

Chatham Savannah Authority for the Homeless

Strategic Plan 2016 – 2020

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Mission

To lead the effort to build and sustain community practices to eliminate homelessness.

Chatham Savannah Authority for the Homeless

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2016 – 2020 Strategic Plan

Executive Summary

Chatham Savannah Authority for the Homeless (CSAH) has documented more than three decades of limited success in serving more than 4000 homeless persons each year. Despite the development of a range of services offered to the target population, *homelessness has not decreased in a meaningful way*. Indeed, in 2015 the number of homeless persons increased by 224 individuals in Chatham County. As a community, we have the option of continuing on the same path with the same results or we can adopt and embrace Housing First. This best practice approach is found in many other communities in the United States. Critically, it is now an expectation of funders supporting our community including the Department of Housing and Urban Development (HUD). In 2015, our community received \$3.4 million from HUD. *These funds are in jeopardy given the competitive nature of the HUD application process and the poor score (125 points out of a possible 200) received by the Chatham-Savannah Continuum of Care in 2015.*

Our ability to improve our HUD score is tied directly to putting homeless persons in permanent housing. Our critical lack of affordable housing makes this truly a daunting problem. Collective action is needed now and without it, conditions will worsen for homeless persons and funds to serve them will be reduced. This will result in all of us feeling the negative impact including residents, businesses and our many tourists.

This CSAH strategic plan is updated from the original 2015 plan and now reflects the period of 2016 to 2020. It incorporates new data and updated strategies essential to meet new funder guidelines and implement efforts to permanently house increasing numbers of homeless persons in Chatham-Savannah.

Questions about this plan can be directed to the CSAH Executive Director, Cindy Kelley at ckelley@homelessauthority.org, 912.644.7946. Additional information about homelessness in our community can be found on the CSAH website at www.homelessauthority.org.

History

The Chatham Savannah Authority for the Homeless (CSAH) was founded in 1989 by the Georgia Legislature. The legislative language states, *'the number of homeless persons is increasing; that in many instances, the homeless are victims of circumstances beyond their control and they are in need of effective public and private assistance; and that the existing and increasing number of homeless persons is detrimental to the health, welfare, morality and economic prosperity of the Chatham County-Savannah community.'* (Georgia Session Laws 1989, 4701)

The legislative intent created CSAH to *'develop a comprehensive plan through which public and private agencies of Chatham County and the City of Savannah can deal effectively with the problems of the homeless community.'* (Georgia Session Laws 1989, 4701)

The law further established that the make-up of this entity (a nonprofit, 501 C 3 corporation), has a representative and influential board to ensure progress in reducing the incidence of homelessness in Chatham County. The governing board is structured with twenty-one (21) members including four Chatham County appointees, four City of Savannah appointees, one appointee from the Savannah Chatham County Public School System (SCCPSS), one appointee from the Housing Authority of Savannah (HAS), three state government appointees, and eight elected members at-large. At-large members are selected via majority vote of the body, represent the community and include a homeless or formerly homeless person.

Further founding intent establishes that CSAH provide a leadership role within the community to *'coordinate, evaluate and provide administrative services and assistance in implementing and carrying out the comprehensive plan'; 'to offer services, including case management, employment training and referral, and other related services to homeless persons so long as such services do not duplicate services offered and actually supplied'; and 'to provide uniform basic standards and practices for organizations offering services to homeless people through means of a certification process and ensure the integrity and continuity of program delivery.'* (Georgia Session Laws 1989, 4707)

Continuum of Care Challenges (CoC) and Nonprofit Agencies

In advance of CSAH's founding in 1989, efforts were made to address various segments of the homeless population through the growth of local nonprofits. Union Mission was founded in 1936, Greenbriar Children's Center in 1944, SAFE Shelter in 1979, Salvation Army in 1980, and Inner City Night Shelter (our only wet shelter) in

1983. Old Savannah City Mission, Interfaith Hospitality Network and EOA Austin House were added in 1997. Today, these entities create a network of shelter options and related programming to address an increasingly large and complex homeless population.

A 2014 CSAH sponsored survey of these nonprofit organizations reveal significant cash flow concerns due to very slow/late payment by government contractors. CSAH leadership perspective reveals CoC nonprofit organizations as slow to innovate, lacking in rigor with respect to changing nonprofit practice, and agencies working as silos except as perfunctorily necessary to check off a box on funding applications. Of most concern is the lack of *deep collaboration practices* among CoC agencies. The most telling indicator is no evidence of merger activity despite some agencies in crisis every few years. In other communities with such nonprofit challenges, the United Way takes on a leadership role in driving best practice. Chatham-Savannah would benefit from this approach potentially resulting in a stronger yet smaller CoC nonprofit sector. A more vibrant and financially healthy CoC with advocacy capacity could address needed policy change to permanently reduce our number of homeless persons.

In addition to providers of shelter and related services, other providers in our CoC network exist and serve our homeless residents;

- Congregations (most feed the homeless, provide clothing and/or distribute emergency funds),
- Emergency and non-emergency medical services (J.C. Lewis, Curtis Cooper, Memorial University Medical Center),
- Savannah-Chatham Metropolitan Police Department,
- Chatham County Jail,
- Courts (Recorders, Drug, Mental Health, Veterans, Family Dependency Treatment),
- Georgia Regional Hospital,
- Substance abuse treatment (Recovery Place),
- Outpatient mental health services (Gateway/Savannah Counseling) and
- Legal support (Georgia Legal Services).

Community Data Collection Practices

In 1993, CSAH began taking a once yearly Point in Time (PIT) count of all homeless individuals in Chatham County both sheltered and unsheltered *on a single night*. This unduplicated count, established by the federal Department of Housing and Urban Development (HUD), tracks nationwide progress to reduce homeless numbers and it ties to federal funding allocations for U.S. communities (including our own).

Two annual counts are taken in Chatham County. The Housing Inventory Count (HIC) captures available bed space for homeless persons including Emergency Shelter, Transitional Housing, and Permanent Supportive Housing. It also includes the Annual Homeless Assessment Report (AHAR). These additional data are used by Congress to report on the extent and nature of homelessness in the United States and at the local level.

The AHAR includes characteristics of the homeless population such as demographic information, use of service patterns, and *community capacity to house homeless persons*. Data for the AHAR is culled from the Homeless Management Information (HMIS) system. HMIS is managed by CSAH and utilized by most Chatham County homeless service providers with bed space as an element of their service provision menu. As the Lead Agency, CSAH is responsible for ensuring the HMIS system accurately reflects the numbers and services for our local homeless population.

Annual homeless counts (over each 12 month period) from 1993 to 2015 reveal numbers of individuals from a low of 2793 to a high of 6511. The following are unduplicated data from 2006 to 2015:

2006 - 4328	2007 - 5845	2008 - 5531	2009 - 5541	2010 - 5379
2011 - 4202	2012 - 4884	2013 - 4193	2014 - 3997	2015 - 4224

Essential Changes in Awareness and Best Practices – Housing First

Chatham-Savannah utilizes the conventional (and now considered outdated) approach to serving homeless persons. In this model, homeless individuals are expected to comply with programmatic expectations before housing is made available to them. Today, this approach is not considered a best practice and through credible research it is known to be more costly overall. Today, Housing First is the preferred model (house individuals before focusing on service). Government funding sources (including HUD) are now measuring community impact with respect to each CoC’s community progress on Housing First implementation. Lack of progress on Housing First will result in less government funding to Chatham County.

Evidence based research reveals significant cost savings utilizing the Housing First approach. Cost savings and reducing homeless numbers go hand-in-hand and are evident in many states including Arizona, California, Colorado, Hawaii, Kansas, Massachusetts, Oklahoma, Pennsylvania, Rhode Island, Washington, and Vermont.

Pathways Vermont executive director Hilary Melton said, “*We have a long history in this*

*country of trying to support people to get better in order to get housing. It's kind of staircase analogy of moving from streets into shelters, from shelters into transitional housing to treatment programs and finally into permanent housing. We've found over the years that **in fact that model does not work**, and the results and the research that has followed—its two decades worth of research—has shown that what ends homelessness is housing.”* (Vermont Public Radio 11/26/2014).

A 2005 study from the state of Rhode Island analyzed before and after housing costs to serve the chronic homeless. Participants in the study had been homeless an average of 7.6 years. Chronic homeless persons were placed in permanent supportive housing resulting in a dramatic decline in the use of government-funded services. Pre-housing costs per person (including hospital, mental health and alcohol/drug overnight stays, emergency room visits, jail/prison overnights and shelter overnights) were assessed at \$31,617 annually per client. After housing these costs dropped to \$9,600 per client per year. (Rhode Island Shelter Information Project Annual Report 2005-2006).

A 2007 study from Seattle, WA published in the Journal of the American Medical Association, *Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems*, found a \$4 million decrease in the use of crisis intervention services over twelve months. The program design compared 95 housed chronic homeless persons with drinking permitted to 39 participants on the wait list for housing. *“Housing First is predicated on the idea that if you eliminate the chaos of homelessness, clinical stability will follow.”*

The Situation Today

The 2015 Chatham County unduplicated count of those served reveals 4,224 individuals who were homeless in Chatham County. This number is up 227 persons over the previous year. This includes 2270 men (54%), 1205 women (28%), and 749 children/youth (18%). Demographic data reveals that African American men (2943) make up the largest number of homeless persons followed by European American men (1137). A bright spot is the reduction in the number of homeless veterans from 285 to 237 as a result of federal emphasis on reducing veteran homelessness.

Our 2015 count results also reveal 186 individuals who live outside permanently in our 36 scattered-site homeless camps. Our homeless camps lack any sanitation services and refuse is not picked up (except for sporadic efforts) leading to piles of garbage and human sewage concentrated in the downtown area but also found on the south side and in outer areas such as Garden City. Of most concern are 738 chronic homeless

persons. *Chronic homeless persons use the most services, are the most ill of our homeless population and are least like to ever find and maintain housing.*

The annual data collection of homeless individuals (4,224 for 2015) is restricted by HUD definition and does not include the annual count of school-age children done by the Savannah Chatham County Public School System (SCCPSS). The 2013/14 SCCPSS school year data records an astounding number of 975 students experiencing homelessness. These students live in hotels or vehicles or move from home to home of friends/family members.

Inadequate investment, community leaders' unwillingness to take the long view and limited implementation of previous affordable housing recommendations are the primary reasons that homelessness numbers remain so high in Chatham-Savannah year after year. This situation is further exacerbated by a lack of nonprofit housing developers in our community, limited policy innovation (such as requiring affordable unit set asides for all housing development) and slow movement to embrace alternative and smaller housing options. Importantly, lack of cohesive community leadership (City, County, Nonprofit, and Business) with a long term commitment to community housing need contributes to our poor outcomes.

The United States Census Bureau reports Savannah's 2013 estimated population at 142,772, with a poverty rate of 26% and median household income at \$35,838. In May 2016, The Housing Authority of Savannah (HAS) reported waiting lists of 10,799 for Housing Choice Vouchers and 6,202 for public housing. Even considering duplication on these waiting lists, the shortage of affordable housing options for low income residents is a daunting. This data reflects the large number of Chatham County residents who are living in housing too expensive or living precariously with others. Both of these situations put residents on the edge of becoming homeless.

In 2015, Chatham-Savannah identified 738 individuals as chronic homeless persons. HUD defines chronic homelessness (McKinney-Vento Act, as amended by the HEARTH Act) as an unaccompanied individual with a disability and has been living in a place not meant for human habitation, in an emergency shelter, or is a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least twelve months.

Numerous studies across the nation report on the high cost of serving chronic homeless individuals. Many other reports verify the significant lowering of costs by using the Housing First model for chronic homeless persons. A 2005 health care cost analysis of two hospitals in Athens, GA reported an annual cost of \$19,950 per chronic homeless person. In this case, combined hospital expense totaled \$12,378 million on an annual basis. This study included medical related items only (inpatient visits, outpatient visits,

emergency room visits, ambulance rides). It did not include all other service usage such as shelter stays, police action, feeding sites, court costs, jail costs, etc.

Importantly, the stock of Chatham-Savannah affordable housing does not seem to work well for the chronic homeless. This is due to persistent lack of housing availability, size (too large), expense to maintain (utilities), and lack of essential on-site services (particularly health, mental health and substance abuse related).

Funders today (including HUD) look for the Housing First approach (put individuals in housing before providing services) and client-centered services (barrier reduction models that consider clients' needs and wants over rule bound policies and practices) to resolving homelessness. As mentioned, Chatham-Savannah 2015 HUD Continuum of Care (CoC) score *reveal that as a community we are not adequately utilizing these two best practices*. In order to remain competitive with funding, we will need to quickly change our approach or our homeless problem will grow larger as funding grows smaller.

Short and Long Term Approaches to Solving Homelessness

Starting on a path to resolve the Chatham-Savannah situation requires community will, various stakeholders to come together and most importantly for community leaders to be willing to invest in and stay with a housing development plan over many years. The strategic goals that follow are tied to the following critical assumptions:

Information Driving CSAH Strategic Goals

1. Despite decades of effort, the Chatham-Savannah area community continues to have 4000+ homeless persons living in various shelters, outside in camps or on the streets. There were 224 more homeless persons in 2015 as compared to 2014.
2. The Chatham-Savannah affordable housing crisis is a fundamental barrier to our progress.
3. Substantial funding for homeless services is tied to a competitive HUD process and our low 2015 score puts us in jeopardy for future reduced dollars. This low score is directly tied to lack of housing options in Chatham-Savannah.
4. The Chatham-Savannah chronic homeless population of 738 (2015) is aging and faces growing medical issues similar to our non-homeless aging population. Lack of housing for this population results in increased costs for indigent care.

5. Lack of permanent housing for the homeless worsens disabling costly conditions including diabetes, high blood pressure, heart disease, substance abuse and mental illness.
6. Chatham-Savannah is not currently utilizing the Evidence-Based Practice approach of Housing First
7. Significant cost savings for the Chatham-Savannah community are lost every year due to our selected homeless serving approach.
8. CSAH is committed to implement low-cost alternative housing approaches to serve chronic homeless persons through the Tiny House Project. Given the magnitude of the housing challenge, others will need to develop alternative housing to serve this population.
9. Chatham-Savannah high eviction rates contribute to the homeless population with a particularly negative impact on families. Small investments in prevention keep families in their homes and keep costs down.
10. Nonprofit service provider leadership and board members must embrace Housing First and revise their operations approach.
11. Nonprofit, government and business must build a stronger partnership to address this situation or current outcomes will remain an entrenched and visible result of our inability to change our approach.

Chatham Savannah Authority for the Homeless Strategic Goals

2016 – 2020

Goal A: Strengthen and stabilize CSAH's Capacity to Develop Alternative Permanent Housing for Homeless Persons.

Strategy A1: Locate and purchase land for Tiny House Project.

Strategy A2: Grow the diversity of revenue streams for build CSAH capacity for development of permanent housing for homeless persons.

Strategy A3: Utilize volunteers, gifts in kind and naming opportunities to keep development costs low.

Goal B: Increase nonprofit excellence and compliance within the Continuum of Care service provider community.

Strategy B1: Work closely with CoC Service Provider Leadership Group to develop capacity to embrace Housing First and grow permanent supportive housing options.

Strategy B2: Create and implement a plan to ensure Fair Housing practice is understood, followed and embraced.

Strategy B3: Create and implement an annual survey of homeless individuals to assess their perception of need and preferences. Utilize the results to shift program and service objectives throughout the CoC agencies.

Goal C: Create county-wide economic savings for residents by addressing housing shortage for chronic homeless individuals.

Strategy C1: Secure and create a healthy, transitional campground for homeless individuals now living on unapproved public and private land in the City of Savannah.

Strategy C2: Build and enhance relationships with service providers to develop diverse efforts to embrace Housing First.

Goal D: Develop and implement a comprehensive collaborative plan with city, county and court officials to reduce evictions in Chatham County.

Strategy D1: Build awareness of the issue via data collection and distribution of fact based paper including financial costs to the community.

Strategy D2: Create and implement a Task Force to address eviction rates in Chatham County.

Goal E: Develop and implement a Public Involvement Plan.

Strategy E1: Continue current awareness campaign for Chatham County residents to change hearts and minds about the need for alternative housing for homeless persons.

Strategy E2: Enhance community engagement with county officials to build shared approaches to implement Housing First.

Strategy E3: Hold a community task force to address refuse conditions in the 28 City of Savannah homeless camps with final recommendations to the Mayor and City Council.

Strategy E4: With Service Provider feedback determine and implement key priorities to strengthen CoC providers including training, coaching and facilitated discussion for advocacy development

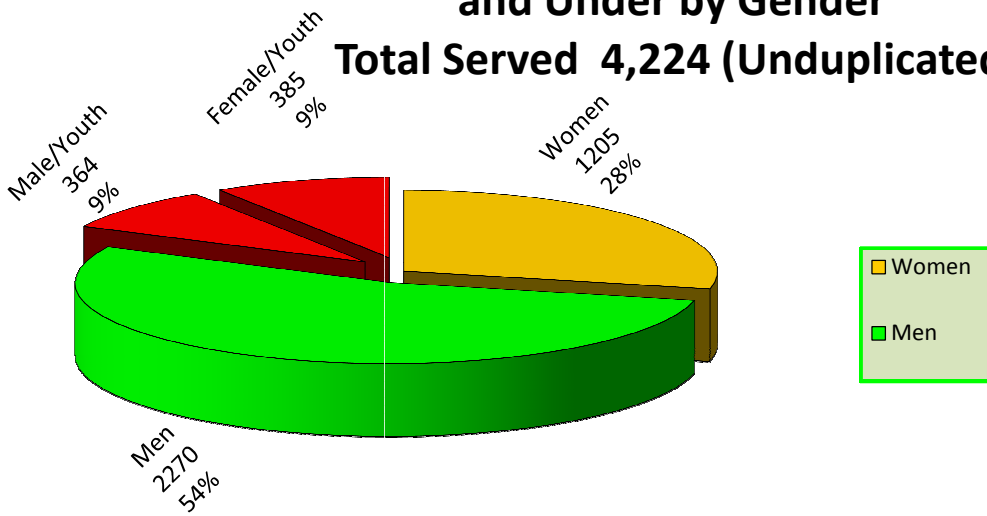
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Appendices

- 2015 Homeless Count Pie Charts
 - Unduplicated Adults and Children by Gender
 - Ethnic Breakdown
 - Chronic Individuals
 - Veterans
- CSAH Board Members

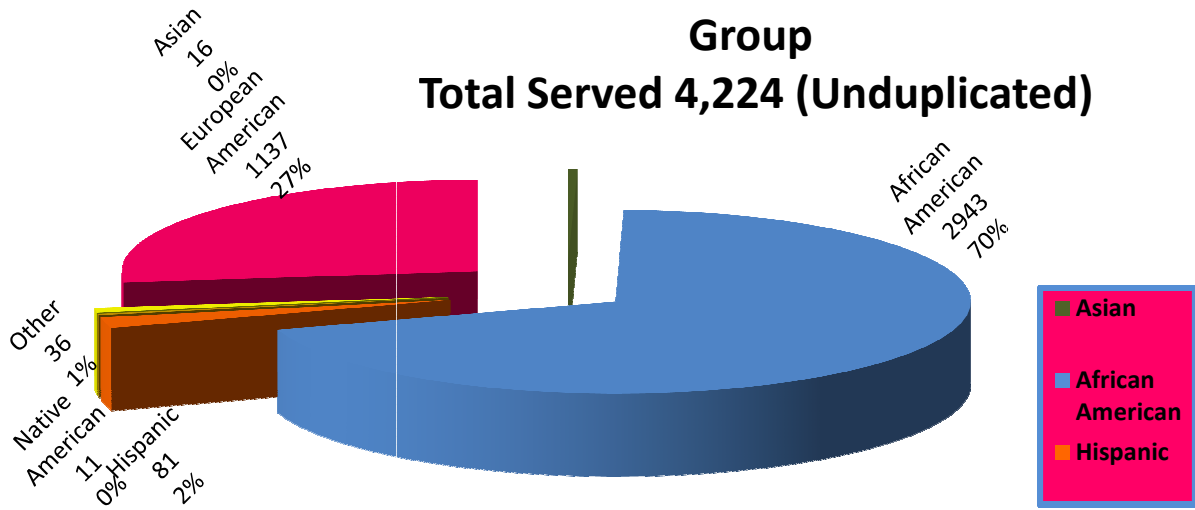
**January - December 2015 Adult and Children 17
and Under by Gender**

Total Served 4,224 (Unduplicated)

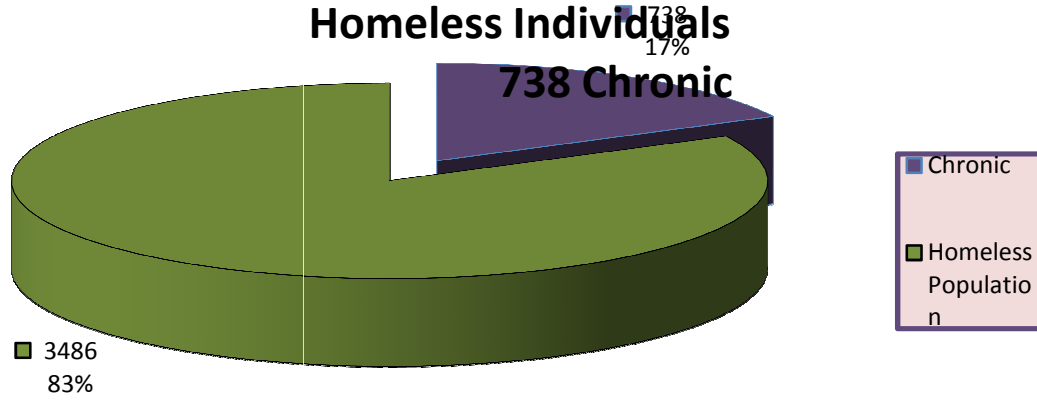


January - December 2015 Breakdown by Ethnic Group

Total Served 4,224 (Unduplicated)

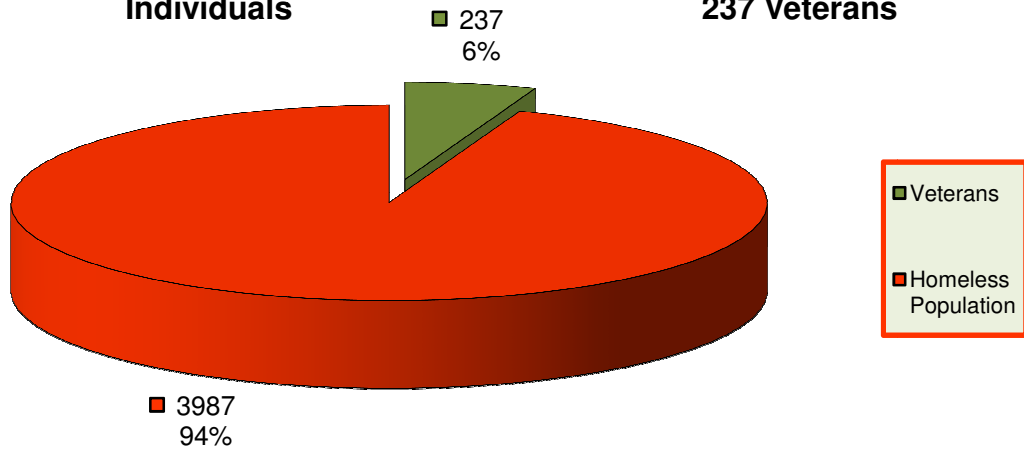


January - December 2015
Total Unduplicated Count 4,224
Homeless Individuals



January - December 2015
Total Unduplicated Count 4,224 Homeless
237 Veterans

Individuals



Chatham Savannah Authority for the Homeless Board Members

2016

Antoinette Barnes

Thomas Branch

Toby Browne

Lynn Coleman

Teresa Concannon

Brian Davis

Joe Ervin

Pat Geoghegan

Sharon Hill

Reginald Lee

Dr. George P. Lee, III

Maureen McFadden

Nicholas C. Pecone

Charles Ringling

Gerri Ann Robbins

Judge Gregory Sapp

Star Cpl. Tracy Walden

Beverly Willett

Cindy Murphy Kelley, Executive Director