollar exchange, i.e., certain fixed costs related to hospital infrastructure will not be reduced as each person leaves by the entire amount of current annual cost per person. Money that is saved by reducing the use of inpatient hospital beds – both long term and acute care – could be used to provide needed case-management and fund the necessary mental health and substance abuse treatment.

Reallocation of Existing Resources

Research clearly indicates that once permanent supportive housing alternatives are made available to homeless persons with mental health and/or substance abuse conditions and other disabilities such as HIV/AIDS, there is a rapid and measurable decline in costs of other services such as emergency room use, inpatient psychiatric admissions, emergency shelter utilization and contact with police, courts and prisons. Some of these cost savings should be reinvested into supportive housing to maintain and expand the supportive housing options.



Annual Objectives

Annual Objectives for Implementation and Funding

The DICH will monitor and revise the Plan based on data provided by the Homeless Planning Council. The DICH will use this data to assess the impact of this Plan on the incidence and prevalence of homelessness in Delaware among the target populations. The DICH will use the annual objectives to determine the extent to which the Plan is being implemented.

Cost of Rental Vouchers		
Year	No. Units	Cost
2008	125	\$900,000
2009	375	\$2,781,000
2010	675	\$5,139,288
2011	950	\$7,457,167
2012	1000	\$8,086,113
2013	1000	\$8,328,696
2014	1000	\$8,578,557
2015	1000	\$8,835,914
2016	1000	\$9,100,991
2017	1000	\$9,374,021

Cost of Development and Other New Programs		
Year	No. Units	Cost
2008	36	\$2,987,120
2009	70	\$4,092,585
2010	450	\$8,525,049
2011	520	\$12,802,078
2012	682	\$24,943,382
2013	844	\$29,692,187
2014	954	\$23,999,071
2015	973	\$18,501,955
2016	1008	\$18,647,361
2017	1008	\$18,452,821

Total Costs for all New Housing Efforts		
Year	No. Units	Cost
2008	161	\$3,887,120
2009	445	\$6,873,585
2010	1125	\$13,664,337
2011	1470	\$20,259,245
2012	1682	\$33,029,495
2013	1844	\$38,020,883
2014	1954	\$32,577,628
2015	1973	\$27,337,869
2016	2008	\$27,748,352
2017	2008	\$27,826,842



Monitoring and Status Reports

Plan Monitoring and Status Reports

Oversight

Delaware's Ten-Year Plan lays the framework for ending chronic homelessness and reducing long-term homelessness. Integral to meeting this goal is diligent oversight of the Plan implementation, continued assessment of the needs of the homeless, regular measurement of success in meeting specific outcomes, adaptation of strategies and action steps to meet changing circumstances and reporting on the progress of the Plan. The DICH will monitor this work and establish the appropriate committee structure to achieve the Plan's strategies and objectives.

Status Reports

The DICH will serve as the government liaison and lead entity for the oversight of the implementation of Delaware's Ten-Year Plan and its future updates. The DICH will develop annual objectives and identify funding resources for monitoring purposes. It will also present quarterly and annual reports to the Governor on the progress made toward achieving goals stated in the Plan.

Data Collection

The Homeless Planning Council will continue to serve as the data collection entity, identifying the numbers of homeless persons in Delaware and the resources available to serve them. This will provide baseline data from which to determine the effectiveness of the Plan in addressing the prevalence of chronic and long-term homelessness. The DICH recognizes that the Homeless Planning Council is the coordinating entity for the statewide HUD Continuum of Care applications. The DICH will, through its DSHA staff support, and as long as such is feasible and appropriate, contract with the Homeless Planning Council for the data to support the Plan's revisions and updates.



Appendices

Executive Order Number Sixty-Five Creating The Interagency Council On Homelessness For The State Of Delaware

WHEREAS, the McKinney–Vento Homeless Assistance Act channels funds targeted to the diverse homeless population in Delaware through federal agencies, which administer programs for the homeless; and

WHEREAS, the programs authorized in the McKinney –Vento Homeless Assistance Act are administered by a number of state agencies and local governments and private agencies in Delaware; and

WHEREAS, state and federal support for services to the homeless is currently provided through the State of Delaware Grant-in-Aid program and several state agencies and local governments; and

WHEREAS, the Department of Health and Social Services and the Delaware State Housing Authority receive public funds for services targeted to the homeless which are carried out by private, non-profit service providers throughout the State; and

WHEREAS, the diversity of administrative and service provider agencies requires a coordinated effort to provide effective services and recommend solutions to the diverse needs of the homeless in Delaware.

NOW, THEREFORE, I, RUTH ANN MINNER, by virtue of the authority vested in me as Governor of the State of Delaware, do hereby declare and order the following:

1. The Delaware Interagency Council on Homelessness (the “Council”) is hereby established.
2. The Council shall be composed of persons charged with the management of programs mandated and authorized by the McKinney –Vento Homeless Assistance Act in Delaware and persons currently charged with the management of other public funds targeted to services for the homeless in Delaware. The Council shall include representatives from appropriate administering entities within the following departments or agencies:
 - a. The Director of the Delaware State Housing Authority;
 - b. The Secretary of the Department of Health and Social Services;
 - c. The Secretary of the Department of Services for Children, Youth, and Their Families;
 - d. The Secretary of the Department of Labor;
 - e. The Secretary of the Department of Education;
 - f. The Commissioner of the Department of Correction;
 - g. The Chairs of the Senate Community/County Affairs Committee and the House of Representatives Housing and Community Affairs Committee;
 - h. The Mayor of the City of Wilmington or the Mayor’s designee;

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- i. The County Executive of New Castle County or the Executive's designee;
 - j. The Mayor of the City of Dover or the Mayor's designee;
 - k. A person who is homeless or formerly homeless;
 - l. Three representatives from emergency housing and/or service providers, at least one of whom will represent the Homeless Planning Council; and
 - m. A representative of the Delaware Apartment Association.

3. Members of the Council, except those serving pursuant to paragraph 2g, 2h, 2i, and 2j above, shall be appointed by the Governor and shall serve at the Governor's pleasure. The Cabinet-level officials identified in paragraph 2 may be represented by designees, as necessary. The Governor shall designate a member or members to serve as Chairperson or Co-Chairs of the Council. The Council Chair(s) shall be individual(s) appointed by the Governor and shall serve at her pleasure.

4. The duties of the Council shall be:

- a. to adopt and oversee the implementation of a plan to reduce homelessness and end chronic homelessness in Delaware;
- b. to review data, activities and programs in the State of Delaware that provide housing services to the homeless;
- c. to use the Homeless Management Information System and other non-duplicative methods of collecting such information for analyses;
- d. to effectively coordinate and maximize resources of existing programs and activities to prevent homelessness and to assist homeless individuals and families;
- e. to identify impediments, including any statutory and regulatory restrictions, to the effective provision of needed services to homeless persons in Delaware;
- f. to recommend such changes in existing programs and services, expansion of existing programs and services, and additional programs and services as may be necessary to address the diverse causes and conditions of homelessness; and,
- g. to ensure positive results and accountability of existing and new efforts and programs by shifting from funding programs to investing in solutions.

5. The Council may establish ad hoc committees as may be necessary and practicable to carry out the aforementioned duties.

6. Staffing for the Council shall be undertaken or coordinated by the Delaware State Housing Authority. The Council shall seek information and advice from service providers and research organizations as may be necessary and practicable to carry out the aforementioned duties.

Approved: March 8, 2005

A Special Acknowledgement

The Delaware Interagency Council on Homelessness thanks Cara Robinson and Catherine Devaney McKay for committing our thoughts and ideas to writing so that we could produce this document.

Members

<i>James Baker</i>	<i>Mayor</i>	<i>City of Wilmington</i>
<i>Christopher Coons</i>	<i>County Executive</i>	<i>New Castle County</i>
<i>Carol Ann DeSantis</i>	<i>Cabinet Secretary</i>	<i>Department of Services for Children, Youth, and Their Families</i>
<i>Marian L. Harris</i>	<i>Homeless Service Provider</i>	<i>House of Pride</i>
<i>Saundra R. Johnson</i>	<i>Chair, Director</i>	<i>Delaware State Housing Authority</i>
<i>Gregory F. Lavelle</i>	<i>Representative</i>	<i>House of Representatives</i>
<i>Sheera M. Lipshitz</i>	<i>Formerly Homeless Person</i>	<i>Brandywine Counseling</i>
<i>Catherine D. McKay</i>	<i>Co-Chair, HPC Representative</i>	<i>Connections CSP, Inc.</i>
<i>Vincent P. Meconi</i>	<i>Cabinet Secretary</i>	<i>Department of Health and Social Services</i>
<i>Richard Pokorny</i>	<i>Veteran's Provider</i>	<i>Home of the Brave, Inc.</i>
<i>Thomas B. Sharp</i>	<i>Cabinet Secretary</i>	<i>Department of Labor</i>
<i>David P. Sokola</i>	<i>Senator</i>	<i>Senate</i>
<i>Stephen R. Speed</i>	<i>Mayor</i>	<i>City of Dover</i>
<i>Stanley W. Taylor</i>	<i>Commissioner</i>	<i>Department of Corrections</i>
<i>Valerie A. Woodruff</i>	<i>Cabinet Secretary</i>	<i>Department of Education</i>

Designees

<i>Marguerite Ashley</i>	<i>New Castle County</i>
<i>Timothy Crawl-Bey</i>	<i>City of Wilmington</i>
<i>Truman Bolden</i>	<i>Department of Services for Children, Youth and Their Families</i>
<i>Richard Eakle</i>	<i>Department of Labor</i>
<i>Carlyse Giddins</i>	<i>Department of Services for Children, Youth and Their Families</i>
<i>Nailah Gilliam</i>	<i>City of Wilmington</i>
<i>Renata Henry</i>	<i>Department of Health and Social Services</i>
<i>Kimberly Hoffman</i>	<i>Senate</i>
<i>Cliffvon Howell</i>	<i>Department of Health and Social Services</i>
<i>Rosalind Kotz</i>	<i>City of Wilmington</i>
<i>Joanne Miro</i>	<i>Department of Education</i>
<i>Joseph Paesani</i>	<i>Department of Corrections</i>
<i>Carie Riley</i>	<i>House of Representatives</i>
<i>Dennis Savage</i>	<i>Department of Health and Social Services</i>
<i>Melissa Smith</i>	<i>Department of Health and Social Services</i>
<i>Maureen Tucker</i>	<i>Department of Health and Social Services</i>

Working Group

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<i>Carl Danberg</i>	<i>Department of Justice</i>
<i>Tony Davila</i>	<i>Delaware Commission of Veterans Affairs</i>
<i>Scott Felderman</i>	<i>United Way of Delaware</i>
<i>Gary Ferguson</i>	<i>Christiana Care Hospital</i>
<i>Sally King</i>	<i>Sussex Community Crisis Housing, Inc.</i>
<i>Lakena Hammond</i>	<i>The Shepherd Place, Inc.</i>
<i>Lottie Lee</i>	<i>Department of Health and Social Services</i>
<i>Diane Lello</i>	<i>U. S. Department of Housing & Urban Development</i>
<i>Ginny Marino</i>	<i>YWCA Delaware</i>
<i>David Mitchell</i>	<i>Department of Safety and Homeland Security</i>
<i>Marie Morole</i>	<i>Sussex Community Crisis Housing, Inc.</i>
<i>Elizabeth Olsen</i>	<i>Department of Safety and Homeland Security</i>
<i>Kirsten Olson</i>	<i>Connections CSP, Inc.</i>
<i>Cara Robinson</i>	<i>Homeless Planning Council</i>
<i>Ben Shamburger</i>	<i>Social Security Administration</i>
<i>John Teoli</i>	<i>Ministry of Caring, Inc.</i>
<i>Sue Weimer</i>	<i>United Way of Delaware</i>
<i>Rebecca Wykoff</i>	<i>Department of Health and Social Services</i>

Staff and Advisors

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