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TEN-YEAR PLAN TO END CHRONIC HOMELESSNESS ST. LOUIS CITY AND ST. LOUIS COUNTY, MISSOURI

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EXECUTIVE SUMMARY:

BACKGROUND: Homelessness is a problem which the City of St. Louis has addressed in a variety of ways for many years. Since 1991, St. Louis County has had its own “continuum of care” for homeless services. More recently, St. Louis City and St. Louis County have become partners in efforts to address chronic homelessness. In March of 2004, City of St. Louis Mayor Francis Slay and St. Louis County Executive Charlie Dooley formally announced a partnership between the City and the County in a Ten-Year Plan to End Chronic Homelessness. This Plan is the result of collaboration between the City and County Departments of Human Services and the City and County Homeless Services Networks. Beginning with information gleaned from the Mayor’s Summit on Ending Homelessness and other sources, St. Louis City and County staff combined forces and crafted a set of action oriented objectives with the goal of ending chronic homelessness by 2015. In November 2004, a focus group of key stakeholders representing a wide range of interests, experience and expertise from the homeless services networks was convened to translate these goals into an action plan. Facilitated by representatives of Urban Strategies, Inc., the group reached consensus and ratified the set of goals and tasks presented in this Plan. Members of this group and others involved in the homeless services community in the City and County are listed in Appendix A, “Acknowledgments.” As the Appendix indicates, the development of this Plan was a collaborative effort among a wide range of stakeholders, and the implementation of the Plan will be collaborative as well.

PLAN FOUNDATIONS: The purpose of this Plan is to create a new strategy, based on national and local best practices, to reduce the suffering of our most vulnerable citizens. The chronically homeless often suffer from mental illness or substance abuse. While they are only a fraction of the homeless population, the chronically homeless account for approximately 50% of the resources devoted to the problems of the homeless. Modern research confirms that simply providing food and shelter to enable a homeless person to survive on the streets is, while necessary in the short term, not nearly enough. Helping a chronically homeless person move away from a life on the streets requires a comprehensive, holistic approach that focuses on achieving permanent housing for the individual— permanent supportive housing that provides needed services on an on-going or long term basis, non-traditional housing such as Safe Havens or Single Resident Occupancy (SROs), or, in some cases, traditional housing following successful treatment for their disability. Best practices also call for better collaboration among providers, funding sources and local governments. Further, barring further federal budget cuts, the creation and implementation of a “Ten-Year Plan” will improve our competitiveness for private, philanthropic and federal grants to address this problem and improve the lives of our chronically homeless.

By building partnerships in the public and private sectors and increasing collaboration among providers, it is also our hope that existing resources will be invested more effectively with better outcomes for each chronically homeless individual.

The Plan will be implemented by the City's and County's Homeless Services Providers Networks, with the support of City and County governments.

The foundations for the Plan are decisions by these entities to adopt the "Assertive Community Treatment" and "Housing First" models for addressing the problems of the chronically homeless and to adopt the Department of Housing and Urban Development's chronic homelessness definition—a chronically homeless person is one who is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years."

The "Assertive Community Treatment" model brings teams of compassionate experts together to address the individual problems faced by an individual homeless person, with the goal of enabling the client to become as self-sufficient as possible.

The "Housing First" model focuses on achieving permanent housing for the individual—permanent supportive housing that provides the long-term services the individual needs, non-traditional housing with supportive services, or in traditional housing following successful treatment for the disability.

These models will operate within the Continuums of Care (CoC) in St. Louis City and St. Louis County. CoC services and approaches will be gradually redesigned and resources redirected to address the goals of ending chronic homelessness rather than merely providing shelter.

According to data collected by the Housing Management Information System (HMIS), a total of 1,772 unduplicated individuals meeting the definition of chronically homeless contacted the Homeless Hotline during 2004. These individuals reported a variety of physical, substance abuse and mental disabilities. While the specific individuals that comprise the City's and County's chronically homeless population will change over time and as this Plan is implemented, it is anticipated that the number of individuals and their types of disabilities will remain relatively constant.

As indicated in the body of this Plan, the vast majority of services and resources for the chronically and other homeless in the St. Louis region are located in the City of St. Louis—these resources currently include emergency shelters, transi-

tional housing, and some permanent supportive housing, in addition to a variety of social services. Data from the HMIS shows, however, that only 57% of the 1,772 chronically homeless individuals seeking services have a last permanent address in the City of St. Louis—21% have a last permanent address in St. Louis County, and 22% have a last permanent address more than 100 miles outside the City of St. Louis. Clearly, the City of St. Louis has the majority of services and facilities in the region.

This Plan focuses on providing services and housing for the chronically homeless with last permanent addresses in the City and County, and within the community where the individual last permanently resided.

The Plan focuses on the goal of achieving maximum self-sufficiency for each chronically homeless individual. It is anticipated that a combination of additional permanent supportive housing and transitional and case management services will be needed to achieve this goal. Further, it will be necessary to restructure the region's homeless shelters as intake and assessment points that focus on the needs of each individual, and to focus on identifying those individuals needing services who do not take advantage of the shelter system.

PLAN IMPLEMENTATION: The following are major tasks that will be undertaken in the implementation of the Plan:

Task 1: Identify funding and resources to carry out the strategy. Both St. Louis City and St. Louis County currently spend local, state and federal funding to address the needs of the chronically homeless. In addition, the private philanthropic community contributes a great deal of money to address homeless issues. The City and County will complete an inventory of funding sources and current uses and develop a plan for redirecting and/or increasing these resources for the “Housing First” and ACT models of action. A partial inventory of current services and organizations is attached as Appendix E to this Plan. Note: Service delivery may be impacted by proposed cuts in mental health and substance abuse services funding at the state and federal levels.

Task 2: Identify the individuals that comprise the chronically homeless population. This task includes ongoing identification of specific individuals in need of services. Ongoing identification in the City will commence with restructuring existing emergency shelters and establishing “Safe Havens” as “intake points” for comprehensive services rather than as nighttime-only shelters without long-range services, or, in the County, which does not have nighttime-only shelters, obtaining “Safe Havens” as intake points for comprehensive services as well as continuing to identify those chronically homeless who enter existing emergency shelter. Mobile outreach vans will be employed in both

the City and the County and alliances with organizations that already provide mobile outreach in the City will be strengthened in order for this ongoing identification to succeed.

Task 3: Inventory existing permanent supportive housing for the chronically homeless. By definition, this housing is for single individuals (not families) with a disabling condition who have been homeless for 12 months or more or have experienced four episodes of homelessness in three years. A basic inventory of the City and the County is largely complete and is included as Appendices D and D-1.

Task 4: Quantify needs for additional permanent supportive housing. This long-range plan assumes that the number of individuals in need of permanent supportive housing will remain relatively constant, although the specific individuals in need will change over time. As detailed in the body of the Plan, it is estimated that an additional 700 units of permanent supportive housing are needed—200 in St. Louis County and 500 in St. Louis City—to address the permanent supportive housing needs of the chronically homeless. These numbers will be re-evaluated as the Ten Year Plan evolves.

Task 5: Increase availability of permanent supportive housing opportunities to meet quantified needs. The City and County will continue to seek federal funding and other resources to develop and operate permanent supportive housing facilities located in both St. Louis City and St. Louis County. It is anticipated that these beds will include SRO facilities, as well as apartments and group homes, and that the facilities opportunities will be developed and operated primarily by non-profit organizations, with development and operational funding provided by a combination of public and philanthropic sources.

Task 6: Quantify needs for non-permanent housing for the chronically homeless. Some of the chronically homeless population call the Homeless Hotline and are referred to emergency and then transitional housing before entering permanent housing. Therefore, the City and County must also re-view the need for these non-permanent types of housing. See Appendices B, B-1, C, and C-1 for the current inventories of emergency and transitional. Non-permanent housing will also include Safe Havens, which can be designated as transitional housing. Finally, the need for non-permanent housing will be greater in the early years of plan implementation and expected to decline as additional supportive housing facilities are developed.

Task 7: Complete an initial inventory of supportive services currently available and complete a final inventory which will be updated on an annual basis. See Appendix E of this Plan.

Task 8: Using the ACT model and improved coordination among service providers, ensure that every chronically homeless person has seamless access to services from first contact to permanent housing. In order for this plan to succeed, existing service providers must retool their programs towards permanent solutions rather than temporary services. The CoC in the City will develop new funding and participation criteria for providers of chronically homeless services that reward those who are committed to redirecting their efforts in conformance with the ACT model. The CoC in the County, which had ACT-like teams until they lost funding and whose shelter providers were in agreement with that manner of service provision, will pursue additional funding to re-establish these teams and expand these teams' menu of services. In addition, the principles embodied in this new "Plan to End Chronic Homelessness" must be communicated to the public and private resource provider community (e.g., City and County governments, City and County Affordable Housing Trusts, Missouri Housing Development Commission, United Way, City Mental Health Board, City MRDD Resources) so that resources and services can be coordinated towards achieving the goal of ending chronic homelessness and misdirection of resources avoided.

Once individuals in the emergency shelter system have been identified as chronically homeless, effective case management is essential in order to gradually move these individuals from street life to permanent supportive or other permanent housing. In order for this plan to succeed, it is essential that each emergency shelter or transitional housing program provide clients with the same case manager during their stay in that program whenever possible. This plus use of the ACT or ACT-like model is integral to moving the client from shelter to permanent housing. In Safe Havens, the entire population will be chronically homeless and the same system of case management will apply. Eight (8) Assertive Community Treatment teams will be added in the City of St. Louis over the next four (4) years to expand the conformation of design and delivery of services to the ACT model. As stated previously, St. Louis County will seek funding to re-establish the ACT-like teams that were once in existence.

Task 9: Increase awareness of specific supportive services. Available services are at times not accessed by those in need because they are not aware of service availability. In addition, awareness of service availability among the provider community needs improvement. To address these issues, informational brochures/leaflets will be developed for outreach staff to distribute to

chronically homeless living on the street. A directory/guide of all available mainstream services and available homeless resources throughout the Network for use by Homeless Service Providers will also be developed and continually updated.

Task 10: Develop and implement mechanisms for continuous feedback and continuous improvement. Since this plan involves a multitude of changes to the homeless services business model currently in practice, it is inevitable that bumps will occur along the road and that the plan will evolve as it is implemented. Input from chronically homeless persons and service providers will be solicited. Data collected will be utilized to direct the strategic planning of each Continuum of Care.

CHALLENGES: The following are the major impediments that need to be addressed in order for Plan implementation to be successful:

- **Resources:** “Entitlement” funding for chronic homeless programs in the St. Louis region has remained stagnant over the past decade, while increasing pressure on competitive funding sources has also had an impact on resources. It is the goal of this Plan to improve the efficiency and effectiveness of all programs, redirecting funding as needed to implement the Plan and—barring state and federal cuts—improve our competitiveness for federal, private and philanthropic grants. It is obvious that, in addition to the redirection of existing resources that serve the chronically homeless, additional resources will need to be found.

The other key area of resource need is in the development and operation of permanent supportive housing facilities. In most cases, the cost of adequately insuring, operating, maintaining, heating and cooling a housing unit without services is more than an individual with no income or only public assistance income can comfortably pay, even without the added costs of services needed by the chronically homeless. Thus, resources must be made available to produce housing for the chronically homeless at virtually no cost, and additional resources must be made available to provide the necessary support services.

- **Acceptance of Strategies by Existing Providers:** In order for this Plan to succeed, it is necessary for existing service providers to commit to the goals and principles of providing comprehensive service and treatment directed towards maximum self-sufficiency and permanent housing for all chronically homeless individuals.

- **NIMBY:** Providing permanent supportive housing requires cooperation and commitment from the community. Residents often have negative stereotypes about chronically homeless persons that lead them to oppose permanent supportive housing in their neighborhoods.
- **Systematic Collaboration of Mainstream Programs:** Mainstream programs include: Temporary Assistance for Needy Families (TANF), Social Security, Veteran’s benefits, Food Stamps, etc. Qualifying homeless persons for mainstream programs is a difficult task for many agencies. Currently, a homeless person must go to multiple agencies and complete countless forms in an effort to qualify for mainstream programs. In many instances interacting with those mainstream agencies is difficult due to the transient nature of the chronic homeless population.

CONCLUSIONS: This Plan presents a strategy for ending chronic homelessness in the City of St. Louis and St. Louis County within the next ten (10) years, based on the “Housing First” and ACT models for success. The Plan is ambitious but City and County officials believe that it is also realistic.

Meeting the goals set forth in this Plan will require extraordinary levels of resources and political commitment. Implementing this plan will entail a re-orientation of the homeless services delivery system towards the “Housing First” and “ACT” models coupled with a holistic array of supportive services to meet the needs of people at a variety of stages in their lives. Implementation will involve the gradual re-deployment of current resources, and access to new resources. Implementing this plan will also require significant cross-systems collaboration, among existing members of the City and County Continuums of Care and among funding sources, as well as among others who have not historically participated in either homeless services network. Intentional and deliberate change in the way our systems interact and strong buy-in among a wide cross-section of stakeholders are also essential to the success of the plan. The Plan must be implemented in a non-judgmental manner that refuses to allow public policy or societal practices to send a person back to the streets.

We believe that making these investments now will reap significant benefits over time, and that success is possible if community support can be fostered and maintained over the next ten years. In addition to benefiting those individuals directly affected, achieving the goal of ending chronic homelessness will benefit the entire region as well as state and federal governments—implementation of the strategies, goals and action steps outlined in this Plan will significantly reduce the long-term costs of medical, mental health, and criminal justice resources that are now spent to address the issues created by chronically homeless persons who are trapped by systems that do not address their real needs.

The success of the Plan will ultimately depend on the availability of resources for implementation and the willingness of the resource and service provider communities to retool their business models towards the goal of ending chronic homelessness rather than perpetuating it. The St. Louis community has the expertise, creativity, and drive to make this Plan a reality on the scale required for success. We believe that chronic homelessness can in fact be ended when the social, political and moral will is strong enough. The time has come to seriously address this issue, and the City and County believe that the service and resource provider communities will respond positively to the challenge.

County Executive Charlie Dooley and Mayor Francis Slay are committed to ensuring that the Plan is implemented, and that chronic homelessness in the City and the County is at an end by 2015.

The City and County look forward to implementing this Plan and improving the lives of the chronically homeless within their jurisdictions.

"Five years ago the notion of cities having ten-year plans to end homelessness was naive and risky. No one thought it was possible. But the new research and new technologies have created such movement and innovation on this issue that it may now be naive and risky not to have such a plan."

**–Philip Mangano,
Executive Director
US Interagency Council on Homelessness**

I. INTRODUCTION

It is estimated that there are as many as 700,000 people homeless across the country on any given night and as many as three million over the course of a year. In his 2003 Budget, President George W. Bush made "ending chronic homelessness in the next decade a top objective". As a result, the Interagency Council on Homelessness, under the able leadership of Executive Director Philip Mangano, was charged with the task of guiding and coordinating the efforts of federal agencies toward this objective. Likewise, the U.S. Conference of Mayors adopted this same objective and the City of St. Louis and St. Louis County became one of more than one hundred urban partnerships that committed to developing a plan to end chronic homelessness in the next ten years. In addition, the U.S. Department of Housing and Urban Development (HUD) now requires that communities receiving HUD funding have in place a Ten-Year Plan to End Chronic Homelessness.

The problems of chronic homelessness are complicated, requiring long-range solutions and planning. This Plan recognizes that affordable permanent housing with necessary support services will need to be developed to better serve homeless people. The traditional model of a revolving door of services for the chronically homeless must be replaced by the provision of services and housing that enable these individuals to escape a lifestyle that is beneficial to neither the homeless nor to our community.

Both St. Louis City and County are committed to taking an aggressive approach in combating the problem of chronic homelessness and are pleased to present this joint Ten-Year Plan to End Chronic Homelessness. The Plan lays out a blueprint for addressing homelessness and describes the substantial progress that has already been made in ameliorating this problem.

II. CHRONIC HOMELESSNESS DEFINITION

The U.S. Department of Housing & Urban Development defines a chronically homeless person as:

“an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.”

A disabling condition is defined as a diagnosable substance use disorder, a serious mental illness, a developmental disability, or a chronic physical illness or disability, including the co-occurrence of two or more of these conditions. According to national statistics, approximately 80 percent of the homeless population is temporarily homeless, 10 percent are episodically homeless, and 10 percent are chronically homeless.

The City and County have adopted this definition for purposes of this Plan.

"By bringing together people from a variety of perspectives, I am certain that the plans formulated will more effectively address the needs of our community."

- Francis G. Slay
Mayor
City of St. Louis

III. EVOLUTION OF THE TEN YEAR PLAN

This St. Louis City and County Ten-Year Plan to End Chronic Homelessness builds on the Missouri Statewide Plan developed in 2003 as a foundation. Three members from St. Louis—Martie Aboussie of Father Dempsey's, Antoinette Triplett of the City's Department of Human Services, and Greg Vogelweid of St. Patrick Center—served on the committee that developed this statewide plan.

An important initial step in the development of the Ten-Year Plan was marked by Mayor Francis G. Slay convening the Mayor's Summit on Ending Homelessness in 2003 at St. Louis Community College at Forest Park. The Summit brought together more than one hundred fifty dedicated people—consumers, service providers and advocates—to begin to develop a realistic and workable plan of action to provide a more coordinated and comprehensive service and resource delivery system that better addresses the problems of the homeless.



Pictured left to right: At a kick-off to National Homeless Awareness Month in November, 2004, Mayor Francis G. Slay was joined by Philip Mangano, Executive Director of the U.S. Interagency Council on Homelessness, Governor Bob Holden and William F. Siedhoff, Director of the City's Department of Human Services (Photo by Bill Greenblatt.)

We've grown weary of bailing the leaking boat of homelessness - moving some people out the back door to stability while others fall in the front door to uncertainty. All across the country a new partnership is being created. That partnership extends literally from the White House to the streets, moving through state houses, city halls, nonprofits to our poorest neighbors ... I say to the "show me" state, show me your creativity, innovation and determination."

**-Philip Mangano,
Executive Director
US Interagency Council on Homelessness**

While this initial Summit focused on the needs of the City, it quickly became apparent that this problem extended beyond the City's boundaries—data revealed that nearly ½ of the people utilizing homeless facilities and programs in the City came from surrounding counties or other states throughout the country. Statistics for 2004 reveal that of the approximately 11,000 households seeking homeless-related services through the Homeless Hotline and other sources, more than 47% had a last permanent address outside the City of St. Louis—32% had a last permanent address in St. Louis County and 15% had a last permanent address outside the City and County. Further, of the approximately 6,000 households seeking shelter, approximately 45% had a last permanent address outside the City of St. Louis—25% had a last permanent address in St. Louis County and 20% had a last permanent address outside the City and County. As indicated above, the City currently provides services to these individuals and households who last lived outside the City, placing a significant burden on the City's resources. While the City through a variety of housing and homeless service programs spends over \$16 million per year annually and St. Louis County approximately \$2.3 million, surrounding counties (more specifically Jefferson, St. Charles, Franklin and Warren counties) provide little if anything in the way of resources or financial or other support for the homeless. This imbalance has resulted in a concentration of virtually all of the region's homeless programs and facilities—emergency shelters, transitional housing programs and support services—in the City of St. Louis, most noticeably in the downtown area, even though all available data shows that almost half of the households served by City resources and facilities lived outside the City of St. Louis before they became homeless.

As a result, in February 2004, St. Louis City Mayor Slay challenged neighboring counties to join the City in developing a Ten-Year Plan to End Chronic Homelessness. County Executive Charlie Dooley immediately stepped forward and on March 24, 2004, joined Mayor Slay, Philip Mangano and HUD St. Louis Field Office Director Roy

Pierce in announcing that St. Louis City and St. Louis County would join forces

"This collaboration between St. Louis County and St. Louis City has energized all of us in government to seek a better way to address the needs of the chronically homeless."

—Charlie Dooley
County Executive
St. Louis County

to develop a joint plan to end chronic homelessness. In both the City and County, the Departments of Human Services were assigned the task of formulating the Ten-Year Plan. Participation from other counties in the region was not forthcoming.



Pictured left to right: Mayor Francis G. Slay and County Executive Charlie Dooley committing to a joint ten-year plan to end chronic homelessness. (Photo by Bill Greenblatt.)

Beginning with information gleaned from the Mayor's Summit on Ending Homelessness and other sources, St. Louis City and County staff combined forces and crafted a set of action oriented objectives with the goal of ending chronic homelessness by 2015. In November 2004, a focus group of key stakeholders representing a wide range of interests, experience and expertise from the homeless services network was convened to translate these goals into an action plan. Facilitated by representatives of Urban Strategies, Inc., the group reached consensus and ratified the set of goals and tasks presented in this Plan. Members of this group and others involved in the homeless services community in the City and County are listed in Appendix A, "Acknowledgments."

It is nationally recognized that individuals experiencing chronic homelessness consume a disproportionate amount of resources: 10% of the homeless population consumes over 50% of the resources.

IV. ESTABLISHING THE NEED

BACKGROUND & METHODOLOGY: A study, “Homelessness: Programs and the People They Serve,” reported that most people who become homeless have suffered severe hardships—physical and sexual abuse, childhood trauma, poverty, poor education, disability and disease. The chronic homeless population is no exception. Although the cost of homelessness has not been quantified in the St. Louis area, chronic homelessness has an enormous financial impact on the entire region. National data demonstrates that individuals experiencing chronic homelessness consume a disproportionate amount of resources—it is estimated that the chronic homeless, while constituting only 10% of the overall homeless population, consume more than 50% of homeless resources. That same report also demonstrated that when homeless people get housing assistance combined with appropriate and essential support services—health care, substance abuse treatment, mental health services, education and/or job training—60% of the chronic homeless move out of homelessness and into an improved living situation.

As previously stated, for purposes of this Ten-Year Plan, the City and County have adopted HUD’s definition for the chronically homeless person: “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.” A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

In developing the Plan, the City and County had a decided advantage over other areas of the country in establishing the need for services: since 1994 we have had an established Homeless Management Information System (HMIS) that is administered through a contract with a non-profit provider. The Homeless Hotline serves as the primary access point for emergency shelter information and referral as well as prevention and self-sufficiency services. A sophisticated HMIS complements the homeless hotline and facilitates the collection of demographic information on every person who calls the hotline and incorporates intake information from service providers throughout the City and County. Unfortunately, one limitation of the HMIS is that a few of the homeless service providers elect not to participate in the homeless services network and do not share client information—this prevents

us from having complete information on the entire chronically homeless population, although we believe that most individuals receiving services from non-participating providers have also received services during the year from participating providers and thus are included in the database.

While there is a wide array of homeless programs in the St. Louis region — most services target women and children: women seem more likely than men to call the homeless hotline for services when marginally housed or at risk for homelessness. In addition, to secure a bed for the night, men are not consistently required to request shelter through the homeless hotline. Therefore, chronically homeless men are less likely to be recorded in the HMIS which again leads us to believe that the number of chronically homeless might be higher than our numbers reflect. Also, in both the City and County, men are disproportionately underrepresented in the chronic homeless population count. We believe that some of this underrepresentation is attributable to the fact that many homeless programs are targeted primarily to women and children, as well as to the fact that men are not as likely to access safety net/mainstream programs (Social Security, Temporary Assistance for Needy Families (TANF), Food Stamps, Medicaid, etc.) Also, the existence of criminal records among men often interferes with access to subsidized and rental housing, public benefits and employment opportunities. A service system that is ill-equipped to respond to these circumstances impedes the access of this population to treatment and recovery supports. The Plan includes elements that address these criminal record issues.

Based on these limitations, we believe the number of chronically homeless might be slightly higher than our data shows, and we have made adjustments in our estimates to account for this situation.

In refining our ability to identify and assess the needs of the chronically homeless, the City and County joined more than 170 counties and cities nationwide in conducting a one-day, point-in-time count of homeless persons at the end of January 2005. While there is a sense that the number of persons living on the street has been reduced over the past several years, an accurate and current baseline is needed to measure progress towards the goals outlined herein. This one-day count is assessed in combination with data from the HMIS and the homeless hotline to ensure as much thoroughness and accuracy as possible in determining the extent of chronic homelessness in the City and the County.

A. HOMELESS HOTLINE & HOMELESS MANAGEMENT INFORMATION SYSTEM (“HMIS”) DATA

From January 1, 2004, through December 31, 2004, the “Homeless Hotline” received unduplicated requests for services involving approximately 27,500 individuals in approximately 11,200 households. As indicated above, a number of City and County-funded services are available to assist in the prevention of homelessness, and the non-homeless clients determined to be at risk for homelessness were directed to these services.

Since the Homeless Hotline and the associated database collects information on all callers, the households referenced above include inquiries from outside St. Louis City and County. HMIS records show that nearly 13,000 individuals (more than 46% of the total above) and 5,500 households (nearly 50% of the total above) had “last permanent addresses” outside St. Louis City and St. Louis County, with nearly 3,500 households having “last permanent addresses” in St. Louis County, and the 2,000 having “last permanent addresses” outside St. Louis City. These numbers include all homeless households—not just the chronically homeless. These numbers clearly demonstrate that homelessness is not just a City of St. Louis problem—it is a problem that extends throughout and beyond the St. Louis region.

Beginning in January 2004, the HMIS was modified to identify the characteristics of the chronically homeless in a much more detailed way. Clients who call the Hotline and who access shelter and other services are asked a series of questions designed to elicit information on whether or not the client meets the HUD definition of chronically homeless. When a client meets a pre-defined set of criteria (single, with a disability, and on the street or with a history of shelter use), the service provider collects additional information identifying how long the client has been homeless and how many episodes of homelessness the client has experienced in the last three years. This is an important new dimension to the system: we can now begin to accurately identify both the size and the needs of the chronically homeless population within our community. Additionally, the HMIS gives providers online access to client information and allows for the development of individual case plans and confidential case notes, in addition to streamlining the referral process between agencies.

B. SEMI-ANNUAL FIELD COUNT DATA

On January 26, 2005, the Homeless Census Street Count was conducted at local soup kitchens, emergency shelters, transitional housing sites, and permanent supportive housing sites.

In the City of St. Louis on that night, 210 persons were identified as chronically homeless. 134 of these individuals were sheltered in emergency, transitional, or permanent supportive programs, and 76 were unsheltered (living on the street, in abandoned buildings, etc.) In St. Louis County on that night, 33 persons were identified as chronically homeless. Fifteen of these individuals were sheltered in emergency, transitional or permanent supportive programs, and eighteen were unsheltered (living on the street, in abandoned buildings, etc.)

Because HMIS data is collected throughout the year rather than on just one night, we believe the data discussed, that is regularly collected and tabulated in the Homeless Management Information System (HMIS) is a more accurate reflection of the City/County chronically homeless population than the field count.

C. ESTIMATE OF CHRONICALLY HOMELESS POPULATION—ST. LOUIS CITY/COUNTY

Table A provides a summary of the estimated numbers of chronically homeless persons in St. Louis City and County as documented by the sources above. Homeless hotline protocol requires that callers provide their last permanent address so that a determination can be made as to where they should be directed for services. Callers with a last address in St. Louis City or St. Louis County are naturally directed to those locations for services, and other callers living within a 100-mile radius of St. Louis are referred back to their own communities for services—however, as little or no service is available in their own communities, it is believed that many end up accessing services in the City of St. Louis. Those living outside of the 100-mile radius are referred to the City of St. Louis—clearly, this adds an additional burden on the City’s resources.

As indicated in the table, those living outside of the 100-mile radius constituted 22% of the chronic homeless and accessed services all located in the City of St. Louis. The table includes information from the Homeless Hotline and providers who participate in the Homeless Services Network. While the data does not include information from the New Life Evangelistic Center since NLEC does not participate in the Network, it is believed that New Life clients are for the most part included in the data, since these clients are not exclusive to New Life and often avail themselves of other services offered by providers who do belong to the Network. Note that the total numbers of chronically homeless have been adjusted upwards by a 5% factor to account for those individuals whose existence is not recorded in the database.

The following is a summary of the data included in Table A.

Number of Chronically Homeless People—St. Louis City/County:

- The Homeless Hotline and other sources record a total of 1,772 chronically homeless people. Including a 5% factor to account for those not recorded in the database, the total estimated number of chronically homeless people shown in the table is 1,861.
- Of this 1,861, 401 individuals had a last permanent address in a location more than 100 miles outside of the City of St. Louis. When these individuals are subtracted from the 1,861, **the total estimated number of chronically homeless people in the City of St. Louis and St. Louis County is 1,460.** 390, or 26.7%, of these 1,460 individuals have a last permanent address in St. Louis County; the remaining 1,070, or 73.3%, of these individuals had a last permanent address in the City.

Chronically Homeless Characteristics—St. Louis City/County:

- 74% of the chronically homeless in the City are male; 64% of the chronically homeless in the County are male.
- 71% of the chronically homeless in the City and 67% of the chronically homeless in the County are between the ages of 31 and 50.
- 57% of the chronically homeless in the City have graduated from high school or have a GED, with 19% of these having some post-high school education. 61% of the chronically homeless in the County have graduated from high school or have a GED, with 22% of these having some post-high school education.

Housing and Shelter Situations:

- 4.3% of the chronically homeless in the City and 6.1% in the County, or a total of 72 individuals, were housed in hospitals, psychiatric facilities, and substance abuse facilities at the time of their contact with the Homeless Services network.
- Of the remaining 1,399 individuals, a total of 974 were referred to shelters. Of these, 863 actually entered the shelters to which they were referred.

- 294 individuals were not referred to shelters for a variety of reasons, and the housing/shelter status of an additional 122 individuals was not identified in the database.

This data below has been used to develop the specific plan described. The following additional data was collected with respect to the disability characteristics of the chronically homeless in the HMIS database.

TABLE A
CHARACTERISTICS OF CHRONICALLY HOMELESS

NUMBER AND CHARACTERISTICS OF CHRONICALLY HOMELESS
Source: HMIS Database--January 1, 2004 through December 31, 2004

	City of St. Louis				St. Louis County				>100 Miles from City				TOTALS			
	F	M	BOTH	%	F	M	BOTH	%	F	M	BOTH	%	F	M	BOTH	%
Total individuals:	278	801	1,079	57.5%	140	253	393	20.9%	120	285	405	21.6%	538	1,339	1,877	100.0%
LESS: Duplicated across jurisdictions:	(16)	(45)	(60)	-5.6%	(8)	(14)	(22)	-5.6%	(7)	(16)	(23)	-5.6%	(30)	(75)	(105)	-5.6%
TOTAL UNDUPLICATED CHRONIC HOMELESS PER DATABASE:	262	756	1,019	57.5%	132	239	371	20.9%	113	269	382	21.6%	508	1,264	1,772	100.0%
PLUS: 5% factor/not in database:	13	38	51		7	12	19		6	13	19		25	63	89	
TOTAL ESTIMATED CHRONIC HOMELESS:	276	794	1,070		139	251	390		119	282	401		533	1,327	1,861	
CHRONIC ISSUES:																
--History of abuse	171	86	257	23.8%	81	35	116	29.5%	84	34	118	29.1%	336	155	491	26.2%
--Recent victim of abuse	11	11	22	1.0%	7	7	14	1.8%	4	4	8	1.0%	22	0	22	1.2%
--Pregnant	17	17	34	1.6%	7	7	14	1.8%	8	8	16	2.0%	32	0	32	1.7%
--Veteran	6	155	161	14.9%	3	49	52	13.2%	4	66	70	17.3%	13	270	283	15.1%
Total chronic issues:	205	241	446	41.3%	98	84	182	46.3%	100	100	200	49.4%	403	425	828	44.1%
EDUCATION:																
--Not high school graduate	86	157	243	22.5%	47	49	96	24.4%	28	36	64	15.8%	161	242	403	21.5%
--GED	31	83	114	10.6%	14	30	44	11.2%	16	34	50	12.3%	61	147	208	11.1%
--High school graduate	94	200	294	27.2%	42	64	106	27.0%	47	83	130	32.1%	183	347	530	28.2%
--Post-high school	66	140	206	19.1%	36	52	88	22.4%	29	57	86	21.2%	131	249	380	20.2%
--Education unknown	1	221	222	20.6%	1	58	59	15.0%		85	85	21.0%	2	364	366	19.5%
Total education:	278	801	1,079	100.0%	140	253	393	100.0%	120	295	415	102.5%	538	1,349	1,887	100.5%
AGE:																
--under 18	1	1	2	0.2%	1	1	2	0.3%		0	0	0.0%	2	1	3	0.2%
--18 - 20	9	10	19	1.8%	10	8	18	4.6%	5	4	9	2.2%	24	22	46	2.5%
--21 - 30	34	64	98	9.1%	24	38	62	15.8%	22	25	47	11.6%	80	127	207	11.0%
--31 - 50	188	574	762	70.6%	91	171	262	66.7%	74	215	289	71.4%	353	960	1,313	70.0%
--over 50	46	152	198	18.4%	14	36	50	12.7%	19	51	70	17.3%	79	239	318	16.9%
Total age:	278	801	1,079	100.0%	140	253	393	100.0%	120	295	415	102.5%	538	1,349	1,887	100.5%
RACE:																
--African American	238	691	929	86.1%	106	166	272	69.2%	57	160	217	53.6%	401	1,017	1,418	75.5%
--Caucasian	34	102	136	12.6%	32	82	114	29.0%	62	128	190	46.9%	128	312	440	23.4%
--Other	6	8	14	1.3%	2	5	7	1.8%	1	7	8	2.0%	9	20	29	1.5%
Total Race:	278	801	1,079	100.0%	140	253	393	100.0%	120	295	415	102.5%	538	1,349	1,887	100.5%
HOUSING/TIME OF CONTACT:																
--hospital	24	15	39	3.6%	16	7	23	5.9%	11	9	20	4.8%	51	31	82	4.4%
--psychiatric facility	1	1	2	0.2%	1	1	2	0.3%	2	2	4	0.5%	1	4	5	0.3%
--substance abuse facility	4	1	5	0.5%		0	0	0.0%	2	1	3	0.7%	6	2	8	0.4%
Subtotal in housing:	29	17	46	4.3%	16	8	24	6.1%	13	12	25	6.1%	58	37	95	5.0%
--in shelter	65	66	131	12.1%	35	39	74	18.8%	30	32	62	15.0%	130	137	267	14.2%
--no housing/on street	184	718	902	83.6%	89	206	295	75.1%	76	250	326	78.9%	349	1,174	1,523	80.8%
Subtotal shelter/street:	249	784	1,033	95.7%	124	245	369	93.9%	106	282	388	93.9%	479	1,311	1,790	95.0%
Total housing:	278	801	1,079	100.0%	140	253	393	100.0%	119	294	413	100.0%	537	1,348	1,885	100.0%
SHELTER STATUS:																
--referred to shelters	131	631	762	74.8%	48	164	212	57.1%	32	204	236	61.7%	211	999	1,210	68.3%
--entered shelters	98	584	682	67.0%	34	147	181	48.8%	18	187	205	53.6%	150	918	1,068	60.3%
Subtotal referred/not entered:	33	47	80	7.9%	14	17	31	8.4%	14	17	31	8.1%	61	81	142	8.0%
--shelter referral not made	105	92	197	19.3%	44	53	97	26.1%	33	37	70	18.3%	182	182	364	20.5%
Total not sheltered:	138	139	277	27.2%	58	70	128	34.5%	47	54	101	26.4%	243	263	506	28.6%
Total sheltered+not sheltered:	236	723	959	94.2%	92	217	309	83.3%	65	241	306	80.0%	393	1,181	1,574	88.8%
Total shelter status undetermined:	26	33	60	5.8%	40	22	62	16.7%	48	28	76	20.0%	115	83	198	11.2%

The following is a summary of the data included in the following disabilities characteristics table (Table B). The summary includes all chronically homeless in the database—City, County, and last permanent address 100 miles or more outside the City—as the data was not available by jurisdiction. We nevertheless believe that the summary statistics are valid across jurisdictions and are sufficient for purposes of developing this plan.

Disabilities Characteristics—Chronically Homeless Population in HMIS Database:

- A total of 5.7% of the chronically homeless persons served by City and County homeless shelters—4.5% of the women and 6.2% of the men—have physical disabilities.
- A total of 57.2% have substance abuse disabilities—50% of the women and 60% of the men.
- A total of 40.5% have physical health problems—51.7% of the women and 36% of the men. These physical health problems include HIV/AIDS (1%), communicable illnesses (.2%), and other unspecified physical health problems.
- A total of 39.2%—57.4% of the women and 31.9% of the men—report a variety of mental health disabilities. These include mental retardation/developmental disability (.2%), learning disabilities (5.2%) and other mental health disorders (33.4%).
- Only 22 individuals—1.2% of the chronically homeless population—did not report a specific mental or physical disability or illness.

TABLE B
DISABILITIES CHARACTERISTICS OF CHRONICALLY HOMELESS

NUMBER AND CHARACTERISTICS OF CHRONICALLY HOMELESS
Source: HMIS Database--January 1, 2004 through December 31, 2004

	TOTALS						NOTES
	F	%	M	%	BOTH	%	
Total individuals:	538	28.5%	1,349	71.5%	1,887	100.0%	Count modified to add uncounted and eliminate duplicates across jurisdictions.
LESS: Duplicated across jurisdictions:	(33)		(82)		(115)	-6.1%	
TOTAL UNDUPLICATED CHRONIC HOMELESS PER DATABASE:	505		1,267		1,772	100.0%	
PLUS: 5% factor/not in database:	25		63		89		
TOTAL ESTIMATED CHRONIC HOMELESS:	530	28.5%	1,330	71.5%	1,861	100.0%	A number of clients have multiple chronic physical/mental disabilities. The disabilities total therefore exceeds the total number of chronically homeless individuals.
--Alcohol	52	9.7%	222	16.5%	274	14.5%	
--Drug	148	27.5%	336	24.9%	484	25.6%	
--Drug & Alcohol	69	12.8%	253	18.8%	322	17.1%	
Total substance abuse:	269	50.0%	811	60.1%	1,080	57.2%	
--HIV/AIDS	3	0.6%	16	1.2%	19	1.0%	
--Communicable illness	0	0.0%	4	0.3%	4	0.2%	
--Lupus	1	0.2%	0	0.0%	1	0.1%	
--Physical health unspecified	274	50.9%	466	34.5%	740	39.2%	
Total physical health:	278	51.7%	486	36.0%	764	40.5%	
Total physical disability:	24	4.5%	84	6.2%	108	5.7%	
--Mentally retarded/dev. disabled	2	0.4%	1	0.1%	3	0.2%	
--Other mental health	287	53.3%	343	25.4%	630	33.4%	
--Attention deficit disorder	4	0.7%	3	0.2%	7	0.4%	
--Learning disability	16	3.0%	83	6.2%	99	5.2%	
Total mental disability:	309	57.4%	430	31.9%	739	39.2%	
TOTAL DISABILITIES:	880	164%	1,811	134.2%	2,691	142.6%	
No disability specified:	1	0.2%	21	1.6%	22	1.2%	
Total chronic disabilities:	881	164%	1,832	135.8%	2,713	143.8%	

C. ESTIMATE OF SERVICE/HOUSING NEEDS FOR CHRONICALLY HOMELESS POPULATION —ST. LOUIS CITY/COUNTY

Table C estimates the services and housing needs for the City and County chronically homeless population, based on the estimated numbers and characteristics of these populations described above.

TABLE C
ESTIMATE OF PERMANENT SUPPORTIVE HOUSING NEEDED

ESTIMATE OF PERMANENT SUPPORTIVE HOUSING NEEDED
Source: HMIS Database--January 1, 2004 through December 31, 2004

METHODOLOGY & CALCULATIONS:

	City of St. Louis			St. Louis County			TOTAL CITY/COUNTY		
	F	M	BOTH	F	M	BOTH	F	M	BOTH
TOTAL ESTIMATED CHRONIC HOMELESS:	276	794	1,070	139	251	390	415	1,045	1,460
% NEEDING SUBSTANCE ABUSE ASSISTANCE:	50.0%	60.1%	57.5%	50.0%	60.1%	56.7%	50.0%	60.1%	57.3%
# NEEDING SUBSTANCE ABUSE ASSISTANCE:	138	477	615	70	151	221	208	628	836
Assumption: 75% can eventually live w/family or in other unsupportive housing:	(104)	(358)	(462)	(53)	(113)	(166)	(156)	(471)	(627)
# W/SUBSTANCE ABUSE DISABILITY NEEDING PERMANENT SUPPORTIVE HOUSING:	34	119	153	17	38	55	52	157	209
% NEEDING MENTAL DISABILITY ASSISTANCE:	57.4%	31.9%	38.4%	57.4%	31.9%	41.0%	57.4%	31.9%	39.1%
# W/MENTAL DISABILITY NEEDING ASSISTANCE:	158	253	411	80	80	160	238	333	571
Assumption: 20% can eventually live w/family or in other unsupportive housing:	(32)	(51)	(83)	(16)	(16)	(32)	(48)	(67)	(114)
# W/MENTAL DISABILITY NEEDING PERMANENT SUPPORTIVE HOUSING:	126	202	328	64	64	128	190	266	457
% NEEDING PHYSICAL DISABILITY ASSISTANCE:	4.5%	6.3%		4.5%	6.3%		4.5%	6.3%	
Assumption: Dual disabilities--within other categories:									
# W/PHYSICAL/SUBS. AB. DISABILITY ASSISTANCE:	2	8	10	1	2	3	2	10	12
# W/PHYSICAL/MENTAL DISABILITY ASSISTANCE:	6	13	19	3	4	7	9	17	26

SUMMARY OF NEEDS:

	City of St. Louis			St. Louis County			TOTAL CITY/COUNTY		
	F	M	BOTH	F	M	BOTH	F	M	BOTH
PERMANENT SUPPORTIVE HOUSING FOR:									
--Clients w/substance abuse disabilities:	32	111	143	16	36	52	48	147	195
--Clients w/physical and substance abuse disabilities:	2	8	10	1	2	3	3	10	13
--Clients w/mental disabilities:	120	189	309	61	60	121	181	249	430
--Clients w/mental and physical disabilities:	6	13	19	3	4	7	9	17	26
Subtotals Permanent Supportive:	160	321	481	81	102	183	241	423	664
TRANSITIONAL/OUTPATIENT FOR:									
--Clients w/substance abuse disabilities:	104	358	462	53	113	166	157	471	628
--LESS: Adjustment undisclosed/dual:	(9)	42	32	(5)	13	8	(14)	55	40
--Clients w/mental disabilities:	32	51	83	16	16	32	48	67	115
--LESS: Adjustment undisclosed disability/dual:	(11)	22	12	(6)	7	1	(17)	29	13
Subtotals Transitional/Outpatient:	116	473	589	58	149	207	174	622	796
TOTALS ALL:	276	794	1,070	139	251	390	415	1,045	1,460

Both the City and the County provide a variety of services and facilities to address the needs of their chronically homeless populations. Currently, a significant portion of these services address the needs of individuals who had last permanent addresses a considerable distance from either the City of St. Louis or St. Louis County.

Subsequent sections of this Plan discuss these facilities and services and use the “needs” data from this section and the “current facilities and services” data from the next section to arrive at an Action Plan detailing services and facilities needed to address the needs of the chronically homeless population that cannot be served by the services and facilities that exist today.

V. WHERE ARE WE NOW?

A. OVERVIEW

For over two decades, we have become accustomed to seeing emergency shelters that are large and overly populated and do little to arrest an individual's homelessness cycle. Such shelters only minimally help the chronically homeless.

In too many cases, shelter facilities are not equipped with the treatment or services needed to afford the chronically homeless an exit from the cycle of homelessness that many have endured for years. Many chronically homeless persons resist emergency shelter and transitional housing programs for a variety of reasons—concentrated, competent, professional intervention is needed to reach these individuals and provide them with assistance.

It is now time to recognize, once and for all, that shelters, emergency or transitional, without accompanying treatment and services are not environments suitable for ending homelessness among a population that suffers from chronic substance abuse and/or severe mental illness.

St. Louis City, St. Louis County and the service providers participating in their CoCs believe that the true road to ending chronic homelessness must be paved with both assertive community treatment and permanent supportive housing. Chronically homeless persons as well as their service providers are all too often frustrated by the lack of affordable, supportive housing options—this lack results in too many of the chronically homeless remaining in or returning again and again to the streets.

As federal, state and local funds to combat homelessness remain relatively stagnant, achieving the goal of ending chronic homelessness within ten years will require an assessment of current services and programs with the goal of redirecting resources to those innovative housing and support programs that can ensure more beneficial and lasting outcomes for the chronically homeless.

The following paragraphs describe those resources, facilities, and services currently available to address the problems of the chronically homeless.

B. ST. LOUIS CITY

Resources: Annually, the City of St. Louis provides over \$16 million of local, state and federal funds to agencies providing a wide range of homeless services from prevention to permanent housing. City agencies involved and funding expended include the following:

- Department of Human Services: \$12 million
- Community Development Administration: \$.35 million
- Affordable Housing Commission: \$4.21 million

In addition to the above funding exclusively devoted to programs that prevent homelessness or serve the homeless population, the City also spends \$1.3 million in General Revenue tax dollars to administer these and other programs—veterans services, senior services, youth services, domestic violence services, and services for people with disabilities—that address the needs of the homeless and other low-income people living in the City, many of whom are at risk of homelessness. The Affordable Housing Trust Fund and Community Development Block Grant (CDBG) emergency and code-related home repair programs also address the housing needs of this low-income population.

The majority of federal and state funds received by the City for homeless programs are administered by the Department of Human Services. Funding is received from a variety of HUD programs as well as state and local sources.

The City's Community Development Administration provides the Housing Resource Center with \$350,000 annually in CDBG funds. The Housing Resource Center operates the Homeless Hotline and administers the socialserve.com affordable housing database as well as collects and inputs HMIS statistics for the St. Louis region. A significant amount of CDBG funding was previously invested in Hope House, the City's first transitional family housing facility with a capacity of approximately 200 people, and the Affordable Housing Commission continues to provide administrative funding for the facility.

One important new funding source for homeless services in the City was derived from the establishment of the St. Louis Affordable Housing Trust Fund in 2001. While the ordinance that created the Affordable Housing Commission does not stipulate specifically that funds be made available for homeless programs and services, it does require that at least 40% of trust funds assist persons and households with incomes at or below 20%

area median income level. For an individual, this is income equivalent to a social security check and far below a full time minimum wage job. The Affordable Housing Commission has distributed millions of dollars for services to this population including funding for homeless shelters, funding for transitional and supportive housing, funding for emergency utility, rent and mortgage payment assistance, and funding for accessibility modifications. These programs are discussed throughout this plan.

Currently, most of the services and resources for the chronically homeless are located in the City, particularly in the downtown area. St. Louis County has some services and facilities, while St Charles and Jefferson County have few or none. Appendices B, B-1, C, C-1, D, D-1 and E list all homeless facilities and services in the St. Louis City and St. Louis County. In the absence of sufficient service providers located in St. Louis County, the County contracts for emergency shelter and transitional housing space with homeless providers located in the City (and it should also be noted that the majority of domestic violence beds located in St. Louis County are occupied by City residents.) The listings in the Appendices clearly reflect that the City of St. Louis has by default assumed the bulk of the region's responsibility for the providing locations and funding for homeless services despite the fact that almost half of the homeless accessing these services and facilities have last permanent addresses outside the City of St. Louis.

While these service and facility listings include a plethora of homeless providers and services, all of these providers do not serve the chronically homeless. As indicated in the Appendices, the bulk of the outreach and temporary housing for the chronically homeless are provided by six emergency shelters, four transitional housing facilities, and six mobile outreach units, although some of the other providers listed in the Appendices devote a portion of their services and facilities to the chronically homeless. The outreach units seek out and serve the homeless in various locations throughout the City of St. Louis. Additionally, two providers (St. Patrick Center and Community Alternatives, Inc.) have effectively utilized the Assertive Community Treatment (ACT) model in effectively addressing the needs of the chronic homeless through an interdisciplinary treatment team approach. Further discussion of this model and its use by these agencies is provided within this plan.

As the Appendices show, the City is home to approximately 3,000 units of housing for the homeless in total—1,034 emergency shelter beds, 867 transitional housing beds, and 1,100 permanent supportive housing beds. The permanent supportive beds include 547 beds provided by the Mis-

souri Department of Mental Health through the “Shelter Plus Care” program. An additional 89 transitional housing units and 196 permanent supportive housing units are currently under construction or in predevelopment.

In addition to services and facilities that serve other homeless populations, federal, state and local funds are used by the City agencies to provide the following services and facilities that serve the chronically homeless:

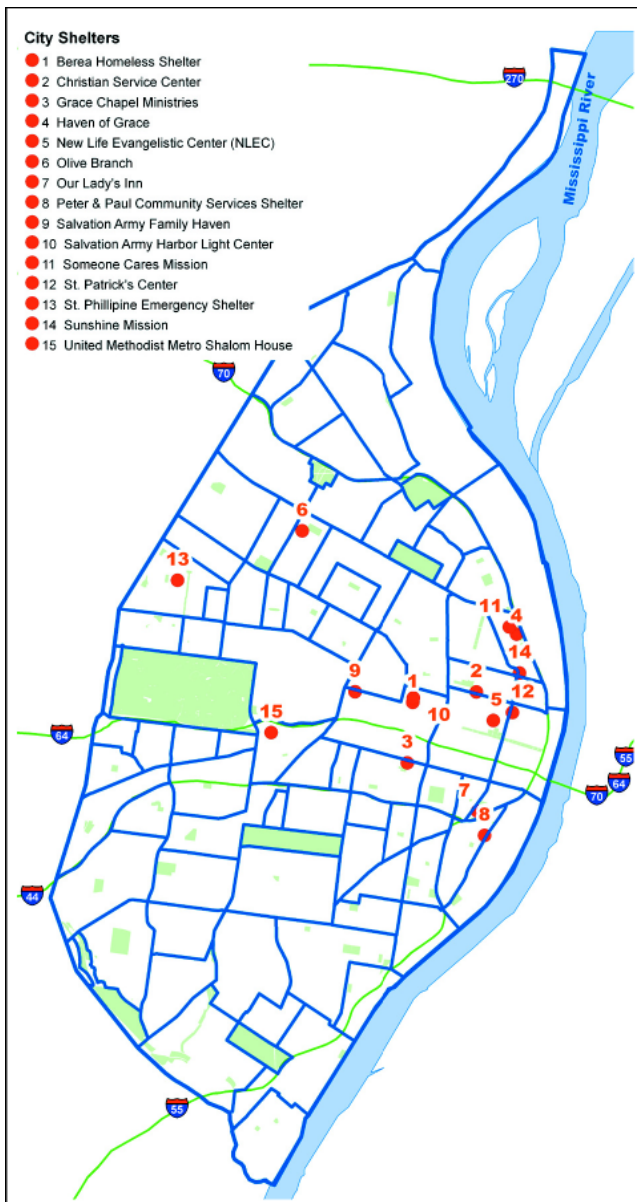
Permanent Supportive Housing: As indicated above and in the table included as Appendix D, the City is currently home to approximately 1,100 permanent supportive housing beds—it is estimated that 723 of these beds are occupied by individuals who would otherwise be chronically homeless. In addition to those facilities currently in operation, Rosati House, now in predevelopment, will provide permanent supportive housing for an additional fifty chronically homeless men with mental disabilities, an OIC of the Midwest facility, now in predevelopment, and a Horizon House facility, now under construction, will provide an additional 120 beds for individuals and families with mental disabilities. Places for Fathers will provide six units for single fathers with disabilities, and Doorways will provide an additional twenty units for people with HIV and AIDS. In total, 196 new units will serve homeless individuals.

In the last two years, the City’s Department of Human Services has been extremely successful in increasing permanent supportive housing resources through HUD’s Supportive Housing Program (“SHP”), the primary source of federal funding for homeless services. In FY2001, before Mayor Slay took office, the City was awarded only \$2 million of an \$8 million request. In 2002, DHS again submitted an \$8 million application and this time was awarded the full amount requested. That success was followed in 2003 by an award of \$9 million. The City’s success has largely to do with its acknowledgement that HUD has shifted its emphasis in funding homeless service programs to programs that provide stable housing situations with supportive services. All of the new applications submitted by the City to HUD for SHP funding in the last three years have focused on the development of new permanent affordable housing with case management services in addition to services in existing supportive facilities.

The City has also been active, in partnership with Doorways/Interfaith Residence, in the development and operation of permanent supportive housing for individuals with HIV/AIDS diagnoses. Doorways cur-

rently owns and operates five buildings located at four sites in the City of St. Louis with an additional site in predevelopment, and serves approximately 485 individuals and 85 children each month through its Supportive Housing Facility, Residential Program, and “Own Home” Program. Some of the facilities provide housing and services for low-income families, while other sites serve only individuals.

In July of 2004, Doorways, in partnership with Places for People and the City of St. Louis, opened CJ’s place, an 18-unit housing complex that provides supportive services for individuals who are dually or triply diagnosed with HIV, mental illness or substance abuse disabilities.



Transitional Housing: As indicated above and in Appendix C, the City is currently home to approximately 970 transitional housing beds, fifteen of which are funded by St. Louis County for St. Louis County residents—it is estimated that three hundred of these beds serve individuals who would otherwise be chronically homeless.

An additional fourteen beds are currently under development by OIC of the Midwest for older adolescent men with disabilities. It is anticipated that seven of these new beds will serve the chronically homeless.

Emergency Shelters: As indicated above and in Appendix D, the City is currently home to approximately 1,030 emergency shelter beds, 78 of which are funded by St. Louis County for St. Louis County residents—these beds include a 125-person overflow shelter operated during severe weather conditions. It is estimated that nearly 700 of these beds serve the chronically homeless. As St. Louis County develops additional emergency shelters, the beds currently funded by the County will become available for City use.

Mobile Outreach: The following organizations provide mobile outreach to the chronically homeless in the City of St. Louis:

- BJC Behavioral Health
- Covenant House Missouri
- St. Patrick Center
- Community Alternatives
- Housing Resource Center
- New Life Evangelistic Center

As a component of transitioning to the ACT service model, additional mobile outreach services will be added in the City of St. Louis, through partnerships with homeless services providers.

Case Management Services: St. Patrick Center currently provides a variety of case management services for the chronically homeless in the City of St. Louis. As discussed below, additional Assertive Community Treatment teams will be added as the ACT model is implemented in accordance with this Plan.

Permanent Affordable Housing Resources: The City of St. Louis addresses the permanent affordable housing needs of the homeless and those at risk of homelessness in two basic ways.

- **Housing Resource Center:** First, the City’s Community Development Block Grant program has provided basic operational funding in the amount of \$350,000 per year for the Housing Resource Center operated by Catholic Charities for over a decade. In February 2003, the Housing Resource Center in partnership with the City and County launched the St. Louis Affordable Housing Database better known as **socialserve.com**. With additional funding provided by the St. Louis Housing Authority, the Housing Authority of St. Louis County and the St. Louis Affordable Housing Commission, socialserve.com provides a fast and efficient searchable database of affordable rental and special-needs housing in St. Louis City and County. Currently, thousands of searches are conducted each month, dramatically reducing the amount of time people spend in finding suitable housing.
- ***Affordable Housing Development and Rehabilitation:*** Over the past four years, the City has assisted in the completion of over 1,200 newly rehabilitated and newly constructed affordable housing units through the HUD HOME program. Over

500 additional units are currently under construction or are in predevelopment. In addition to these HOME-assisted units, many more affordable homes have been developed with Affordable Housing Trust funds, the HUD Section 202 program, low-income housing tax credits, public housing funds and the HUD HOPE VI program. Activities funded include the Habitat program which makes homeownership available to low-income families. The City Housing Authority currently owns over 3,700 traditional public housing units and administers approximately 5,500 Section 8 Certificates/Housing Vouchers. In addition, the City spends approximately \$4.3 million each year in CDBG and HOME funding for low and moderate income home emergency repairs and code-related repairs which make it possible for low-income homeowners to remain in their homes.

Other Homeless and Homelessness Prevention Services: In addition to funding specific facilities, the City, in partnership with local philanthropic interests, funds a number of transitional homeless and homelessness prevention services. In 2005, these activities will include the following funding, totaling over \$4 million, through the Affordable Housing Commission:

- Almost Home and Haven of Grace provide shelter for pregnant teenagers and other youth. Operating costs for these two agencies are funded at a total of **\$114,000**.
- Covenant House also provides shelter for homeless youth. This agency will receive **\$237,500** to assist in the construction of a new youth shelter.
- Gateway Homeless Services, Peter & Paul Community Services, and United Metro Ministries will receive a total of **\$1,103,000** for continuing emergency shelter operations.
- The City's Department of Human Services will receive **\$50,000** for operation of the overflow emergency shelter.
- Adequate Housing for Missourians, Cardinal Ritter Senior Services, Catholic Commission on Housing, Center for Women in Transition, Great Things Foundation, Missouri Energy Care, Paraquad, St. Patrick Center, and Urban League Community Outreach will receive a total of **\$621,000** to provide temporary rent, mortgage and/or utility assistance to individuals and families who are either in danger of becoming homeless or who are currently homeless and are ready to transition into permanent housing situations.

- Doorways/Interfaith Residence and Places for People will receive a total of **\$358,000** in operating assistance for permanent supportive housing programs that serve homeless people with mental and/or physical disabilities.
- Doorways/Interfaith Residence will also receive an additional **\$297,000** to develop a new permanent supportive housing facility to serve homeless people with physical disabilities.
- Faith House’s “Dream House” and St. Louis Transitional Hope House will receive a total of **\$275,000** in operating funding for transitional housing programs that serve homeless individuals and families.
- The Society of St. Vincent DePaul will receive a total of **\$100,000** in operating assistance for a transitional housing program serving ex-offenders.
- St. Patrick Center will receive **\$100,000** in operating assistance to provide a variety of services to homeless people, based on the “ACT” model of homeless assistance.
- St. Patrick Center will also receive a total of **\$610,000** to develop and operate a permanent supportive housing facility for homeless men with disabilities.
- Habitat for Humanity will receive a total of **\$200,000** to develop permanent housing for low-income families qualified to undertake homeownership—the organization offers some of these homes to families that are homeless.
- Peter and Paul Community Services will receive a total of **\$75,000** to purchase the transitional housing facility that the organization currently rents.

The City also provides \$5 million in City use tax revenue to ConnectCare, a non-profit organizations that provides health care services for uninsured, indigent individuals and families. In addition to serving other clients, ConnectCare serves the chronically homeless.

The City is focusing on housing and other needs arising from domestic violence. The City has tax/fee programs that generate funding for programs that address the problem of domestic violence, and the City received a grant last year to develop and operate a Family Justice Center. This facility will provide a coordinated “one stop shop” for services intended to help victims escape the cycle of domestic violence.

In addition to Affordable Housing Trust Funds and domestic violence funds generated through City taxes and fees, the City receives funding from federal and state governments to address a variety of chronic and other homeless needs.

Discharge Planning for Publicly Funded Institutions: Another factor exacerbating the problems of homelessness results from the release of ex-offenders from state correctional facilities. These ex-offenders often come to the City and County with little in the way of preparation to re-enter society safely, and in many cases with nothing to sustain them. It therefore comes as no surprise that 32% of those committed to Missouri's prison system were returning parole violators who failed to transition successfully and were returned to confinement. While the definitive effect of discharge policies on the problem of homelessness cannot yet be determined, we do know that, in FY03, 3,059 men and 365 women were released back to the City and County where they originated. These figures represent a mix of parolees, those who maxed out their time, and those who completed sentences that were initially suspended. It is further believed that a portion of the total 17,545 individuals released from Missouri correctional facilities in 2003 end up in the City of St. Louis, as they have nowhere to go but an emergency shelter. To its credit, the Missouri Department of Corrections has recognized this problem and has recently implemented the "Services and Violent Offender Re-Entry Initiative" also known in Missouri as "Project Connect." William Siedhoff, Director of the City's Department of Human Services, currently serves on the state-wide steering team for this program.

C. ST. LOUIS COUNTY

Annually, St. Louis County provides approximately \$2.3 million to agencies serving the homeless. This funding, which is administered by the St. Louis County Department of Human Services (DHS), includes County general revenue funds, housing trust funds, municipal fees, private contributions, and state and federal funds. In January of 2005, St. Louis County received notification that their 2004 SHP grant competition award has increased from \$215,000 to \$1.9 million, bringing the County's annual expenditure for homeless services to \$3 million.

Emergency Shelters: As indicated in Appendix B-1, St. Louis County currently funds 161 emergency shelter beds located in the County and an additional 78 beds located in the City. Approximately 656 chronically homeless were served in emergency shelters in 2004. During their

stay, clients will receive intensive case management to identify strengths, weaknesses, housing, and service needs. Setting personal and family goals is required.

It should be noted that the County has three domestic violence (DV) shelters located in the County but they are utilized mostly by the City and outside counties. The Kathy J. Weinman Shelter, for example, is owned and funded by the County which contracts for the operation and services. In 2004, only 27% of the women and children in the shelter were County residents, 56% were City residents, and 17% were from outside the area. Approximately the same percentages are true for Maria Droste and Fortress Outreach. Therefore, it is necessary for the County to purchase DV beds in the City to compensate for utilization of County DV beds by City residents.

Between 2001 and 2003, two emergency shelter programs closed in St. Louis County. This represented a loss of 60 emergency beds. To date, only 25 of those beds have been replaced. Lack of funding and resistance from the community has slowed the process. In an effort to move beyond this stalemate, DHS plans to convene a Blue Ribbon Task Force to include representatives from local government, funders and stakeholders. The purpose of the task force will be to facilitate the development of both temporary and permanent housing projects, encourage collaborations, provide community support, identify solutions, and assist in overcoming obstacles.

Transitional Housing: As indicated in Appendix C-1, as of the end of 2004 the County currently has 57 transitional housing beds and another 40 under development. In 2004, one transitional housing program with thirty beds closed due to lack of funding. In 2002 and 2003, two other programs with a total of fifty beds closed due to a lack of funding.

Permanent Supportive Housing: As listed in Appendix D-1, in 2001, St. Louis County received its first Supportive Housing Program, Shelter Plus Care grant. Administered through the Missouri Department of Mental Health (DMH), the program provides 25 housing vouchers (5 for singles and 20 for families) for persons diagnosed with mental illness, developmental disabilities, chronic alcoholism, drug abuse, physical disability, or HIV/AIDS. Shelter Plus Care has been the catalyst for permanent housing access for some of the hardest to serve individuals. Once these individuals have been placed in permanent housing, the program requires that participants remain engaged with a

DMH contracted provider for ongoing case management, enhancing the individual's ability to remain in permanent housing. Five of these vouchers, which are for single persons, can be used for the chronically homeless.

In 2004, as part of a federal SHP grant application that was recently approved, the County included a permanent supportive housing program that involves leasing 20 units of permanent housing to include 1, 2, 3 and 4 bedroom units. Ten will be newly renovated and ten will be commitments from existing landlords. Located throughout the County, the units will be accessible to transportation, schools and amenities. Units will be designed for individuals and families moving from shelter or transitional housing to permanent housing. Partners in this effort include the County Department of Human Services, the Housing Authority of St. Louis County, a non-profit social service agency, and a private developer. Two of the apartments are for single persons and targeted for the chronically homeless.

Permanent Affordable Housing: Between 2001 and 2004, \$9,811,954 in CDBG funds were spent to assist 1,184 low and moderate income home owners who needed repairs. Since 2001, St. Louis County has assisted in the development of over 400 units of affordable rental housing—providing nearly \$4 million in subsidy to leverage \$39 million in development. During that same time period, the County expended \$7.6 million in HOME funds to subsidize \$16 million in development costs for over 150 newly constructed homes for affordable home ownership opportunities.

The Housing Authority of St. Louis County currently owns and/or manages 625 units of public housing, including units for the Hilldale, Pagedale, and Olivette Housing Authorities, and administers approximately 6,200 Section 8 vouchers. Over the course of the last eight years, the Housing Authority has developed, either independently or in a public/private partnership, 498 units of affordable housing by using various funding such as Low Income Housing Tax Credits (LIHTC), Home Funds, CDBG funds, Missouri Housing Development funds, and tax exempt bonds. The Housing Authority has also built/developed over 35 single family homes sold to low income families.

Other Homeless and Homeless Prevention Services: In addition to funding emergency and domestic violence shelters, and transitional

and supportive permanent housing, St. Louis County also contributes funding to provide supportive and prevention services:

- Redevelopment Opportunities for Women provides age appropriate domestic violence counseling to men, women, and children while in shelter.
- Building Blocks Educational Services ensure that children are returned to the school of best interest within 24 hours of entering shelter. They also advocate on behalf of the families regarding transportation, school record transfers, and inoculation records.
- Through St. Louis County’s Department of Health, two public health nurses are assigned to visit shelters on a weekly basis.
- Hotel/Motel Program accepts large families that might otherwise be denied shelter due to lack of space. They also accept parents that have dependent adult children (with special needs).
- Saint Louis University Law Clinic provides pro-bono legal services to prevent evictions, forestall foreclosures, abate warrants for traffic violations, and intervene in predatory lending cases.
- St. Jane provides utility assistance to prevent utility turn-off.
- The Housing Resource Center provides mortgage/rent assistance to prevent foreclosures and evictions.
- Paraquad provides these same services for persons with disabilities.
- Adequate Housing for Missourians provides security deposits for Section 8 housing.

Discharge Planning for Publicly Funded Institutions: The County has begun working with the state and local governments regarding development of discharge planning policies for publicly funded institutions in several ways:

- **Mental Health Institutions:** Missouri’s Division of Comprehensive Psychiatric Services contracts with 25 entities that serve

as “administrative agents.” Each administrative agency is responsible for a geographic “service area” within the state. BJC Behavioral Health is the “administrative agent” for St. Louis County, functioning as the County’s community mental health system and serving as the entry and exit point for County residents with in-patient facility.

In an effort to collaborate, DHS met with Missouri Comprehensive Psychiatric Services and BJC representatives for the first time, creating the opportunity to discuss housing issues and learn the discharge planning protocols for both of these organizations. DHS plans to continue to meet with these agencies to improve communication between homeless service providers, DMH and BJC.

The County Department of Human Services also plans to contact the state’s Metropolitan St. Louis Psychiatric Center and St. Louis Psychiatric Rehabilitation Center to initiate collaborative discussions.

- **Missouri Probation & Parole:** DHS is also talking with staff of the Missouri Probation & Parole Office in the St. Louis region. The MO Department of Corrections currently attends St. Louis County Homeless Services’ Providers Network meetings. Furthermore, the Department of Corrections has implemented the MO Re-entry Program which addresses discharge planning issues for ex-offenders who are transitioning back into the community. There are five pilot projects, including one in the St. Louis area, each of which includes housing plans.
- **Mental Health Court Committee:** In 2002 the County convened a Mental Health Court Committee to discuss developing alternatives to incarceration for individuals with serious mental health disorders who have committed misdemeanor and non-violent felonies. The Mental Health Court Committee is comprised of representatives from probation and parole, justice services, police, human services, the health department, the public defender, the prosecuting attorney’s office and mental health/substance abuse providers. The primary objectives of the committee are to: develop policies and procedures that divert target populations from incarceration, to improve coordination between the justice system and community based social

services, and to develop and implement intervention strategies and identify gaps in the delivery of services.

Outreach Services: As shown in Table C, HMIS data for the St. Louis region indicates that the percentage of chronically homeless individuals who experience mental illness is approximately 39%; the percentage of chronically homeless individuals who suffer from chronic substance abuse is approximately 57%. Of these populations, it is believed between 5 and 10% are dually diagnosed. These figures indicate that 85% - 90% of the chronically homeless population suffers from chronic substance abuse, mental illness, or both. Services for both conditions are an integral component of the County's Continuum of Care. Two teams of trained outreach workers (Substance Abuse Response Services and Community Alternatives) were available to assess, triage and follow up on referrals from shelters and transitional housing programs. In 1999, the County funded a mobile street outreach program, including two vans on the street and covering the entire 540 square miles of the County. In 2003, the St. Louis County Police Department conducted Crisis Intervention Team training, adding another cadre of street outreach options.

Unfortunately, most of these programs are no longer available. In 2003, the mobile outreach program was discontinued due to funding shortfalls. In November 2004, Substance Abuse Response Services ceased operations due to loss of SHP funding. Community Alternatives, which was providing services gratis, discontinued those services because they were not funded. The loss of these programs leaves a significant gap in services for the chronically homeless.

Veterans Services: Of the County residents who called the homeless hotline for assistance in 2003, only 78 were veterans. Intake specialists with the hotline ask several questions designed to determine military status of all callers but the number of veterans is still very low. The County believes that this low incidence of veteran homelessness is attributable to the availability of services through the Office of County's Veterans Affairs, events such as the annual "stand down" and the Veterans Supermarket of Services. On the negative side, the Veterans Administration closed the only male veterans' transitional housing program in the County in 2002, creating a shortage in the availability of transitional housing programs for veterans.

V. PLAN AND STRATEGIES FOR ENDING CHRONIC HOMELESSNESS

A. OVERALL APPROACHES

Underlying all of the work conducted to produce this Ten-Year Plan to End Chronic Homelessness is the adoption of two nationally recognized models as guiding strategies for breaking the cycle of chronic homelessness. The agreed-upon approaches are the “**Housing First**” Approach and the **Assertive Community Treatment (“ACT”)** model. Further, this plan is based on the premise that the models will be applied within an overall **Continuum of Care**.

“Housing First” Approach:

The “Housing First” approach rests on two central premises:

- Re-housing should be the central goal of our work with people experiencing homelessness; and
- By providing housing assistance and follow-up case management after a family or individual is housed, we can significantly reduce the time people spend in homelessness.

A “Housing First” approach consists of three components:

- **Crisis intervention, including emergency services, screening and needs assessment:** Individuals who have become homeless have immediate crisis needs that must be accommodated, including the provision of emergency shelter. An early screening of the challenges and resources that will affect a re-housing plan is also critical.
- **Permanent housing services:** The provision of services to help clients access and sustain housing includes working with the client to identify housing affordable to the particular client, assist the client in accessing housing subsidies, and assist the client in negotiating leases. Clients may require assistance to overcome barriers—poor tenant histories, poor credit histories and/or discrimination based on ethnicity, gender, and income source. Providers must develop or have access to a roster of landlords willing to work with the program and providers must

engage in strategies to reduce disincentives to participate. There are a variety of social service agencies that provide access to affordable housing resources.

- **Case management services:** Appropriate case management services ensure that clients have income sources through employment and/or public benefits, identify service needs before the move into permanent housing, and provide assistance to clients after the move into permanent housing to help solve problems that threaten clients' tenancies—such problems may include violations of conditions of tenancy, failure to make timely rent and utility payments, and lack of access to transportation. Case management services connect clients with specific community-based resources that meet long term support/service needs.

Assertive Community Treatment (“ACT”):

The “Assertive Community Treatment” (ACT) model is an intensive community-based mental health service conducted by a multidisciplinary team for people with serious mental illness, functional impairments and complex needs. The ACT team is a group of professionals from a variety of backgrounds working together to meet the needs and goals of all homeless clients.

Teams consist of a team coordinator, a mental health worker, an occupational therapist, peer support workers, a psychiatrist, a registered nurse, a social worker, a vocational rehabilitation counselor, and an addiction specialist.

Clients served by ACT are individuals with high use of shelter and/or hospital services, difficulties with daily living activities, serious and persistent mental illness or personality disorders, and/or severe functional impairments who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have multiple issues including substance abuse, mental health, developmental delay, domestic violence or involvement with the judicial system.

The goals of the ACT model are to:

- Reduce hospitalizations
- Improve quality of life
- Provide support to families and caregivers
- Increase housing stability
- Reduce disabling symptoms

Essential ACT features include the following:

- Psychiatric, rehabilitative and support services
- Assertive outreach to clients
- Individualized service
- Multi-disciplinary teams
- Availability 24 hours a day, 7 days a week
- Standardized monitoring and evaluation
- Work in the client's own environment

Support services are essential to the success of an ACT team. Services may include:

- Crisis assessment and intervention
- Symptom assessment
- Case management
- Individual supportive therapy
- Treatment through medication
- Substance abuse treatment
- Help with activities of daily living
- Advocacy
- Development of client's social network
- Vocational assessment and job development
- Assistance in accessing services including housing, medical, financial and legal.

Continuum of Care:

The Ten-Year Plan to End Homelessness is built on the concept of a Continuum of Care (“CoC”) Plan. In the early 1980s, the City of St. Louis was one of the first cities in the country to design and adopt this model, and receiving a Ford Foundation award for its work. Since

originally adopting this model, the City has continued its use, although the CoC concept was not mandated by HUD until 1995. In 1985, the City formed its Homeless Services Network, partially in response to a court-ordered consent decree. In 1992, the County replicated the City's award-winning service delivery model and developed its own CoC system.

HUD defines a CoC as “a community’s plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.” Historically, homeless services have been fragmented. Continuum of Care planning helps providers identify ways of coordinating and linking resources to avoid duplication and facilitate movement toward permanent housing and self-sufficiency.

Today, St. Louis City and St. Louis County collaborate on numerous programs in addressing the issues of homelessness, but have separate CoCs. The lead entities for these CoCs are the City and County’s Departments of Human Services, Homeless Services Divisions. Each Continuum of Care plan ensures that mechanisms exist for funding the most efficient and effective programs, reducing duplication and increasing innovative program design.

CoC planning ideally involves stakeholders outside of the traditional homeless system with the goal of educating stakeholders from all sectors and encouraging them to become part of the solution. Key to an effective Continuum of Care system is coordination of effort including not only the fundamental components identified by HUD but also the necessary linkages and referral mechanisms to facilitate the movement of individuals and families toward permanent housing and self-sufficiency. It balances available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

The fundamental components of a comprehensive Continuum of Care system are:

- Prevention Services
- Outreach, Intake, Assessment
- Emergency Shelter
- Transitional Housing

- Supportive Services
- Permanent Housing/Permanent Supportive Housing

Prevention Services include a broad array of financial assistance programs that help prevent individuals and families from becoming homeless. Financial assistance may include short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices, security deposits or first month's rent to permit a homeless family to move into a permanent apartment, mediation programs for landlord-tenant disputes, legal services programs for representation of indigent tenants in eviction proceedings, payments to prevent home mortgage foreclosure, and other innovative programs and activities designed to prevent homelessness.

Outreach, Intake, and Assessment Services identify an individual's or family's service and housing needs and provide links to appropriate housing and/or service resources. Outreach services may include street outreach to homeless youth or single adults, special mobile health care facilities, and/or access to mental health care workers. Intake and assessment services may also include workers based at emergency shelters or transitional housing facilities who assess an individual's or family's needs beyond need for immediate shelter, to link the individual or family with the necessary housing and services supports.

Emergency Shelter Facilities included in an effective CoC primarily provide a safe and decent alternative to the streets for up to 90 days for a family or individual who is homeless, ***in addition to*** providing access to case management, assessment and referral services. This emergency placement includes meals, sleeping arrangements, and access to phone and mail services. Before the conclusion of the 90-day stay limitation, each family or individual will have completed an assessment to determine self-sufficiency goals and housing needs. A family can then be referred to transitional housing, move to permanent supportive housing, or move into other low-income housing. Each client agrees to the conditions of stay within the facility and agrees to work on a case plan designed to make self-sufficiency possible.

Transitional Housing Facilities included in an effective CoC provide long term transitional housing for up to 24 months for a family or individual who is homeless. Housing is combined with supportive services to help people develop the skills necessary for permanent housing. Such services include intensive case management, long-term goal achievement planning, and independent living training, and may in-

clude job training in some cases. Transitional housing can be a group home setting, an apartment style unit in a transitional housing facility, or scattered site units, provided that the setting allows access to the above-referenced services.

After obtaining the skills necessary to maintain housing, most families and individuals move into permanent housing with support services. The transitional housing provider may provide up to six months of support services for those that move from their programs to permanent housing.

Supportive Services address the needs of homeless persons living on the street, in emergency shelter, in transitional housing, and in the first months of residence in permanent housing. For the chronically homeless, supportive services are typically a permanent part of the permanent housing arrangements. Supportive services may include assistance with child care, transportation, job placement and job training, permanent housing, medical and psychological counseling, nutritional counseling, substance abuse treatment and counseling, and assistance in obtaining other federal, state and local assistance—veterans benefits, Supplemental Security Income, Temporary Assistance for Needy Families (TANF) and food stamps.

Permanent Supportive Housing is long-term, community-based housing with supportive services that enables homeless persons with special needs to live as independently as possible in a permanent setting. Ideally, permanent supportive housing provides room for no more than 16 persons in a single structure. Such arrangements may include apartments, single-family houses, duplexes, group homes, or single room occupancy (SRO) rooms, provided that arrangements must include permanent access to services for formerly homeless people with disabilities who have at least one of the following characteristics:

- considered disabled under Section 223 of the Social Security Act;
- determined to have a physical, mental, or emotional impairment of long and continuing duration, impeding the ability to live independently and of a nature that could be improved by more suitable housing;
- having a developmental disability; and/or
- having HIV/AIDS or conditions arising from its etiological effects.

The goals are lofty, the action steps ambitious and the resources needed to accomplish these objectives will require the allocation of scarce additional state funding.

**—Governor’s
Committee
to End
Homelessness**

B. SPECIFIC TEN-YEAR PLAN COMPONENTS

The goal of this plan is to end chronic homelessness in St. Louis City and St. Louis County by 2015. Per HUD’s definition, chronically homeless people are individuals, each with a disabling condition, who have been homeless for 12 months or more or experienced four episodes of homelessness in three years. Chronic homelessness will have been ended in the City of St. Louis and St. Louis County when each of these individuals is placed in permanent housing that provides the range of services necessary to address that individual’s needs.

Implementing a successful action plan to end chronic homelessness is a lofty yet imperative objective for both City and County governments as well as the community at large. The action plan described will be implemented throughout the next ten years.

Essential objectives in a strategy to achieve the goal of ending chronic homelessness are the following:

- Identifying the individuals that comprise this homeless population.
- Assisting these individuals in making the transition from street and shelter life into permanent supportive housing.
- Ensuring that sufficient permanent housing opportunities exist to serve the number of chronically homeless individuals.
- Ensuring that the support services coupled with the housing opportunities are of sufficient range and quality to enable chronically homeless individuals to become as self-sufficient as possible.

The plan includes the development and operation of permanent supportive housing, in addition to the provision of a host of supportive services including mental health and substance abuse treatment. It incorporates realistic elements that are intended to move chronically homeless persons beyond the streets and shelters to permanent housing and self-sufficiency.

As indicated above, this plan is based on a combination of the Housing First Approach and the ACT model. These strategies

differ markedly from strategies that emphasize only the provision of crisis-styled services to homeless people living on the streets. Since some of the programs now operating in the City or purchased by the County from the City employ only these crisis-styled services, those programs will be phased out and replaced with programs that will enable the City and County to achieve the ten-year goal.

Task 1: Identify funding and resources to carry out the strategy. Both St. Louis City and St. Louis County currently spend local, state and federal funding to address the needs of the chronically homeless. In addition, the private philanthropic community contributes a great deal of money to address homeless issues. The City and County will complete an inventory of funding sources and current uses and develop a plan for re-targeting and/or increasing these resources towards the “Housing First” and ACT models of action. A partial inventory of current services and organizations is attached as Appendix E to this Plan. Service delivery may be impacted by proposed cuts in mental health and substance abuse funding at the state and federal levels.

ACTION ITEM	TARGET DATE
Complete inventory of resources/services currently available to implement the Plan.	October 30, 2005
To the extent possible and desirable, reallocate resources among programs to fit Plan goals.	Ongoing
Seek new resources to implement the Plan.	Ongoing

EXISTING AND POTENTIAL FUNDING SOURCES:	
For Housing Units/Rent Subsidies	Missouri Housing Development Commission, City Affordable Housing Trust Fund, St. Louis County Housing Resources Commission, St. Louis City & County Housing Authorities, U. S. Department of Housing and Urban Development HOME, HOPWA, ESG and other funds, State and Federal Low-Income Housing Tax Credits, Veterans Administration, private philanthropic sources
For Support Services	HUD, Medicaid & Medicaid Waiver Program, TANF, United Way, SAMHSA, Veterans Administration, St. Louis City Mental Health Board, City MRDD Resources, Missouri Department of Mental Health, Missouri Foundation for Health, Affordable Housing Trust Fund, private philanthropic sources, St. Louis County Housing Resources Commission

Task 2: Identify the individuals that comprise the chronically homeless population. While a previous section of this document estimates the overall numbers of chronically homeless people in St. Louis City and St. Louis County, Plan implementation requires ongoing identification of individuals in need of services. The purpose of the initial inventory was to quantify the number and type of chronically homeless individuals for planning purposes, to be used in developing specific goals for the number of permanent supportive housing opportunities and the amount and types of support services to be provided; the purpose of the ongoing identification is to identify same, to track progress towards meeting the goal of ending chronic homelessness, and to adjust other plan elements during the course of implementation to ensure that the overall goal is addressed.

Ongoing identification will commence in the City with restructuring existing emergency shelters and establishing “Safe Havens” as “intake points” for comprehensive services rather than as nighttime-only shelters without long-range services. In the County, which does not have nighttime-only shelters (but purchases some of those beds in the City), ongoing identification will commence with obtaining “Safe Havens” as intake points for comprehensive services. Mobile outreach vans will be employed in both the City and the County and alliances with organizations that already provide mobile outreach in the City will be strengthened in order for this ongoing identification to succeed.

The following steps will be taken each year to update ongoing needs and track progress:

ACTION ITEM	TARGET DATE
Update summary numbers and characteristics of the chronically homeless persons originating in St. Louis City and County on an annual basis, with update to be made based on (a) annual street/field counts; and (b) tabulating information in the HMIS.	Annually, with summary completed in January of each year.
Continue/augment mobile outreach services in the City of St. Louis to identify specific chronically homeless individuals in need of services and housing.	Ongoing.
Re-establish mobile outreach services in St. Louis County, and continue services thereafter to identify specific chronically homeless individuals in need of services and housing.	December, 2010; ongoing thereafter.

Task 3: Inventory existing permanent supportive housing for the chronically homeless. By definition, this housing is for single individuals (not families) with a disabling condition who have been either homeless for twelve months or more or have had four homeless episodes in three years. Basic inventories for both the City and County are largely complete and are included as Appendices D and D-1 to this Plan. Additional work is needed in the City, which already has chronically homeless facilities, to clearly identify types of services provided by each organization and the number of clients the organization can serve with available resources. The inventory will be initially augmented with this service/capacity information, and will be annually updated as new/expanded programs and units are placed in service and as programs and services are “retooled” in conformance with the ACT and Housing First models.

ACTION ITEM	TARGET DATE
The City will augment existing inventory of units and services with additional detail on service types and capacities.	October 30, 2005
The City and County will complete an annual update of available housing options that serve the chronically homeless.	Ongoing, with annual summary completed by January 30 of each year.

Task 4: Quantify needs for additional permanent supportive housing. This task involves comparing the number and types of chronically homeless individuals expected to need permanent supportive housing with the availability of permanent supportive housing at a given point in time. “Gaps” in the availability of housing indicate the needs to be met. This long-range plan assumes that the number of individuals in need of permanent supportive housing will remain relatively constant, although the specific individuals in need will change over time.

Table D summarizes the estimated need for additional permanent supportive housing, based on the total needs data detailed above and the proposed permanent supportive units serving this population that are known to be moving forward towards development. The tables will be revised as new developments are initiated and existing developments that serve the target populations are identified.

TABLE D
ESTIMATE OF NEW PERMANENT SUPPORTIVE HOUSING NEEDED
Per Data and Assumptions Above

	City of St. Louis			St. Louis County			TOTAL		
	F	M	BOTH	F	M	BOTH	F	M	BOTH
PERMANENT SUPPORTIVE HOUSING FOR:									
--Clients w/substance abuse disabilities:	32	111	143	16	36	52	48	147	195
--Clients w/physical and substance abuse disabilities:	2	8	10	1	2	3	3	10	13
Total supportive substance abuse needed:	34	119	153	17	38	55	51	157	208
LESS: Beds/units under construction:									
LESS: Beds/units in predevelopment:									
NEW SUPPORTIVE SUBSTANCE ABUSE NEEDED:	34	119	153	17	38	55	51	157	208
PERMANENT SUPPORTIVE HOUSING FOR:									
--Clients w/mental disabilities:	120	189	309	61	60	121	181	249	430
--Clients w/mental and physical disabilities:	6	13	19	3	4	7	9	17	26
Total supportive mental disability needed:	126	202	328	64	64	128	190	266	456
LESS: Beds/units under construction:									
--Horizon House/MRDD:	(1)		(1)				(1)	0	(1)
--OIC of the Midwest:	(15)	(15)	(30)				(15)	(15)	(30)
--Places for Fathers:		(3)	(3)				0	(3)	(3)
--Project Homecoming:				(1)	(1)	(2)	(1)	(1)	(2)
LESS: Beds/units in predevelopment:							0	0	0
--Rosati House:		(50)	(50)				0	(50)	(50)
NEW SUPPORTIVE MENTAL DISABILITY NEEDED:	110	134	244	63	63	126	173	197	370
TOTAL ALL NEW SUPPORTIVE NEEDED:	144	253	397	80	101	181	224	354	578

Note that the above table does not show a need for additional permanent supportive housing for those diagnosed with HIV/AIDS—only 19 or approximately 1% of those identified as chronically homeless reported an HIV/AIDS diagnosis. It is possible that such diagnoses are not reported due to concerns that clients would be refused access to shelters and other housing. It is also possible that Doorways/Interfaith is providing sufficient amounts of housing for these clients to meet needs among the chronically homeless—Doorways has an additional facility under development in the City of St. Louis. This situation will be monitored as plan implementation progresses.

Note also that specific provisions are not made for physical illness. It is assumed that these needs can be handled through the ACT model and by making Medicaid and other health services available to chronically homeless individuals with physical illnesses or conditions. This situation will also be monitored as plan implementation progresses.

The needs assessment will be continually updated as plan implementation proceeds.

St. Louis County will not have facilities designated by type for the chronically homeless: e.g. facilities for those with mental illness, facilities for those with sub-

stance abuse problems, etc. Therefore, Table D for the County is merely to obtain an estimate of the total of permanent supportive units needed.

ACTION ITEM	TARGET DATE
Complete an annual update of the permanent supportive housing needs assessment as plan implementation progresses.	By March 1 of each year.
Continue to monitor need for HIV/AIDS permanent supportive housing facilities.	Ongoing
Continue to monitor need for assistance among clients with physical illnesses/conditions.	Ongoing

Task 5: Increase availability of permanent supportive housing opportunities to meet quantified needs. The City and County will continue to seek federal funding and other resources to develop and operate permanent supportive housing facilities located in both St. Louis City and St. Louis County. Table D above estimates needs in both St. Louis City and St. Louis County—these estimates assume that existing supportive permanent housing beds/units and “Shelter Care Plus” slots are already filled.

St. Louis City and County will work together to address these needs for permanent supportive housing throughout the ten years of plan implementation, with a goal of adding a total of 700 permanent supportive units—200 in St. Louis County and 500 in St. Louis City. It is anticipated that these beds will include SRO facilities as well as apartments and group homes, and that the facilities opportunities will be developed and operated primarily by non-profit organizations, with development and operational funding provided by a combination of public and philanthropic sources.

ACTION ITEM	TARGET DATE
Develop additional permanent supportive housing opportunities in St. Louis City (500) and St. Louis County (200), with facilities to include SRO facilities, apartments and group homes, and S+C vouchers for individuals.	December, 2015

Task 6: Quantify needs for non-permanent housing for the chronically homeless. Some members of the chronically homeless population call the Homeless Hotline and are referred to emergency shelter and then transitional housing before entering permanent housing (as opposed to those on the street who will probably enter a Safe Haven through their contact with an outreach case manager and then enter permanent housing.) Given this assumption, the City

and County must also review the need for these non-permanent types of housing, which includes emergency shelter and transitional housing.

For the City, this task involves comparing the number and types of chronically homeless individuals not expected to need permanent supportive housing with the availability of emergency and transitional housing and other supportive or “move to self-sufficiency” services. “Gaps” in the availability of support services indicate needs to be met. This long-range plan assumes that the quantity of individuals in need of these types of services will remain relatively constant, although the specific individuals in need will change over time. Further, it is anticipated that the need for emergency shelters will decline as the long-term needs of these individuals are addressed.

For the County, which, again, does not nor will have facilities designated by type of disability, Table E is strictly for purposes of obtaining numbers to determine number of units needed.

The following Table E estimates the anticipated need for new services other than permanent supportive housing—note that the level of detail available on existing non-permanent services is not sufficient to provide a detailed estimate of the types of services needed, nor are the total needs defined in the detail needed to make the estimate for new needed services accurate. Need is broadly specified as “mental disability” or “substance abuse”, and has been determined by subtracting the permanent supportive housing need estimated above from the total need—the estimate therefore assumes that permanent supportive housing in the quantities described in the preceding task is available. Further, the estimate of total need assumes that 75% of those chronically homeless with substance abuse disabilities will eventually be able to live in non-supportive permanent housing, and that 20% of those with mental disabilities will eventually be able to live in non-supportive housing—these assumptions may or may not be accurate.

At present and based on the assumptions above, however, it appears that the overall numbers of emergency shelter and transitional beds that serve the chronically homeless are sufficient, further assuming that the number of permanent supportive housing beds anticipated in the preceding task are put in place. Transitions will need to be made in the types and amounts of transitional and emergency beds as specific individuals are identified for specific services and permanent supportive housing is developed.

Further, it appears that the numbers of emergency shelter and transitional beds currently available in the City of St. Louis are more than sufficient to meet needs following development of permanent supportive housing if adjustments among these beds are made for client sex and type of disability. However, it appears that

additional emergency shelter and transitional beds are needed in St. Louis County, which plans to add 60-80 additional emergency shelter beds to meet current and future needs. See Appendices B and B-1 and C and C-1 for preliminary inventories of emergency shelters and transitional housing in the City and the County. It is expected that need will decline for both City and County as this Plan is implemented.

TABLE E

ESTIMATE--CHRONICALLY HOMELESS NEED--NON-PERMANENT SERVICES/HOUSING
Per Data and Assumptions Above

	City of St. Louis			St. Louis County			TOTAL		
	F	M	BOTH	F	M	BOTH	F	M	BOTH
TRANSITIONAL/OUTPATIENT FOR:									
--Clients w/substance abuse disabilities:	104	358	462	53	113	166	157	471	628
--LESS: Adjustment undisclosed/dual:	(9)	42	32	(5)	13	8	(14)	55	40
Total transitional/outpatient substance abuse:	95	400	494	48	126	174	143	526	668
LESS: Existing transitional housing beds:	(72)	(130)	(202)	(13)	(14)	0	(85)	(144)	(229)
LESS: Existing emergency shelter beds:	(128)	(171)	(299)	(10)	(5)	(15)	(138)	(176)	(314)
NEW SUBSTANCE ABUSE NEEDED:	(105)	99	(7)	25	107	159	(80)	206	125
TRANSITIONAL/OUTPATIENT FOR:									
--Clients w/mental disabilities:	32	51	83	16	16	32	48	67	115
--LESS: Adjustment undisclosed disability/dual:	(11)	22	12	(6)	7	1	(17)	29	13
Total transitional/outpatient mental disability:	21	73	95	10	23	33	31	96	128
LESS: Existing transitional housing beds:	(48)	(57)	(105)	(11)	(15)	(26)	(59)	(72)	(131)
LESS: Existing emergency shelter beds:	(227)	(171)	(398)	(9)	(5)	(14)	(236)	(176)	(412)
NEW MENTAL DISABILITY NEEDED:	(254)	(155)	(408)	(10)	3	(7)	(264)	(152)	(415)
TOTAL TRANSITIONAL/OUTPATIENT NEEDED:	(359)	(56)	(415)	15	110	152	(344)	54	(290)

Additional detail on available and needed services will be developed as the Continuums of Care move toward the ACT and “Housing First” models. The need for non-permanent emergency and transitional housing and services will be greater in the early years of Plan implementation and will decline as additional permanent supportive housing facilities are developed.

It is anticipated that the work of the new ACT teams described in Task 8 will enable the City and the County to determine the types of both permanent and transitional services needed with a great deal more specificity.

In addition, “Safe Havens” will be established in both St. Louis City and St. Louis County; these havens will also assist in more specifically defining service needs.

ACTION ITEM	TARGET DATE
Augment existing inventory of non-permanent units/services with additional detail on service types and capacities.	October 30, 2005
Complete an annual update of available housing options and services that provides a full understanding of the resources of this community.	Ongoing, w/annual summary completed January 30 each year.
The City will re-tool service availability for compatibility with “Housing First” and ACT philosophies.	Ongoing, w/“retooling” plan complete December 2005.
Establish six (6) “Safe Havens”—four (4) in St. Louis City and two (2) in St. Louis County—in areas determined to have the greatest concentration of chronically homeless.	2 City by March, 2006; 2 City by March 2007; 1 County by March 2007, 1 County by March 2008
The County will add 60-80 additional emergency shelter beds in St. Louis County.	June, 2010

Task 7: Complete an initial inventory of supportive services currently available and complete a final inventory which will be updated on an annual basis. See Appendix E of this plan for initial inventory.

ACTION ITEM	TARGET DATE
Complete initial inventory.	October 30, 2005
Review available services in the community and complete final inventory.	November 30, 2005
Update annually.	Ongoing.

Task 8: Using the ACT model and improved coordination among service providers, ensure that every chronically homeless person has seamless access to services from first contact to permanent housing. In order for this plan to succeed, existing service providers in the City must retool their programs towards permanent solutions rather than temporary services. The CoC in the City will develop new funding and participation criteria that reward providers of chronically homeless services who are committed to redirecting their efforts in conformance with the ACT model. The CoC in the County, which already had ACT-like teams until they lost funding and whose shelter providers were in

agreement with that manner of service provision, will pursue additional funding to re-establish these teams and expand their menu of services.

In addition, the principles embodied in this new “Plan to End Chronic Homelessness” must be communicated to the public and private resource provider community (e.g., City and County governments, City and County Affordable Housing Trusts, Missouri Housing Development Commission, United Way, City Mental Health Board, City MRDD Resources) so that resources and services can be coordinated towards achieving the goal of ending chronic homelessness and misdirection of resources avoided.

Once individuals in the emergency shelter system or transitional housing programs have been identified as chronically homeless, effective case management is essential in order to gradually move these individuals from street life to permanent supportive or other permanent housing. In order for this plan to succeed, it is essential that each emergency or transitional program provide clients with the same case manager during their stay in that program whenever possible. This, plus use of the ACT or ACT-like model, is integral in moving the client from shelter to permanent housing. In SAFE Havens, the entire population will be chronically homeless and the same system of case management will apply.

As indicated below, eight (8) Assertive Community Treatment teams will be added in the City of St. Louis over the next four (4) years to expand the conformation of design and delivery of services to the ACT model. St. Louis County will seek funding to re-establish the ACT-like teams that were in existence.

ACTION ITEM	TARGET DATE
Convene CoC members in City and in County to present elements of new Plan.	August 2005
Invite broader participation in CoCs from providers of services for chronically homeless not currently members.	November 2005, ongoing
Meet with key members of public and private resource provider community to present new Plan and discuss resource shifts directed towards implementation.	December 2005
Evaluate/revise City Continuum of Care funding and service policies/procedures that relate to the chronic homeless to conform to new Plan, with revisions to include schedule for/elements of transition and implementation initiatives.	November 2005
Working with existing providers, establish eight (8) Assertive Community Treatment (ACT) teams operating in the City of St. Louis, and maintain operation of teams.	Two (2) teams added each year through 2009.
Reestablish funding for ACT-like service teams in County.	2008

Task 9: Increase awareness of specific supportive services. Available services are at times not accessed by those in need because those in need are not aware of service availability. In addition, awareness of service availability among the provider community needs improvement. To address these issues, informational brochures/leaflets will be developed for outreach staff to distribute to chronically homeless living on the street.

A directory/guide of all available mainstream services and available homeless resources throughout the Network for use by Homeless Service Providers will also be developed and continually updated.

ACTION ITEM	TARGET DATE
Develop informational brochures/leaflets.	Complete design June 2006; implement on on-going basis.
Develop/publish directory/guide of all available mainstream/other services that address chronic homelessness issues; update on annual basis.	First directory published October, 2006; update annually thereafter.

Task 10: Develop/implement mechanisms for continuous feedback/ continuous improvement. Since this plan involves a multitude of changes to the homeless services business model currently in practice, it is inevitable that bumps will occur along the road and that the plan will evolve as it is implemented. Input from chronically homeless persons and service providers with respect to unmet services needs and effectiveness of services provided will be solicited. Data collected will be utilized to direct the strategic planning of each Continuum of Care.

ACTION ITEM	TARGET DATE
Conduct “consumer survey” and/or establish a consumer council to obtain input from chronically homeless people with respect to unmet service needs and effectiveness of existing services.	Survey design— February 2007; conduct survey every two years.
Conduct “provider survey” to obtain input from service providers with respect to unmet needs, effectiveness of existing services, and impediments to improving existing services.	Survey design— February 2007; conduct survey every two years.
Use data collected in surveys and/or in HMIS to assist with CoC strategic planning, and evaluation of the progress of our regional efforts.	Annually, w/CoC planning completed by August of each year.

VII. ISSUES THAT MAY IMPACT SUCCESS

Several key issues will affect our ability to implement this plan and meet this goal:

- availability of implementation resources;
- acceptance of the strategies by individuals and organizations now involved in the provision of homeless services;
- acceptance by the community at large; and
- success of collaboration efforts with mainstream resource providers (TANF, Social Security, Veteran’s benefits, Food Stamps, etc.)

Resources: “Entitlement” funding for chronic homeless programs in the St. Louis region has remained stagnant over the past decade, thereby increasing competition for other funding sources. It is the goal of this Plan to improve the efficiency and effectiveness of all programs, redirecting funding as needed to implement the Plan and—barring state and federal cuts—improving our success in competing for federal, private and philanthropic grants. It is obvious that, in addition to the redirection of existing resources that serve the chronically homeless, additional resources will need to be found.

The other key area of resource need is in the development and operation of permanent supportive housing facilities. Over the past decade, a large quantity and variety of City income-restricted and rent-restricted housing has been developed—occupancy in these units is generally restricted to individuals with incomes less than 50%, 60% and 80% of the region’s median income, and rents are restricted accordingly. In addition, some units have been developed with public housing eligibility income restrictions—although the official eligibility limit is 80% of median income, actual Housing Authority data shows that the average income of public housing tenants in the City of St. Louis is 14% of median income. Most of these housing units do not, however, include supportive services, and only those units with associated Section 8 or Section 202 subsidies are affordable to the vast majority of homeless individuals with incomes in the general vicinity of 20% of median. With over 25% of the City’s population living in poverty as of the last census, available subsidies are in great demand not only by the chronically homeless but by a wide variety of low-income individuals and families. In most cases, the cost of adequately insuring, operating, maintaining, heating and cooling a housing unit is more than a very low income family can comfortably pay, even without the added costs of services needed by the chronically homeless. Thus, resources must be made available to produce housing for the chronically homeless at virtually no cost, and additional resources must be made available to provide the necessary support services.

Acceptance of Strategies by Existing Providers: In order for this Plan to succeed, it is necessary for existing service providers to commit to the ACT and “Housing First” principles and service delivery models. While it is anticipated that many service providers will enthusiastically embrace these new strategies, others may not.

NIMBY: Providing permanent supportive housing requires cooperation and commitment from the community. Residents often have negative stereotypes about chronically homeless persons that lead them to oppose permanent supportive housing in their neighborhoods.

Systematic Collaboration of Mainstream Programs: Mainstream programs include: TANF, Social Security, Veteran’s benefits, Food Stamps, etc. Qualifying homeless persons for mainstream programs is a difficult task for many agencies. Currently, a homeless person must go to multiple agencies and complete countless forms in an effort to qualify for mainstream programs. In many instances, corresponding with those mainstream agencies is difficult due to the transient nature of the chronic homeless population.

VII. SUMMARY

This Plan presents a strategy for ending chronic homelessness in the City of St. Louis and in St. Louis County within the next ten (10) years, based on the “Housing First” and ACT models for success. The Plan is ambitious but City and County officials believe that it is also realistic.

The chronically homeless represent only a percentage of the families and individuals that access the City’s and County’s publicly funded system of homeless programs and support services, but these chronically homeless individuals consume a large share of the available resources. Some of the chronically homeless access services for brief periods of time and do not return; others move in and out of the system on a regular basis. Some graduate to stability; others never find their way to available programs and services, remaining on the streets in their vehicles, or in vacant, unsafe buildings.

Meeting the goals set forth in this Plan will require extraordinary levels of resources and political commitment. Implementing this plan will entail a re-orientation of the homeless services delivery system towards the “Housing First” and “ACT” models coupled with a holistic array of supportive services to meet the needs of people at a variety of stages in their lives. Implementation will involve the gradual re-deployment of current resources, and access to new resources. Implementing this plan will also require cross-systems collaboration among existing members of the City and County Continuums of Care and among funding sources, as well as among others who have not historically participated in either homeless services network. Intentional and deliberate change in the way our systems interact and strong buy-in among a wide cross-section of stakeholders are also essential to the success of the plan. The Plan must be implemented in a non-judgmental manner that refuses to allow public policy or societal practices to send a person back to the streets.

We believe that making these investments now will reap significant benefits over time, and that success is possible if community support can be fostered and maintained over the next ten years. In addition to benefiting those individuals directly affected, achieving the goal of ending chronic homelessness will benefit the entire region as well as state and federal governments—implementation of the strategies, goals and action steps outline in this Plan will significantly reduce the long-term costs of medical, mental health, and criminal justice resources that are now spent to address the issues created by the chronically homeless who are trapped by systems that do not address their real needs.

The success of the Plan will ultimately depend on the availability of resources for implementation and the willingness of the resource and service provider communities to retool their business models towards the goal of ending chronic homelessness rather than perpetuating it.

The St. Louis community has the expertise, creativity, and drive to make this Plan a reality on the scale required for success. We believe that chronic homelessness can in fact be ended when the social, political and moral will is strong enough.

County Executive Charlie Dooley and Mayor Francis Slay are committed to ensuring that the Plan is implemented, and that chronic homelessness in the City and the County is at an end by 2015.

The time has come to seriously address this issue, and the City and County believe that the service and resource provider communities will respond positively to the challenge.

The City and County look forward to implementing this Plan and improving the lives of the chronically homeless within their jurisdictions.

APPENDIX A
ACKNOWLEDGEMENTS

We wish to acknowledge and thank all representatives of the agencies and organization listed below for their participation and involvement in the development of the Ten-Year Plan.

- Adequate Housing For Missourians
- Affordable Housing Commission, City of St. Louis
- Affordable Housing Community Development
- Almost Home
- Ameren UE
- Beyond Housing
- BJC/Behavioral Health
- Board of Alderman, City of St. Louis
- Brady Capital
- Bryan Cave LLP
- Cardinal Ritter Institute
- Catholic Commission on Housing
- Center for Social Development
- Central Reform Congregation
- Christ Church Cathedral
- Christian Service Center
- Community Alternatives
- Covenant House Missouri
- Deaconess Foundation
- Doorways
- Downtown Residents Association
- Downtown St. Louis Partnership
- Dream House/Faith House
- Eagle's Nest
- East-West Gateway Coordinating Council
- Equal Housing Opportunity Council
- Faith Beyond Walls
- Family Care Health Center
- Father Dempsey's Charities
- Fortress Outreach
- Good Samaritan Service Center
- Governor's Committee on Ending Homelessness
- Grace Hill
- Habitat for Humanity
- Harbor Light Center
- Haven of Grace
- Hosea House
- House of Representatives
- Housing Authority of St. Louis County
- Housing Resource Center
- Housing Resource Commission, St. Louis County
- HUD - Community Planning & Development
- Human Development Corporation of St. Louis (HDC)
- Institute for Disability Strategies
- Laclede Gas
- Legal Services of Eastern Missouri
- Lutheran Senior Services James House
- Lydia's House
- Marian Hall
- MERS Goodwill
- Metro Homeless Center & Family Services
- Missouri Association for Social Welfare (MASW)

- Missouri Department of Mental Health
- Missouri Senate
- MO Division of Family Support
- Municipal Information Systems, Inc. (MISI)
- National Alliance for the Mentally Ill (NAMI)
- National Violence Prevention Project
- NBA The Olive Branch
- ND Consulting
- Neighborhood Outreach Center
- New Life Evangelistic Center
- OIC of the Midwest
- Olive Branch
- Our Lady's Inn
- Paraquad
- Peter & Paul Community Services, Inc.
- Philliber Research Associates
- Queen of Peace Center
- Redevelopment Opportunities For Women (ROW)
- Regional Housing and Community Development Alliance (RHCD)
- City of St. Louis Department of Health
- City of St. Louis Department of Human Services
- City of St. Louis Fire Department
- City of St. Louis Police Department
- City of St. Louis, Parole & Probation
- St. Louis Community College – Forest Park
- St. Louis County Department of Human Services
- St. Louis County Department of Planning, Office of Community Development
- St. Louis County Veterans Service Program
- St. Louis Empowerment Center
- St. Louis Housing Authority
- St. Louis Office for MR/DD Resources
- St. Louis Transitional Hope House
- St. Louis University
- St. Martha's Hall
- St. Nicholas Church
- St. Patrick Center
- St. Philippine
- St. Vincent DePaul/ Criminal Justice Ministries
- Strataventure, LLC
- The Haven of Grace
- The Salvation Army
- The Women's Safe House
- United Way of Greater St. Louis
- Urban League of St. Louis
- Urban Strategies, Inc.
- US Bank
- U.S. Interagency Council on Homelessness
- VA Medical Center
- Vashon/JVL Initiative
- Veterans Services, City of St. Louis
- Washington University
- Welsch, Flatness & Lutz, Inc.
- Women's Safe House
- YWCA of Metropolitan St. Louis

**APPENDIX B:
CURRENT PRELIMINARY INVENTORY
OF
EMERGENCY SHELTER BEDS
City of St. Louis**

PROVIDER	TOTAL ALL CLIENTS		COUNTY-FUNDED BEDS IN CITY		CHRONIC HOMELESS CLIENTS		CLIENT RESTRICTIONS					HOUSING TYPE				SERVICES									
	Male	Female	Male	Female	Male	Female	HIV/AIDS	Mental disability	Substance abuse	Ex-Offenders	African-American	Compulsive Gambling	Physical disability	Emergency Shelter	Transitional	Permanent Supportive	Outpatient Support	Health	Mental Health	Substance Abuse	Compulsive Gambling	HIV/AIDS	Mobile Outreach	Employment	Case Management
EMERGENCY SHELTERS:																									
ALIVE		4																							
Christian Service Center		145		25		17																			
Fortress Outreach		34				12																			
Grace & Peace Shelter		16				12																			
Harris House	30	20			10	8																			
Haven of Grace		22																							
Human Development Corporation	115	10			115	10																			
Karen House		27				19																			
Missionary of Charities		10				2																			
New Life Evangelistic Center	100	50				75	25																		
Our Lady's Inn		29		7		10																			
Peter & Paul	60		10		22		X																		
Queen of Peace	24	24			10	10	X	X																	
Salvation Army (Habor Light)	150		4		125																				
Salvation Army (Family Haven)		54		7																					
St. Martha's Hall		24																							
St. Patrick Center		15				15	X	X																	
Sunshine Mission	44				33																				
United Methodist Metro Ministry		25				25	X																		
Women's Safe House		50				20																			
Total City-located emergency shelters by sex:	523	559	14	39	390	185																			
Total all City-located emergency shelters:	1,082		53		575																				

**APPENDIX B-1:
CURRENT PRELIMINARY INVENTORY
OF
EMERGENCY SHELTER BEDS
St. Louis County**

Type	Target Population	# of Beds/Location
Loaves and Fishes	Single women , or mothers with children	17 beds – County
Sal Army CIP	Singles, mothers or fathers, or families w/children	20 beds – County
Room at the Inn	Single women, mothers or families w/children	20 beds – County
Sal Army Emerg.Hotel	For larger families	20 beds – County
Christian Service Center	Single women or mothers or fathers w/children	25 beds – purchased from agency in City
Peter and Paul Community Services	Single men	Approximately 10 beds – purchased from agency in City
Sal Army Family Haven	Singles, couples, and mothers, fathers, or couples with children	Approximately 7 beds – purchased from agency in City
Sal Army Harbor Light	Men only	Approximately 4 beds purchased from agency in City
Our Lady’s Inn	Pregnant women 18 or over w/children	Approximately 7 beds purchased from agency in City
Kathy J. Weinman	Abused women & children	50 beds – County 56% City use
Fortress Outreach	Abused women & children	34 beds –County 56% City use
ALIVE	Abused women & children	Approximately 4 – located metro-wide
St. Martha’s Hall	Abused women & children	8 beds – purchased from agency in City
Women’s Safe House	Abused women & children	17 beds - purchased agency in City
Total:		243 beds

**APPENDIX C:
CURRENT PRELIMINARY INVENTORY
OF
TRANSITIONAL HOUSING BEDS**

PROVIDER	TOTAL ALL CLIENTS		COUNTY-FUNDED BEDS IN CITY		CHRONIC HOMELESS CLIENTS		CLIENT RESTRICTIONS	HOUSING TYPE	SERVICES
	Male	Female	Male	Female	Male	Female			
TRANSITIONAL HOUSING:									
Almost Home		33						X	
Covenant House	8	8						X	
Dream House	4	4						X	
Fortress Outreach		36				10		X	
Good Samaritan Center		102		15				X	
Hagar's House		70				60		X	
Harris House	8	6			4	3	X	X	
Lydia's House		115				10		X	
NBA The Olive Branch		16						X	
Peter & Paul (Positive Direction)	17	3			4	1	X	X	
Peter & Paul (Labre Center)	15				4		X	X	
Queen of Peace		33					X	X	
Salvation Army (Temple Corps)	76							X	
Salvation Army (St. Michael's)		144						X	
St. Louis Transitional Hope House		184						X	
St. Patrick Center (Rosati House)	28				28		X	X	
Sunshine Mission	16				10		X	X	
United Methodist Metro Ministry		10				8		X	
YWCA		35				8		X	
Total City-located transitional housing by sex:	172	799	0	15	50	100			
Total all City-located transitional housing:	971		15		150				

**APPENDIX C-1:
CURRENT PRELIMINARY INVENTORY
OF
TRANSITIONAL HOUSING BEDS
St. Louis County**

Type	Target Population	# of Beds/Location
Sal Army Stratford Commons – under development	Families	40 beds – located in County
Good Samaritan	Families w/ children	Average 30 beds – located City and County
Fortress Outreach	Abused women & children	17 beds – located in County
Maria Droste	Abused women & children	10 – County 56% City use
Total:		90 beds

**APPENDIX D:
CURRENT PRELIMINARY INVENTORY
OF
PERMANENT SUPPORTIVE HOUSING BEDS**

PROVIDER	TOTAL ALL CLIENTS		COUNTY-FUNDED BEDS IN CITY		CHRONIC HOMELESS CLIENTS		CLIENT RESTRICTIONS						HOUSING TYPE				SERVICES								
	Male	Female	Male	Female	Male	Female	HIV/AIDS	Mental disability	Substance abuse	Ex-Offenders	African-American	Compulsive Gambling	Physical disability	Emergency Shelter	Transitional	Permanent Supportive	Outpatient Support	Health	Mental Health	Substance Abuse	Compulsive Gambling	HIV/AIDS	Mobile Outreach	Employment	Case Management
PERMANENT SUPPORTIVE HOUSING:																									
Community Alternatives	10	45						X							X			X							
Doorways (Delmar)	8	3			5	1	X								X						X				
Doorways (Jump Start)		43						X							X						X				
Doorways (Maryland)	25	11			15	5	X								X						X				
Father Dempsey's	50				50			X							X			X							
Horizon House/MRDD	16	16			2	1		X							X			X							
OIC of the Midwest	50	75						X							X			X							
Places for Fathers	6				2			X	X						X			X	X						
Places for People (CJ's Palce)	9	9			5	5		X	X						X			X	X						
Places for People	22	13			10	7		X							X			X						X	
Missourir Department of Mental Health(Shelter Plus Care)	247	300			10	29		X							X			X							
Total City-located permanent supportive housing by sex:	443	515	0	0	99	48																			
Total all City-located permanent supportive housing:	958		0		147																				

**APPENDIX D-1:
CURRENT PRELIMINARY INVENTORY
OF
PERMANENT SUPPORTIVE HOUSING BEDS
St. Louis County**

Type	Target Population	# of Beds	# Chronically Homeless Beds
Shelter Plus Care	Individuals & families with disabilities	62 beds – located in County	5 units
Project Homecoming (under development)	Individuals & families with disabilities	57 beds – located in County	2 units
Totals:		119 beds	7 units

**APPENDIX E:
CURRENT PRELIMINARY INVENTORY
OF
OTHER CHRONIC HOMELESS SERVICES**

PROVIDER	TOTAL ALL CLIENTS		COUNTY-FUNDED BEDS IN CITY		CHRONIC HOMELESS CLIENTS		CLIENT RESTRICTIONS				HOUSING TYPE				SERVICES										
	Male	Female	Male	Female	Male	Female	HIV/AIDS	Mental disability	Substance abuse	Ex-offenders	African-American	Compulsive Gambling	Physical disability	Emergency Shelter	Transitional	Permanent Supportive	Outpatient Support	Health	Mental Health	Substance Abuse	Compulsive Gambling	HIV/AIDS	Mobile Outreach	Employment	Case Management
OTHER SERVICES:																									
BASIC					X			X	X							X				X					
BJC					X	X		X								X				X					
Christian Hospital Northeast					X	X				X						X				X					
Crider Center for Mental Health																									
DART					X	X		X								X				X					
Edgewood Center					X	X		X								X				X					
EMASS					X	X		X	X							X				X					
Employment Connection					X	X		X								X				X					
Father's Support Center																									
Gateway Foundation					X	X		X	X							X				X					
George Washington Carver House																									
Good Samaritan Center																									
Grace & Peace Shelter							20																		
Guardian Angel Settlement																									
Harris House																									
Hope House																									
HOPE Inc.																									
Hopewell Center																X			X	X					X
Horizon Housing (MRDD)																									
Horizon Housing North																									
Hyland Behavioral Health																				X					
Hyland Behavioral Health																				X					
Interfaith/Doorways																									
Interfaith/Doorways (Delmar)																									
Interfaith/Doorways (Maryland)																									
Jobs & Employment Support																									
Kingdom House																									
Liberty Program					X	X		X								X				X					
Life Crisis Services Inc.																									
Long Term Care Ombudsman																									
Loving Hearts Outreach																									
Marian Hall Agencies																									
Mental Health Association																									
MERS/Goodwill					X	X		X								X				X					X X
Metro Treatment Center					X	X		X								X				X					
Missouri Shelter+Care																									
National Council Drug & Alcohol Abuse																									
Neighborhood Houses																									
New Beginnings					X	X		X								X				X					
OIC of the Midwest																									
OIC of the Midwest										X															X
Paraquad																									
Places for People								X	X							X			X	X					X
Places for People								X	X							X			X	X					X
Provident Counseling					X	X				X						X				X					
Provident Counseling																									
Queen of Peace					X	X				X						X				X					
Queen of Peace																									
Salvation Army							328																		
Salvation Army								X								X	X		X						
Salvation Army																									
Salvation Army																									
Society of St. Vincent de Paul																									
St. Louis ARC					X	X		X								X			X						
St. Louis ARC					X	X		X								X			X						
St. Louis ARC					X	X		X								X			X						
St. Louis City Mental Health Board					X	X		X								X			X						
St. Louis City MRDD Resources					X	X		X								X			X						
St. Louis County Mental Health Court					X	X		X	X							X			X						
St. Martha's Hall																									
St. Patrick Center					50	25		X	X							X			X						X
St. Patrick Center					8	4		X	X							X			X	X					X
St. Patrick Center					30	5		X	X							X			X	X					X
St. Patrick Center					X	X		X	X							X			X	X					X
St. Patrick Center					225	135																X			X
St. Patrick Center					40	25		X	X							X			X						X
St. Patrick Center					5	5		X	X							X									X
St. Patrick Center					8	4		X	X																X
St. Patrick Center					35	17		X	X																X
Wesley House																									
West End Clinic					X	X		X								X			X						
Women's Safe House																									
Women's Support/Community Services																									
YWCA																									

Assumes 1/3 of 225 total are chronic
 Assumes 1/4 of 48 total are chronic
 Assumes 1/5 of 175 total are chronic
 Assumes 1/2 of 720 total are chronic; 3 professionals
 Assumes 1/2 of 130 total are chronic
 Assumes 1/3 of 30 total are chronic
 Assumes 1/5 of 60 total are chronic
 Assumes 10% of 525 total are chronic