

CENTRAL ARKANSAS **Ten-Year Plan to End Chronic Homelessness**

Introduction

Our goal is to eliminate chronic homelessness in central Arkansas by 2016. To realize this ambitious, but reachable state, we must build a proactive collaboration of community leaders, service providers, and resource partners to create a well-connected network of services that moves persons who are chronically homeless into supportive housing as quickly as possible. To achieve this goal, we must strengthen a continuum of support that includes health, mental health, substance abuse, outreach, transportation, and other services. At the same time we must enlarge the stock of affordable housing. One without the other will not accomplish the mission.

As a complement to programs directed toward persons who are chronically homeless, we include prevention strategies that contribute to efforts to keep those at risk of becoming homeless from becoming situationally homeless and, in turn, from becoming chronically homeless.

Although emergency shelters do not represent long-term solutions for persons who are chronically homeless, they serve as a critical entry point for many persons without homes and play an important role in propelling them toward partner agencies that provide supportive services. A major goal of this plan is to end the practice of discharging or releasing people from institutions back onto the street. The mark of a seamless continuum of care is movement of persons who are homeless into permanent housing as quickly as is feasible. Being caught in a “revolving door” of temporary housing and regular episodes of street living is a symptom of a malfunctioning system of care. Maintaining, rather than eradicating homelessness, does not represent an acceptable goal and fails to empower those who are chronically homeless.

This plan is the product of 18 months of planning by work groups addressing supportive housing, a day resource center, discharge planning, workforce preparation, outreach, and resource development. Members of a 25-person Steering Committee oversaw the process, served on the work groups, and reviewed the plan. Their names are listed at the end of the plan.

What is the Profile of a Chronically Homeless Person?

“Chronically homeless” persons are single individuals with disabling conditions, including mental health and substance abuse problems, who have been continuously homeless for at least a year, or four or more times over the past three years. They comprise many of those visible on our streets and constitute one of the most challenging sub-populations of persons who are homeless to engage in services. Some refuse assistance, but many are frequent users of public services, particularly mental health.

Because they often have multiple problems, however, people who are chronically homeless rarely have all of their needs met by any one agency. Tight funding limits public and non-profit

agencies from addressing the causal factors behind an individual's homelessness. Consequently, individuals who are chronically homeless often are shuttled from agency to agency in an attempt to address their problems in workable segments. Too often, they are not progressing toward permanent housing; instead, they remain trapped in an under-funded and often under-coordinated network of service providers.

Chronically homeless persons use a disproportionate amount of public resources. Because of their high rate of disability, they consume over 50 percent of homeless assistance resources. They also are frequent users of expensive public services, such as emergency medical care, psychiatric care, and law and criminal justice programs.

According to the 2005 Arkansas census of persons who are homeless, a total of 430 individuals were estimated to be chronically homeless. This is a relatively small proportion of the total homeless population in central Arkansas; estimates range from 15 to 25 percent. However, the total is a significant part of the state's chronically homeless population. Providers of services to persons who are homeless suggest that central Arkansas, particularly the cities of Little Rock and North Little Rock, attract a disproportionate percentage of the chronically homeless because of its centrality to the transportation network, the availability of services, and the lack of services in most other parts of Arkansas, particularly in small towns. Complicating estimates of number and need is the dislocation resulting from hurricanes Katrina and Rita, which forced the relocation of individuals and families, some of whom may become part of the chronically homeless population.

Individuals who are chronically homeless often exhibit personal and social characteristics that present further challenge for existing service providers who seek to qualify them for their programs and to provide the needed level of support. For example, they often have a distrust or fear of the "system," they lack social and communications skills, lack conventional support groups, have significant medical and nutritional problems, and often have criminal justice records. These characteristics do not make them less worthy, just more of a challenge to reintegrate into society.

What is the Homeless Count in Central Arkansas?

Numbers vary despite rigorous efforts to count persons who are homeless in central Arkansas. The very nature of this population and the challenges of finding persons who are homeless at any given point in time make an exact count impossible to ascertain. We have based this plan on a range of numbers that suggests a serious challenge to those who seek to end chronic homelessness and significantly reduce the number of situationally homeless.

The *2004 Report of the Homeless Count and Survey Results* concluded that an estimate of 3,000 homeless persons was present in central Arkansas on the night of February 26, 2004. While some believe the final count to be inflated, there is considerable justification to use this number as an accurate reflection of the homeless population. Enumerators actually counted 1,429 persons as homeless in the four-county area of the CATCH Continuum of Care, 90 percent of whom were in Pulaski County. Using HUD-certified methodology, directors of the count added 300 children who had gone uncounted according to the local school districts. Local police

departments estimated another 467 uncounted, and an estimated total of 143 were reported by psychiatric hospitals, soup kitchens, and isolated shelters. Adding these numbers provided by reliable sources to the actual count equals 2,339. Enumerators noted that the homeless count in 2004 represented a 15 percent increase over 2001. Service providers have noted a continued increase in clients and estimate that the next count, scheduled for 2007, will show similar increases.

CATCH, the area Continuum of Care, reported in its 2006 application for funding that despite an addition of 30 new emergency shelter beds for people who are homeless during the past year, the area still experiences a shortage of 382 emergency shelter beds. An even larger need exists in transitional housing, where the shortfall is 1,068 beds. The largest gap between demand and supply exists in supportive housing where the report indicates a need for 3,665 beds.

What Causes or Contributes to Chronic Homelessness?

Experience and research confirm that the lack of availability of and access to affordable housing, particularly supportive housing, insufficient income, and unmet need for services such as mental health and substance abuse treatment, cause chronic homelessness. Housing costs, both locally and nationally, have increased significantly over the past decade. Over 50 percent of low-income renters in Pulaski County pay more than half of their income for housing. Because they pay so much for housing, poor people have fewer reserves and are at greater risk of becoming homeless if a crisis occurs.

Inadequate discharge planning also contributes to chronic homelessness. When people are released from public institutions without adequate housing or support, they are more likely to become homeless—immediately or soon after release. Research shows a strong connection between homelessness and prior history with public systems of care. For example, half of homeless adults report having spent five or more days in jail. Twenty percent have spent time in state or federal prison. Many offenders are released without criminal justice parole or supervision. Without supervision, many fall through the proverbial cracks and into homelessness, or return to jail. Overcrowding of the Pulaski County Jail has exacerbated this trend.

In addition, nearly half of all homeless adults have one or more chronic health problems; a quarter of them have at least one acute infectious condition. In a national study, one-third of homeless persons listed hospital emergency rooms as the place they receive medical care. Fifty-three percent of chronically homeless persons reported in a 2001 national study having a mental health problem in the last year. Between one-fifth and one-quarter of all homeless persons have a diagnosable, major mental illness such as schizophrenia, depressions, or bipolar disorder. Thirty-one percent of homeless persons report having problems with their mental health as well as problems with alcohol and/or drugs in the last year.

What does Chronic Homelessness Cost?

By definition, chronically homeless individuals are on the street for long and/or frequent periods of time. They are the most frequent users of emergency shelter, feeding programs and soup

kitchens; they are heavy users of public institutions such as jails and hospitals; and, they represent significant client loads in mental health and substance abuse treatment programs. Although chronically homeless persons represent only 15 to 25 percent of the total homeless population, they consume half of all homeless program resources.

With their limited incomes and high rates of physical health, mental health, and substance abuse problems, individuals who are homeless are heavily dependent on public services. People who are chronically homeless cycle in and out of these services on a regular basis without ever having their underlying needs met. Follow-up treatment and monitoring is difficult, given the transient nature of this population.

Homelessness is not only a personal tragedy, however. It is expensive to the public, as well. Research has documented that homelessness increases people's use of costly emergency interventions. A 2001 study by the University of Pennsylvania of 4,679 homeless mentally ill individuals in New York City found that the average homeless individual with mental illness costs the public \$40,449 a year in emergency interventions. While New York City may spend more on these interventions than most municipalities, homelessness presents consistently high costs to the public in every large city and state in the U.S.

Interestingly, the same study found that when the subjects were placed in supportive housing, their use of emergency interventions decreased, reducing public costs by 40 percent. For every unit of supportive housing developed, the public saved \$16,282 per year in reduced emergency service costs. These savings paid for all but \$995 of the annual cost of building, operating, and providing services in the housing. The study also found that the costs of incarcerating homeless people with mental illness were greatly reduced by their placement in supportive housing.

What does this mean for central Arkansas? It suggests that by positively intervening in the lives of the persons who are chronically homeless, we as a community should be able to reduce the costs of serving this population. Shifting to an emphasis on stabilization and permanent, supportive housing likely will involve new costs, but the transition to ending, rather than maintaining, chronic homelessness should create significant savings, perhaps as much as 40 percent.

What Challenges Do We Face?

Those who are chronically homeless constitute a multi-faceted challenge for local governments, service providers, and the general population. They are a visible reminder that some citizens lack the most basic of needs, housing. Homelessness arises from multiple causes and its complexity can easily confound even the most sincere, sustained efforts by government, law enforcement, health care, and social service agencies.

Temporary and permanent solutions

The challenge of chronic homelessness indeed has been addressed with seriousness of purpose, but also with inadequate resources, certainly with well-intended strategies, yet lacking sustained, long-term application. Many of the services are so-called "front-end services," dedicated to

reaching out to people on the streets and addressing their immediate needs of hunger and shelter. No matter how well intended and needed, these services maintain the status quo, thereby failing to lead to an ultimate goal of connecting individuals who are chronically homeless with permanent housing and needed services. Supportive services, such as case management, physical and mental health services, substance abuse treatment and recovery, transportation, and legal services, are designed primarily to help an individual maintain housing and live a productive, healthy life. We can best go about helping people who are chronically homeless by providing humane assistance to help them assume or resume productive lives. In the plan that follows, we propose specific strategies intended to achieve that goal.

Working collaboratively

In central Arkansas, there are many well-run agencies that provide services for this population. There are other agencies that operate on a shoestring and depend on soft money and donations to stay afloat. Others are staffed largely with well-intended, hard-working volunteers who lack adequate administrative permanency and direction. Caring for a dependent population such as individuals who are chronically homeless is a function of the heart that must be reinforced with hard-nosed, administrative strategies.

Generally, we as a region lack enough services, enough beds, and enough slots in treatment programs, for example, to serve adequately the chronic homeless population. During the development of this plan, we have observed a limited number of partnerships and frequent competition for too-few dollars. We do not find fault, necessarily, with provider agencies; rather, we detect a lack of vision oriented toward what these agencies, local and state government, as well as the business sector could achieve in a collaborative approach. In other words, the chronic homeless problem will not be solved by individual agencies, working individually. Instead, we believe that these agencies, government, and business must join together synergistically to design and execute a comprehensive approach, which is client-centered, rather than service-centered. Comprehensive case management, for example, is a critical element of this focus.

To sustain this effort, however, larger social issues must be addressed. Research indicates that one out of every ten poor families is at risk of homelessness. To improve this outlook, we must address the underlying factors that place people at-risk of homelessness in the first place. While beyond the scope of this plan, we believe that our society must address issues that permanently will end chronic homelessness, such as adequate, affordable housing, employment opportunities that pay an adequate wage, affordable health care, and access to mental health and substance abuse treatment on demand. Unless movement is made toward these admittedly ambitious and somewhat controversial goals, the system of homeless service providers will increasingly carry a larger proportion of care for this sub-population as a surrogate for a broader-based, social welfare system.

Overview of the Plan

We have designed this plan around the ambitious goal of ending chronic homelessness in central Arkansas by 2016. Specific action steps are phased over two-year periods, roughly in

chronologically order. The strategies may be considered in a “CPR” format or three major categories of effort: (1) Comprehensive and collaborative continuum of care, (2) Policy development, and (3) Resource development. For example, hiring a coordinator of homeless services is intended to strengthen the continuum of care; a resource development team is in place with the assignment of coordinating fundraising. In the following section, we specify which actions can be taken without cost or with very little cost.

Each of the 14 strategies is assigned to a specific person or team, who will have responsibility for convening key stakeholders from all sectors and preparing a detailed action plan. The Homeless Services Coordinator (specified in Strategy 1), who would be backed up by an advisory committee, will be the link among the teams, making sure that specific team implementation plans and subsequent actions are mutually complementary and supportive. The major categories of effort include building a more cohesive, comprehensive continuum of care, seeking new resources from other than governmental sources to enhance present funding, increasing the number of units of supportive housing, developing and operating outreach efforts, strengthening the link between job training and placement programs, and improving discharge planning.

Operational dates indicate the start of the designated service or facility and initiation of action. The First Report Date is a reporting deadline when the designated team or individual issues a status or progress report. Unforeseen obstacles and lack of resources may force adjustment of these dates, but they are intended to guide the work of the teams and provide a benchmark of accomplishment.

An early step in implementation of this plan will be to create volunteer teams in the following areas:

- Homeless Planning Leadership
- Development Team
- Supportive Housing Team
- Day Resource Center Team
- Discharge Planning Team
- Workforce Preparation and Placement Team
- MIS Team

We direct the implementation teams to consult with CATCH members and utilize their data and recommendations that appear in the Continuum of Care annual funding application to HUD.

Why address chronic homelessness?

The federal government, through the Interagency Council on Homelessness, challenged mayors across the U.S. to lead their cities in developing ten-year plans to end chronic homelessness. The rationale for a ten-year planning period is based on research indicating that homelessness among the mentally ill imposes a significantly high cost to taxpayers. Supportive housing programs that link housing to comprehensive health support and employment services provide major reductions

in costs incurred by homeless people. Research also indicates that reductions in incarcerations, hospitalizations, and shelter use pay for 95 percent of the cost of supportive housing.

The plan that follows proposes strategies that have significant monetary costs as well as several that have none. We believe the plan is a responsible statement of real need and represents the best thinking of community leaders and service providers. Recommendations are based on both local experience and reports from many other communities similar to central Arkansas. Costs are phased in over two-year periods. On page 16, a breakdown of costs, including the value of services rendered by volunteers, provides a more complete picture of the costs related to this plan.

Immediate Actions to be taken that have no budgetary implications

While the Development Team is generating funding, community leaders can take action on proposals that do not cost anything. For example, we can

- Work with governmental leaders in central Arkansas to develop this plan and assure its implementation
- Create a Homeless Advisory Board to oversee execution of this plan
- Increase community awareness of the problem of homelessness
- Support the work of the advocacy groups as they strive to elevate the issue of chronic homelessness on the public agenda and fight for supportive policies in state and local government
- Work more closely with state agencies to address chronic homelessness

The success of this plan depends on a collaborative approach to implementing it. By working together, we can avoid well-intended but ill-conceived forays and instead capitalize on the cumulative strength of participating agencies and individuals.

Priority Strategies -- First Phase (2006-2008)

STRATEGY 1: Hire a Homeless Services Coordinator and establish an Advisory Board to serve as a bridge between the Plan and its implementation.

The City of Little Rock is committed to identifying adequate resources and contributing partners to establish an Office of Homeless Services and hire a Coordinator for two years. Additional resources must be raised to continue the operation of this office. This coordinating function is critical to the success of the plan. The Coordinator should be accountable to the Homeless Plan Advisory Board as well as to the local governments that fund the position. The Coordinator will work closely with service providers, local governments, the business community, and other

regional stakeholders to help build a more cohesive, comprehensive continuum of care. He or she will coordinate the development and opening of a Day Resource Center and will monitor its operation. The Coordinator will work closely with relevant work groups to carry out other strategies included in this plan. Appointment of a highly capable, motivated coordinator and support of his or her work is critical to the success of putting this plan into action.

Operational Date:	September 2006
First Report Date:	February 2007
Responsible Parties:	Homeless Planning Leadership Local government officials
Major Steps:	<ul style="list-style-type: none"> • Hire a Coordinator of Homeless Services • Locate and open office • Appoint implementation teams • Create a charge and work plan for each team
Anticipated First Phase Budget:	\$130,000

STRATEGY 2: Create and implement a plan that leads to the generation of funding from grants, the local business community, and local governments.

Providers of services to individuals who are homeless have depended heavily on federal funding and, to a lesser extent, donations to underwrite their operations. These sources are stagnant at best, and in some cases declining. Competition from other worthy causes, e.g. the county jail, public transportation, will intensify. Local communities must become more aggressive and creative in their search for funds to expand services to meet a growing demand from agencies that serve the chronically homeless. We propose that the business community, local governments, and the state government be challenged to dedicate funds to underwriting these recommendations. Grant proposals must be generated to acquire foundation and corporate support.

Operational Date:	October 2006
First Report Date:	May 2007
Responsible Party:	Development Team
Major Steps:	<ul style="list-style-type: none"> • Coordinate with major community institutions • Set a goal for first two years of fundraising • Create a marketing strategy • Set a solicitation approach • Execute the first phase of campaign • Propose state legislation for the next Session
Anticipated First Phase Budget:	\$0

STRATEGY 3: Establish and operate a Day Resource Center as a central contact point for individuals who are chronically homeless and for the network of service providers.

A Day Resource Center will serve three major functions. First, it will provide individuals who are chronically homeless, situationally homeless, or about to become homeless with resources to improve their status. The Center will provide intake, assessment, and referrals in order to match individual needs with appropriate services such as medical and dental treatment, substance abuse treatment, employment services, and housing referral. Second, the Center will provide a place for those on the streets to take showers, prepare food, wash clothes, receive mail, and partake of other services. Additionally, the Center will have access to a small number of beds for emergency cases.

The Day Resource Center should not stand alone, but should operate as a part of the network of service providers that serve as intake points. However, it should serve as a focal point for outreach teams and others who refer clients. (See Strategy #7 of this plan.) The Center will coordinate services and facilitate case management that contribute to a more comprehensive network of services. Initially, a day resource function may be provided through a contract for services with an agency already in operation. Alternatively, a more permanent facility may be constructed or renovated, depending on available resources. Regardless of structure, operation of the Center likely will require volunteer and contractual partnerships with other providers.

Operational Date:	July 2007
First Report Date:	December 2007
Responsible Parties:	Coordinator of Homeless Services Homeless Planning Leadership Participating local governments
Major Steps:	<ul style="list-style-type: none">• Determine the center model to be used• Develop specifications for physical and programmatic structures• Contract for construction or for operation according to the model chosen• Secure partnership agreements with service providers• Establish protocols with service partners
Anticipated First Phase Budget:	\$330,000

STRATEGY 4: Establish a “Housing First” pilot program that tests a comprehensive approach to creating additional units of permanent, supportive housing.

“Housing First” focuses on moving people out of homelessness and into housing as quickly as possible and is premised on the approach that a person’s homelessness can best be remedied once the person is properly housed rather than living in emergency shelters or transitional settings. Permanent housing, coupled with individually designed supportive services such as health care, substance abuse treatment, nutritional training, legal services, and help in obtaining public assistance, provide stability for the participant. We recommend initiating a pilot program to assure ourselves and the community that we have adequate services and can generate enough housing to fulfill the promise of Housing First. Although we support it as a long-term strategy, we are concerned that all the elements first be in place to make it work as intended.

To guide the implementation team in its efforts, we recommend study of a comprehensive report on this strategy entitled *Housing the Chronic Homeless*, prepared by the Housing Committee of this planning effort.

Operational Date:	August 2007
First Report Date:	February 2008
Responsible Party:	Request for proposals
Major Steps:	<ul style="list-style-type: none">• Acquire comprehensive housing information about the chronic homeless• Assess the existing housing inventory• Inventory supportive services by type of program• Evaluate the number and kind of supportive housing needs• Work with county and municipal housing planners to prioritize supportive housing• Work with the three area housing authorities to create supportive housing• Seek partnerships with the housing industry to increase capacity• Develop faith-based organizational network to increase capacity
Anticipated First Phase Budget:	\$158,000

STRATEGY 5: Create a network of supportive services and discharge practices that help eliminate the pattern of releasing clients back into homelessness.

Ending chronic homelessness depends, in part, on stopping the revolving door habit of discharging clients of public and non-profit institutions back onto the streets. Whether they are discharged from jail, an emergency room, a mental health or substance abuse treatment facility,

an emergency homeless shelter, or foster care, individuals who are chronically homeless will never escape that status if they have nowhere to go upon release. An increase in the number of transitional housing units, coupled with follow-up case management, should help end this practice. Failure to do so is perhaps aided and abetted by the notion that “managing” homelessness, rather than “ending it” is a worthy, long-term goal. We aspire to the latter.

Operational Date:	May 2007
First Report Date:	November 2007
Responsible Party:	Discharge Planning Team
Major Steps:	<ul style="list-style-type: none"> • Canvass area discharge agencies to obtain an accurate yearly count • Identify the types of community-based supports needed • Develop a plan for increasing the number of transitional housing units • Work with service providers to create additional support services
Anticipated First Phase Budget:	\$54,000

STRATEGY 6: Build a well-integrated network of workforce training and hiring to move people who are chronically homeless into wage-earning jobs.

Not all individuals who are chronically homeless can perform a job. But many more can than are at present. Job training is a critical support service that must be part of a larger system that links trainers with employers. Both parts of the connection are vital to success. Transforming a person who is homeless with few job skills into a productive, tax-paying resident of central Arkansas is one of the main payoffs of the continuum of care. The state’s workforce centers are a logical part of this network, but depend on a partnership with gateway agencies that can assist persons who are chronically homeless by directing them into workplace skills programs. Workforce Investment Act (WIA) services are useful and Transitional Employment Assistance (TEA) funds can help economically needy families. Strategy 6 requires an active leadership role by business interests and potential employers who should identify critical skills needed at the worksite. As this workforce is developed, employers must commit to hiring them.

Operational Date:	September 2007
First Report Date:	March 2008
Responsible Party:	Workforce Preparation and Placement Team
Major Steps:	<ul style="list-style-type: none"> • Develop a partnership among trainers, employers, and other job-related agencies • Inventory existing training programs and participating employers • Determine demand for job type and classification

- Identify brokers and other agencies that will assist in job placement
- Create an incentive program to attract both trainers and employers

Anticipated First
Phase Budget: \$107,000

STRATEGY 7: Create integrated outreach teams to engage and intervene with people who are homeless and assist their access to appropriate services.

Various models exist in U.S. cities, but they are all premised on the realization that there are individuals who are chronically homeless who need services, but do not partake of them for a variety of reasons. Some are afraid of “the system,” others are emotionally or physically unstable, some have had bad experiences in institutionalized settings, and others simply do not know how to engage the services they need to survive. We believe that few of these individuals truly “choose to remain homeless,” although we realize that some cannot function indefinitely in an organized setting. Law enforcement personnel of the LRPD, NLRPD, and the Pulaski County Sheriff’s Department should play a key role in any outreach strategy. Working with the Day Resource Center and other agencies that serve as front doors for people on the street, outreach workers can link service providers with individuals who desperately need their services.

Operational Date: November 2007
First Report Date: May 2008

Responsible Parties: Day Resource Center leadership
Coordinator of Homeless Services
Local police departments
Provider agencies that presently conduct outreach

Major Steps:

- Create a model of outreach to follow
- Recruit and organize outreach teams
- Train team members
- Develop protocols for contact and referral procedures
- Map homeless camps and other frequented locations

Anticipated First
Phase Budget: \$131,000

STRATEGY 8: Expand the use and application of the Arkansas Management Information System (ARMIS) as the primary repository of data regarding homelessness and chronic homelessness in central Arkansas.

Reliable data regarding demand and capacity are needed for the successful functioning of a system of service providers. Also, as future funding decisions are based on program outcomes, good data tracking is critical. Good data management and analysis is a major part of the foundation that supports strategic planning and program evaluation. ARMIS should be reviewed for workability, access, and applicability to all users. To support continuous data management (entry, update, dissemination), we propose that ARMIS add a full-time data manager to work closely with outreach teams and intake workers at the Day Resource Center.

Operational Date:	December 2007
First Report Date:	June 2008
Responsible Parties:	MIS Team Ad hoc Providers Team
Anticipated First Phase Budget:	\$38,400

Priority Strategies – Second Phase (2008-2010)

STRATEGY 1: Create a Homeless Trust with the capacity to receive and distribute funding for services to those who are chronically homeless.

This is a major step that will establish an independent entity that should have the legal ability both to raise money and distribute it to high-performing agencies and collaborative efforts that are addressing successfully the problems of the chronic homeless. The exact legal form is to be determined, but the intent is to create a mechanism for donors to contribute to the specific purpose of ending chronic homelessness. While not legally accountable to participating governments, the Trust would work closely with state, county, and municipal governments to develop a steady funding stream from them and to approach in unified fashion potential private and nonprofit funders.

Operational Date:	July 2008
First Report Date:	June 2009
Responsible Parties:	Homeless Plan Leadership Development team Coordinator of Homeless Services Participating local governments

STRATEGY 2: Expand the services of the Day Resource Center to include extended hours of service, access to services, and additional emergency beds.

If the Day Resource Center serves the centralizing function that we expect, its expansion in services, hours, and staffing will be necessary. Volunteer staffing and coordination with other providers will continue to be critical to its success. If the Center has operated as a contract service, the continued workability of this model should be reviewed.

Operational Date: September 2008
First Report Date: June 2009

Responsible Parties: Coordinator of Homeless Services
Day Resource Center Administrator
Participating local governments
Relevant providers

STRATEGY 3: Increase the stock of affordable housing available to individuals who are chronically homeless and determine if the proposed pilot project on supportive housing should be expanded.

As an extension of Strategy 4 in Phase 1 of this plan, efforts should be expanded to generate additional units of affordable housing that can be utilized by the chronic homeless. Also, based on an analysis of the “Housing First” pilot project, the Housing Team and other stakeholders should determine if the program should be terminated, redesigned, or expanded.

Operational Date: November 2008
First Report Date: June 2009

Responsible Party: Supportive Housing Team

STRATEGY 4: Increase workforce training and placement slots by working closely with providers and employers.

This strategy extends the Phase 1 proposal that a system of training facilities, placement specialists, and employers be developed with the goal of assisting individuals who are chronically homeless acquire relevant work skills that will lead to employment. Business leaders need to play a major role in this effort.

Operational Date: January 2009
First Report Date: September 2009
Responsible Party: Workforce Preparation and Placement Team

Priority Strategies – Third Phase (2010-2012)

STRATEGY 1: Construct a permanent Day Resource Center using Bond or Tax Financing of Local Government.

Ultimately, a Day Resource Center that provides comprehensive intake, referral, and counseling services, medical and dental services, an emergency shelter, and a drop-in center will be needed to meet the anticipated growth in demand for services to the chronically homeless.

Operational Date: January 2010
First Report Date: December 2010
Responsible Party: Day Resource Center Team and Staff
Coordinator of Homeless Services
Local government leadership

STRATEGY 2: Increase the affordable housing stock in central Arkansas over the next ten years through the provision of rent subsidies, new housing development, and the preservation of affordable housing stock.

This is a long-term strategy that is at the heart of assisting all persons who are homeless and particularly those who are chronically homeless. Central Arkansas has a shortage of affordable housing units and we need to increase the number and make them available at reasonable rental rates. This will involve building a productive partnership with local governments and with homebuilders in central Arkansas to increase the stock of affordable housing. Part of the development plan should be to raise money to subsidize rents. Each of these strategies requires a major commitment from public, private, and nonprofit sectors.

Operational Date: June 2010
First Report Date: June 2011
Responsible Party: Supportive Housing Team
Development Team
Local governments

**Phase 1
Budget Narrative**

Activity	Annual Funds Required	Client Share/ In-Kind/Volunteer	Total Project
Day Resource Center			
Rent and Utilities	\$30,000		\$30,000
Staffing	197,120	\$109,512	306,632
Security	52,000		52,000
Furnishings	20,500		20,500
Supplies	1,500		1,500
Admin. overhead	29,568		29,568
Total	\$330,688	\$109,512	\$440,200
Housing First Pilot Project			
Wrap-around services	\$100,000		\$100,000
Rent	48,000	\$48,000	\$96,000
Utility connections	10,000	10,000	20,000
Total	\$158,000	\$58,000	\$216,000
Discharge Planning and Implementation			
Staffing	\$54,000	\$26,300	\$80,300
Total	\$54,000	\$26,300	\$80,300
Workforce Skills Development			
Jobs skills training	\$77,000	\$77,000	\$154,000
Life skills training	18,000		18,000
Support services	10,000		10,000
Information services	2,000		2,000
Total	\$107,000	\$77,000	\$184,000
Outreach Team			
Staffing	\$130,560	\$36,500	\$130,560
Total	\$130,500	\$36,500	\$167,000
Management Information System (ARMIS)			
Staffing	\$38,400	\$36,500	\$74,900
Total	\$38,400	\$36,500	\$74,900
TOTALS	\$818,588 (70%)	\$343,812(30%)	\$1,162,400

Steering Committee and Planning Team Membership

Leta Anthony
Community leader

Pat Blackstone
Arkansas Coalition Against Domestic Violence

Darlene Bourgeois
St. Francis House

Denise Bowers
Dickson Flake Partners

Thurman Chambers
Community leader

John Gill
John Gill Law Firm

Veronica Goodloe
Little Rock Community Mental Health

Thomas Green
Arkansas Interagency Council on Homelessness

Tom Grunden
Little Rock Community Mental Health

Brenda Hampton
Salvation Army

Terry Hartwick
North Little Rock Chamber of Commerce

Jack Harvey
Business Leader

Eric Higgins
Little Rock Police Department

Larry Lichty
Business Leader

Barry McDaniel, co-chair
Our House, Inc.

Estella Morris, co-chair
Central Arkansas Veterans Healthcare System

Lawrence Pickard
TEA Career Center, Pulaski County

Karen Pirtle
Arkansas Food Bank

Sharon Priest
Little Rock Downtown Partnership

Linda Robinson
North Little Rock City Council

Rev. William Robinson
Hoover United Methodist Church

Rev. Betsy Singleton
Quapaw Quarter United Methodist Church

Sandra Wilson
Arkansas Supportive Housing Network

Jim Woodell
River City Ministry, North Little Rock

David Sink, facilitator
Institute of Government, UALR

Doris Turner, facilitator
City of Little Rock, CATCH