Fredericksburg Regional Continuum of Care 10 Year Strategic Plan to End Homelessness

2014

ACKNOWLEDGEMENTS

The inspired ideas in this strategic plan are the culmination of many hours of dedicated work from Fredericksburg Regional Continuum of Care member and non-member organizations from across the region. The Fredericksburg Regional Continuum of Care extends a huge debt of gratitude to these organizations, and looks forward to their support in attaining the goals set forth over the coming decade.

The CoC would also like to thank the Virginia Coalition to End Homelessness for their expert guidance in the development of this 10-Year Plan to End Homelessness.

2-1-1 Virginia
Caroline County Department of Social Services
Caroline County Sheriff's Office
City of Fredericksburg Council
City of Fredericksburg Department of Social Services
City of Fredericksburg Police Department
City of Fredericksburg Public Schools
Central Virginia Housing Coalition
disAbility Resource Center
Empowerhouse
George Washington Regional Commission
King George County Community Development Office
King George County Department of Social Services
King George County Sheriff's Office
Loisann's Hope House
Mary Washington Healthcare Systems
Micah Ecumenical Ministries
Project FAITH, Inc
Quin Rivers
Spotsylvania County Board of Supervisors
Spotsylvania County Department of Social Services
Spotsylvania County Planning Department
Spotsylvania County Public Schools
Spotsylvania County Sheriff's Office
Rappahannock Area Community Services Board
Rappahannock Legal Services
Rappahannock Regional Jail
Rappahannock United Way
Stafford County Sheriff's Office
Stafford County Planning and Zoning Department
Stafford County Department of Social Services
Stafford County Board of Supervisors
Thurman Brisben Center
University of Mary Washington

VISION

By 2024, every citizen of the Fredericksburg region will have access to a home as the result of a system that addresses every housing crisis at its earliest point.

To realize this vision, the Fredericksburg Regional Continuum of Care's aim is to:

- Reduce periods of homelessness by rapidly connecting homeless families and individuals with available stabilization resources and permanent housing;
- Improve coordination of services to promote efficiency and reduce duplication;
- Identify gaps in services throughout the region and independently within the jurisdictions and work with each to address ones specific to the needs of their unique homeless and at-risk populations;
- Keep the CoC competitive for future funding opportunities to support new or expanded programming.

WHERE DO WE START?

The concepts behind the strategies in this plan clearly diverge from the focus, direction, and service priorities of the past, and for good reason. Data shows that homelessness rates are staying relatively steady in the region and if elimination within the decade is the goal, our approach has to substantially change. Without complete buy-in from service providers, funders, the public, clients, and our elected officials, this will not happen. At the heart is education. Implementation in the first year should focus on bringing all parties up to speed on the state of homelessness in the area, and most importantly, discuss their role in adopting these strategies to eliminate it.

Educate!

When so passionately connected to a cause as CoC members are to eliminating homelessness, it is often easy to forget how difficult it can be for passive observers to grasp the guiding principles behind homeless services, and their intended benefit to the community. The CoC will make a better case as to why the region needs to adopt and fund a housing crisis response system over the shelter-to-shelter systems of the past. Important components of any educational or awareness campaign will include:

- Information on the state of homelessness in the region and on a locality-to-locality basis;
- Envisioned systemic approach to eliminating homelessness including a description of the current partners and their role within the system
- Cost/benefit analysis of:
  - Funding homeless families/individuals return to permanent housing versus not
  - Housing first practices versus extended shelter stays
  - Incarcerating or providing emergency mental/medical services for chronically homeless versus permanently supporting them in stable housing
- Extent of affordable housing in the area and the bottleneck effect that the lack thereof has on the housing first system

Embrace Regional Partnerships

Technically, the CoC is a regional collective of homeless service agencies. Historically though the regional component of the Fredericksburg Regional CoC has never reached its full potential. Varying perceptions of the homeless and their presence within the localities, transportation issues and other identified gaps in services and funding limitations are just a few of the factors that have limited regional cooperation in the past. Representatives from all five localities graciously volunteered substantial time to developing this plan and the strategies within are evidence of their willingness and readiness to tackle homelessness together. The only way to make this a reality is to gain mutual buy-in and attack the factors that have limited cooperation in

the past. This requires the CoC to approach each locality and its political leadership early and often with partnership propositions that address their specific needs.

Bring Elected Officials Onboard

None of the strategies to eliminate homelessness can take hold without the buy-in and support of the region's elected officials. The CoC will become more active in soliciting support from the region's political leadership in their policy and funding-related decision making.

Underpinning many of the action steps in the 10-Year Plan to End Homelessness are policy decisions that will not advance without vocal support from elected officials. A major policy issue, and one that will be explored in more length with officials, is the limited amount of affordable housing available in the region. Official support also goes a long way in correcting communities' misconceptions about the homeless population. Perception is everything in enhancing the community's support, and this region's political leaders have a unique opportunity to take the lead in guiding it.

In recent years, the federal and state funding agencies have granted CoCs increasing authority to make funding and programmatic decisions to enact real systemic change at the local level. However, one major piece of the oversight equation is still outstanding. PD-16 Localities' funding decisions around homeless services continue to happen outside of the CoC's purview and without its input. Having a say in future, local funding decisions will go a long way in ensuring consistency in the message delivered and outcome expectations.

PLANNING PROCESS

Background

The Fredericksburg Regional Continuum of Care began in the 1990s as a collective of homeless services providers interested in taking advantage of federal grant funding. In its first decade, the CoC was the conduit through which partner agencies submitted grant applications, with otherwise limited interaction throughout the remainder of the program year. Along the way the CoC evolved in its purpose and its approach to coordinating homeless services within the region. A number of factors contributed to this, including funding requirements, but generally the CoC partners realized, and evidence from other CoCs around the country confirmed, that eliminating homelessness required a collaborative, systematic effort beyond anything attempted to that point.

In 2009, the Fredericksburg CoC initiated a strategic planning effort to determine where the CoC needed to prioritize its efforts to manage the homeless population's needs. Four working groups focused on enhancing resources, housing, access, and mentoring. Goals coming out of these working groups included:

- Identifying a primary agency to serve as the access point for homeless resources;

- Developing a housing connections committee to boost access and awareness of affordable housing within the region;
- Improving discharge planning from health care, corrections facilities, foster care, and mental health facilities;
- Promoting awareness of available programs and resources to better assist clients
- And increasing the CoC's membership base and access to resources

Five years later, many of the goals of the 2009 Strategic Plan have been realized, but sweeping policy changes in the provision of homeless services require the CoC to rethink its strategy to end homelessness. The HEARTH Act, signed into law in 2011, realigned federal funding for homeless services to support high functioning systems over programs; outcomes over activities; homelessness prevention over shelter; and rapidly returning the homeless to permanent housing in lieu of lengthy transitions through shelter systems.

Plan Development

In 2013, the Fredericksburg Regional Continuum of Care contracted the Virginia Coalition to End Homelessness (VCEH), a seasoned non-profit organization with experience preparing similar plans for Continuums of Care throughout Virginia, to assist with the development of a 10-Year Strategic Plan to End Homelessness. Over the following year, a Strategic Planning Steering Committee, comprised of Executive Committee members, convened five working groups to translate the HEARTH Act goals into strategies that address the needs of our region's homeless population. These working groups each met at least twice to formulate goals, strategies, action steps, and implementation schedules. Each was chaired by a representative from a CoC member agency with intimate knowledge of how their working group's subject matter fit into the regional homeless services landscape.

The Strategic Plan also benefitted from public, CoC general membership, and regional leadership involvement in a series of Community Forums held at the halfway and final phases of the process. The Strategic Planning Steering Committee intends for the plan to be a dynamic, fluid document that accounts for the changing trends in service delivery over its lifespan.

WHERE ARE WE NOW?

As an outer suburb of the Washington D.C. metropolitan area, there has been a dramatic increase in the number of persons who reside in the Fredericksburg area. This has led to higher housing prices and thus fewer opportunities for affordable housing for low-income individuals, particularly as the number of individuals who fall below the national poverty level is increasing. This has led to a greater number of homeless individuals and households in the region.

Research indicates that there are two major subgroups of homeless persons. The first is a relatively small group of unaccompanied individuals with a disabling condition, such as a

psychiatric disability, substance abuse challenges, physical injury, or chronic health problem. Because of their difficulty in adapting to gainful employment and maintaining a household, they tend to experience long-term homelessness. Their problems are a challenge to address because these persons often do not seek assistance. HUD has defined them as chronically homeless.

The second group of homeless persons is much larger and consists of families as well as individuals who do not have a disabling condition that contributes to their homelessness, but who still experience short-term or intermittent periods of homelessness. They are typically employed, but become homeless primarily because of precarious permanent housing situations. Homelessness among this group is a somewhat rare condition, at any one time, but the cumulative homeless experience affects a surprisingly large portion of the population.

Within both subgroups and possibly a third subset is a group of primarily women and children, usually female headed households; they are victims of domestic violence. Unique challenges for this homeless subset are their traumatic experiences, isolation from support networks and financial resources, and their lack of employment history, income, credit, and landlord references.

The Numbers

On January 30 and 31, 2014, members of the Fredericksburg Regional Continuum of Care (FRCoC) conducted the annual Point-In-Time (PIT) count of the homeless population. Over a 36-hour period, service providers and volunteers visited soup kitchens and outdoor locations to gather information from people who are homeless and near-homeless in the Fredericksburg area. McKinney-Vento homeless liaisons from the region's School Districts also coordinated with the FRCoC to calculate the number of homeless children enrolled in schools.

Individuals completed over 227 survey questionnaires. After a review of the surveys and removal of duplicates and those completed by non-homeless persons, 163 unique surveys were available to evaluate homeless adults living in PD16. An additional 64 surveys were completed by adults who were not homeless the night of the count, but are considered at-risk of future instances of homelessness.

HUD directs CoCs to report persons and households sleeping in emergency shelters, transitional housing, and Safe Haven programs or any persons living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street on the night designated for the count.

Page 9 contains summary tables of PIT findings over the past three years (2012, 2013, and 2014). The first table represents individuals who are defined as homeless by HUD; the full definition can be found in 24 CFR Parts 91, 582, and 583.

**Number of HUD-Defined Homeless Individuals in PD16
(By Previous Fixed Address)**

Jurisdiction	2012	2013	2014
Fredericksburg	53 (27.5%)*	37 (19.3%)	**41 (20.4%)**
Spotsylvania	52 (26.9%)	55 (28.6%)	**57 (28.4%)**
Stafford	42 (21.8%)	27 (14.1%)	**36 (17.9%)**
King George	3 (1.6%)	1 (0.5%)	**6 (3.0%)**
Caroline	10 (5.2%)	4 (2.1%)	**11 (5.5%)**
Other VA	23 (11.9%)	28 (14.6%)	**28 (13.9%)**
Outside VA	10 (5.2%)	38 (19.8%)	**20 (10.0%)**
Unknown	0 (0%)	2 (1.0%)	**2 (1.0%)**
Regional Totals	**193**	**192**	**201**

*Percentage of regional total

Overall the number of homeless persons counted increased by 6% from 2013 to 2014 and the region reported the highest number of at-risk households of any previous counts.

The most common factor leading to homelessness reported by respondents was unemployment at 50%. The second most reported reason was eviction / foreclosure as contributing to 27% of homeless situations compared to just 14% last year.

The majority (75% up from 64% in 2013) of homeless reported that their last fixed address was in Planning District 16. The number who reported a last fixed address from outside our community decreased.

The total number of chronically/street homeless – individuals who have lived in a place not meant for human habitation or in a shelter for more than a year or at least four separate episodes in three years – has decreased by 30% over the past year.

A 33% rise in the number of families with children in emergency shelters showed that unstable housing situations resulted in homelessness for more at-risk families than in previous years.
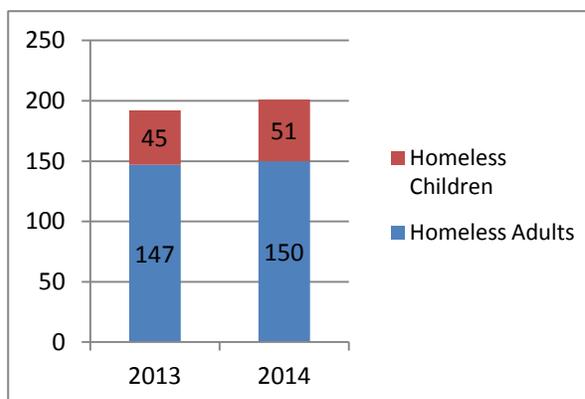
Current Housing and Services

Several housing agencies work together as a crisis response system to bring options to individuals experiencing homelessness.

Prevention/Diversion:

Central Virginia Housing Coalition (CVHC) co-locates a diversion case manager and prevention manager, both overseen by a housing locator/Director of Housing to offer a singular entry point for households at-risk of becoming homeless. The diversion case manager is attuned to community resources and case management techniques to assist with remedying housing crises without committing state prevention funding. The prevention case manager on the other hand administers the state funding and manages cases for households that but for the financial assistance would immediately end up literally homeless.

CVHC also has grants available through the Lend-A-Hand program for those needing assistance in preventing eviction or foreclosure. If an individual qualifies and if funds are available, he/she could receive help with rent or mortgage payments. Assistance with a security deposit is also available. Counseling on debt management, budgeting and other areas is provided through the Self Sufficiency Program.

Emergency Shelter (ES):

The Thurman Brisben Center (TBC) provides ES as an alternative to living in places unfit for human habitation. TBC is typically at full capacity with families as well as single adults. TBC's ES facility is located in the Fredericksburg Industrial Park.

Empowerhouse provides ES for individuals and families fleeing intimate partner violence and is typically at full capacity. Victims of domestic violence and their children typically enter shelter because they are not safe in their own home and have nowhere else to stay. Over half of its residents are children. Since 1978, Empowerhouse's domestic violence shelter has been located at an undisclosed location for the safety and protection of its residents. Two additional homes with 4 units total opened in 2013 and 2014. They are operated as scattered-site emergency shelter units assisting families with multiple children reduce barriers while they seek affordable housing placements.

Micah Ecumenical Ministries operates a temperature-based cold weather shelter in Stafford County. These shelter services are available from November to March each year. The shelter provides a place for homeless individuals to sleep on nights when the temperature drops below 32 degrees—more than 15 groups are on call each year for when the weather drops below this mark and they are needed to volunteer.

Permanent Supportive Housing (PSH):

Micah Ecumenical Ministries is a 501(c)(3) nonprofit organization that is governed by ten downtown Fredericksburg churches, and serves chronically homeless individuals who often have non-medicated mental illnesses, disabilities, criminal backgrounds and other barriers that prevent them from other housing services. Micah currently supports approximately sixty-eight homeless individuals in apartments throughout Fredericksburg and in South Stafford. Supportive services include, move-in assistance, minimal financial and independent living case management.

Rapid Re-Housing (RRH):

The Thurman Brisben Center, Micah Ecumenical Ministries, Hope House, and Empowerhouse provide RRH programs for the region's literally homeless households. During the 2013-2014 program year these agencies re-housed a combined 140 households. These numbers will continue to rise over the plan's lifecycle in accordance with the CoC's transition to a housing first approach to crisis intervention.

Supporting these efforts is the Housing Locator at the Central Virginia Housing Coalition who works as the point of contact between these service agencies and area landlords with available affordable units.

Options for Survivors of Domestic Violence:

In addition to its domestic violence shelter, Empowerhouse, a nonprofit accredited domestic violence program, provides free and confidential crisis and core services to victims of intimate partner violence and their children. Empowerhouse also assists in healthcare settings and in the court system to help victims of intimate partner violence return to their own homes safely through protective orders. On average each year Empowerhouse assists 30 households (75 people) to enter their own permanent housing through rental assistance payments. Currently 130 people are assisted in this way. Supportive services include move-in, financial, employment, and case management services and assistance.

Resources for Individuals with HIV/AIDS:

Fredericksburg Area HIV/AIDS Support Services (FAHASS) specifically addresses the needs of persons infected with, and affected by, HIV and AIDS related diseases. Among its many other services, FAHASS implements housing assistance programs that seek to rapidly house homeless HIV positive clients and prevent homelessness for others to ensure greater potential for adherence to medical treatment plans. Other programs include tenant-based rental subsidy programs aimed at providing stable housing for clients with severe disability who may be unable to work or achieve enough income to maintain long-term housing.

Transitional Housing (TH) for Families:

Hope House is a two-year transitional housing facility where literally homeless families are given shelter and support including child care, employment training, and financial counseling.

There is also an extensive network of supportive services, comprised of nonprofit organizations and local government agencies, that support individuals who are currently homeless or at risk of being so. Included in these are services for special needs populations (elderly, mental illness, substance abuse, etc.); eviction prevention funds (e.g., Central Virginia Housing Coalition); emergency assistance such as food, clothing, and utility help (e.g., Salvation Army); healthcare (e.g., Lloyd F. Moss Free Clinic); job readiness (e.g., Virginia Employment Commission); skills development (e.g., Rappahannock Goodwill Industries); money management (e.g., Quin Rivers); mainstream benefits (Dept. of Social Services) and many others.

Housing Challenges

One of the greatest challenges for PD-16 over the next 10 years will be the pursuit of greater affordable housing options for all of its residents.

A significant challenge for the community is actually defining "affordable housing." The common definition of "affordable housing" utilized by federal, state, and local governments pertains to households at and below 80% of area median income. Because households that experience and are at risk of homelessness have much lower incomes, they often are left out of these housing policies. In addition, housing is generally considered affordable when one pays no more than 30 percent of their income for housing. For households that make so little money, it may be unrealistic that they will only pay 30 percent of their income; yet paying more than 30 percent of their income for housing leaves them with little funds to pay for other essentials such as food and clothing.

According to the National Low Income Housing Coalition's 2014 "Out of Reach" report, in order for a household to afford a two-bedroom apartment at the fair market rate, a minimum wage earner must work 115 hours per week, 52 weeks per year. Or the household must include 2.9 minimum wage earners working 40 hours per week, 52 weeks per year to afford the apartment. Making matters worse is that renters in the City of Fredericksburg, located at the geographic center of the region, would need to work **156 hours per week, 52 weeks per year** to afford a 2-bedroom at fair market rates. That is 3.9 full-time jobs needed to afford a two bedroom apartment. These numbers are staggering, and unfortunately, only getting worse. Affordable housing is pivotal to eliminating homelessness in PD-16.

WHERE ARE WE GOING?

The community realizes that people in poverty will always face loss of housing due to a social or economic trigger crisis. The local response to a potential or real loss of housing can make a difference in the degree of devastation associated with that crisis. The crisis response system we are working toward will ensure that episodes of homelessness that do occur in our community are rare, brief and non-recurrent. Components of the plan include:

- Preventing the most imminently at-risk from entering homeless services.
- Quickly moving people who do become homeless back into permanent housing.
- Expanding access to affordable housing.
- Connecting the dots between support services whose assistance can supplement that of the homeless service system.
- Diverting homeless persons who frequently use public services, such as jails, hospitals and foster care systems, to more productive alternatives.
- Measuring success based on housing placements and retention.

The 10-year Strategic Plan will adopt a "Housing First" approach, which focuses on immediately getting people out of shelters and off the street, *then* providing the supports necessary for stabilization. This contrasts with traditional shelter models, which required compliance with a service plan as the mechanism for clients to earn their way back into housing. Around the country, Housing First has proven to be the most cost effective, efficient method of ending homelessness. The housing retention rate related to Housing First interventions, such as Rapid Re-Housing and Permanent Supportive Housing, has averaged around 85%. By comparison, shelters and transitional housing programs have typically exited 16% to 45% of participants to permanent housing.

Statistically, a stay in jail costs $59 a day; a night in our local hospital system costs more than $1,471.28; and a night in a shelter costs $75 to $85 a night. Putting a single person in permanent housing in our community is estimated to cost no more than $20 a day. In many cases, the cost of a permanent housing solution is time limited, but even paying for one person's housing for a full year is more than 60% cheaper than spending a year in the most affordable jail, mental health, or healthcare facility. In most cases, service providers are rapidly re-housing each household for a total of about $4,500.

Choosing anything other than a housing first approach to homelessness is, therefore, an incredibly risky and expensive strategy. Without permanent housing, people experiencing homelessness habitually cycle through hospitals, jails, shelters and other service systems with little to no progress. Even those who don't start out with a mental health or substance abuse issue frequently succumb to situational triggers. And the psychological toll is even more severe for

those already experiencing a serious mental illness. By living in places where they have no control over their nutrition, hygiene and sleep, the homeless experience higher death rates, shorter life expectancies and health problems at three to six times the rate of others. Without a door to lock out danger, they become more vulnerable to violence. And risky behavior becomes currency for them to gather what they need to survive on the street. People experiencing homelessness are more likely to be arrested for accomplishing activities of daily living (i.e. throwing out trash, urinating, sleeping) that the rest of us have the luxury of being able to do indoors because we have a home.

Through the housing-focused crisis response system, residents in Planning District 16 will realize a more efficient, effective homeless service system, where chronic homelessness does not exist and new episodes of homelessness are processed quickly back into stable solutions.

The local strategic planning efforts that took place in 2014 indicated that much of the work over the next 10 years needs to focus on helping the community move to a system that responds to episodes of homelessness as a crisis. The regional crisis response system will require cooperation from more than just the direct homeless service providers; the system depends on the participation of organizations providing supportive services for employment, healthcare, transportation, and others. Government entities, political will, the faith community, financial assistance providers, landlords and developers of housing opportunities, and public institutions who discharge persons experiencing homelessness will also play important roles.

HOW WILL WE GET THERE?

The Fredericksburg Regional Continuum of Care (CoC) formed five working groups to develop goals, strategies, and action steps to improve homeless services and end homelessness in the region. The five working groups were:

Homeless Systems - Focused on the coordination, structure, and responsiveness of CoC service providers and other community entities that provide services.
Data – Focused on consistency and quality in data and performance measures, as well as the capacity of the Homeless Management Information System (HMIS) to meet strategic needs.
Housing First - Focused on the availability of affordable housing and the integration of Housing First principles within the homeless services system.
Supportive Services - Strategized for a robust and efficient support service network through client empowering approaches to case management.
Community Outreach - Focused on increasing the connections among homeless services and other community agencies.

The working groups met multiple times over several months to consider issues and develop and prioritize goals and action steps. A community forum was also held to solicit public input on the emergent goals, strategies, and action steps. As a result of this work, the groups developed five central goals to drive efforts to end homelessness in the Fredericksburg region:

- *Achieve functional zero through a homeless services system that provides immediate access and needs assessment at the point of housing crisis to prevent homelessness and rapidly return the homeless to stable housing.*

- *Create a data-driven system for tracking and predicting service patterns, client needs, and program effectiveness within the Continuum of Care to guide decision-making and planning about the regional homeless services system.*

- *Ensure access to permanent housing through increased production and availability for low-to-moderate income households and those that are homeless or at-risk of becoming homeless.*

- *Create a holistic, readily accessible network of supportive services agencies that connects the homeless to assistance based on their unique needs, helping households to achieve and sustain permanent housing and self-sufficiency.*

- *Create a system that eliminates correctional, emergency healthcare and other public service agency burden for servicing homeless clients by directing resources at data-driven discharge planning, targeted housing, and case management solutions.*

These goals and corresponding strategies are described on the following pages. Tables containing action steps are also provided to give additional detail including estimated timelines for completion and responsible entities.

For the purposes of this plan, estimated timeline terms are defined as follows:
- IMMEDIATELY: Will commence upon adoption of this plan and is expected to be completed within one year.
- ONGOING: Will commence upon adoption of this plan and is expected to continue throughout the duration of this plan.
- SHORT-TERM: Is expected to be completed within 1-2 years.
- MID-TERM: Is expected to be completed within 3-5 years.
- LONG-TERM: Is expected to be completed within 6-10 years.

Goal 1: Achieve functional zero through a homeless services system that provides immediate access and needs assessment at the point of housing crisis to prevent homelessness and rapidly return the homeless to stable housing.

Fredericksburg's homeless service providers have been commended at the state and national levels for their collaboration in the areas of homelessness prevention and diversion. Several new initiatives in these areas have resulted in more efficient homeless services coordination. However, agency collaboration and capacity continue to present challenges to the CoC. Funding constraints, organizational challenges, and information gaps among other factors can prevent people from obtaining assistance at the point of a housing crisis when many instances of homelessness might potentially be prevented or eliminated in short order. This has resulted in longer stays in already overburdened shelters, and limited to no beds available to accommodate households at the point of crisis.

The following strategies and action steps are designed to develop an increasingly robust crisis response that will tackle the issue from a systems perspective, directing limited resources at proven intervention tactics to enhance prevention and reduce system pressure, resulting in a homeless services system with capacity to absorb demand (i.e. a functional zero).

Strategy 1: Transition to a housing first crisis response system.
Agencies will develop a housing crisis response system that integrates resources and accurately assesses individual/family risk for homelessness with regard to multiple factors including urgency of risk, barriers to housing, and prevention/diversion options. Consistent training on assessment will be developed and implemented across agencies to increase appropriateness and efficiency of intervention strategies employed. Consistent assessment along with appropriate intervention will increase prevention and the likelihood that individuals/families will sustain housing.

Strategy 2: Reorganize CoC structure and governance to achieve crisis response priorities
CoC agencies will restructure around the emergent crisis response system. Restructuring will include repurposing standing committees to facilitate implementation of a consistent crisis response system, establishing new committees to respond to the strategies in this plan, standardizing policies, developing performance measures, and creating means to enhance regional cooperation.

Strategy/Action Step	Estimated Timeline	Responsible Entities
Strategy 1. Transition to a housing first crisis response system		
Action Step 1.1. Complete a system-wide resource allocation plan to reallocate limited resources to cost effective interventions	Immediately	Grant Committee, CoC Lead, HMIS Committee
Action Step 1.2. Retool coordinated assessment system to include a prevention/diversion assessment, housing barrier assessment, and vulnerability assessment	Short-term	CoC Lead, Pursuit of Housing Campaign partners
Action Step 1.3. Develop a training program for case managers and front desk staff on how to quickly and accurately assign an appropriate intervention strategy given the results of the coordinated assessment	Ongoing	CoC Lead, Pursuit of Housing Campaign partners
Action Step 1.4. Create a centralized intake site to be the one-stop community access for individuals/families facing a housing crisis	Mid to Long-term	CoC Executive Committee, CoC Lead
Action Step 1.5. Consolidate Rapid Re-housing resources and duties under a single entity	Short-term	CoC Lead, Grant Committee, Pursuit of Housing Campaign partners
Strategy 2: Reorganize CoC structure and governance to achieve crisis response priorities		
Action Step 2.1. Reorganize standing committees around the strategies in the 10-Year Plan to End Homelessness	Immediately	CoC Executive Committee, CoC Lead
Action Step 2.2. Contract a homeless systems design consultant familiar with crisis management and housing first policies to provide technical assistance in the transition	Short-term	CoC Executive Committee
Action Step 2.2. Establish standard written policies and procedures across agencies to bring consistency to emergency shelter, permanent supportive housing, transitional housing, and rapid re-housing programming	Short to Mid-term	CoC Lead, Pursuit of Housing Campaign partners
Action Step 2.3. Implement a clear set of data-based performance measures to gauge program success in operating under the housing first policies, and make funding decisions accordingly	Short to Mid-term	CoC Lead, Executive Committee
Action Step 2.4. Convene a standing working group of regional leaders to address challenges that inhibit regional cooperation within homeless services	Short to Mid-term	CoC Lead, Executive Committee

Goal 2: Create a data-driven system for tracking and predicting service patterns, client needs, and program effectiveness within the Continuum of Care to guide decision-making and planning about the regional homeless services system.

Across the CoC, agencies collect many different kinds of data for different reasons, often using different databases. This has led to a fragmented information system that makes it challenging for any one service provider to understand a particular individual's/family's situation vis-à-vis the entire CoC—agencies they have previously contacted, services they have previously received, results they have previously achieved. This can result in inefficiencies and redundancies within the system. Additionally, clear system-wide performance indicators that would provide community members with information about homelessness and system health are often difficult to access and/or under-developed. The following strategies and action steps are designed to produce increased consistency and availability of outcome data and performance indicators.

Strategy 1: Expand HMIS usage, coverage, and quality.
The current HMIS has potential to aid all CoC entities, including those that do not regularly use it, in providing services effectively and efficiently. Through increased attention to functionality, user interface, and data quality, the HMIS will be redesigned and updated to promote wide use across CoC agencies.

Strategy 2: Establish a consistent set of performance measures and standards that align with Continuum of Care funder priorities.
Further developing and clarifying performance measures is essential for making informed decisions about the use of resources. With input from CoC funders, measures will be developed that can be used to assess key system-wide outcomes. This will enable funding to be directed appropriately and will encourage continued improvement of the CoC. It will also provide vital information to community members, including local officials and other decision-makers.

Strategy 3: Enhance data reporting quality and compliance among system users.
Further developing HMIS reporting practices, expectations, and incentives will encourage agencies to provide high-quality data submissions. This will result in increased compliance and consistency system-wide.

Strategy 4: Create an accessible data repository that provides information on homelessness services for the region.
Community members can find data on regional homeless services and system performance challenging to locate in an understandable and useable format. Developing and creating a central repository, similar to those created in other systems (e.g. public health), will provide the community with accessible information on important indicators.

Strategy/Action Step	Estimated Timeline	Responsible Entities
Strategy 1: Expand HMIS usage, coverage, and quality		
Action Step 1.1. Complete a comprehensive assessment of the effectiveness of the current HMIS system (including an functionality in relation to needs, process efficiency, staffing requirements).	Short-term	CoC HMIS Committee
Action Step 1.2. Improve quality of data submitted to HMIS through user training and enhanced monitoring.	Ongoing	GWRC
Action Step 1.3. Integrate a collaborative case-management module into HMIS system that provides access to all CoC partners (including supportive service partners who do not routinely use HMIS) to increase system responsiveness and efficiency for clients.	Midterm	GWRC & CoC HMIS Committee
Strategy 2: Establish a consistent set of performance measures and standards that align with Continuum of Care and funder priorities.		
Action Step 2.1. Collaborate with funding agencies to determine required performance measures for their priorities and if/how to integrate these measures into HMIS.	Short-term	CoC Executive Committee & CoC HMIS Committee
Action Step 2.2. Assign performance indicators to the goals in the ten year plan, and establish baseline figures to track future performance.	Short-term	CoC Executive Committee
Action Step 2.3. Utilize performance measure data to prepare a community homelessness assessment to inform and solicit support from appropriate community entities including GWRC Commissioners.	Midterm	GWRC, CoC Executive Committee, CoC HMIS Committee
Action Step 2.4. Create an educational and marketing campaign to highlight the CoC's work, relative to performance measures, toward ending homelessness in the region.	Midterm	CoC Executive Committee & CoC Public Relations Committee
Strategy 3: Enhance data reporting quality and compliance among system users.		
3.1. Create funding incentives for CoC agencies exhibiting high-quality and compliant HMIS practices	Ongoing	Lead Agency
3.2. Create and hold users accountable to clear data quality standards.	Short-term	Lead Agency
3.3. Develop consistent data reporting practices for CoC entities including a schedule for submitting HMIS-generated reports to the CoC lead/HMIS administrator.	Short-term	Lead Agency

Strategy 4. Create an accessible data repository that provides information on homelessness and homeless services for the region.		
Action Step 4.1. Develop a vision for the repository's capabilities, format, and role in the community.	Short-term	Lead agency, CoC Executive Committee, & CoC HMIS Committee
Action Step 4.2. Research and analyze existing effective data collection practices within and outside of the CoC.	Midterm	CoC Executive Committee
Action Step 4.2a. Research and analyze a data repository aligned with the developed vision that has been effectively implemented in another community.		
Action Step 4.2b. Review the MWHC Community Health Information Resource and meet with MWHC representatives to learn about development and implementation practices.		
Action Step 4.2c. Explore ways the data management tools being used by entities within the CoC partnership may interface with developed vision.		
Action Step 4.3. Explore community resources to support tool development and implementation.	Short-term & Midterm	CoC Executive Committee

Goal 3: Ensure access to permanent housing through increased production and availability for low-to-moderate income households and those that are homeless or at-risk of becoming homeless.

Many people experiencing homelessness have low-to-moderate incomes and have difficulty securing affordable rental housing. As PD-16 continues on a significant population growth trend while maintaining a high-cost rental market relative to area median income, it can be expected that low-to-moderate income individual/ families will increasingly be at risk for homelessness. This risk has likely been exacerbated by the decline of available subsidies, most notably the closure of the Housing Choice Voucher (formerly Section 8) waiting list. Limited veteran's housing vouchers and project-based Housing Choice are often the only remaining consistent subsidies available. Unfortunately, many individuals/families are not able to access project-based Housing Choice because of poor credit and other background issues.

The Fredericksburg CoC is currently transitioning to a Housing First model. However, challenges remain including uneven implementation of the model across agencies and community buy-in. Housing first and rapid re-housing principles are contingent on there being an affordable unit into which clients can quickly transition. The lack of affordable housing in the area may be the most significant of these challenges, given the bottleneck effect that results when

increasing demand is met with limited stock. The following strategies and action steps are designed to increase low-to-moderate income households' access to affordable housing and mitigate their risk of homelessness.

Strategy 1: Increase the amount and availability of affordable housing within all localities in PD-16.

The current affordable housing stock available in the area is insufficient to meet demand. As the population increases, it is crucial to address this potentially widening gap in availability. Next steps include standardizing the definition of affordable housing across localities and assessing availability in order to quantify the need. Additionally, CoC agencies will work with stakeholders to support increased affordable new and rental housing.

Strategy 2: Leverage current landlord relationships to increase access to other channels of affordable housing.

Affordable rental housing is an essential element of affordable housing stock and integral to Housing First practices. Agencies will conduct outreach and build partnerships with landlords willing to rent to low-to-moderate income individuals/families to expand the existing network and increase affordable rental options in the area.

Strategy 3: Establish programs that mitigate the effects of client barriers to housing.

Low-to-moderate income individuals/families can face multiple barriers to securing and maintaining housing. Some barriers can be diminished through targeted programs addressing landlord-tenant relationships, subsidies and other financial assistance, and financially-viable housing arrangements. Programs focusing on these and other potential barrier issues will be developed and implemented.

Strategy 4: Educate key stakeholders to the importance and benefits of housing first policies and minimize political resistance to increased affordable housing in PD-16.

Local buy-in for Housing First programs is essential to maintain sustainability. Agencies will develop partnerships, conduct outreach, and provide information to local stakeholders and other community members to develop consensus on Housing First policies and their benefits.

Strategy/Action Step	Estimated Timeline	Responsible Entities
Strategy 1. Increase the amount and availability of affordable housing within all localities in PD-16.		
Action Step 1.1. Advocate for all localities to adopt an accurate, standardized definition of affordable housing.	Short-term	CVHC, CoC Executive Committee
Action Step 1.2. Highlight the regional need through a comprehensive assessment of the current state of affordable	Midterm	CoC Executive Committee

housing within PD-16.

Action Step 1.3. Approach current landlords about obligating units for rapid re-housing	Immediately	CVHC
Action Step 1.4. Approach developers at pre-application planning meetings to encourage affordable housing-related proffering.	Short-term	CoC Executive Committee, Public Relations Committee
Action Step 1.5. Encourage zoning best practices to increase flexibility and provide developers affordable housing incentives	Short to Mid-Term	CoC Executive Committee, local planning departments
Action Step 1.6. Approach developers that receive Low Income Housing Tax Credits and offer input/partnership opportunities at the outset of the development process.	Short-term	CVHC
Action Step 1.7. Institute landlord/provider agreements to place conditions on rapid re-housing efforts (regular communication, fulfill conditions of lease even if tenant defaults, etc.)	Immediately	CVHC
Action Step 1.8. Institute a "Housing First" committee to implement affordable housing strategies in 10-Year Plan to End Homelessness	Immediately	CoC Lead Agency, Executive Committee
Strategy 2: Leverage current landlord relationships to increase access to other channels of affordable housing		
Action Step 2.1. Use references from current landlords to build relationships with nonparticipating landlords.	Immediately	CVHC,
Action Step 2.2. Reach out to formerly participating landlords in an effort to rebuild trust in the program	Ongoing	CVHC
Action Step 2.3. Build strategic partnerships with financial institutions, private, and public entities.	Midterm	Lead Agency & CoC Executive Committee
Strategy 3: Establish programs that mitigate the effects of client barriers to housing		
Action Step 3.1. Create training program for case managers on managing landlord relationships	Ongoing	CVHC, Pursuit of Housing Campaign partners
Action Step 3.2. Explore and utilize other resources available to high barrier clients (ex. Graduated subsidies, project-based vouchers, second chance program, fast track, NAP credits, etc.)	Short-term	CVHC, Pursuit of Housing Campaign partners
Action Step 3.3. Implement landlord-client agreements to outline an agreed upon course of action for mitigating barriers	Midterm	CVHC, Pursuit of Housing Campaign partners
Action Step 3.4. Explore shared housing programs	Immediately	Pursuit of Housing Campaign partners

Strategy 4: Educate key stakeholders to the importance and benefits of housing first policies and minimize political resistance to increased affordable housing within PD-16		
Action Step 4.1. Partner with the Chamber of Commerce to design a homeless services project for implementation through, "Leadership Fredericksburg."	Short-term	Public Relations Committee
Action Step 4.2. Demonstrate higher costs associated with sheltering households versus providing permanent housing.	Mid-term	HMIS Committee
Action Step 4.3. Tailor affordable housing messages to each locality and promote through relevant media outlets.	Mid-term	Public Relations Committee
Action Step 4.4. Increase participation on boards/commissions that address affordable housing-related issues throughout PD-16.	Short-term	CoC Executive Committee

Goal 4: Create a holistic, readily accessible network of supportive services agencies that connects the homeless to assistance based on their unique needs, helping households to achieve and sustain permanent housing and self-sufficiency.

The network of supportive services in PD-16 is diverse and comprehensive. Community members in need can access various types of support through local agencies and programs. The variety of support options can present a challenge however for people experiencing or at risk for homelessness. In many cases, individuals/families struggle with determining what support is appropriate and which agency or program can provide it. Additionally, many agencies providing supportive services lack information about the unique needs of the homeless/at-risk population, the specific ways their programs could provide assistance, and what other resources are available to the client. This can result in missed opportunities to provide support that may prevent homelessness. The following strategies and action steps are designed to develop an interconnected, regional network of supportive services.

Strategy 1: Implement a client centered services model that collaborates among multiple service providers to address client needs.

A client driven services model will bring supportive services agencies together based on the needs that homeless clients personally voice to their case managers. Instead of service providers telling clients what they need to do to maintain stable housing, clients will tell service providers what they need. Through inter-agency collaboration using a team-based approach, clients wishing to receive services will have to request and take ownership for the services that they receive as a result of this style of service model. This step represents a significant change to current practices and will require training and piloting.

Strategy 2: Improve homeless households' access to mainstream benefits and resources.
A centralized resource that connects individuals/families to homelessness service agencies and other support will mitigate the challenges many face when attempting to locate appropriate services. This will reduce frustration and disengagement and facilitate rapid connections between individuals/families and agencies.

Strategy 3: Engage coalitions currently tackling transportation issues.
Consistent, accessible, and affordable transportation is essential in reducing the risk of homelessness. Transportation is often the primary barrier to clients accessing affordable housing and maintaining stable employment. It is important to address transportation issues specific to each locality's needs and those experiencing or at-risk for homelessness through local transportation planning processes, entities, and other groups.

Strategy 4: Improve the content and delivery of financial counseling programs and enhance access to higher paying employment
Ineffective management of finances and under-employment are risk factors for homelessness as they contribute to the inability to obtain and sustain housing, particularly in this relatively expensive market. Financial counseling and job-skills support constitute important supportive services that need to be prioritized for those experiencing or at-risk for homelessness. CoC agencies will develop partnerships to increase/improve financial counseling programs and job-skills training.

Strategy/Action Step	Estimated Timeline	Responsible Entities
Strategy 1: Implement a client centered services model that collaborates among multiple service providers to address client needs		
Action Step 1.1. Enlist state resources to provide technical assistance in formulating and implementing a collaborative family engagement model	Short-term	CoC Executive Committee; Lead Agency; Supportive Services Working Group
Action Step 1.2. Advocate for resources to hire skilled, experienced facilitators	Short-term	CoC Executive Committee
Action Step 1.3. Pilot the model prior to full-scale implementation	Short-term	CoC Executive Committee; Departments of Social Services
Action Step 1.4. Provide comprehensive facilitator training before full implementation	Short-term	Departments of Social Services; Supportive Services Working Group
Strategy 2: Improve homeless households' access to mainstream benefits and resources		

Action Step 2.1. Create an easily accessible inventory of service agencies, and their services relating to the ending homelessness (ex. Community Connections Directory)	Short-term	CoC HMIS Committee
Action Step 2.2. Implement the community navigator model	Mid-term	CoC Executive Committee; Lead Agency; Homeless Services Agencies
Action Step 2.3. Co-locate supportive services at the centralized homeless intake or at most common points of entry.	Long-term	CoC Executive Committee; Departments of Social Services; Lead Agency; Pursuit of Housing Campaign partners
Strategy 3: Engage coalitions currently tackling transportation issues		
Action Step 3.1. Increase homeless services provider representation on the Public Transportation Board	Short-term	CoC Executive Committee
Action Step 3.2. Convene county officials familiar with past bus system challenges to chart a course for future access	Mid-term	CoC Executive Committee
Action Step 3.3. Integrate homeless services transportation priorities into county transportation plans	Mid to Long-term	Lead Agency, CoC Executive Committee
Action Step 3.4. Expand GWRC Connectors to offer enhanced transport options for the homeless and low-to-moderate income community	Midterm	GWRC; Executive Committee
Strategy 4: Improve the content and delivery of financial counseling programs and enhance access to higher paying employment		
Action Step 4.1. Implement financial counseling curriculums that build on basics and the clients' unique needs through a one-on-one, case manager-to-client approach	Short-term	Departments of Social Services; Pursuit of Housing Campaign partners
Action Step 4.2. Assess current financial counseling programs for service gaps and areas for improvement to holistically integrate financial literacy into housing-related case management practices.	Short-term	Lead Agency; Departments of Social Services; Pursuit of Housing Campaign partners
Action Step 4.3. Partner with the Virginia Employment Commission to design a campaign devoted to training homeless or at-risk individuals in need of sustainable employment	Mid-term	VEC; Executive Committee
Action Step 4.4. Encourage companies taking advantage of state or federal apprenticeship program funding to contribute a portion of apprenticeship openings to the homeless or at-risk community	Mid to Long-term	VEC; Virginia Community College System; Department of Labor and Industry

Goal 5: Create a system that eliminates correctional, emergency healthcare and other public service agency burden for servicing homeless clients by directing resources at data-driven discharge planning, targeted housing, and case management solutions.

People experiencing extended or regular bouts of homelessness often repeatedly interact with multiple public agencies such as the correctional facilities, emergency healthcare providers, and social services departments. In many cases, while homelessness prevention is not the primary role of these agencies, they may be in the de facto position of providing in-kind support. For example, a hospital's primary role is treating medical issues, not locating housing for a patient to access while recovering. Similarly, a jail's primary role is community security, not setting up employment supports for an inmate upon discharge so they can find a job, obtain housing, and avoid re-offending. These agencies are critical to the overall success of the homeless services system as they provide key points of interface between people experiencing or at-risk for homelessness and potential prevention services. The following strategies and action steps are designed to increase the connections between the homeless services system and other public service agencies.

Strategy 1: Identify homeless frequent users and develop permanent supportive housing solutions that reduce the community's cost of recidivism.
Chronic homelessness is a significant issue that requires increased understanding among service providers so that effective support can be developed. Supportive housing has been acknowledged as a potentially effective approach to providing stable, wrap-around support for individuals/families and interrupting the cycle of chronic homelessness. Implementing this strategy will require focused analysis of factors related to local chronic homelessness and the development of appropriate supportive housing programs.

Strategy2: Increase investment in proven models combat the symptoms leading to frequent usage and homelessness recidivism.
Chronic homelessness is costly and places significant pressure on the services system. Analyses of the potential cost-benefits of targeted investment in mental health, substance abuse treatment, and permanent supportive housing options will provide essential information to guide service system planning and develop reasonable expectations for expenditures.

Strategy 3: Increase awareness of available resources to address underlying causes of frequent usage.
Gaps in information on available support services present challenges for people experiencing chronic homelessness and the community agencies with which they interact. Providing information efficiently across agencies will increase the likelihood of that individuals/families will connect with homeless services quickly and appropriately.

Strategy 4: Establish programs that divert frequent users from incarceration.

Connections among substance abuse, mental health needs, and incarceration are apparent in the chronically homeless population. Increased collaboration among entities within the homeless services, mental health, and legal systems will lead to a reduction in the repeated incarceration of the chronically homeless and an increase in the provision of mental health and substance abuse support.

Strategy 5: Establish or strengthen discharge plans from area hospitals, jails, and other institutions.

Discharge planning takes advantage of an important opportunity to implement interventions that can assist at-risk individuals in avoiding housing crises and maintaining mental health. CoC agencies will develop planning processes that include effective homeless prevention approaches. Implementing this strategy will require continued research on effective models.

Strategy/Action Step	Estimated Timeline	Responsible Entities
Strategy 1. Identify homeless frequent users and develop permanent supportive housing solutions that reduce the community's cost of recidivism		
Action Step 1.1. Create a frequent user profile of chronically homeless within PD-16 including: demographics, service needs, residence of origin, etc.	Short-term	Micah Ministries, Discharge Planning Committee
Action Step 1.2. Identify data source/tools to construct frequent user profile (i.e. vulnerability index, HMIS, etc.)	Short-term	CoC Lead, HMIS Committee, Discharge Planning Committee
Action Step 1.3. Cross-match data to determine extent of overlap between homeless individuals and inmates.	Short-Term	Discharge Planning Committee, Rappahannock Regional Jail
Action Step 1.4. Identify successful supportive housing models and pilot a program that targets those with the longest histories of homelessness and experiencing the highest service needs	Mid-Term	Micah Ministries, CoC Executive Committee
Action Step 1.5. Include community outreach priorities in each locality's comprehensive plan.	Mid-Term	Executive Committee
Strategy 2: Increase investment in proven models that combat the symptoms leading to frequent usage and homelessness recidivism		
Action Step 2.1. Prepare cost-benefit analysis that compares the cost of recidivism to the cost of providing permanent housing	Short-term	HMIS Committee, CoC Lead, Discharge Planning Committee

Action Step 2.2. Prepare assessment of the costs associated with the regional approach to homeless services. Analyze the impact to each jurisdiction including that associated with the homeless population's cross-jurisdictional movement	Mid-Term	CoC Executive Committee
Action Step 2.3. Prepare funding breakdown to understand each jurisdiction's contribution to ending homelessness	Short to Mid-Term	CoC Lead, Executive Committee
Action Step 2.4. Identify supportive services in each locality and determine the need for and level of expansion	Short to Mid-Term	CoC Lead, Departments of Social Services

Strategy 3: Increase awareness of available resources to address underlying causes of frequent usage

Action Step 3.1. Create reference cards of available resources and steps for providing assistance tailored to the frequent user population	Ongoing	CoC Executive Committee, Discharge Planning Committee
Action Step 3.2. Develop MOU with participating organizations to govern the sharing of client information to alleviate concerns that case management data will be used to deny services	Short-term	HMIS Committee, Discharge Planning Committee
Action Step 3.3. Identify most frequent points of contact for frequent users and develop targeted procedures for managing their housing crisis	Midterm	CoC Lead, Discharge Planning Committee
Action Step 3.4. Provide Virginia 2-1-1 and local homeless resource training and informational briefings for healthcare and correctional intake staff and as part of police department roll calls	Short-term	CoC Executive Committee, Discharge Planning Committee

Strategy 4: Establish programs that divert frequent users from incarceration

Action Step 4.1. Explore triage center best practices for those arrested with substance abuse and mental health issues	Long-term	Executive Committee, Discharge Planning Committee
Action Step 4.2. Develop a plan to communicate alternative options to homeless incarceration with judges, courts, commonwealth attorneys, magistrates, and community-based probation officers	Short-term	Discharge Planning Committee
Action Step 4.3. Partner with RACSB branches to establish programs that provide services associated with the connection between homelessness and mental health issues	Short-term	Discharge Planning Committee, RACSB

Strategy 5: Establish or strengthen discharge plan from area hospitals, jails, and other institutions

Action Step 4.1. Include and/or improve housing first language and principles in the discharge planning process	Ongoing	Executive Committee, Discharge Planning Committee
Action Step 4.2. Research the Assertive Community Treatment model and its applicability for treating frequent users with mental illnesses	Short-term	Departments of Social Services
Action Step 4.3. Identify and solicit additional resources/training to support awareness around how to adhere to MOU agreements	Short-term	Executive Committee, Discharge Planning Committee

A CALL TO ACTION

This plan serves as a guide to help our community take the steps necessary to make homelessness rare, brief and non-recurrent. It has been developed with the idea that everybody deserves a home, and no one should have to live on the ground, except when they want to camp with their family on the weekend. The ability of our community to take the steps within this document will be key in making the best use of resources, offering true housing crisis solutions, and helping those experiencing homelessness to reclaim their dignity.

This plan designs a crisis response system, where people experiencing financial difficulties can be prevented from ending up on the street or in a shelter. It calls upon public systems, such as hospitals and jails, to seek discharge plans that stabilize those without a home rather than managing their behaviors. It asks landlords to accommodate people with high barriers and it seeks developers willing to be creative about affordable housing opportunities. It asks us to prioritize the most vulnerable vs. the most stable. And it creates a more housing-focused shelter service system, where people are triaged as quickly as possible into an apartment and supported with the resources they need to stabilize.

As we work toward the goal of ending homelessness in the Fredericksburg region, let us keep in mind that the community is better when we care for those who have the least. Our dollars are used more effectively when services collaborate as a system. When services collaborate as a system people who are struggling have better outcomes. Improved outcomes mean people who have lost all reason to hope can achieve potential in themselves once again.

Ending homelessness is about people, of which our community has six types.

• Someone's mother
• Someone's father
• Someone's sister
• Someone's brother
• Someone's son
• Someone's daughter

And that is why it matters most that we take action to achieve the goals in this plan over the next ten years.

This call to action was prepared by Peg Phillips. Peg has a B.S. in nursing and biology from the University of Alabama. During her 22-year nursing career, she worked in the E.R. and Intensive Care and was the clinical supervisor of four critical care units. She was a Naval officer's wife, and eventually left her career to be a full-time stay-at-home mother to her three children, who now age 22, 21 and 17. In 2007, Peg became homeless in our community and lived in a tent for three years. She emerged from homelessness as a result of the community's commitment to housing first principles. Today, she works as Micah Ministries Re-housing Navigator, assisting other street homeless with their journey home. "There is a lot of work to be done to eradicate homelessness," she says. "But, it can be done. One person at a time."