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# Housing Options for All

A Strategy to End Homelessness in Rochester/Monroe County

Submitted by the Rochester/Monroe County Homeless  
Continuum of Care Team

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To the Rochester area community:

The Rochester/Monroe County Homeless Continuum of Care Team is pleased to present this report "Housing Options for All – A Strategy to End Homelessness in Rochester/Monroe County."

The report's key findings and recommendations for actions were shaped by the involvement of about 200 persons throughout this community over a period of 18 months. This included current and formerly homeless persons; service providers; members of local government bodies; and representatives from health and human services providers, business, criminal justice and neighborhood groups. They were involved in interviews, surveys and formal and informal discussions. We are immensely grateful for the time and commitment many have invested in helping to develop this strategy.

Our findings also are influenced by the nationally recognized work of the Interagency Council to End Homelessness and the National Alliance to End Homelessness.

Communities are often judged by how they treat their most vulnerable populations. We currently have a quality system for addressing the needs of the homeless. But, our homeless population continues to grow in spite of good efforts. Our report shows that we can make strong improvements.

A new approach to ending homelessness which is based on research and being adopted in many cities shows promise for Rochester. It embraces a shift away from a shelter-based system to one which quickly accesses permanent, supportive housing for the homeless. This represents a major change for our community. It also holds the long term potential for significant overall cost savings, while improving effectiveness of homeless services.

The recommendations in this report are data-driven and are based on proven models. Some data highlights include:

- More than 7,500 experienced homelessness in our area in 2006. A significant portion of the homeless are families with young children and independent teens under 18 years of age.
- Our nightly estimate of more than 600 homeless persons would fill 15 buses.
- More than 20% of the adult individuals are chronically homeless for a long period of time or have repeated episodes of homelessness.

We urge you to read this report and to help us direct our community's efforts to end homelessness, rather than to just manage homelessness.

Our work is just beginning. The challenge before us is daunting. Join us to pursue this great opportunity to further improve the quality life for all in our community

Rochester/Monroe Homeless County Continuum of Care Team  
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## Executive Summary

Imagine every man, woman and child in Monroe County without a place to live. A recent report by the U.S. Department of Housing and Urban Development found that on a single night more than 750,000 people were homeless in our country.

In the Rochester area our nightly homeless population would fill 15 buses, totaling more than 600 people. More than half would be families with children and teenagers living on their own.

This report shows that:

- An estimated 7,500 people were homeless in the Rochester area in 2006.  
    Nearly a half of this number is families with children under the age of 18.  
  
    Fifteen percent are youths, ages 16-20, not accompanied by an adult.  
  
    More than 20% of the individual adults are chronically homeless for a long period of time or have repeated episodes of homelessness.
- Costs related to homeless residents are increasing at a time when City and County budgets are under on-going pressure. In 2006, the County spent more than \$4.5 million on per diem costs to shelter homeless persons. Nearly \$4 million of federal HUD funding was applied to the homeless system here. This does not include costs for support services such as health care and hospital services and mental health services.
- There is a significant opportunity to achieve cost containment and longer-term cost savings by implementing a community-wide plan to end homelessness and create additional affordable housing.
- A particular opportunity for long-term cost savings is more effectively addressing the chronically homeless population, which disproportionately use costly community resources. A nationally recognized study shows that 10% of the homeless population is chronically homeless, yet they consume about 50% of the resources available for all the homeless.
- More than 20% of the Rochester area homeless population is chronically homeless. Many have long-standing and multiple issues relating to mental health, physical health and/or substance abuse.
- Homelessness has increased over the last several years. At the same time, the City population has declined and Monroe County has remained relatively stable.

Rochester has a quality homeless services system in place. It has evolved and grown over the last 30 years. However, as in other arenas, solutions that have been sufficient in the past to address problems, may not be appropriate or effective in the future. There is a national movement to direct community resources to end homelessness, rather than to just manage homelessness.

This report recommends a long-term strategy for ending homelessness that has three main thrusts:

**Prevention** services to avert homelessness

**Comprehensive support services** to help persons sustain residency in housing

**Affordable, appropriate permanent housing** accessed on a prompt basis by homeless persons

Strong community programs are already in place for the first two strategies, but can be improved and strengthened. Recommended areas for concentrating efforts include:

#### Prevention

- Prompt crisis intervention for vulnerable families
- Best practice discharge plans from area institutions
- Eviction and foreclosure prevention programs
- Access to strong legal interventions

#### Comprehensive Support Services

- Client case management services and coordination across programs and agencies
- Access to mental health and substance abuse programs
- Specialized employment programs for hard-to-employ homeless population
- Measurement and evaluation of program results and effectiveness

The third thrust -- a focus on permanent housing for homeless persons, rather than on temporary shelter stays -- is a major and challenging shift for the community. Moving ahead will require additional in-depth analytical work, engagement of new community partners and identification of new funding sources. Recommended areas for concentrating efforts include:

- Integration of this plan with the City's new housing development efforts which are based on the 2007 City-wide Housing Market Study and Recommendations.
- Development of detailed process "maps" for creating the required housing units.
  - Better define the quantity required, which this report estimates at 500 needed units and determine the various types of units required based on homeless population characteristics.
  - Understand overall financing requirements and develop a funding strategy.
  - Identify potential developer partners and gain commitments.
- Identification of best practice housing options that work effectively for those with special needs and those who are chronically homeless.
- Identification of financial supports for rental units and incentives for housing development.
- Outreach to the chronically homeless who are reluctant to access services and better understanding of what drives our local relatively high percentage.
- Standardized access to currently available affordable, permanent housing.

A multi-faceted implementation framework is recommended.

In the first year, led by the Continuum of Care, the community should develop an operating infrastructure to support implementation to ensure progress against goals. This would include staff dedicated to coordinating execution of the strategy to end homelessness. A priority is intense analysis to refine housing development needs and costs, and to identify key base-line data for use in future evaluation. Implementation should begin on recommendations related to prevention and comprehensive support services, which generally require less work to launch.

In the second year, full scale implementation begins on a detailed strategy for housing development for the homeless which is aligned with the City's housing development plans.

Subsequent years should focus on evaluation, continuous quality improvement and continued growth and/or realignment of resources to effectively meet community needs.

## How Many People are Homeless in Rochester?

Homelessness is an issue of national proportion that finds its origins in communities across America. Early in 2007, in its first comprehensive report since 1984, the federal Department of Housing and Urban Development released its estimate of homelessness on a given night in 2005 – about 750,000 persons. The estimate is staggering and sobering. The people who make up that number are not just in major cities, but in communities large and small – including Rochester.

Nationwide, getting an accurate count of the homeless is challenging. It is a task that is complicated by varying definitions of homelessness and varying calculation methods. In the Rochester area, there are several organizations that collect data. They each have slightly different criteria for the data they collect and, understandably, none claim to be totally comprehensive. The primary sources are: the Monroe County Department of Human Services “Housing/Homeless Services Annual Report,” the Rochester/Monroe County Homeless Continuum of Care (CofC) Team annual point-in-time survey, the Homeless Services Network’s Homeless Persons Needs Survey and the recently implemented, federally mandated Homeless Management Information System (HMIS).

Taken together, these sources provide a credible estimate of the number who are homeless in Rochester. For 2006, the estimated number of homeless is 7,500. Experience shows that 25-30% of this number has multiple episodes of homelessness a year.

Local data show the numbers of homeless in our community have continued to grow over the years, with some modest ups and downs.

In 1994, The Center for Governmental Research conducted a study of homelessness on behalf of the Homeless Services Network. At that time, they found that an average of 362 homeless persons were homeless on any given night. In 2003, the Homeless Services Network conducted a comprehensive update of that study and found 521 homeless persons were homeless on any given night. This represented an increase of 44%. In January 2007, the single-night homeless count was 612 persons, an increase of 17.4% increase from 2003.

The Rochester homeless population would fill all the seats in 15 buses. Imagine seeing a line of 15 buses driving around our hometown every night filled with neighbors who have no place to live. And, many of these passengers are families with young children and youths who are on their own much too early in life.

### Single-night, “point-in-time” homeless counts

	Number of persons total	# of homeless individuals	% of individuals chronically homeless
2007	612	337	24%
2006	682	367	28%
2005	682	367	28%
2004	572	342	24%
2003	514	275	20%
2002	588	388	N/A
1994 CGR	362	N/A	N/A

Source: Exhibit 1, Continuum of Care annual submission to HUD. HUD did not require a separate count of chronically homeless until 2003.

As shown above, not only has the number of homeless increased, but, significantly, so has the percentage of those who are chronically homeless – the hardest to reach and most expensive segment.

A look at Monroe County data is also revealing. Since 2000, the directional trend is clearly up for the number of annual placements for homeless individuals and families. From 2000 to 2006 the number of placements of homeless people in shelters increased by 39% from 6,477 to 9,013. At the same time, costs per placement rose 12%.

### Annual Monroe County Placements of Homeless Persons

Year	Families	Individuals	Total	Change from previous year's total	% Change	Total cost	Average cost per placement
<b>2006</b>	2,072	6,941	9,013	-472	-5%	\$4,503,006	\$500
<b>2005</b>	1,959	7,526	9,485	802	9%	\$4,274,054	\$451
<b>2004</b>	1,802	6,881	8,683	692	9%	\$3,951,628	\$455
<b>2003</b>	1,596	6,395	7,991	-562	-6%	\$3,625,893	\$453
<b>2002</b>	1,707	6,846	8,553	81	1%	\$3,896,863	\$456
<b>2001</b>	1,615	6,857	8,472	1,995	30%	\$3,971,979	\$469
<b>2000</b>	1,566	4,911	6,477	842	13%	\$3,635,167	\$561

Source: County of Monroe Housing/Homeless Services Annual Report 2007 County placements do not include all the homeless. Not everyone seeks County help and those placed with government funds must meet certain qualifying criteria. Totals are not unduplicated counts.

Another source of data is the new Homeless Management Information System (HMIS) which is collecting nightly occupancy counts from emergency and transitional shelters across the community. The system is not yet fully comprehensive in its data collection, but it already provides very useful information. Community-based HMIS systems are required by the federal Department of Housing and Urban Development to improve consistency and accuracy of data about homelessness and to help communities' better plan for addressing the needs of those who are homeless.

	Unduplicated count	Duplicated count*
Actual count from emergency shelters (7 facilities)	2,838	3,331
Actual count from transitional shelters (15 facilities)	399	421
Estimate for shelters not yet entering data (11 facilities)	2,875	3,649
DHS hotel placements**	1,430	2,866
Estimated Total	7,542	10,267

Source: HMIS (7/06 -6/07). \* Duplicated counts include persons who enter/exit more than once in a year in either the same or different facility. \*\*Hotel placements are from 2007 DHS Homeless/Housing Services Annual Report for the calendar year 2006.

A more general indicator of the demand for emergency shelter or affordable housing is calls to the Monroe County 2-1-1/Life Line information and referral number. In 2006, more than 4,200 calls sought information about emergency shelter; more than 900 inquired about housing payment assistance and more than 720 calls focused on subsidized housing.

Overall:

- There were an estimated 7,500 homeless in the Rochester area in 2006.
- Over the last several years, homelessness has increased. Over the same time, the City population has declined and Monroe County has remained relatively stable.
- Costs related to homeless residents are increasing at a time when City and County budgets are under on-going pressure.
- There is a significant opportunity to achieve cost containment and longer-term cost savings by implementing a community-wide plan to end homelessness and create additional affordable housing.



## Who is Homeless?

People who are homeless are very diverse. There is a tendency to think of “the homeless” as a simple, easy-to-use noun to lump together many types of people. But, the homeless can be individuals or families. They can be homeless for many different reasons, for varying lengths of time and require various types of support to regain self-sufficiency and independence. National and local data indicate that families are now a significant portion of the homeless, and some family units are chronically homeless. Remarkably, the estimated average age of a homeless person is 14 years old.

It is important to understand differing circumstances for persons and families who are homeless to efficiently and effectively address and resolve homelessness.

### Some basic definitions

*Chronic homelessness:* The Department of Housing and Urban Development (HUD) definition of a chronically homeless person is “an unaccompanied single adult with a disabling condition who has been continuously homeless for one year or more or who has experienced four or more episodes of homelessness within the last three years.” (In pending re-authorization of the McKinney-Vento Homeless Assistance Act, the definition for chronic homelessness extends beyond individuals to include families.)

Research indicates that people who experience chronic homelessness are more likely to have a serious mental illness, may have a co-occurring substance abuse issue, may have histories of hospitalization or incarceration and –not surprisingly – have unstable employment histories.

Nationally, it is estimated that 10% of the single adult homeless are chronically homeless. More importantly, they consume an estimated **50%** of the resources that serve the homeless.

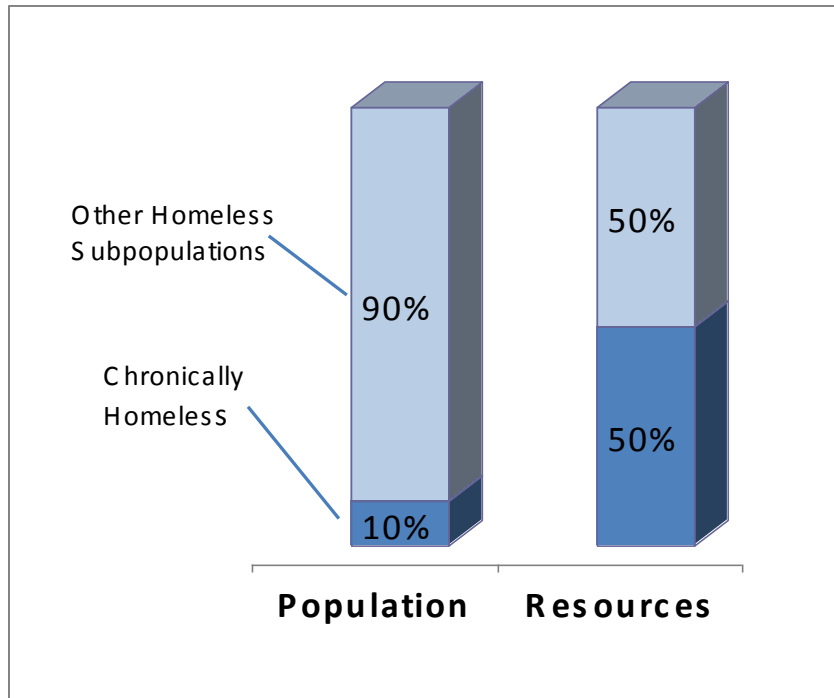
*Episodic homelessness:* This refers to those who have recurrent periods of homelessness. These people tend to be younger, frequently have substance abuse issues, and are frequently reluctant to access or use services. They tend to use the shelter system until they get income or use them seasonally. The episodic homeless utilize 30% of the resources for the homeless.

*Transitional homelessness:* This generally refers to a single episode of homelessness that is relatively short. They may have experienced economic hardship, lost a job or had a significant illness and suffered a temporary loss of housing. The vast majority of families and single adults who become homeless in a year fall into this category.

### *The significance of chronic homelessness*

In Rochester, local data indicate that 24% of the homeless population is chronically homeless. The percentage has remained at or above 20% since 2003. Because the chronically homeless use higher levels of public resources, our large chronic homeless population is a significant expense in our community.

**Individuals experiencing chronic homelessness are disproportionate and heavy users of costly public resources, including emergency medical services, psychiatric treatment, detoxification facilities, shelters, and law enforcement / corrections / courts**



Source: Interagency Council on Homelessness, based on research by Dr. Dennis Culhane, U. of Pennsylvania.

Dr. Culhane's research (2001) in the New York City area found that a homeless person with a mental illness uses an average of \$40,000 of publicly funded services annually. In contrast, if the same person stayed in permanent, supportive housing, the annual cost would average \$28,000.

Current data collection processes make it difficult to precisely calculate Rochester area costs. But, experience at area emergency shelters, at hospitals, mental health institutions and correctional facilities shows that the chronic homeless here make repeated and long-term use of expensive resources, mirroring national research. Rochester's consistently high percentage of chronically homeless – more than 20% -- is a huge cost burden to our area. At the same time it presents a huge opportunity to reduce costs and improve lives by implementing a plan to address and end homelessness.

*Who is homeless in the Rochester area?*

Information from the 2007 Point-in-Time Survey provides a profile of homeless persons in our community. Of the 612 homeless persons on January 25, 2007:

Type / Characteristic	Percent homeless	Other comments
Individuals	55%	24% of the individuals were chronically homeless
Persons in families with dependent children	45%	69% of persons in families were children ages 18 or under
Unaccompanied youth ages 16-20	15%	
Adult males	56%	
Adult females	44%	
Victims of domestic violence	17%	
Veterans	9%	

We also know the information below from the 2007 Homeless Persons Needs Survey Report based on interviews with 284 homeless persons:

Unemployed: for more than 6 months for one year or longer	72% 62%
Did not complete high school or have a GED	30%
Reported staying in an uninhabitable location (subway bed, parking garage, abandoned houses under bridges, etc.)	105 occasions cited
Reported staying in jail or hospital or emergency room while homeless	98 occasions cited

The homeless prompt additional concerns in terms of the impact of homelessness on children. Studies show children in homeless families often have lower educational achievement due to the transience caused by unstable housing. Homeless families have often moved from family member to family member, friend to friend or in and out of emergency shelters, often resulting in the children attending multiple schools in an academic year. Other troubling national data suggests that children who are homeless have a 50% increased rate of experiencing homelessness as an adult.

### *Reasons people become homeless*

Documented immediate reasons for homeless have not changed much over the last 6 years. The following information is from the Monroe County Department of Human Services (MCDHS) Housing/Homeless Services Annual Report for Calendar Year 2006.

Immediate reason reported for homelessness	% in 2006
Eviction by primary tenant People who do not have a place to live or cannot afford their own housing often “double up” with friends or family. In reality they are already homeless.	56%
Released from an institution Hospital, mental health unit or correctional facility	15%
Domestic violence	10%
Evicted by landlord	9%
Arrived from out-of-county	6%
Other	2%

Underlying reasons for homelessness based on data from the 2007 Point-in-Time Survey and Homeless Persons Needs Survey are due to:

Underlying reasons reported for homelessness	% from 2007 survey
Temporary living situation ended	39%
Mental health or dual diagnosis history	31%
Drug or alcohol dependency	30%
Job loss	17%
Loss of benefits	14%
Money management issues	9%
Medical issues	9%

These percentages have remained relatively consistent over a number of years. They show a complex web of often inter-related barriers to housing stability and self-sufficiency. Unfortunately, it is unlikely these underlying causes will change.

Vulnerable members of our community can be helped toward reaching their highest potential for self-sufficiency with appropriate and effective services. The positive, long-term impact of such services is improved in the context of a stable housing environment rather than in a transient series of housing situations.

## A Path to End Homelessness

Ending homelessness in Rochester will require improving and intensifying current efforts to address homelessness. This will include a *dramatic change* to our structural approach for the homeless from a shelter-based strategy to one which moves people promptly into permanent housing.

The homeless in Rochester are not highly visible. Unsheltered persons are not obvious and generally are not found sleeping in doorways or on park benches. But, as the data shows there are more than 600 homeless on a given night in shelters and in the old subway bed, cars, abandoned houses and other places not intended for human habitation. Rochester can and must increase housing options for its homeless.

Our area is fortunate to have strong, well coordinated homeless services in place. The current homeless “system” does not operate in isolation from other mainstream services and related housing efforts. A major consultant–developed “City-Wide Rochester Housing Market Study released in April 2007 states: “Services and housing programs for the homeless in many communities operate in a separate world from the rest of the housing market. In Rochester, the integration of homeless issues into the overall housing picture is better than most.” Building on and expanding current relationships will be necessary to develop an adequate supply of appropriate affordable housing for area residents –including the homeless -- within the overall City housing strategy.

This path to end homelessness is guided and informed by studies and the nationally recognized work of the Interagency Council on Homelessness and the National Alliance to End Homelessness, the U.S. Department of Housing and Urban Development (HUD), and best practices that are emerging and being documented in communities across the nation. The recommendations in this plan are also directly influenced by local data and studies such as the 2007 City Housing Study, Monroe County Annual Homeless Report, input from Rochester area residents who are vulnerable to homelessness, those who experience homelessness, homeless service providers and other public, not-for-profit and private sector stakeholders. As with any long-range plan, this strategy will be regularly reviewed and adjusted to best ensure its success in an ever-changing environment.

### Three Main Thrusts

Effectively addressing and ending homelessness requires a simultaneous and integrated pursuit of three major components over the next ten years – prevention, comprehensive support services and affordable, permanent housing. To achieve goals, at any point in time there may be more emphasis on one aspect or another. **However, by a large measure, the affordable, permanent housing thrust will require the most attention and resources. It is a significant paradigm change for our community.**

Key thrusts:

- **Prevention** efforts for those who are at-risk for homelessness
- **Comprehensive support services** to promote self-sufficiency and housing stability
- **Affordable, permanent housing** which meets a range of needs and includes a new “housing first” approach for those who are chronically homeless.

*Each of the following sections suggests key opportunities to improve current practices or to initiate new approaches or programs. Development of a detailed implementation plan is the next phase of the strategy and could result in changes or additions to these suggestions.*

## **Prevention:**

The best way to end homelessness is to prevent it in the first place. Fortunately, the Rochester area already has many excellent preventive services. They not only work to minimize disruption to people’s lives; they also save money in the long run. The list of available preventive services is long. Below are a few key service areas and suggestions for improvements.

### ***Improvement opportunities:***

***Prompt Crisis Intervention:*** There are many quality community-based organizations that form a broad offensive line to help address the immediate crisis needs of distressed families. These organizations go beyond assisting with a current crisis. They assess the overall needs and situation of the household and work with the family to take steps to avoid repeated emergencies and to generally improve their stability. In 2006, one 8-agency collaborative alone provided preventive services to 45,000 vulnerable persons. Data show that nearly 75% of those households in crisis had incomes of under \$15,000.

There is a need to explore ways to reach out in a pre-emptive way to individuals and families who are “doubled up” with others. Data show that such housing arrangements are a significant precursor to homelessness, when the primary tenant or owner can no longer sustain or endure the situation. Early, pro-active counseling, intervention and linking to community supports may help those “doubling up” to transition smoothly to other housing alternatives or provide outside supports that make the current living situation workable.

Best practices in crisis intervention should be extended beyond the traditional community-based organizations to faith-based and grass-roots organizations that often are places where persons in crisis turn for help. In addition, training should be developed for volunteers and staff to promote community-wide consistency in assessing needs and quickly linking people to appropriate existing community support services. A key opportunity here is a better linking to mainstream income supports such as SSI and other benefits/services for which a person is eligible.

Discharge Plans: Data show that a key precipitating trigger for homelessness is upon exiting an institutional setting. Comprehensive discharge plans that include housing for those exiting correctional facilities, mental health and chemical dependency facilities or hospitals can preclude homelessness for those identified as not having housing in place at discharge. Rochester has discharge protocols that include securing safe and appropriate housing in place at most key institutional settings.

Annually, 2,700 incarcerated persons are released into Monroe County from federal and state correctional facilities. This number is second only to New York City. Additionally, an estimated 1,200 persons in local correctional facilities serve sentences of three to twelve months which often results in the loss of employment, housing, health insurance, etc. Discharge protocols are mandated by NYS for those released from State correctional facilities, but are not mandated at the local facilities.

Best practice discharge methods should be extended to local correctional units. A particular challenge is the fact that many individuals are discharged at the end of the last day of their sentence – near midnight. Some volunteer efforts attend to persons at this time of night, but formalized, well-structured services are not in place and could have a positive impact.

Regularly review protocols for all institutional settings to ensure consistent and effective implementation of discharge plans. Staff changes occur regularly and community resources change likewise. This presents an opportunity to develop cooperative training for frontline staff both in key institutions and key homeless community-based organizations.

Eviction/Foreclosure prevention: Temporary financial support to prevent eviction/foreclosure is a fundamental tool to retain stable housing for those who experience a short-term financial crisis. This situation may be caused by an unexpected job loss, family break up or unexpected health condition. The household has the potential to rebound and regain financial stability, but needs short-term help to weather a crisis.

The number of evictions in this community is staggering. City of Rochester court records reveal that in 2005 there were 6,651 summary proceedings filed and 7,245 in 2006. According to the Monroe County Legal Assistance Corp., most eviction actions result in the tenant being evicted. The main exceptions to this are tenants that are represented by attorneys, which are a fraction of the total. The 7,000 plus eviction figure for 2006 equals approximately 15% of all rental units in Rochester. In other words, 15% of all Rochester tenants and their families faced eviction by court action in just a single year. The percentage of low-income persons facing evictions in a single year would be much higher, probably closer to 40 - 50%. These numbers do not include people who left before court action was taken or were evicted illegally.

The current process for distributing rental assistance should be modified and improved, with a particular eye to what works best for the chronically homeless. There is increasing interest in the potential of using funds over a period of months, covering partial rental payment for the client, rather than providing a full, lump-sum payment for a single month. This stabilizes people for a longer period and avoids the shock of moving from full payment coverage to no coverage.

According to the 2007 City housing study, Rochester is facing a crisis precipitated by the rise of foreclosed properties. A City-commissioned 2000 study by the Housing Council showed that foreclosures in the City increased from 361 in 1990 to 1,000 in 1999. Citywide, more than 25 percent of sales were foreclosure-related. In some neighborhoods the percentage was 40 percent. In 2006, the Monroe County Clerk's Office recorded a total of 2,667 properties that were foreclosed upon or in a pre-foreclosure status. Today, the situation is exacerbated by the negative impact of the national practice of sub-prime lending.

There are two foreclosure prevention counseling programs available in Rochester. A comprehensive foreclosure prevention strategy should be developed to include adding counseling services and securing resources to increase available funds for temporary mortgage assistance to prevent foreclosure. A more detailed analysis of resources is required to determine the funding need and the most effective application of existing funds. In addition, the potential for creating revolving loan funds should be explored and research should be conducted to identify successful best practices from other communities.

*Legal Interventions:* A wide range of accessible local legal services provide appropriate and often sustainable interventions to prevent homelessness. Issues addressed relate to eviction prevention, mortgage foreclosure, benefits acquisition or resumption, employment rights, domestic violence, child support and legal residency status. Most of these legal interventions have a favorable impact on a person's long-term income stream which, in turn, supports housing stability.

In 2006 after many years of planning, four not-for-profit legal organizations co-located in a central downtown location. This action is increasing cross-agency service which improves clients experiences and operating effectiveness.

Strategies to strengthen legal prevention interventions should be developed, especially those targeted at integration of legal services into human services delivery. In this approach, agencies contract for specific legal services and expected results rather than just making a general client referral.

## **Comprehensive Support Services**

Supportive services are critical to helping many formerly homeless persons or families stay in housing. The Rochester area has robust offerings of high quality support services.

Local proven support services that can contribute to self-sufficiency include: substance abuse counseling and treatment programs, accessible mental health services, affordable health services, housing search and placement, training and employment services, childcare, parenting skills, transportation, independent living skills and family re-unification efforts. At this time, these services are often tied to clients based on which shelter/program in which they are residing. Depending on the length of stay in a shelter, such help can be inconsistent and intermittent.



Additionally, clients are referred out to services. Navigating the human services system can be frustrating and time-consuming for homeless persons and vulnerable populations, many of whom have no transportation or child care. Removing barriers to accessing mainstream services is essential.

A systems transition would see delivery of support services increasingly tied to those in permanent housing situations. For some, support services will be required on an on-going basis to retain their residence. For others, the need for help will be temporary. More consistent use of services will reap better results. The primary goal is to maximize the effectiveness of existing investments in support services.

Improved outcomes can be gained through well designed, active client case management. Positive results can be derived from better tailored services, speedier connection to services and managed oversight for individual progress. Further enhancement can be achieved through the concept of integrated wraparound services in which various agencies formally work together to address a client's needs, each agency applying their services and resources best suited to the client's situation.

### ***Improvement opportunities:***

*Case Management:* There is a need to increase the availability of case management and care coordination services to assist individuals in engagement and linkage to services and supports. The development of an integrated community-wide system for case management/care coordination services should be explored. Access to case management support should be driven by client need, with such support made available to individuals regardless of the organization(s) that they may be receiving services from, allowing for clients to maintain case management as needed as they move through services and/or organizations.

The mental health system has developed a model for care coordination that may be applicable to the broader community. Individuals with a serious mental illness may become enrolled in care coordination services which are offered by several agencies. The model of care coordination uses a person-centered planning approach, whereby the care coordinator uses this approach to work with the individual to develop an individualized service plan with a strong recovery orientation. The care coordinator remains with the individual over time, regardless of where the individual receives other services. Outcome data for enrollees show improved outcomes from baseline in areas such as decreased hospitalizations, decreased episodes/days of homelessness and decreased new instances of criminal justice involvement.

*Assessment, Referral and Housing Search:* The establishment of one-stop information and service "connection" site(s) offering a range of counseling and access to information should be explored. It is likely that an existing organization(s) could host such a site. The one-stop approach should be integrated with an improved community case management system. This would strengthen and simplify the assessment and service referral system for those who are homeless or those at-risk of homelessness, and improve housing search and placement tools and processes. This dovetails with a

recommendation in the permanent housing strategy for centralized or standardized client in-take and assessment.

*Substance Abuse:* As noted, many of the chronic homeless population also experience chronic chemical dependency and/or co-occurring mental illness and chemical dependency. Attention to substance abuse-related issues must be fully incorporated into the above-referenced assessment, referral and housing search component of the strategy. In addition, consideration should be given to the establishment of an entry point in the community that has the capacity to provide immediate medically monitored intervention for persons who are homeless and intoxicated and need such intervention to ensure their safety and well-being. The entry point should include on-site availability of care coordinators to immediately begin working with the client to link them with essential services and supports, including safe housing.

*Employment and Training:* There is a need to develop specialized pre- and employment programs for a population that has been out of the job market for long periods of time and has significant barriers to employment. Traditional training/employment approaches are not effective with this population. This is reinforced by data earlier in this report showing 72% of the homeless are unemployed for more than 6 months and 62% for one year or longer. Specialized, intensive services are required to help people become employable and successfully retain a job.

*Measurement and Results:* The community needs to know what programs/services really make a difference. There must be an emphasis on increasing and improving the evaluation process of service effectiveness to drive continuous improvement. Effective evaluation protocols will allow for the communication of positive and cost effective results derived from best practices, provide tools for non-performing programs to improve, and provide valid information on which to base funding decisions to ensure dollars are going to effective programs.

## **Affordable, Permanent Housing**

The Rochester area has a well-deserved national reputation for being highly livable, with affordable housing. However, for some populations, the concept of affordable housing is elusive. The financial circumstance for many residents makes securing quality housing particularly challenging. Increasing **overall** choice and access to affordable housing must be core to any strategy to improve housing stability and end homelessness.

**The chart on the next page shows that low household income makes available housing “unaffordable” to many. The percentage of City residents living below the poverty level is substantially higher than the county or state. About half of City households use 30% or more of their income to pay monthly rent.**

	% persons below poverty	Median household income	Homeownership rate	% of households paying 30% or more of income for rent
Rochester	25.9% (1999)	\$27,123 (1999)	40.2 % (1999)	50.1% (1999)
Monroe County	13.1% (2004)	\$46,412 (2004)	65.1% (2000)	44.4% (1999)
New York State	14.5% (2004)	\$45,343 (2004)	53.0% (2000)	40.5% (1999)

Source: US Census Data

This high proportion of very low-income families underscores the emphasis the Continuum of Care places on increasing affordable housing options for those who are homeless or have very low incomes.

#### *Implications of the 2007 City Housing Study*

There cannot be implementation of a housing approach for the homeless in Rochester without recognition of and integration with the housing recommendations released in late July 2007 based on the 110-page, “Rochester City-Wide Housing Market Study” released in April 2007.

This extensive, consultant-guided analysis explores many facets of the City to aid development of a comprehensive neighborhood and housing strategy to guide and coordinate the activities of City agencies, not-for-profit organizations and private stakeholders. It provides detailed data about Rochester overall, its neighborhoods and the area’s housing system. Clearly, it is a valuable resource and guide for those concerned with ending homelessness in Rochester.

The study’s detailed analysis will not be repeated in this document, but it is certainly considered in the presentation of the recommendations in this report. The City Study data is available at [www.rochesterhousingstudy.com](http://www.rochesterhousingstudy.com).

The study contains findings and comments that reinforce the environment and context in which the homeless strategy is being developed. Here is a selection of excerpts from the study:

- All of Rochester’s communities have the potential to be vibrant, diverse and healthy given the right mixture of thoughtful public, private and community leadership.
- A core premise for the City of Rochester should be that it is just as important to retain current residents as it is to attract new ones. Because strong residential neighborhoods are critical to the economic and social stability of a city, it is vital

that Rochester provides and maintains secure and comfortable neighborhoods that offer housing options for a broad range of lifestyles, ages and incomes.

- Rochester is firmly planted in a slow-growth region. It is facing issues relating to jobs and a changing regional economic base. These and other factors present challenges on both the home ownership and rental fronts.
- Rochester is identified as an affordable place to live. However, many households are priced out of the newer rental units unless the units are subsidized or the household has a Section 8 Housing Choice Voucher. Based on census data, in 1999, 50 percent of all renter households in Rochester were paying more than 30 percent of their income for rent. And, 29 percent of all renters were paying more than 50 percent of their income for rent.
- Although the City and its partners are focused on boosting homeownership rates, the percentage of households who own dropped to 40 percent in the 1990s. Estimates indicate that between 2000 and 2006 ownership has remained steady.
- For several years, Rochester has lost more residents through out-migration than it has gained through in-migration. Many of remaining residents are poor. Fifty-one percent of families with children under the age of five had incomes in 1999 below the poverty level

Moving forward, it is imperative to ensure open communication and integration of efforts for those working to implement recommendations for the City's comprehensive housing plan and those focused on the strategy to end homelessness.

### *A housing-based strategy for the homeless*

Nationally, for the homeless, two parallel approaches are emerging. For the largest segment of the homeless populations -- those who are considered transitional or episodic -- the approach is called rapid re-housing. For the smaller, but more entrenched and expensive segment -- the chronic homeless -- the approach is termed "housing first."

Both approaches seek to assist persons as quickly as possible to exit homelessness by placing them in permanent housing and linking to appropriate services. These strategies are based on two assumptions identified by the National Alliance to End Homelessness which increasingly are being embraced by communities.

- Factors that have contributed to a household's homelessness can be best remedied once the individual/family is permanently housed.
- For some, lifelong help may be required to prevent recurrence of homelessness.

Beyond putting appropriate housing in place, this approach maximizes use of existing mainstream community resources. Appropriate use of existing comprehensive wraparound services can achieve long-term self-sufficiency. For some, particularly those with disabilities, longer term support may be required to assist an individual to

maintain housing. This, too, is a significant achievement and reaps human benefits and cost reductions.

This approach focuses on providing interim housing for the shortest time possible before placement in permanent housing. Up-front services are focused on a prompt and comprehensive assessment of needs for individuals/families and obtaining appropriate supports and resources to ensure housing retention.

Over time, this approach is intended to facilitate the redirection of funding and other resources away from emergency and transitional facilities to the development of more permanent supportive housing.

It is difficult to make a direct comparison of current costs for per diem placements in emergency and transitional housing and the costs of permanent housing units. The subsequent information provides some insights to differentials. Cost data would require more precise analysis in early stage implementation.

Currently, the average per diem cost for emergency or transitional housing in this community is \$40/day or \$1,200/month. In comparison, the monthly housing cost for placement in a permanent, supportive housing program is generally based on the community's Fair Market Rent, determined annually by HUD. The 2007 Fair Market Rents for Monroe County are shown below with emergency housing cost comparisons.

Unit size	Monthly cost at fair market rent*	Monthly cost at emergency placement rate**
Single Room Occupancy	\$408	\$1,200 one person
Studio	\$511	\$1,200 one person
1 bedroom	\$564	\$1,200 one person
2 bedroom	\$690	\$2,400 two persons
3 bedroom	\$829	\$3,600 three persons
4 bedroom	\$878	\$4,800 four persons

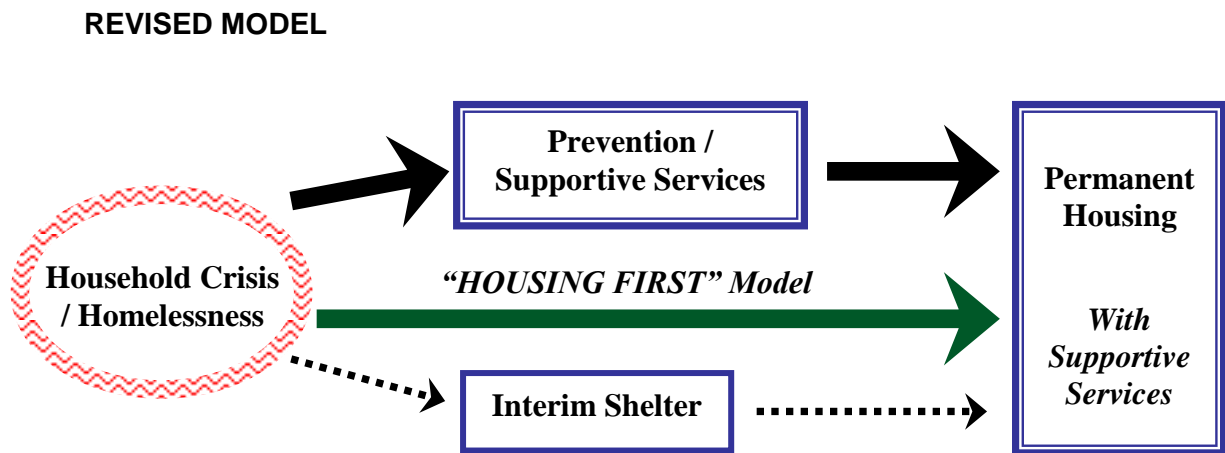
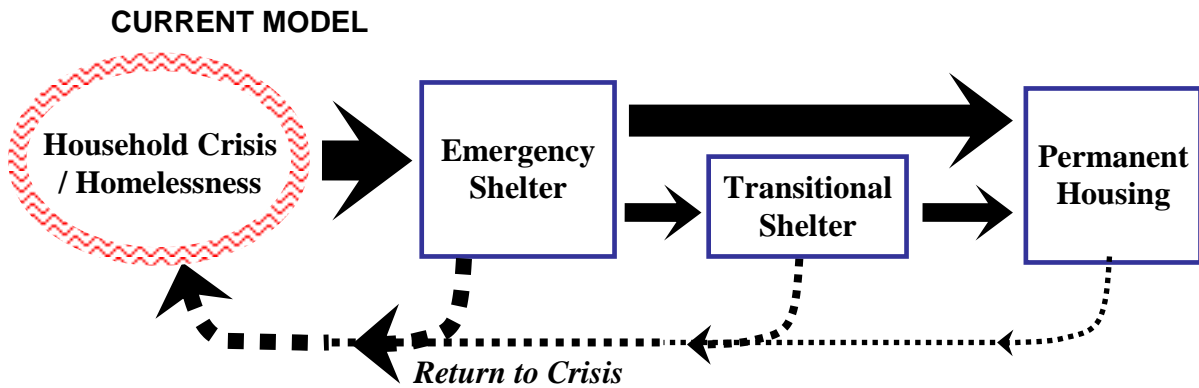
Note:\*Number does not include costs for some services, such as food, utilities, and case management.

\*\* Includes costs for some services such as those mentioned above.

Even allowing for the addition of services costs to support those in permanent housing, there is opportunity for cost savings, especially for families or for permanent residences with shared common living areas.

The next page shows schematics of the current and proposed revised community model for the homeless.

**What the shift looks like**



The magnitude of this systems change to a fast-track permanent housing-based approach should not be underestimated. This overall shift is immensely challenging as it relates to the reallocation and addition of financial resources, the need to forge innovative new partnerships for housing development, the potential need for professional/career adaptations, and the overall community will, energy and collaboration required for success. Fortunately, our community is one which can and does meet tough challenges to improve the quality of life for our residents.

### *The scale of the housing need*

This report focuses on increasing permanent housing, not emergency and transitional housing. There are gaps for those types of units as well, but they should dramatically lessen with transition to a rapid-re-housing approach.

Annually, the Continuum of Care provides HUD with an inventory of existing homeless beds/housing and calculates the unmet need. This chart indicates a one-night gap for more than 200 permanent units and eventually about 40 emergency or transitional beds.

#### **Unmet Need for Community Beds for the Homeless on a Single Night**

Type of housing	2007	2006	2005	2004
Emergency	32	37	37	33
Transitional	10	30	36	31
Permanent	215	248	248	293

Source: Exhibit 1, Continuum of Care annual HUD submission

Other enlightening data come from the Rochester Housing Authority (RHA), the primary provider of affordable housing in Monroe County. Demand substantially outstrips supply for Section 8 funded affordable units and Section 8 certificates for low-income persons to use in accessing housing of their choice. In fact, RHA conducts a lottery every 1-2 years just to determine how many applicants are actually placed on a waiting list. Here are figures related to supply and demand:

Total public housing units owned and operated by RHA - 2,500 units. These are fully occupied. There are 1,140 households on this wait list with an average wait time of 2-10 months.

Total Section 8 vouchers available: 7, 171. Through a lottery in May 2007, 3,500 of 12,000 households who applied for Section 8 vouchers to assist with rental costs could be placed on a waiting list with an average wait time of 18-36 months.

These statistics are compelling. They speak to the undeniable shortage of permanent, affordable housing units.

Low income or homeless individuals and families require different types of permanent housing. These range from single room occupancy facilities with shared common spaces and support services to individual apartments with support services to individual units for low-income self-sufficient persons. They may be site specific or use a scattered site model.

As with counting the homeless, calculating the precise number of units required to close the housing gap is an inexact science. However, a variety of sources give credence to a minimum estimated need of 500 additional permanent, supportive housing units over

the next ten years, with 100 units targeted for the chronically homeless. A better defined number will be established early in the implementation phase.

Fulfilling the unmet need does not require constructing all new housing units. The Continuum of Care, the City, County and other partners, should identify adaptive use for empty, single or multi-unit housing or other structures to produce appropriate permanent housing units. Over time there may be an opportunity to convert some current transitional or emergency units into permanent, supportive housing. Additionally, promoting self-sufficiency will be helpful. We should expand efforts to develop quality transition or “exit strategies” for those currently living in permanent supportive housing who are ready to progress to independent, affordable housing. This will free up some existing supportive units for new participants.

***Improvement opportunities:***

*Intensive Analysis of Housing Gap and “Mapping” the Development Process:* Currently, new permanent units are being added regularly to the Rochester inventory. Because HUD has been encouraging permanent rather than emergency or transitional shelters for the homeless for several years, the pace of permanent unit development has increased.

**Development Trend: Permanent Supportive Housing**

Year	Total # beds
2007	1224
2006	754
2005	910
2004	925
2003	805
2002	655

Source: Exhibit 1 Continuum of Care data 2007.

Before embarking on a further acceleration of housing development, several factors need in-depth analysis and recommendations for the best approach for implementation. These include but are not limited to: evaluating the potential for adaptation of existing structures, determining the appropriate mix of housing unit types, developing short and long-term cost projections along with a timeline for the flow of funding and securing developer commitments. Aligned with this is the need to identify and acquire housing sites and securing neighborhood and City and County agreements for proposed locations.



The development of a financing strategy is also key. Federal, state and local public sources of funding as well as foundation and private funding sources must be identified. This strategy also includes the potential for reallocation of current resources over time. At some point a grant specialist may be valuable in this effort.

The overall intensive analysis and mapping is an early priority for the implementation phase.

*Integrate With Other Housing Efforts:* Working collaboratively to integrate permanent housing for the homeless into the overall housing development strategy being guided by the 2007 City Housing Study and Recommendations is essential. Efforts must also connect to the City Consolidated Plan and the County 2007 Action Plan for Housing and Community Development Plan in Suburban Monroe County. Relationships and collaboration with Monroe County Towns to broaden geographic availability of affordable, low-income housing must also be expanded.

*Outreach and Research re Housing Needs for Selected Homeless Populations:* There is an need to increase outreach to the chronically homeless population to better understand why they do not seek services or engage with the human services system. Such research will assist in identifying and developing the appropriate type of permanent housing for this population. This may include housing options such as Safe Haven or other housing models targeted for those who resist and avoid traditional shelter and service models. Where possible, the community must begin transitioning to a “housing first” approach and provide prompt assessment and linkage to permanent housing.

Through interviews and deeper analysis of the data, determine types of housing and living environments that will best help persons with special needs achieve the highest level of independence. New permanent, supportive housing for those with persistent disabilities and/or mental health issues should be developed based on needs.

Likewise, expand engagement with the growing homeless youth population to increase suitable permanent housing options.

*Sustain Rental Unit Supports and Housing Development:* It is necessary to sustain and expand rental subsidies for low-income individuals and families. This in part may be accomplished through pursuit of community-wide advocacy for full or increased HUD funding of homelessness assistance and Section 8 programs.

The efforts of private and not-for-profit developers to gain funding through state and federal sources which help mitigate capital construction costs and result in production of permanent units with rents affordable to low income households must be supported. Funding sources include state and federal low-income tax credits, federal HOME Funds, the state Housing Trust Fund and the Federal Home Loan Bank. To our community’s advantage, area developers actively pursue these funds and are well-regarded by the funding sources.

A particular opportunity is for increased development of units for persons with persistent disabilities who can live independently with appropriate supportive services and/or public benefits. With some funding sources, developers can gain extra scoring points for their applications if they partner with not-for-profits that provide special needs

support services. However, the funding source does not finance support services. A community strategy should be developed to identify funding for such services, and to partner with developers to access capital funds.

Another opportunity is to enter into discussions with developers to earmark for formerly homeless persons a percentage of their proposed units in each low income or market rate housing project. Case managers then may be used to coordinate appropriate support services to sustain successful residency.

Retaining supports and programs for low-income homeownership is also important. But, for the purposes of this report, rental unit strategies are more central to ending homelessness than strategies that bolster ownership.

*Standardize Current Assessment and Placement Practices:* In anticipation of transition to prompt placement in permanent housing, develop a common process and/or site(s) for assessment and placement for those who are homeless. This should include the development of common standards for entry processes and interim housing. Currently, all the shelter programs are operated by private, not-for-profit organizations and there is no standardized intake process for homeless persons. Standardized assessment / intake is a complementary and parallel effort to the proposed improved coordination of comprehensive support services.

## **A Framework for Implementation**

### *Year 1*

#### *Implementation Operating Infrastructure*

The goal in the first year is to develop and begin execution of a well-defined implementation plan. Leadership will continue with the Rochester/Monroe County Continuum of Care, in consultation with key stakeholders.

Based on experience with other Rochester long-term projects and with efforts to end homeless in other cities, it might be useful to consider the merits of:

- Identifying and engaging a key person responsible for overall implementation coordination. This person would provide oversight, coordination and connectivity for sub-teams that will be created to work on various aspects of implementation. This could be an existing staff person in a stakeholder organization who is assigned to this effort or a new contract staff person hired specifically for this effort. Appropriate administrative support will be required. Also, enlisting a grants specialist to research, coordinate and pursue funding opportunities may be beneficial.
- Recruiting long-term, technical assistance to provide professional guidance to macro systems change and process management aspects of implementation. The Rochester Business Alliance and the United Way can be helpful in identifying potential candidates, perhaps on a pro bono basis.

#### *Develop Detailed Implementation Strategies*

Quickly undertake an in-depth analysis of key data. This will be coordinated by the Continuum of Care. This includes undertaking a review of current emergency housing, a detailed assessment of housing gaps for specific types of homeless populations (special needs, chronically homeless, families and youth), detailed projections for the types and quantities of housing units required to fill the overall need, specific and overall cost projections and potential timelines.

Form sub-teams to examine all the recommended improvement opportunities in this strategy to end homelessness and to develop detailed plans. Additional areas for attention may be added, or recommended improvements altered, based on further research.

Multiple teams working in parallel can expedite the entire effort. However, this approach requires strong cross-communication and integration guided by a staff coordinator and Continuum of Care leadership.

Potential categories for simultaneous, but integrated strategy development are:

- Prevention
- Support Services
- Permanent Housing Options
- Macro-level required resources, funding /support sources and acquisition strategy.
- Systems Change Implications and Transition Strategy
- Measurement and evaluation
- Advocacy and public policy implications

Each bulleted item does not need a separate team, but each item should be thoughtfully considered. In some cases, some best practices from cities that are early adopters of a permanent housing strategy for the homeless may be applicable in Rochester and should be closely examined.

Each sub-team develops a 5-year implementation strategy. This will include recommended goals, key action steps, key players or partners, measurements which will guide progress (with base lines and targets), and an evaluation process. The most challenging areas of the work will relate to developing permanent housing options and identifying and acquiring resources for all aspects of strategy.

Design an overall evaluation process to demonstrate community-wide progress on ending homelessness goals. This includes extensive work to develop base-line data for costs of mainline services (such as mental health, medical and correctional facility services) which currently are consumed by the homeless population. Evaluation will also guide potential course corrections as implementation unfolds. Benchmark our experience and progress with cities which were early-adopters of a housing-based strategy to gain useful insights.

Continue to build community awareness of and engagement in ending homelessness.

At the end for the first full year of actual implementation undertake a review of progress, challenges, and discoveries. Provide a report to key stakeholders and to the public. Adjust macro strategy as required.

*Years 2-5*

Annual stakeholder updates.

Revise and broaden participation on implementation teams and adjust strategies as required.

In year 5, examine the overall effort and the changing community and broader state and national environment. Develop a detailed plan for next five years.

## Background

### *The Current Homeless Services System in Rochester*

At least two formal processes exist that specifically address the needs of homeless populations: the Rochester/Monroe County Homeless Continuum of Care Team (CofC), and the Homeless Services Network (HSN).

The Rochester/Monroe County Homeless Continuum of Care Team is the lead entity for the federally-guided Continuum of Care planning process. Its purpose is to develop, maintain, monitor and continuously improve a comprehensive, flexible and coordinated continuum of care system of services for homeless individuals and families. The 24-member team is comprised primarily of public and community-based organizations. Monroe County has representatives from the Departments of Planning & Development, Human Services (MCDHS), Mental Health, and Youth Bureau. The City of Rochester Bureaus' of Housing and Project Development, Youth Services are members. The Homeless Services Network (HSN) elects two representatives, both United Way of Greater Rochester and Rochester Housing Authority are included as well as representatives from area Town governments and community organizations. Private sector membership will be increased.

The Homeless Services Network is a 50-plus member organization comprised primarily of homeless service providers and individuals interested in homeless service provision. The members broadly represent a range of interests including homeless shelter/service providers, health care, mental health, chemical dependency, veterans groups, the faith based community, law enforcement, food cupboards, local/state government, and youth services providers. HSN plays an important role in identifying needs, service gaps and concerns related to the homeless population. It coordinates cross-organizational staff training and dissemination of best practices.

### *Related Planning Efforts*

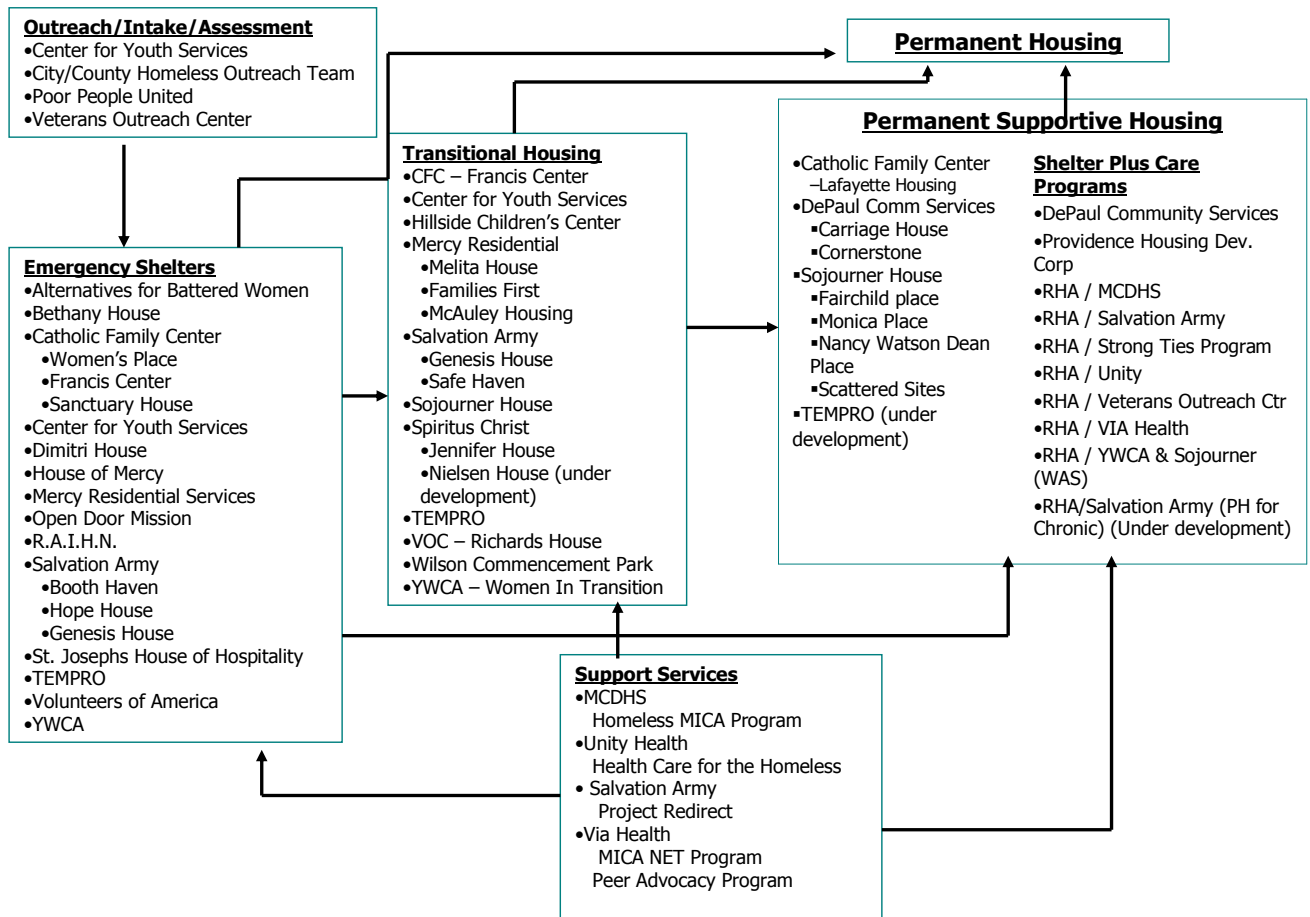
Planning to meet the service needs of homeless subpopulation groups is conducted by several other entities and integrated into CofC and HSN planning.

- The Monroe County Office of Mental Health (MCOMH) is responsible for planning to meet the needs of individuals with mental illness, alcoholism/substance abuse and mental retardation/developmental disabilities. The MCOMH administers funding from the federal mental health and substance abuse block grant programs, other federal sources as well as NYS and Monroe County funds.
- The Rochester/Monroe County Youth Bureau (RMCYB) is responsible for planning to meet the needs of children and youth in the community.
- The Monroe County Department of Human Services (MCDHS) plans and administers all public benefits programs in the county, including the TANF Block grant, Safety Net Assistance, Food Stamps, Medicaid, income supports, temporary/emergency housing, other entitlement programs, public health services, adult protective and child welfare services.

- The United Way of Greater Rochester plans through its community investment process. It looks broadly at the community and applies resources to ensure a strong “safety net” primarily by addressing funding gaps and leveraging other monies.
- The City and County each annually engage in a consolidated planning process for HUD-funded activities.

*This Diagram Depicts the Current Homeless Shelter System*

### **Rochester / Monroe County Homeless Continuum of Care**



**Total number of beds in the current homeless system.**

	Individual beds	Family beds	Total beds
Emergency Shelter	199	179	378
Transitional Housing	99	148	247
Permanent Supportive Housing	372	852	1,224

Source: Exhibit 1 Continuum of Care data

*The Homeless Information Management System*

The Continuum of Care Team (CofC) recently initiated a county-wide database—the Homeless Information Management System. Full implementation is expected by May 2008. A system of this type is nationally mandated by HUD to improve consistency and accuracy in homeless data.

Locally, HMIS will help the CofC, Homeless Services Network and other key stakeholders assess and monitor homeless needs by providing an unduplicated number of homeless persons, program utilization, client demographics and service needs profiles. Starting in 2008 the information will be broadly available, including on the HSN website. This will encourage and enable agencies and stakeholders to identify and collaboratively address key gaps, especially in creating needed housing.

*Current Local Resources*

In 2006, the County spent more than \$4.5 million on per diem costs to shelter homeless persons. Nearly \$4 million of federal HUD funding was applied to the homeless system here. This does not include costs for support services such as employment, health care, hospital and mental health services that the homeless population utilizes. Public funding for such mainstream services does not break-out use of funds by population categories, i.e. the homeless.

## Key References and Resources

U.S. Department of Housing and Urban Development, Office of Community Planning and Development

The Annual Homeless Assessment Report to Congress, Feb. 2007

Various articles and resources on [www.hud.gov/homelessness/index](http://www.hud.gov/homelessness/index)

U.S. Interagency Council on Homelessness,

“Good to Better to Great – Innovations in 10-Year Plans to End Chronic Homelessness in Your Community”

Various articles and resources on [www.usich.gov](http://www.usich.gov)

Review of various practices to end homelessness in other communities including: Albany, NY; Chicago; Dayton, OH; Denver, Portland and Multnomah County; OR; Springfield, MA; Mountainland Association of Governments, Utah

National Alliance to End Homelessness

Research Reports in Homelessness, “Homelessness Counts,” January 2007

Various articles and resources on [www.endhomelessness.org](http://www.endhomelessness.org)

Homes for the Homeless

Various factual citations, [www.homesforthehomeless.com](http://www.homesforthehomeless.com)

Institute for Children and Poverty

Homeless in America Part Two: A Statistical Reader, 2005

Housing New York’s Future: Community Development and Homes for All New Yorkers

Housing First ! New York State Platform report, July 2006

Monroe County

“2007 Annual Action Plan for Housing & Community Development in Suburban Monroe County,” June 2007

“Housing/Homeless Services Annual Report for Calendar Year 2006,” April 2007

“Housing/Homeless Services Annual Report for Calendar Year 2005,” March 2006

City of Rochester

“City-Wide Rochester Housing Market Study,” April 2007

“City-Wide Rochester Housing Market Study – Recommendations,” July 2007

Rochester/Monroe County Homeless Continuum of Care

Accompanying documentation for HUD submissions, 2007, 2006, 2005 with particular emphasis on data in Exhibit 1

Various focus group discussions including, chronically homeless persons and front-line homeless service providers.



Homeless Services Network. Rochester, NY

“Homeless Persons Needs Survey,” January 2007 and September 2004 (based on winter 2003)

Emergency Services and Family Stabilization Network, Rochester, NY

Client Assessment Tool Report and Summary, 2006

## **Rochester/Monroe County Homeless Continuum of Care Team Membership**

Joan Bickweat, Department of Human Services, Rochester/Monroe County Youth Bureau, Monroe County

Alex Castro, The Housing Council

Dan Condello, Department of Human Services, Financial Assistance, Monroe County

Leonard Erb, Roberts Wesleyan College

Tom Ferraro, Foodlink

Nelda Johnson, Rochester Housing Authority

Neilia Kelly, Department of Human Services, Office of Mental Health, Monroe County

Jane Lange, Providence Housing Development Corp.

Sharlene LeRoy, Rochester Housing Authority

Dotty Luebke, United Way of Greater Rochester

Sandra Mindel, Department of Planning and Development, Monroe County, C of C Chair

Gary Mink, HR Benefits Advisors, C of C Co-Chair

Ruth Nieboer, Volunteers of America

Kevin O'Hagen, Vocational Services, Veteran's Administration

Ronald Sassone, Town of Greece and Town of Irondequoit

Dawn Staub, Department of Planning and Development, Monroe County

Sandra Stephens, Health Care for the Homeless, Unity Health System

Sara Taylor, Positive Steps

Mike Tonovitz, MJT Consulting

Tom Tortora, Division of Parole, New York State

Robert Van Keuren, Healthcare Network, Veteran's Administration

Carol Wheeler, Bureau of Housing and Project Development, City of Rochester

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