

OPEN TOWN MEETING AGENDA



JUNE 28, 2017 - 6:00 P.M.

**CITY HALL COUNCIL CHAMBERS
15 LOOCKERMAN PLAZA - DOVER, DELAWARE**

AGENDA ADDITIONS/DELETIONS

- 1. REPORT OF THE MAYOR'S BLUE RIBBON PANEL ON HOMELESSNESS**
- 2. ADJOURNMENT**

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THE AGENDA ITEMS AS LISTED MAY NOT BE CONSIDERED IN SEQUENCE. PURSUANT TO 29 DEL. C. §10004(E)(2), THIS AGENDA IS SUBJECT TO CHANGE TO INCLUDE THE ADDITION OR THE DELETION OF ITEMS, INCLUDING EXECUTIVE SESSIONS, WHICH ARISE AT THE TIME OF THE MEETING.

A Housing Pathway for the Homeless

Executive Summary

The Mayor's Panel to End Homelessness

for
Mayor Robin Christiansen

June 2017

Executive Summary

Housing Pathway for the Homeless in Dover, Delaware

In considering the needs of all people of central Delaware, the Panel holds these values as imperative:

1. Housing is a basic need for a sustainable life.
 - Housing comes first. You don't need to fix the homeless person's problems before he is housed.
 - All homeless persons should have equal access to services and programs.
 - Persons experiencing homelessness have a right to be treated with dignity.
2. Individualized supportive services are the key to sustaining permanent long-term housing.
3. Family members should be housed together whenever possible.

The local homeless population is estimated at 300 to 400 adults, with 400 to 500 unique individuals seen at the Dover Interfaith Mission for Housing's resource center annually. Nearly 600 unique individuals spent time in three Dover shelters during 2016.

Characteristics of the homeless population include:

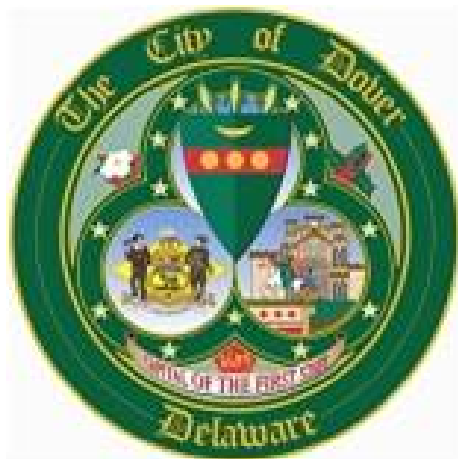
- The transitory homeless, who have lost employment and income and require temporary shelter.
- The difficult-to-place homeless, who have been incarcerated or who have poor credit and work histories, but who can regain productive and self-reliant lives with guidance and assistance.
- Those unable to support themselves, including many on disability income who cannot afford market housing. Many are willing to perform volunteer or housing-related tasks.
- The chronically homeless, who have not been able to maintain an independent life, including those with mental health or chronic health or addiction issues.
- Families who cannot earn enough to support themselves at current housing prices and who face long waiting lists for assisted housing.
- Veterans not already served by existing programs.
- A smaller number of young adults who may be homeless or may have "aged out" of foster care and choose not to access independent living services.

Plan components:

- Preservation of existing shelter space.
- Creation of a facility able to accommodate fifty or more individuals on a temporary basis, with services on the same site to facilitate access to other basic needs, to secure needed documents, and to obtain case management and employment opportunities.
- Highly-affordable congregate housing with single and double rooms and shared facilities.
- Use of the current deteriorated housing stock for conversion to family housing, possibly making two apartments in a single-family house.
- Expanded daytime resources and gathering space that includes case management services and personal storage space along with referrals to available services and housing.
- Availability of volunteers to guide homeless individuals at the Dover Public Library and DIMH.
- Case management and access to resources, including financial management training and guidance with housing and employment-related decisions for all shelter and supportive housing residents.
- Access to individual or family tenancy or home ownership in the local market for future moves.

Implementation:

- Creation of a Task Force that includes decision makers in such areas as planning and zoning, law, human services, and current shelter managers.
- Designation of a city liaison as point of contact for issues related to plan implementation and issues that arise which affect homeless residents of Dover.
- Identification of suitable buildings and properties to meet objectives.
- Development of a plan for rehabilitation and reuse of aged housing stock to meet objectives.
- Strengthening an existing nonprofit organization or developing a new one to implement the plan.



A Housing Pathway for the Homeless

The Mayor's Panel to End Homelessness

for

Mayor Robin Christiansen

June 28, 2017

A Housing Pathway for the Homeless

In January 2017, Mayor Robin Christiansen, in response to a growing problem of homelessness in Dover, commissioned a Mayor's Blue Ribbon Panel to End Homelessness in Dover. Community members representing agencies affected by or serving the homeless population were tapped to serve on the Panel. Serving are:

Jerry Abrams, MD	Commissioner Allan Angel
Carla Benson-Green	Kimberly Brockenbrough
Gregg Bunkley	Chris Cooper
Margie Cyr	Rev. Elmer Davis, Jr.
Major (Ret.) William Farley	Tonya Guinn
Jeanine Kleimo	Cathi Kopera
Councilman Brian Lewis	Becky Martin
Dan Shelton, EdD	

Introduction

In February 2017 the Panel convened for the first time with Dr. Abrams serving as Chair. At its first meeting, the Panel agreed that the goal of the group would be to make recommendations leading to the end of homelessness in the Dover area. In order to accomplish the goal, the Panel identified critical steps to be undertaken:

- Identification of homeless individuals in our community
- Recognize current efforts by local groups and organizations
- Discover gaps in services available to aid the homeless
- Find opportunities for improvement
- Identify barriers to ending homelessness
- Seek additional resources in our community
- Develop innovative approaches towards reducing homelessness
- Foster coordination among various governmental, public and private agencies
- Perhaps most importantly, endeavor to raise awareness of the homelessness problem and encourage compassion for those struggling to find adequate housing

The Panel met a number of times and heard presentations from representatives of numerous local organizations providing services to the local homeless population. These included the James Williams Service Center; Delaware State Housing Authority; Dover Mayor's Challenge to End Veterans' Homelessness; Code Purple; Homeless Planning Council; Kent County Board of Realtors; Rick VanStory Resource Center; Connections; Tiny Homes; Dover Interfaith Mission for Housing; Delaware Division of Libraries' Inspiration Spaces Job Center; Grace Church of Dover; and the Homeless Forum. The Panel also heard from members of the public which included homeless individuals whose insights were particularly helpful.

Background

It is estimated that between 300 and 400 adults in the Greater Dover area are homeless, including those residing in shelters, in tents, in Code Purple sanctuaries, and moving from space in the home of one friend to another.

Individuals lacking shelter congregate at a variety of places in the community including the library, at the DIMH Resource Center and other places.

These individuals share information about meals and services available, with many assisting and advising one another. This network is supportive and needs to be reflected in plans to address the long-term needs of those experiencing homelessness. Many do not seek to live in isolation from one another and would prefer the social aspects of communal or shared housing. Among the disabled, many fear dying alone and not being found by anyone who cares.

Barriers to housing include mental health problems, drug and alcohol addiction, bad credit, previous incarceration, community attitudes, families with youths, financial burdens and lack of affordable housing.

It should be noted that there are real costs to the community for not addressing homelessness. These include medical care, police and fire services, crime, sanitation as well as unmeasurable effects on civic pride and attractiveness of our community. Resources applied to "solving" the homeless problem can provide a return on investment in reducing some of those costs.

Approaches

While each person and his or her needs are different, it can be useful to aggregate the local homeless population into seven categories:

A. Transitory Homeless

The "transitory" homeless have had housing and employment in the past but have suffered a loss due to sudden unemployment, family breakup, or other issue.

They can regain self-reliant lives with short-term housing and assistance with employment. Most move on from a supportive shelter within sixty (60) days; therefore, existing shelters are adequate to meet their needs for temporary shelter.

B. Those unable to secure permanent housing due to circumstances such as previous incarceration, poor credit, spotty work history, etc.

This group faces more serious challenges in securing self-sufficiency due to previous incarceration, poor credit, spotty work history, or other factors related to the lack of stability in their lives for a period of time. They can benefit from shelters which offer structure and guidance directed at regaining employment and independent living. Most can succeed, though some will find it very difficult to obtain and to maintain stable employment. Access to shelter for more than thirty (30) days plus highly-affordable housing is needed, as those who work will earn very low incomes.

C. Those who are no longer able to support themselves

This group is comprised mainly of those who are no longer able to work to support themselves. Many receive disability income of \$733 monthly plus food stamps. Others have applied for disability benefits and have been rejected; or have applications pending; or have not applied due to lack of familiarity with how to do so. Many are able to work as volunteers or as part-time employees in housing programs or in community ventures that require part-time labor. Their need is for long-term very-affordable housing that has access to services.

D. Chronically homeless

This group includes the chronically homeless (who are unable to meet their own shelter needs) along with those who suffer from serious mental illness or chronic substance abuse. These individuals need long-term care in facilities that address their unique needs and should not be included in programs that focus on the provision of shelter and employment opportunities. The Panel recognizes that not all homeless persons choose to live in housing.

E. Families with children

There are whole families as well as single parents with children who require shelter and assistance with regaining self-reliant lives. [48 women with children were served by the People's Place/Whatcoat shelter during 2016 in addition to great demand for a small number of family units.] It is recommended that family housing be developed on a separate site. The redevelopment of dilapidated houses in the downtown district and their conversion to family housing (with perhaps two apartments in each building) could be considered as the best alternative.

F. Young Adults, ages 18-21

Young adults, ages 18-21, appear to be more of our transient population and therefore it can be challenging to obtain a good census snapshot. This age bracket tend to couch hop from place to place. We know that there is a need, but we may be challenged to identify how much of a need in Dover. While there are resources for young adults who exit the Foster Care System such as Independent Living mentors, State Rental Assistance Program (SRAP) and other access programs, these resources may not be readily available or may not exist for the remainder of the homeless young adults in our community.

G. Veterans

Veterans, including intact families and single male and female parents with children, make up approximately 11% of the overall homeless population, generally. While their reasons for being homeless may be similar to homeless persons in the previously listed categories, they may also be connected to events that occurred during their military service and result from service-connected conditions, such as PTSD. In addition, the federal Veterans Administration has established programs and procedures intended to help alleviate Veterans' homelessness and the associated underlying conditions. During 2015, the Mayor

of Dover joined the HUD Challenge to End Veterans Homelessness and established the Dover Mayor's Welcome Home Team to study and address the problem of Veterans homelessness. This effort eventually became a part of a successful state-wide program involving coordination of federal, state and local agencies to address Veterans homelessness. While Veterans still become homeless, Delaware has developed procedures and programs to assist them once they have been identified. Dover's plan to end homelessness should include procedures for identifying homeless veterans and their families and connecting them with all services for which they are eligible.

**In considering the needs of all people of central Delaware,
the Panel holds these values as imperative:**

- 1. Housing is a basic need.**
 - a. Housing comes first. You don't need to fix the homeless person's problems before he is housed.**
 - b. All homeless persons should have equal access to services and programs.**
 - c. Persons experiencing homelessness have a right to be treated with dignity.**
- 2. Individualized supportive services are the key to sustaining permanent long-term housing.**
- 3. Family members should be housed together whenever possible.**

Housing Issues in the Local Market

In the long run, both affordable apartments and houses are in demand for those who are successful in achieving full-time employment at prevailing local wages. The rehabilitation of downtown properties and the creation of additional ownership opportunities through Habitat for Humanity are suitable options. Many fear renting in some of the established neighborhoods where apartments may be occupied by drug dealers and violent individuals, contributing to the lack of demand or interest by potential residents.

The typical model of garden apartments that rent in the range of \$750 to \$900 exceeds the financial capacity of the local working class. A worker earning minimum wage for full-time employment has a monthly income of approximately \$1,350. Allocating the recommended 30% of income for rent means that an affordable rent is just over \$400. In many cases, two people earning this amount cannot find housing that they can afford. Similarly a person with a disability and little or no work history who is dependent on SSI would have an income of around \$735 per month, less than most one bedroom apartments cost in the area.

There is a need for alternatives to traditional construction methods which may be combined with energy-efficient technologies to create housing that is affordable to the low-wage working class which is likely to be a significant component of the local labor force for years to come.

Services

Many people who are homeless need services in addition to housing to allow them to live with stability in the community. A combination of programming that addresses the credit improvement, employment stability, banking account establishment, and financial literacy for those emerging from homelessness and unemployment and housing that is truly affordable must be developed.

A number of best practices have been identified that support people in obtaining and maintaining housing. It is important that those providing services to the homeless in our community are trained in these concepts and practices and that high quality services are provided. The following are service models and techniques have been shown through research to provide improved outcomes for people who are homeless and their communities.

1. **Housing First** is a concept and a practice. The concept of Housing First is that people do not need to be fixed to be housed. In practice, a commitment is made to provide housing for people who have all kind of needs including those with addictions and serious mental health concerns. Once housed service providers work to support people in housing and assist them in connecting to services and work to engage them in services. For more information - <http://www.endhomelessness.org/library/entry/what-is-housing-first>
2. **Motivational Interviewing.** Motivational Interviewing is a therapeutic technique that has been found to help homeless people to make life changes that will lead them to make life changes that may lead to increased stability. For more information: <http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
3. **Harm Reduction.** Harm Reduction, originally a Public health concept, is now widely applied to assisting those with addictions. The focus of a service provider is not so much to have the person stop the use of addictive substances, but to help the person to minimize potential negative impacts to themselves and the community. For More information : <http://harmreduction.org/about-us/principles-of-harm-reduction/>
4. **Engagement strategies.** Engagement strategies can cover many areas, and include practices such as motivational interviewing and harm reduction listed above, but can include models such as progressive engagement, where people are assisted with a light touch of assistance, but monitored for progress and provided additional assistance as needed. In addition, Case Management tasked with assisting people to access housing must have a toolbox of engagement strategies to work with landlords.
5. **Trauma Informed Care.** Trauma informed Care is a service delivery model that acknowledges that many people seeking assistance in the Homeless delivery system have had traumatic experiences that have impacted how they interact with the world. Staff who are trained in the impacts of trauma, buildings that are designed for those who have experienced trauma as well as policies and practices that have been shown to address the needs of those who have experienced trauma can increase positive outcomes for homeless families and individuals. For more information: http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

Opportunities for short-term shelter access with the services and approach indicated above needs to be followed by highly-affordable, modest, but safe and supportive rental housing. It is critical to create low-rent units that do not depend on scarce federal subsidies. This should be complemented by the construction of affordable long-term rental units and the option to purchase modest housing in strong neighborhoods.

A vibrant local economy with higher employment, a larger aggregate wage and tax bill, reduced homelessness and a corresponding reduction in crime will do much to contribute to an improved community life for Dover. This will more likely be sustained if truly affordable and creative housing options are pursued and found acceptable by the community as a whole.

In considering the big picture of housing needs for those experiencing homelessness and the impact that homelessness makes on the community at large, the Mayor's Blue Ribbon Panel on Homelessness acknowledges that the homelessness situation facing Dover is not unique. In fact, most cities in the North America are facing the same problems. Some cities have met these challenges successfully, others are still working to find solutions.

A Housing Pathway for the Homeless: Essential Elements

Objective: Enter as a homeless individual or family; move on as tenant or homeowner with financial stability.

- 1.) Access to shelter that offers case management and supportive services
 - a. Common intake for all homeless individuals and families
 - b. Case management sufficient for all adults with Life Skills classes
 - c. Supportive services on site for mental health and substance abuse
 - d. Physical health services and referrals with prescription assistance
 - e. Assistance with documents and applications (i.e. birth certificates, IDs, benefits)
 - f. Guidance with employment access
 - g. Provision of nutritious food
 - h. Options for families
- 2.) Housing with continued services
 - a. Stable and affordable housing for those with disability income or low wages
 - b. Stable sources of food and meal preparation
 - c. Case management to ensure continued and improved employment access
 - d. Continued services for mental health and substance abuse
 - e. Personal financial management training and information
 - f. Linkages with community resources and activities
 - g. Those who have experienced homelessness and are now housed are encouraged to serve as mentors to those beginning the process to becoming housed.
- 3.) Affordable community living
 - a. Continued access to affordable housing
 - b. Access to resources for guidance/relapse/medical care/other needs
 - c. Network of supportive services
 - d. Opportunities for home ownership and private tenancy

Recommendations

- 1.) Any effort made needs to be a joint City/County/State effort. No single of these entities can meet success without the others.
- 2.) A Task Force needs to be created to move the elements of the proposal forward
 - a. The Task Force should be limited to between twelve (12) and fifteen (15) members for efficient and effective work
 - b. The Task Force must be composed of people who have the skills to make changes in City and County codes and laws: planning and zoning; law; and human services. Representatives of Interfaith Mission, Code Purple and the DE State Housing Authority should be represented as well.
 - c. A liaison across all the services (including Veterans) serving the homeless must be identified and developed. This liaison will enable the free flow of information, serve as a conduit of for sharing information amongst agencies and provide a holistic approach to resource sharing.
 - d. The Task Force must immediately begin the process of reviewing current City and County codes and work to bring these Codes up to date and in compliance with existing federal, state and local laws.
 - e. The Task Force must identify the legal status of any newly formed entity to house the homeless, establish how it will be governed, and develop a funding source.
- 3.) Development of a standing organization to provide a single entry point for access to all services. This will require improving the ability to provide comprehensive case management.
- 4.) Expansion of daytime resource center hours and personnel.

There is much work to be done and it is recommended that the work be divided into phases.

Phase I: These steps need to be taken immediately while the Task Force is at work on the above steps:

- a. Storage space or lockers for personal belongings would be of great value to the homeless. Most must carry their possession with them in shopping carts and wheeled cases, limiting their flexibility and ease of movement. Some may be reluctant to take advantage of services that are available because of the inconvenience of lugging their possessions around. The library, the DIMH resource center, and other facilities would prefer not to have such large amounts of possessions accompany those seeking services.
- b. A daytime site other than the Dover Public Library is needed for homeless people to gather, to have someone discern their needs and willingness to accept help, and to provide them with information, food, and guidance. Some staffing would be required to manage it. Training could be provided to enable volunteers and college interns to perform much of the day-to-day work of interacting with and

assisting those in need. Such an effort might begin with the placement of a human service worker at the Dover Public Library for scheduled hours to minimize negative impact on the library and to maximize access of needy patrons to critical services, information, and guidance.

- c. There is an existing daytime resource center located adjacent to the Interfaith Mission. Operating Monday to Fridays, 9:00 AM until 12:00 PM, this resource center is too small and operates with very limited hours.
- d. A primary goal and first step would be expand the physical space for this type of service and expand the hours of operation. Case workers supported by trained volunteers will be needed to provide assistance to visitors.

Phase II: A Whole Health Approach

- a. A site which can provide emergency shelter and transitional housing with the services noted is the preferred approach. The lack of readily-available properties that meet zoning and code requirements as well as the space required to house perhaps 60 to 100 individuals at a time is an obstacle. The work of the Task Force above is essential to erasing this obstacle.
- b. Highly-affordable rental housing that reduces personal space and amenities in exchange for very low rents is in great demand. Supportive services are also needed to enable those residing in such quarters to improve their situations and (in some cases) to move on to more traditional rental housing.
- c. The preservation of existing shelter space is essential: both People's Place/Whatcoat and Shepherd Place are located in properties owned by their respective organizations. The Dover Interfaith Mission for Housing operates a 36-bed shelter and a daytime resource center on leased land, with a lease expiring at the end of 2019. The extension of the lease or (ideally) the transfer of property ownership to Dover Interfaith is desirable. There is additional vacant land on the site for development.

Phase III: Enabling a homeless person to transition into a self-supporting productive homed situation is a long-term process requiring varied support services

- a. With a large share of homeless adults suffering from mental health or substance abuse issues, the ideal situation would be one in which a single building could provide emergency shelter, treatment for substance abuse, mental health services and medication management, and extensive case management services sufficient to guide each entering individual through the range of medical and other health treatment, personal budgeting and financial management, education, job preparation, and employment assistance needed in order to achieve self-reliant lives. Affordable transitional housing and graduated independent living are also desirable components of a comprehensive approach.
- b. Each person entering the facility would have a file opened and a case manager along with access to short-term shelter. An initial assessment would ascertain individual treatment needs and identify near-term objectives for the individual's case planning. Every individual would be assisted quickly to obtain any needed documents.

- c. An initial plan for each shelter resident will include the submission of an application for food and medical benefits for which he or she is eligible and the determination of his or her capacity for work. Each would be assigned tasks or chores related to facility management that correspond with individual capabilities. Those able to apply for work would participate in “Life Skills” classes to determine employment and training skills and deficiencies and to determine the course of subsequent case management. Disability applications will be prepared with those who are no longer able to secure employment.
- d. Education in both practical and academic areas must be made available as needed. This includes literacy and GED preparation as well as personal financial management and the development of skills related to life maintenance, such as cooking, home care, basic computer skills, and others.
- e. As each individual progresses to determine his or her individual case management path, housing goals will be established. For some, access to supportive and highly-affordable rental housing will be the objective. Others will seek to become tenants in the private market, with some seeking reunification of families in suitable housing. Some will require access to transitional housing while striving to achieve other housing goals, including individual tenancy and home ownership. Habitat for Humanity will be one of the options available to those who secure stable employment. Housing counseling programs and first-time homebuyer programs will also be made available through collaboration with relevant agencies.
- f. In the long term, those who succeed in securing stability can serve as mentors for those entering shelter. Advanced “life skills” classes or support groups may benefit residents of transitional or other assisted housing, helping them to maintain their financial and personal stability. This is likely to be of particular value to those seeking to become tenants or homeowners in the local market.

Options and Costs: The Panel acknowledges that a one-size solution may not fit all people and that a variety of housing options has a better chance of meeting the needs of people with different needs

- **Group Housing for Individuals:**

1. One option is to develop or redevelop a property for the single-site approach outlined above. A building of at least 20,000 square feet could provide emergency shelter for fifty (50) adults, transitional housing with residential rehab services for another fifty (50), and related office space. Leased premises would be suitable if code issues are satisfied, providing sprinklers/fire suppressant systems and commercial kitchen facilities.
2. In addition, highly-affordable housing for long-term residence is also needed. Assume that 200 square feet is needed per person (based on actual allocation at Walt Bagley Hall.) This includes mostly double rooms plus shared facilities. Some small single rooms should also be available. (See #1, #2)
3. Shelter placement would be needed for initial screening before suitable placements are made in any housing developed. While there would not be immediate 100% occupancy, grant funds may be sought for the initial year or 18

months of operations to facilitate the process of resident selection, initial training, and orientation. Grant funds would also be sought to cover overall housing and case management costs. (See #3)

[It should be noted that the concept of a single facility to provide emergency and transitional housing with related services is an idea that was pursued some years ago. When the old Frear Federal Building was to be vacated, federal law provides for a homeless organization to have the “right of first refusal.” The Dover Interfaith Mission for Housing filed for access to the building and would have been first on the list; however, there was considerable pressure exerted by the City, Wesley College, and other supporters to make the building available for the new nursing school for Wesley College. As Dover Interfaith was not yet ready to undertake the fund-raising needed to convert a large facility without the requisite public support, the decision was made to facilitate the property’s transfer to Wesley College with the understanding that the homeless and their needs would be addressed at a later date. This is now the later date.]

A draft and highly-preliminary budget follows.

Elements:

1. Employment and placement of Human Service worker in the library.
2. Employment of a housing coordinator and case worker once housing is developed.
3. Development of housing for 50 men and 20 women on different sites.
4. Redevelopment of two houses to provide four family apartments in downtown area.
5. Utilization of existing sites at Dover Interfaith (for men) and another site for women (perhaps Whatcoat.)
6. Development of second phase of housing as needed once first round is fully-occupied.

The Human Services worker might move from functioning at the library to being the housing coordinator over the first two years of the program. A successful individual could even move into the social work position.

Arrangements for meals may depend on voluntary service from residents (with training and initial supervision) or a plan to be determined.

Obstacles:

- Site that offers suitable zoning and services.
- Sex offenders have to reside away from families.
- Access to sufficient services (proposed Medicaid changes may help.
- Organizational capacity.

- **Alternative for Disabled Adults and Homeless Families**

1. It is estimated by local organizations that address the shelter needs of the homeless that there are at least 100 adults whose only source of income is “disability” or Supplemental Security Income. These “SSI” payments remain constant at \$733 per month for each individual. This annual income of \$8,796 is below the poverty level. Recipients may also receive \$192 in EBT food benefits, commonly known as “Food Stamps.”

2. Those dependent on SSI are disabled from their prior work and face limits on earning additional funds. They may, however, receive Medicaid to cover medical bills.
 3. It is widely known that the waiting lists for assisted housing are long, leaving most SSI recipients to seek alternatives to what is commonly referred to as “public housing” or Section 8 housing. Alternatives are needed due to the large number of individuals whose income is limited to SSI and to the increasing number of poor elderly individuals dependent on Social Security income.
- Dover has an under-utilized housing stock, with many deteriorated units vacant. There are also a number of elderly homeowners with limited income and a desire to remain in their homes. For some, this is due to the lack of resources to maintain life in traditional assisted living facilities. Out of these two problems, solutions may arise:
 - First, vacant houses could be renovated and leased to groups of disabled adults. It is proposed that a cooperative venture be established to lease houses and to rent rooms to individuals.
 - Components of such a plan would include the following:
 - Creation of a cooperative organization (nonprofit) that would identify properties, identify and select tenants, and manage the program.
 - A guaranty fund of \$10,000 to cover the cost of security deposits and the first month’s rent on each house leased. (This should be sufficient for at least four or five houses and would revolve over time.)
 - A membership registration process that includes a modest fee for each member (perhaps \$10 to \$25) and which requires participation in monthly cooperative meetings along with monthly training sessions on such topics as personal financial management and housing maintenance.
 - An orientation process that includes the review and acceptance of house rules and routine cleaning and operating procedures.
 - Creation of a residents’ council with its own leadership from among disabled adults, with training to be provided on such topics as board leadership, record-keeping, tenant selection, and policy enforcement.
 - Development of a standard lease for rental of rooms within the cooperative’s network of houses managed.
 - Development of a standard lease between the cooperative and landlords.
 - Tenant selection process and marketing plan.
 - Social service or case workers “on call” as back-up for any issues that arise on the part of individuals in need or between individuals.
 - Collection of rents by cooperative leadership for payment into landlord accounts.
 - A program of matching elderly homeowners with responsible low-income adults in need of housing may be developed. A roommate with limited income and rent-paying capacity might be paired with a less-able homeowner seeking assistance with home maintenance tasks, grocery shopping, and other aspects of life that may be difficult to maintain without help. Each individual participating as a potential “roommate” should undergo a background check, be certified as free of substance abuse addictions, and be required to

participate in orientation and training along with periodic meetings at which issues may be shared and discussed.

- Positive matches may result in both the homeowner's ability to remain at home for some years while ensuring the safety and assistance needs faced by elderly homeowners as they age or become widowed.
- Over time, cooperative transportation, food service, shopping assistance, and other help may develop with some disabled adults providing specialized services to several homeowners while residing in the home of one participating homeowner. For example, one individual could prepare dinners for several households while another operates a vehicle providing transportation to medical and social appointments.
- A system of "back-up" support is needed in the case of any difficulties experienced on the part of homeowner or tenant, including the provision of respite care when a tenant must be absent on personal vacation or business.

Challenges/Potential Obstacles

- Most funds coming into Dover are for home ownership, with a goal of increasing the rate of home ownership in the target neighborhoods. There is no clear pool of funds available for renovation of housing for rent.
- City regulations permit residence of up to five unrelated adults in a single-family home; however, zoning variances are often required. This process might be streamlined as part of a program such as the one described above for shared housing.
- Neighbor concerns might be addressed by materials developed in support of either program and distributed to neighbors.
- City electric/utility deposits might be waived for the shared housing program or covered by the guaranty fund.
- Furniture could be collected in order to furnish the shared houses. Faith communities could be encouraged to help to sponsor a house or a room.
- City personnel would have to be engaged in identification of suitable properties.

• **The Tiny Villages Model**

This model meets the needs of the homeless person who does not wish to share living space with others. The Tiny Villages is a community of very small cabins placed in a village situation providing supportive services. This model is for the very, very low income individual. The Village will be composed of:

- a. Each cabin will be 200 square feet in size (10'x20')
 - b. Administrative offices
 - c. Parking area
 - d. Information Center
 - e. Trash/recycling area
-
- It is envisioned that the Tiny Village will be self-governed with an oversight Board.
 - Fifteen (15) initial cabins are planned
 - Each cabin includes a bathroom with shower and kitchenette

- Residents will pay \$200-300 per month to cover basic utilities and fees.
- Residents will maintain their own Food Stamps for their individual feeding needs
- Security and maintenance are provided by the residents
- Partnerships with City, County and State agencies will be created to provide support resources to residents
- Maintenance, housing repairs, plumbing etc. will be managed by the residents and volunteers
- The goal of the Village is to be energy efficient and eco-friendly using LEED standards to reduce utility costs as much as possible

Challenges/Potential Obstacles

- Funding is uncertain. It is planned to solicit donations and grants
- In kind donations of materials and supplies will be needed
- Kent County zoning and codes have been adjusted to accommodate such a Village; City codes have not
- Neighborhood opposition may be strong

● **Sober Living Housing**

In Delaware there currently exist Sober Living Housing establishments for people who are in recovery from alcoholism or other addictions. In Dover, examples are:

1. Oxford Houses (for men and for women, separately)
 2. Serenity House
- These living situations have proven to be successful
 - The number of beds in each house is limited and the number of houses is too limited for the demand
 - Sussex County has many more of these than Kent County. Sussex County code supports this more easily than Kent County code

● **Services for Homeless Youth, Ages 18-21**

The Housing Alliance Delaware provided information from the Community Management Information System on Young adults ages 18-21 who were sheltered in Kent County in 2015 and 2016. In 2015 the Kent County shelters, Interfaith Mission, The Shepherd Place and Whatcoat Social Services provided shelter to 27 young adults age 18-21.

Of these 19 were head of household, meaning they were not part of a larger family unit or they entered with minor children. Three of these young adults were parenting. In 2016 the Kent County shelters, provided shelter to 29 young adults age 18-21. Of these 21 were head of household, meaning they were not part of a larger family unit or they entered with minor children. Only one of these young adults in shelter was parenting in 2016.

There is currently one young adult facility specifically for ages 18-21 years offering independent living services located in Milford. According to the Independent Living Program Administrator, at least one bed has been allocated for non-foster care youth. The second facility, located in Sussex County, initially opened specifically for this population but has since expanded the age bracket due to low capacity for this age group.

This relatively small number of young adults could be assisted with temporary rental assistance with case management focused on increasing income, by assisting with applying for entitlements when warranted.

Young adults need the same type of supports and access to services as mentioned in the overall umbrella. Education or skills training can be critical for this population and perhaps yield more favorable outcomes because they have recently left structured educational systems. Transitional housing with a residential stay of at a minimum of one year and a maximum of two years could be considered. This will allow time for aggressive assistance with connecting these young adults to employment and training opportunities paired with budgeting and life skills training, housing and completion of an educational program (such as a GED) if needed.

We know that not everyone is ready to live alone or in groups, however, it is recommended to:

- Consider as a phase in housing specifically for young adults.
- Develop a pool of individual rooms to rent.
- Scatter, not cluster, the sites to discourage peers and crowds from gathering.
- If it is determined that there is a large population in this age bracket, consider a dormitory-style concept with access to case management and services provided on site.

- **Partnerships with private property owners who rent to the very low income**

1. An example is the Palmer Home
2. This model is based on the boarding house model of years ago
 - City and County codes may need to be amended to support this
 - The number of private property owners who wish to engage in this type of rental may be limited

- **Code Purple**

Code Purple will always remain in effect when the outside temperature reaches 32 degrees or below. Code Purple is a statewide project that helps people who are homeless find a place of shelter when weather conditions become too dangerous for individuals or families to remain outside. Code Purple sites are staffed by trained volunteers and typically are located at houses of worship and targeted shelters that provide a safe, warm and short-term shelter which can last up to 24 hours.

Because of the fact that not all homeless persons choose to live in housing, Code Purple will remain a critical need for emergency response when inclement weather or other disaster suddenly strikes.

Eliminating Homelessness in Central Delaware

In conclusion, the Panel acknowledges this is a long-term prospect which will be challenging on many fronts not the least of which is funding. Any discussion of funding cannot take place without the acknowledging and tabulating the actual costs to a community caused by homelessness itself. Among these are:

- Medical costs: emergency room visits, detoxification, mental health support
- Law enforcement: use of local and state policing to respond and manage crisis
- Justice/Legal system: court costs and incarceration costs
- Costs to public facilities which the homeless frequent when they are not sheltered

These costs have not been tabulated to date in central Delaware because of barriers such as HIPAA. Delaware's Continuum of Care is currently attempting to compile these costs.

The Panel is confident that solutions will be found that will lead to permanent housing for those in our community who are experiencing homelessness. And this will improve the quality of life of all community members.

We urge the Mayor and local leadership to begin today by forming the Task Force which will be charged with amending codes, deciding governance, enabling free flow of information and resources, finding funding, and implementing the phases as outlined here.

Footnotes:

#1. At \$100 per square foot plus additional costs for sprinkler and kitchen facilities, assume a total cost of \$2.5 million for 20,000 square feet of construction to house 100 persons.

If \$2.5 million were borrowed at 5% interest for 30 years, monthly debt service costs would be \$13,420. (PVIFA is 186.28.)

Debt service per person (\$13,420 divided by 100) would be \$134.20.

#2. Housing could be built on land owned by the City of Dover or its agencies. For example, the current Dover Interfaith shelter and resource center are situated on a one-acre site owned by the Downtown Dover Partnership. Building another shelter would be expensive. If the remaining land were available, then two 20,000-square-foot buildings could be built in two phases to accommodate up to 200 individuals.

The same site might accommodate both a 20,000 square foot communal housing facility (or a few smaller ones) and a second building with small apartments ranging from 400 to 600 square feet. Assuming a construction cost of \$12,000 per 100 square feet without land cost, the construction would result in monthly debt service costs of \$65. This means monthly debt service of \$260 for 400 square feet or \$390 for 600 square feet.

If debt service could be held to \$160 to \$200 per person, doubling this amount for rent that would cover utilities and operating costs would still mean rents affordable to a sector of the homeless population that currently has no access to affordable housing. Rent of \$250 to \$400 per person (plus food stamp/EBT contribution for the provision of two daily meals) becomes affordable to a significant share of the currently-homeless population. Residents would need to contribute \$100 to \$150 of monthly food stamp allotment of \$192 towards the cost of meals.

#3. Borrowing cost may be reduced by applying for \$500,000 in Housing Development Funds or Housing Trust Fund Grants from DSHA. Case management would be needed for many who are able to move on from supportive housing: both the Dover Interfaith Mission for Housing and People's Place have access to increased funding for case management based on their effective records of providing this service; however, not all residents would require the intensive measure of case management that this program provides.

Development costs:

1. Housing for men: \$1 million (fifty (50) men, 200 square feet per person @\$100)
2. Housing for women: \$400,000 (twenty (20) women, 200 square feet per person @\$100)
3. Family housing: \$250,000 to renovate two hours into four 500—600 SF units.

Operating costs:

1. Half-time human service library position: \$15 @ 25 hours weekly = \$19,500 annual
2. Housing coordinator for first year of housing operation: \$15 @ 25 hours weekly = \$19,500
3. Social worker for housing operation beginning when housing is 50% occupied: \$50,000 including benefits and office supplies/cell phone.
4. Accounting and administrative costs can be built into rents as noted above. The operating costs in the first three points above would be in addition to rental income.

Resources

City of Dover, Delaware, *2016 Action Plan*

Community Development Office Fair Housing Counseling, Consolidated Annual Performance Report Community Development Block Grant, FY 2015

Connections Community Support Programs, Inc. *Fact Sheet*

Cross-Site at Home/Chez Soi Project, Executive Summary

Grace for Dover. *Faith & Finances*

A Home for Everyone: a Plan for ending Homelessness in Greater Nashua

HUD Commissioned Study Recommends Building Tint Home Villages to Increase Affordable Housing

Murphy, Carrie. *There's a Better Way to Fight Homelessness: Albuquerque's New Approach to Helping the Homeless Is All about Self-worth*

National Alliance to End Homelessness. *Ten Essentials*
<http://www.endhomelessness.org/pages/ten-essentials>

Overton, Emma. *Medicine Hat, Canada Solves Homelessness, Utah to Follow?*

Rick VanStory Center, Inc. *Your Foundation, Your Future*

Thrive: Medicine Hat and Region Strategy to End Poverty & Increase Well-Being