City of Las Cruces
PEOPLE HELPING PEOPLE

**10-Year Plan to
End Homelessness
2008-2018**

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When we end homelessness...
...in Las Cruces, children who sleep in cars, or in buildings not fit for human habitation will go to bed in a place they can call home; parents and single adults who are focused on daily survival will have the stability they need to lead productive and healthy lives.

When we end homelessness...
...in Las Cruces, men and women who have served our country in the military will not have to suffer the indignity of living on the street.

When we end homelessness...
...in Las Cruces people with severe mental illness will receive treatment and medicine and will live in a place where they have a chance to recover.

When we end homelessness...
...in Las Cruces, hundreds of individuals and families will never become homeless because they will have access to crisis intervention and emergency assistance.

When we end homelessness...
...in Las Cruces, public institutions will discharge individuals into safe, decent and affordable permanent housing.

When we end homelessness...
...in Las Cruces, it will be because of the efforts of people who care about the entire community.

Executive Summary

In 200_, the Southern New Mexico Homeless Task Force, a group comprised of social service and housing providers, veterans groups, governmental entities, began the planning process to develop and implement a 10-Year Plan to End Homelessness.

The Task Force developed a plan based upon the central principles, which have become the centerpiece of regional and state plans to end homelessness throughout the country:

- *Plan for Outcomes* – Develop plans to end, rather than manage, homelessness.
- *Close the front door* -- developing systems and interventions to keep individuals and families from becoming homeless in the first place;
- *Open the back door* -- a commitment to re-housing as quickly as possible those who become homeless;
- *Build the Infrastructure* – Address the systemic problems that lead to poverty and homelessness.

The primary goal of the task force was to think in terms of ending homelessness in Las Cruces over the next 10 years. The focus was not merely managing the homelessness problem but developing a strategic plan to end homelessness was the ultimate objective. The members of the task force developed long term goals and action steps for each priority. Each goal was matched with definable tasks and realistic timelines for those tasks. The recommendations of this plan follow the guidelines of the National Alliance to End Homelessness' plan, the national model for plans to end homelessness.

A series of meetings and focus groups were held with housing and service providers as well as homeless and formerly homeless individuals. Additional data was collected through existing Continuum of Care data and other planning documents. To implement a change and to make a positive impact on homelessness in Las Cruces, many feel that it is vital to put a "face on homelessness". At the core of the focus group sessions was the need for educating the public on homelessness - specifically, who the homeless are, why people become homeless, what can be done to end homelessness.

The Plan was presented to the Mayor and City Council on_____ with subsequent submissions to the New Mexico Coalition to End Homelessness and the U.S. Interagency Council on Homelessness.

The success of the Las Cruces 10-Year Plan to End Homelessness depends on sufficient resources, effective collaborations between non-profit organizations, the faith-based community, the private business sector and local government as well as community support and a commitment to ending homelessness.

<u>Vision Statement</u>

**By 2018, all persons facing homelessness in Las Cruces
will have access to safe, decent, affordable housing and
the resources and supports needed to sustain it.**

More than 600,000 Americans <u>a night</u> are homeless and over 40% are women with their children. The average age of a homeless person in the United States is 9 years old.

Every night, over 200,000 veterans are living on the streets or in emergency shelters.

The actual extent of rural homelessness is unknown due to the difficultly in locating homeless encampments. A national count found that 9% of homeless people live in rural areas.

Chronic homelessness is long-term or repeated homelessness of an individual with a disability. Of the 600,000 homeless Americans, between 150,000 – 200,000 individuals have periods of long-term or repeated homelessness.[1]

According to the U.S. Department of Housing and Urban Development, we are now experiencing a period when worst-case housing needs are at an all-time high. While some communities are beginning to see reductions in chronic homelessness, in many communities family homelessness is exploding and families with children are the fastest growing segment of the homeless population. Many experts attribute the increase in the number of homeless families to a combination of welfare reform; high rates of domestic violence; declining purchasing power of low-wage jobs; and a decrease in the availability of affordable housing.

Defining Homelessness
The U.S. Department of Housing and Urban Development (HUD) defines homeless as persons living in:
- places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- an emergency shelter; or
- transitional housing for homeless persons and who originally came from the streets or emergency shelter.

Homeless in Las Cruces
Homelessness in New Mexico is different in some ways from homelessness in other parts of the United States. One difference is that in urban areas homeless people who are not in shelters sleep in cars, abandoned buildings, and empty lots. In New Mexico homeless people use all of these places but they also camp out in the wide open spaces. This use

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[1] National Alliance to End Homelessness. Retrieved October 2008.
http://www.endhomelessness.org/families/SourceBook.pdf)

of open space means that homeless people are somewhat less visible in New Mexico than in a more urban state. In Southern New Mexico many of the homeless are immigrants and migrant workers[2].

Each year about 17,000 New Mexicans are homeless for at least part of the year. This includes single adults as well as families with children and unaccompanied youth. Without homes, these people also lose access to education, regular health care, employment and most of the things that many of us take for granted as part of our every day lives. Extended homelessness has been shown to lead to early death at an average age of between 42 and 52, due to many untreated chronic health conditions as well as the hardship of living outdoors[3].

In Las Cruces, it is estimated that 2,000-3,000 unduplicated people become or remain homeless over the span of a year.   During the past year, the Mesilla Valley Community of Hope day resource center served 3,028 unduplicated individuals with services ranging from a hot shower to case management and housing placement.

The 2007 point-in-time count conducted by the Southern New Mexico Homeless Providers Coalition and the New Mexico Coalition to End Homelessness identified a total of 380 homeless persons in Las Cruces on one night. Of that number, 210 were in emergency shelters and 170 were unsheltered and living on the streets or in encampments. On any given night, up to 25% of the homeless population is known to sleep outdoors. Based upon Census income data, the City also believes that an additional 2,000+ people (not currently being served) are "at risk" of becoming homeless at any time.
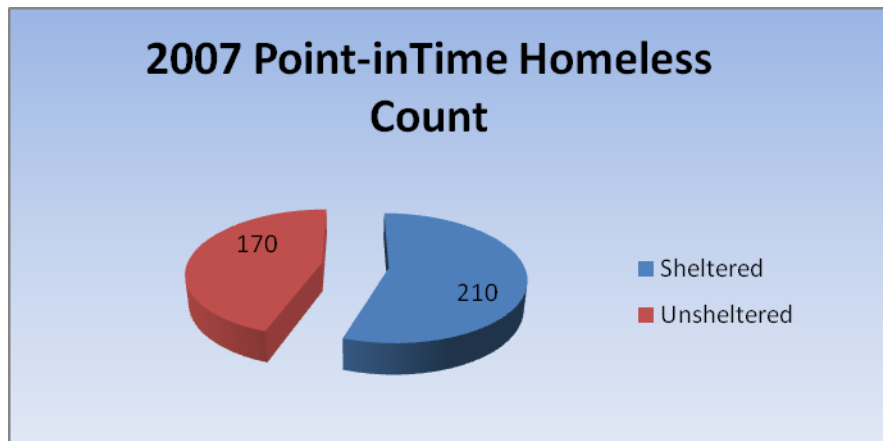

In October 2008, the City of Las Cruces and the agencies located on the Mesilla Valley Community of Hope campus conducted a week long survey of of 1,154 clients that recevied services from one or more of the campus agencies. The survery was designed to ensure representative sampling and to provide a basis for calculating numbers and

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[2] New Mexico Coalition to End Homelessness. Retrieved October 2008. www.nmced.org
[3] New Mexico Coalition to End Homeless. Retrieved October 2008. www.nmced.org

percentages of clients that met the "presumed benefit" categories of homeless and severaly disabled; provide statistics on the number of people who have been homeless at least once during the past three years; and the number of people who consider themselves to be low income. In order to prevent duplication, survey administrators asked each person if they have previously been interviewed. The agencies involved in the survey were El Caldito Soup Kitchen, St. Luke's Health Care Clinic; Jardin de los Niños, Mesilla Valley Community of Hope; and Casa de Peregrinos.
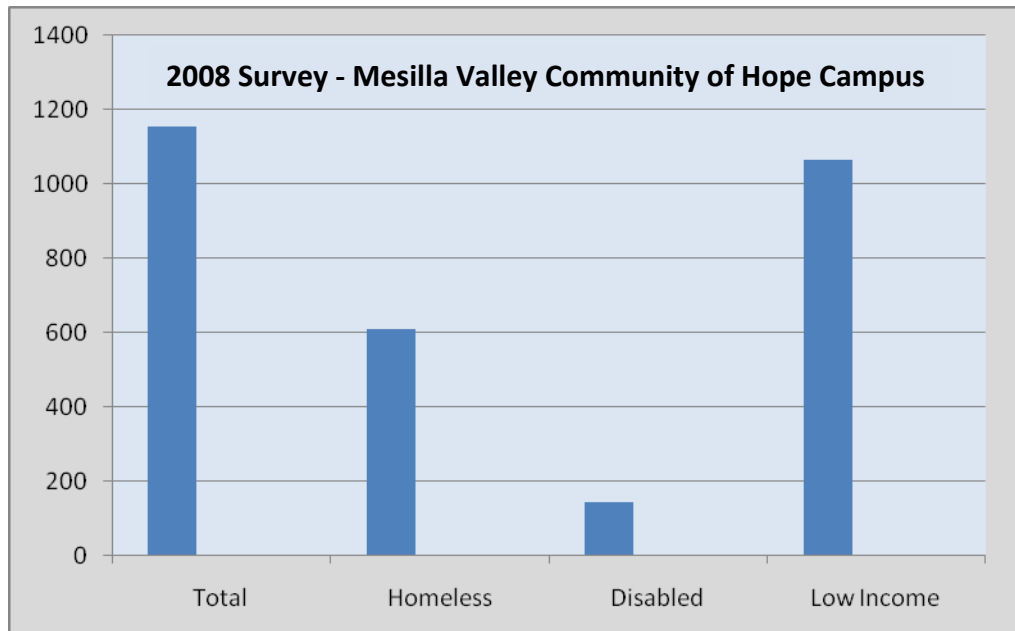
Families and Youth, Inc. provides emergency shelter, transitional housing and supportive services for runaway and homeless youth. In 2007, Families and Youth, Inc. provided emergency shelter to 185 youth and transitional housing to 18 males and 9 females. Three of the females were parenting teens.
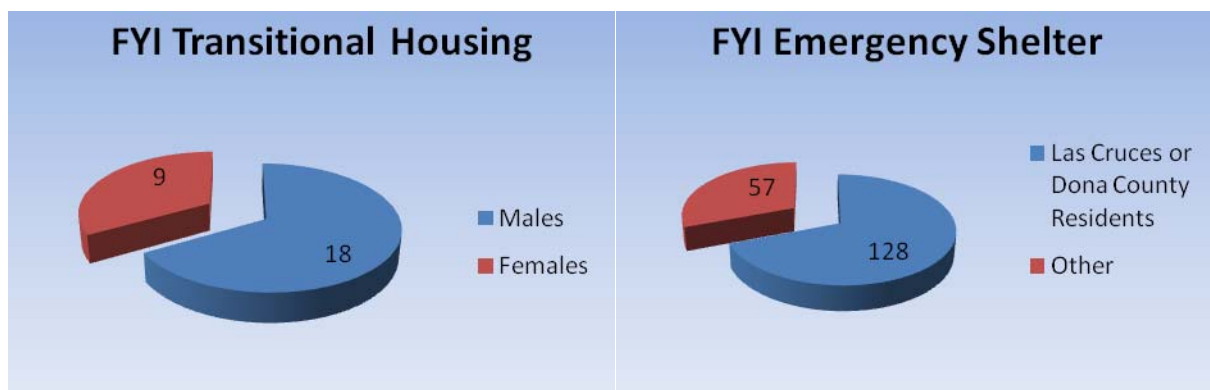
La Casa's services include emergency shelter, non-resident counseling to victims/survivors, children's services, case management, advocacy, civil legal services, community outreach and education, parenting, transitional housing, and a counseling

program for court- and self-referred domestic violence offenders. La Casa provided emergency shelter to 574 victims of domestic violence during 2007. Of the 574 served, 189 were adults and 385 were children. Victims of domestic violence are considered homeless if they must leave their residence due to violence.
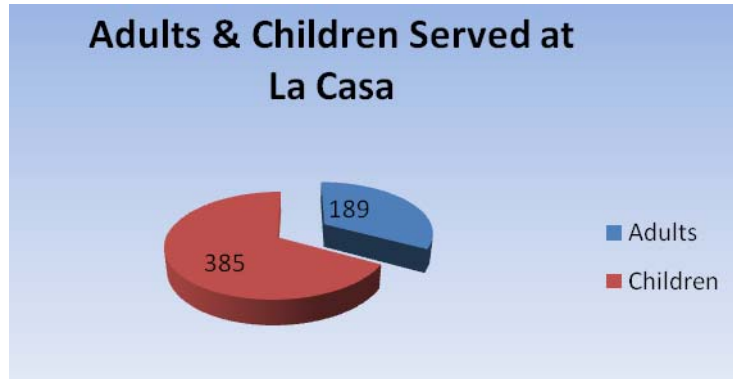
Why End Homelessness?

There are moral reasons to end homeless that are fairly obvious but the economic reasons are also compelling. In October 2006, the New Mexico Coalition to End Homelessness conducted a study to compare the nightly cost of supportive housing with that of local hospitals, jails and shelters. The cost per bed, per night, at New Mexico facilities was as follows: $716 at the University of New Mexico Hospital, $550 at St. Vincent's Hospital, $82 at the Santa Fe County Detention Center, $77 at the state penitentiary, $33 for supportive housing and $30 for emergency shelters[4].

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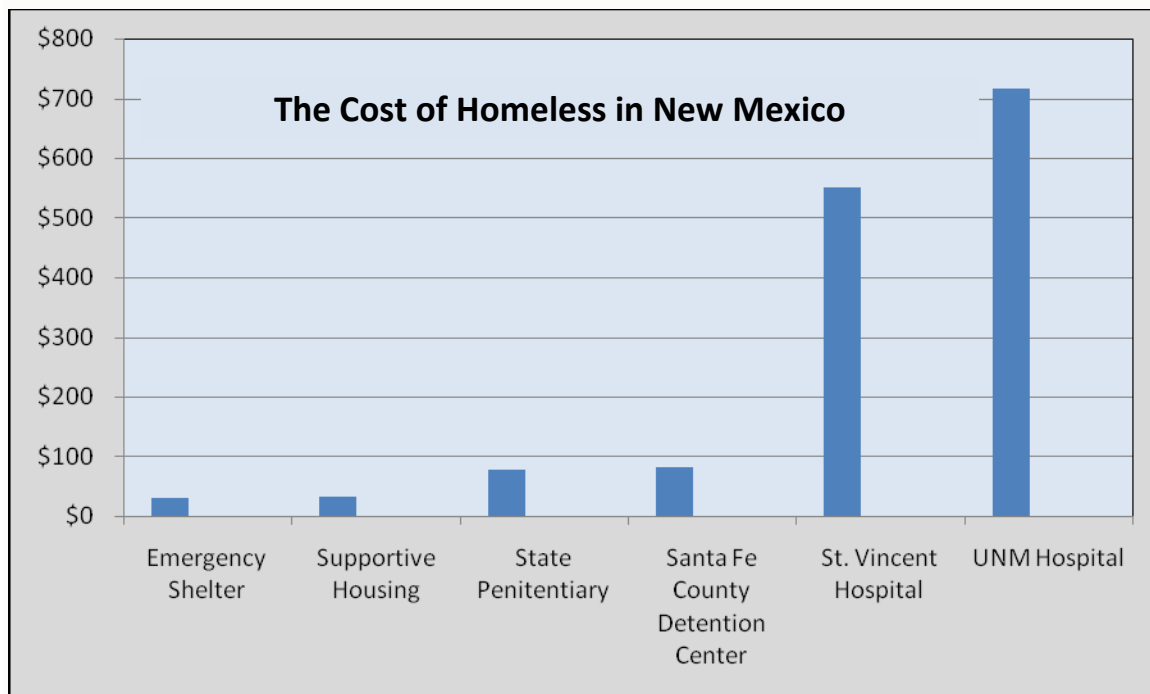
[4] New Mexico Coalition to End Homelessness. October 2006. www.nmceh.org

For many communities, it often seems that the cost of placing homeless people in emergency shelter is the most inexpensive way of meeting basic housing needs. This thinking is deceptive and the actual cost of providing more emergency shelter beds can be quite high when dealing with individuals with chronic illnesses. Since they have no where to stay, homeless people use a variety of public systems in an inefficient and costly way. The cost of an emergency shelter bed is about the same as a supportive housing bed. However, paying for a supportive housing bed is more cost-effective because a person in supportive housing is much less likely to utilize the hospital or criminal justice systems. Supportive housing is a more affordable option, and although shelter costs are comparable, emergency shelters do not provide the stable environment that comes with being housed.

Life on the streets is costly for all public systems in a community:

- In King County, Seattle, a 2003 study of 24 homeless persons found they cost the County $1,187,746 or $49,489/person in just one year.
- 227 chronically homeless adults were followed throughout San Diego's public systems for 18 months. They accounted for: 2,358 hospital visits, 1,745 trips by ambulance, numerous police pick-ups and detox transports, and $6 million in health care costs alone, or $26,431 per person.
- A five year study of 119 homeless "high utilizers" in Boston found that this group made 18,384 E.R. visits, had 871 medical hospitalizations, and 836 respite admissions, costing $25,000 per person in Medicaid alone.
- According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for overnight jail. A typical cost of a prison bed in a state or federal prison if $20,000 per year.

The fiscal and social wisdom of homelessness prevention is even more clear-cut. When a person or family is evicted, everyone pays: shelters, who take the evicted parties in; the evicted, in the increased costs associated with their poor rental record; families, and especially children, from the destabilizing and potentially dangerous effects of shelter life; and landlords, for whom the eviction process is also quite expensive. These costs can be avoided by catching individuals and families before they fall into the shelter system. One survey, for instance, found that while cash assistance programs, which prevent families from becoming homeless, provided an average of $440; this was less than 15% of the cost of placing them in a homeless shelter[5].

Continuum of Care Model
The U.S. Department of Housing and Urban Development (HUD) Continuum of Care plan is a community-based, strategic plan to reduce homelessness. The Continuum of Care plan requires participation of a broad cross section of community representatives, data collection and analysis of homeless needs, and collaborative, consensus-based decision-making around local priorities. The Continuum of Care model recognizes that all homeless persons are not at the same level of stability and addresses a variety of needs. Continuum of Care components included Outreach/Assessment; Prevention;

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[5] Sommer, Heidi. 2001. "Homelessness in Urban America: A Review of the Literature

Emergency Shelter; Supportive Services; Transitional Housing; Permanent Supportive Housing and Permanent Affordable Housing. Originally it was thought that persons experiencing homelessness would enter the system during outreach and move in a linear path from emergency shelter to transitional housing to some type of permanent housing. Experience has show that people can enter and exit the Continuum of Care system at any point.

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┌──────────────┐                                        ┌──────────────┐
│  Prevention  │                                        │  Permanent   │
└──────────────┘                                        │  Affordable  │
                                                        │   Housing    │
┌──────────────┐                                        └──────────────┘
│   Outreach   │              ┌──────────────┐
│  Assessment  │              │ Transitional │
└──────────────┘              │   Housing    │
┌──────────────┐              └──────────────┘          ┌──────────────┐
│  Emergency   │                                        │  Permanent   │
│   Shelter    │                                        │  Supportive  │
└──────────────┘                                        │   Housing    │
                                                        └──────────────┘
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                    │      Supportive Services      │
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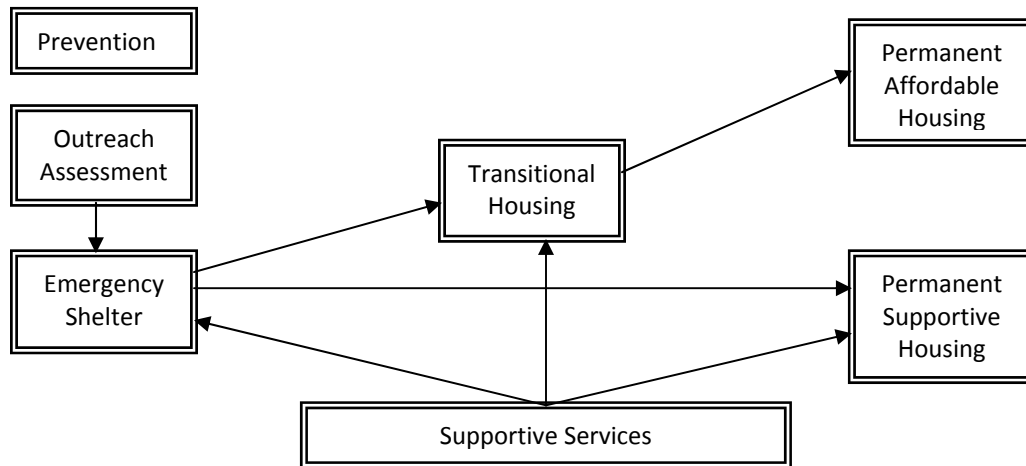
Las Cruces homeless providers have developed a planning process using the Continuum of Care model in conjunction with participation in the New Mexico Balance of State Continuum of Care. Communities in the Balance of State counties can apply for funds through the Balance of State Continuum of Care on an annual basis. These funds are released by the Department of Housing and Urban Development. Funding categories include supportive housing programs, transitional housing, supportive services only and safe havens.

Housing First or Rapid Re-Housing is a change from the Continuum of Care model that is being successfully implemented in other communities, including Albuquerque. Housing First is an approach that centers on providing homeless individuals and families with housing quickly and then providing services as needed. What differentiates a Housing First approach from traditional emergency shelter or transitional housing approaches is that it is "housing-based," with an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.
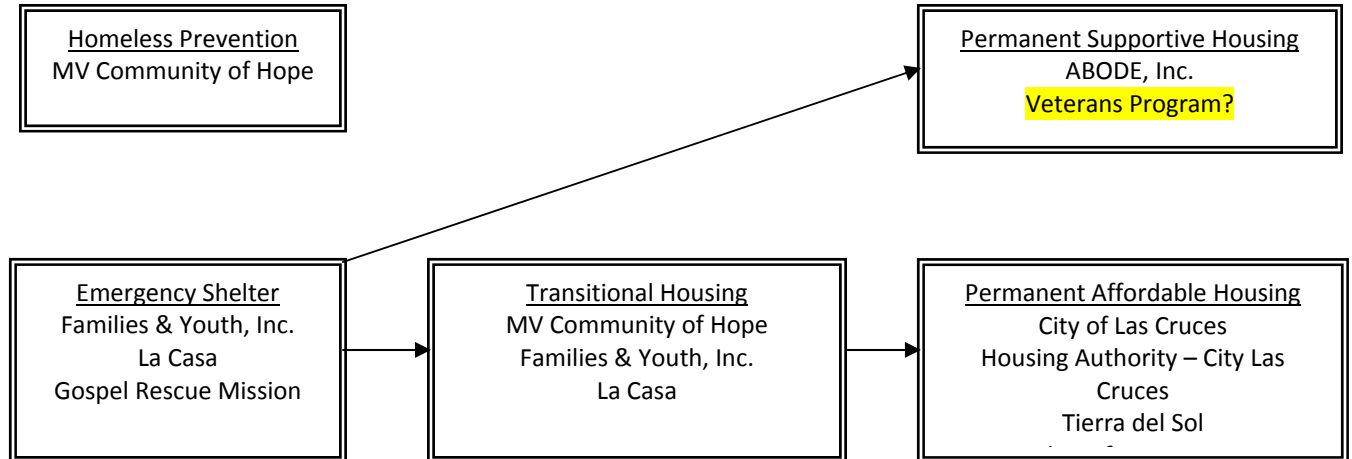
Housing First and Rapid Re-Housing programs contain these elements:

- There is a focus on helping individuals and families access and sustain permanent rental housing as quickly as possible and the housing is not time-limited;
- A variety of services are delivered primarily following a housing placement to promote housing stability and individual well-being;
- Such services are time-limited or long-term depending upon individual need; and

- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully.

Homeless Prevention & Housing Programs in Las Cruces

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┌─────────────────────────┐                    ┌─────────────────────────────┐
│   Homeless Prevention   │                    │ Permanent Supportive Housing│
│  MV Community of Hope    │                    │        ABODE, Inc.          │
│                         │ ───────────┐       │     Veterans Program?       │
└─────────────────────────┘            │       └─────────────────────────────┘
                                       │
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│    Emergency Shelter    ││  │   Transitional Housing   │  │ Permanent Affordable Housing │
│  Families & Youth, Inc. │└─→│  MV Community of Hope     │─→│     City of Las Cruces       │
│        La Casa          │──→│  Families & Youth, Inc.   │  │ Housing Authority – City Las │
│  Gospel Rescue Mission  │   │        La Casa           │  │          Cruces              │
│                         │   │                         │  │       Tierra del Sol         │
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The Planning Process

Homelessness is a community issue. In developing a plan to end homelessness, the Task Force realized that they cannot take homelessness out of the larger context of poverty, lack of affordable housing, low wages, low educational attainment, racial and ethnic discrimination and other factors that drive poverty, inequality, and housing instability. It is also known that housing without services will not address the complex root causes of homelessness, and that constructing buildings to warehouse the homeless is not the solution to the problem. Instead current funding must be leveraged, seeking greater efficiency, finding innovative ways to confront challenges, improve coordination, continue to link housing with supportive services, build on existing resources and generate greater private sector support.

The Southern New Mexico Homeless Task Force began working on the Las Cruces 10-Year Plan to End Homelessness in _____. In 2008, the City of Las Cruces hired Community Solutions, a consulting firm, to assist the Task Force in completing the plan. The Southern New Mexico Homeless Task Force included representatives of non-profit organizations as well as homeless and formerly homeless individuals with oversight and support from the City of Las Cruces' Community Development department. Participation was open to entire SNM Homeless Providers Coalition, homeless and formerly homeless persons and the community. The New Mexico Coalition to End Homelessness also provided data and support in the development of the plan.

All task force members contributed their expertise, ideas, experiences and time to this effort. To ensure effective project management, the meeting agendas were outlined in advance.   Each meeting was designated with specific purposes and desired

outcomes. The Task Force reviewed data, identified issues, gaps in service and housing and created strategies in two key areas: Breaking the Cycle of Homelessness and Strengthening Collaborative Efforts. The Task Force continued to meet and develop the strategies identified in the Action Plan with input from a group of homeless individuals and consumers of social service programs.

Members of the Southern New Mexico Homeless Task Force
Jardin de los Niños
Housing Authority for the City of Las Cruces
Mesilla Valley Community of Hope
La Casa
Families & Youth, Inc.
New Mexico Department of Workforce Solutions
Southern New Mexico Criminal Justice
Las Cruces Public School District
Advisory Member
City of Las Cruces

In developing the plan, the Task Force found that whether they were talking with service and housing providers or homeless individuals, there were some common themes that were discussed.
- A need for affordable housing options
- A need for employment that pays a "living wage"
- A discharge plan for the community
- Access to mainstream resources
- Need for centralized information and services
- Community awareness and education

While a percentage of homeless men and women living in the Las Cruces area are unable to work due to disability, the number one need identified by persons that are currently experiencing homelessness was a job. For many homeless adults finding and keeping a job is complicated by barriers such as mental illness, substance use, lack of education, and a spotty or non-existent work history. For all, the uncertainty and instability created by homelessness itself further exacerbates the situation. Traditional employment and vocational rehabilitation programs are not geared toward job seekers with complex social service needs and often operate apart from homeless and other social service providers. In some cases, mainstream employment programs are performance driven with federal funding tied to projections for job placement, retention, and wages. Ambitious outcome measures often predispose employment providers to screen out job seekers with multiple barriers to employment and/or avoid integrating services to assist homeless adults and youth with ready access to services.

Priority One: Break the Cycle of Homelessness

Strategy 1.1 - Community Education
Public perceptions related to homelessness are often inaccurate. Typically, the average citizen believes that all homeless individuals are those seen on street corners. While these individuals are the face of homelessness in many communities, they are not representative of the majority of homeless individuals. It is estimated that 40% of the homeless population in the United States are women and children. The negative perceptions of the homeless population are an obstacle to public support for homeless initiatives including funding by governments and private sources and developing affordable housing. The Task Force will work to develop a public information campaign in various forms, including developing a speaker's bureau, print campaigns and public service announcements. A community education program would begin the process of dispelling many of the myths concerning homelessness and change the public perceptions of who homeless individuals are and building public support for government initiatives and private donations.

Strategy 1.2 – Develop and Implement Discharge Plans
Various public and private institutions contribute to homelessness by discharging individuals to the streets or shelters. Ending such practices is an important tactic in the struggle to end homelessness. Discharge planning is a primary component of facilitating a successful transition from a public system care into the community. It is not unusual for individuals to be released from hospitals due to the loss of insurance or because the maximum limit for service delivery has been reached. Discharge planning should occur prior to the release of a patient/client from services. Too often, staff providing these services are directed to facilitate a release into the community before the appropriate discharge planning can occur and the appropriate referrals and resources can be established. The Task Force will assess the current system of discharge planning from public institutions and develop a plan to prevent discharge into homelessness.

Strategy 1.3 – Develop a Community Plan for Homeless Prevention
Homeless prevention is a sensible and cost-effective way of addressing homelessness. In addition to saving the cost of shelter and related social services, prevention efforts can also reduce the human and social costs of homelessness. Homeless prevention helps people to maintain steady employment and self-sufficiency, The Task Force recommends developing a comprehensive homeless prevention plan that incorporates emergency and short term rent and utility payments; security deposits to assist with obtaining permanent housing; payments to prevent foreclosure; mediation programs for tenant-landlord disputes; and legal services to assist in eviction proceedings.

Strategy 1.4 – Increase Emergency Shelter Beds
Emergency shelter should provide immediate and short-term housing to both individuals and families experiencing homelessness. In Las Cruces, Gospel Rescue Mission is the only emergency shelter open to the general homeless population. La Casa provides emergency shelter to victims of domestic violence and their children and Families and Youth, Inc. provides shelter to homeless and runaway youth. Hacienda del Sol, an

emergency shelter located on the Mesilla Valley Community of Hope campus, has been closed since November 2005. The Task Force recommends that Hacienda del Sol be reopened as a family shelter or a transitional assessment center for families. A survey of homeless and support service providers conducted in October 2008 indicated that developing a family emergency shelter in the space formerly occupied by Hacienda del Sol was a high priority.

Strategy 1.5 – Increase Housing Opportunities
Inadequate income is a primary factor for persons experiencing homelessness. According to the 2008 National Low Income Housing Coalition report, a household in the Las Cruces area must earn $10.13/hour or $21,070 annually to afford a market-rate two bedroom apartment[6].

Transitional housing exists to provide a bridge between temporary emergency shelter and permanent housing. A variety of non-profit agencies provide transitional housing and related support services. However, the current inventory of available transitional housing is insufficient to meet the current demands of the homeless population. Based on estimates of the Las Cruces homeless providers, an additional 200 beds are needed. Homeless individuals that are provided with transitional housing are also in need of supportive services to progress into permanent housing.

Permanent supportive housing provides a rental subsidy and the necessary support services to enable homeless persons with special needs to live independently. Persons with disabilities need additional support to prevent them from recycling through the system. Special challenges facing this population include HIV/AIDS, mental health disabilities and chronic substance abuse issues. The current inventory of permanent supportive housing units is insufficient to meet current needs. It is estimated that an additional 140 units of permanent supportive housing will be needed over the next ten years. Transitional and permanent supportive housing programs should be closely linked with the service provider such as counseling and case management, child care, transportation services, life skills training, affordable rental and home ownership programs, employment training and placement and other educational programs.

Rental and homeownership programs for low-income households are offered by several governmental and non-profit agencies in Las Cruces. All housing providers have waiting lists for assistance and the need far exceed the available unit. Additional permanent affordable housing opportunities, rental and homeownership, would allow individuals and families to exit homelessness into the most appropriate housing option.

Strategy 1.6 – Increase Supportive Services
Supportive services should be accessible, flexible and target residential stability. Support services should help ensure stability and maximize each person's ability to be self-sufficient. The integration of comprehensive service provision is crucial to reducing barriers, coordinating and improving existing services, and developing new programs to improve the availability, quality, and comprehensiveness of services. A seamless system of care needs to be developed that provides a system-wide policy that makes any

[6] National Low Income Housing Coalition. Out of Reach 2008. www.nlihc.org

door "the right door" to receive needed treatment and services. Individuals benefit from client-centered services that place the burden of coordination on the systems that are service them.[7] The provision of supportive services in Las Cruces will prevent and reduce homelessness (close the front door and open the back door), should focus on improving the current continuum of care and actively developing approaches that will further integrate the systems which assist the homeless population and those at-risk of homelessness. The Task Force identified the following areas as critical needs: legal services; substance abuse detox and treatment; employment training programs; ESL/GED programs; life skills training; and increased access to quality health and dental care.   Additionally, the Task Force recognizes that the space on Mesilla Valley Community of Hope campus occupied by El Caldito and St. Luke's Health Clinic is underutilized and recommends that a plan be developed to expand medical services and the provision of hot meals on campus.

Strategy 1.7 – Increase Transportation Opportunities
The Task Force feels that the development of an expanded system of public transportation is crucial for homeless persons to be able to access supportive services, medical services and to locate and maintain employment. The Task Force recommends expanded hours of service; low income bus passes and developing a public bicycle exchange program.

Priority Two: Collaborative Efforts

Strategy 2.1 – Develop Community and Political Will
The success of the 10 Year Plan will depend on strong community support for programs and funding that can provide needed housing and services. As discussed in Strategy 1.1, it is necessary to provide a comprehensive community-wide education program on the issues surrounding homelessness in Las Cruces. In addition, political and business leaders must become involved in the planning and implementation process since changes must also occur at both the local and state levels.   The Task Force recommends that the Mayor formalize and appoint members to a Ending Homelessness Task Force.

Implementation
The efforts of collaboration and coordination of the Task Force, the City and other homeless service providers are significant and extremely important in reaching the goals and objectives set forth in the 10-Year Plan to End Homelessness.

As a result of increased awareness and knowledge among local businesses, community leaders and the general public, there will be an increase in tangible support from these groups as measured by an increase in committed partnerships, financial support, volunteer time, integration of initiatives, as well as changes in programs, policies, and practices that have an impact on homeless persons and those at high-risk for homelessness.

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[7] National Technical Assistance Center for State Mental Health Planning. (2000). *The Change Agent's Toolbox.* Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

Evaluation

A regular assessment of the needs of homeless persons and services will improve the ability of service providers to impact homelessness in Las Cruces. The overall goal of the Continuum of Care is to move people toward greater self-sufficiency and permanent/stable/independent housing. While the homeless and near homeless populations are often difficult to assist due to the severity of their problems, the goal of the Continuum and Task Force is to coordinate efforts, services and expand housing opportunities for the homeless population.

In an effort to evaluate our strategies and how successful we are at achieving the outcomes in the Action Plan, the City, Continuum and Task Force will evaluate the 10-Year Plan to End Homelessness to determine if goals outlined have been achieved. The Continuum and Task Force will review an evaluation of the goals set forth in this plan annually. The Homeless Management Information System (HMIS) will be used as a tool to gather the information necessary to measure the progress made towards the goals and objectives set forth in this 10-year plan.

Appendix

Priority One: Break the Cycle of Homelessness						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Community Education.	Action 1.1.1 Develop Speaker's Bureau and presentation.	La Casa - Ryan Steinmetz	Pamela Angell Shirley Jaquez Dana Malone Ryan Steinmetz Nancy Sanders	Increased community awareness of homelessness.	1. Recruit speakers. 2. Develop power point and handouts. 3. Develop talking points. 4. Develop a wish list for agency needs.	12/31/08 1/31/09
	Action 1.1.2 Schedule and present speaking engagements.	La Casa - Ryan Steinmetz	Pamela Angell Shirley Jaquez Dana Malone Ryan Steinmetz Nancy Sanders	Increased community awareness of homelessness.	1. Presentations scheduled and documented. 2. 5 presentations per quarter. 3. Development of presentation tracking form.	Starting 1/09 and on-going
Strategy 1.2 Develop and Implement Discharge Plans.	Action 1.2.1 Identify institutions that are discharging people into homelessness.	MVCH - Sue Campbell	Molly Wilkinson TBD	• A list of institutions that discharge people to homelessness. • List of contact information for each institution.	1. Local coalition members are assigned to contact and work with specific institutions.	12/31/08
	Action 1.2.2 Formulate a discharge plan with each discharging institution for their particular subpopulation.	Dept. of Corrections – Molly Wilkinson	Sue Campbell TBD	A comprehensive discharge plan for all affected subpopulations.	1. Meet with institutions individually. 2. Meet with institutions as a group. 3. Develop a written mutually agreed upon discharge plan.	6/30/10
	Action 1.2.3 Implement discharge plan .	MVCH – Pamela Angell	Molly Wilkinson Sue Campbell	Persons will not be discharged into homelessness.	1. Develop a system to track effectiveness of discharge plan.	12/31/10

Priority One: Break the Cycle of Homelessness						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.3 Develop a community plan for homeless prevention.	Action 1.3.1 Develop a homeless prevention plan with defined prevention activities.	Chair & Co-Chair– Southern New Mexico Homeless Providers Coalition	Southern New Mexico Homeless Providers Coalition members	Comprehensive community-wide homeless prevention plan.	1. Conduct meeting to define activities. 2. Outline of the plan.	12/31/08 3/31/09
	Action 1.3.2 Research and apply for non-MFA funding for homeless prevention.	Shirley Jaquez	SNM Homeless Providers Coalition Prevention Committee	Persons are able to remain housed.	1. Develop a comprehensive list of potential funding sources. 2. Apply to identified funding sources.	
	Action1.3.3 Implement a homeless prevention plan.	Chair & Co-Chair– Southern New Mexico Homeless Providers Coalition	Southern New Mexico Homeless Providers Coalition members		1. Funding received. 2. Homelessness Prevention Assistance begins.	
Strategy 1.4 Increase Emergency Shelter.	Action 1.4.1 Develop emergency shelter with 10 family units and 50 individual beds.	Families &Youth, Inc. - Dana Malone	FYI staff	10 families and 50 individuals will have shelter.	1. Identify site. 2. Secure funding. 3. Build or rehab facility. 4. Hire staff. 5. Open shelter.	7/1/11
	Action 1.4.2 Develop Emergency Shelter in Anthony.	La Casa – Ryan Steinmetz Families & Youth, Inc. – Dana Malone	TBD	10 homeless families are sheltered.	1. Identify site. 2. Secure funding. 3. Build or rehab facility. 4. Hire staff. 5. Open shelter.	12/31/13

Priority One: Break the Cycle of Homelessness						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.5 Increase Housing Opportunities.	Action 1.5.1 Develop transitional housing for 200 families and individuals. (Transitional housing includes housing development and rental assistance.)	MVCH - Pamela Angell	MVCH La Casa FYI Jardin	Families and individuals that need assistance for up to 24 months are housed in transitional housing.	1. 24 transitional units for veterans. 2. Apply for funding for 30 units. 3. Receive funding and implement housing program. 4. Apply for additional funding on yearly basis until target is reached.	8/1/09 10/1/08 7/1/09 1/15/19
	Action 1.5.2 Develop permanent housing and permanent supportive housing for 140 families and individuals.	MVCH - Pamela Angell	MVCH staff La Casa staff FYI staff City of Las Cruces staff Habitat Tierra del Sol staff Abode staff	Families and individuals are permanently housed.	1. Apply for funding on a yearly basis until target is reached.	1/15/19
	Action 1.5.3 Develop a Rapid Re-housing Program for 10 chronically homeless families.	MVCH - Pamela Angell	MVCH staff La Casa staff FYI staff	Chronically homeless families will spend less time unsheltered or in emergency shelters and receive the services needed to maintain housing.	2. Establish a central intake phone number and common application form. 3. Partner with the NWCEH to develop program for Rapid Re-Housing program. 4. Implement program.	7/1/2011
Strategy 1.6 Increase Supportive Services.	Action 1.6.1 Hire lawyers to handle case load of protective orders and divorce cases.	La Casa – Ryan Steinmetz	La Casa staff DV Task Force	Homeless persons receive free legal assistance.	1. Identify funding source. 2. Implement program.	8/13/08 12/31/09

						Completion Date (Estimated)
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	
	Action 1.6.2 Streamline intake and case management.	Jardin – Shirley Jaquez	MVCH staff La Casa staff Southwest Counseling Center staff Jardin staff Dept. of Workforce Solutions staff FYI staff	Increase case management effectiveness by improving communication among providers.	1. Develop a common intake form. 2. Develop confidentiality/ROI forms and structure for CRCG. 3. Develop, train and implement a Community Resources Coordinating Group for homeless persons.	3/31/09 4/1/09
	Action 1.6.3 Create access to 6 detox beds and 24 treatment beds.	Doña Ana County	Doña Ana County SWCC staff NAVA staff Local Behavioral Health Collaborative	Homeless persons who receive detox and substance use services will be able to remain housed.	1. Identify agency to develop and manage program 2. Develop and secure funding sources 3. Implement program	7/1/10
	Action 1.6.4 Expand Workforce Training Center to 20 people.	Dept. of Workforce Solutions – Gilbert Olivas	MVCH staff	Homeless persons will be job ready or employed.	1. Identify location. 2. Increase outreach efforts.	8/1/08 & On-going
	Action 1.6.5 Increase number of persons receiving ESL/GED/literacy services and basic life skills.	Dept. of Corrections - Molly Wilkinson	Doña Ana Community College ABE Program Nancy Cahill	Homeless persons will increase literacy and English language skills and basic life skills.	1. Establish 5 classes.	1/1/12
	Action 1.6.6 Establish Career Pathways program.	LCPS - Nancy Sanders	Nancy Cahill Gilbert Olivas	Homeless persons will be job ready or employed.	1. Begin weekly classes at MVCH.	7/1/11
	Action 1.6.7 Classes in money management and fair housing.	Jardin – Shirley Jaquez	Shirley Jaquez Border Fair Housing	Homeless person will be able to maintain housing due to increased life skills.	1. Classes offered at MVCH and Jardin.	8/1/08 & On-going

Priority One: Break the Cycle of Homelessness

Priority One: Break the Cycle of Homelessness						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 1.6.8 Increase access to quality health and dental care.	St. Luke's health Care Center – Marty Miller & Bert Garrett	Memorial Medical Center staff NM Dept. of Public Health staff Shirley Jaquez La Clinica - Ben Archer	Homeless persons in need of medical and dental care will receive needed services.	1. Establish Health Care task force. 2. Identify additional funding sources. 3. Expand existing clinic services.	6/1/09 12/31/09 7/1/10 & on-going
	Action 1.6.9 Increase access to quality mental health services and treatment.	Sue Campbell, CoChair of Local LC3	Local Collaborative 3 – All Agencies in LC3	Homeless persons in need of mental health services and/or treatment will receive needed services.	1. Develop needs assessment for community. 2. Increase access to programming connecting uninsured individuals to insurance 3. Provide services to uninsured individuals	1/1/09 3/1/09 7/1/10
Strategy 1. 7 Increase Transportation Opportunities.	Action 1.7.1 Develop and implement a comprehensive transportation plan for homeless persons.	SNM Homeless Providers Coalition City of Las Cruces – David Dollahon	Caerie Thomas - City of Las Cruces MPO – Road runner Transit Jardin staff	Homeless persons will have adequate transportation t to jobs, appointments and recreational activities.	1. Advocate for longer bus hours, public transport improvements and low-income bus passes. 2. Secure 5 public bicycles each year for bicycle exchange program.	7/1/09 3/1/09 & on-going

[1] The Manager is the individual responsible for coordinating each action.

[2] The Implementer is the individual (or entity) responsible for carrying-out each action.

Priority Two: Collaborative Efforts						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Develop Community and Political Will.	Action 2.1.1 Advocate for Increased funding for family units and individual beds; supportive services; operating expenses.	Chair – Southern New Mexico Homeless Providers Coalition	Affordable Housing Advocates Homeless Providers Coalition	Adequate funding to develop and maintain the types of housing and programs that will end homelessness.	1. Collaborate with Ryan Steinmeitz and Speakers Bureau to develop Public Awareness Events. 2. Develop Campaign for Funding Sources	1/31/09 12/31/09
	2.1.2 Hire consultants to work with Homeless Task Force to develop a 10-Year Plan to End Homelessness.	City of Las Cruces – David Dollahon	Homeless Task Force	The City of Las Cruces will have a 10 Year Plan to End Homeless.	1. Hire consultants. 2. Work begins with Homeless Task Force, City staff and consultants. 3. Develop and finalize 10-year plan. 4. Plan approved by City Council. 5. Begin implementing plan.	4/08 – 12/08

Priority Two: Collaborative Efforts						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 2.1.3 Involve local faith communities in homelessness issues.	Chair –Southern New Mexico Homeless Providers Coalition, Ryan Steinmeitz, Chair – Interfaith Council,	Catholic Diocese, Interfaith Council, and Individual Churches, El Caldito Soup Kitchen Board, Dream Center	Faith communities become more involved in ending homelessness resulting in increased funding, services and housing opportunities.	1. Speakers Bureau identifies leaders in faith community. 2. Invite identified leaders to become involved in efforts to end homelessness. 3. Develop presentation including specific needs that can be fulfilled by faith community. 4. Schedule and conduct presentations. 5. Develop Interfaith Hospitality Network to shelter homeless families.	3/1/09 4/1/09 4/1/09 4/1/09 12/31/09
	Action 2.1.4 Host Community Events (Homeless Health Fair, Stand Down, Housing Fair).	Gilbert Olivas, Chair – SNM Homeless Providers Coalition	SNM Homeless Providers Coalition	Effective outreach to homeless persons.	1. Organize committee. 2. Select date and location. 3. Conduct event.	3/1/09 5/31/09 9/1/10

Priority Two: Collaborative Efforts						
Strategy(-ies)	Action(s)	Manager[1]	Implementers	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 2.1.5 Police CIT training.	City of Las Cruces – David Dollahon	City of Las Cruces, Sheriff's Office, State Police, Detention Center, Jail Diversion Program	Homeless persons are diverted into programs/housing instead of jail.	1. Continue providing CIT training 2. Increase number of trained officers in both City and County	8/1/08 & On-going
	Action 2.1.6 Advocate for policy change at the State level for discharge planning.	City of Las Cruces - David Dollahon & Vera Zamora	City of Las Cruces Staff with Consultants, Mental Health Providers	State mandates for discharge planning.	1. Meet with state legislators 2. Collaborate with Mental Health Providers 3. City and County resolutions 4. Implement the Discharge Plan	1/15/09 4/30/09 10/31/09 On-going
	Action 2.1.7 Formalize & transition the Planning Group as on-going Task Force including business & political leaders in the planning process (Mayor and/or County Commissioners appoints people to Ending Homelessness Task Force).	City of Las Cruces - David Dollahon & Vera Zamora	Southern New Mexico Homeless Providers Task Force with appointed business and political leaders	Community works together to end homelessness, Diverse planning task force with more resources with the ability and power to implement change.	1. Mayor and County will formalize the group and appoint members 2. Continued implementation of the 10 Year Plan to End Homelessness	3/31/09 On-going
	Action 2.1.8 Assign coalition members to participate in the statewide planning process.	City of Las Cruces – Vera Zamora La Casa – Monica FYI - Dana Malone MVCH – Pamela Angel	City of Las Cruces, La Casa Shelter Manager, FYI, MVCH	Southern New Mexico is represented on a state level.	1. Participation in the Statewide Planning Process 2. Increased access to funding, training and housing opportunities	On-going On-going

The 10 Essentials to End Homelessness in Your Community[8]

Step 1: Plan
Your community has a set of strategies focused on ending homelessness. A wide range of players have made funding and implementation commitments to these strategies.

Step 2: Data
Your community has a homeless management information system that can be analyzed to assess how long people are homeless, what their needs ae, what the causes of homelessness are, how people interact with mainstream systems of care, the effectiveness of interventions, and the number of homeless people.

Step 3: Emergency Prevention
Your community has in place an emergency homelessness prevention program that includes rent, mortgage and utility assistance, case management, landlord or lender intervention and other strategies to prevent eviction and homelessness.

Step 4: Systems Prevention
Mainstream programs that provide care and services to low-income people consistently assess and respond to their housing needs. Ensuring that public institutions are discharging people into housing is equally important.

Step 5: Outreach
Your community has an outreach and engagement system designed to reduce barriers and encourage homeless people to enter appropriate housing linked with approproiate services.

Step 6: Shorten Homelessness
The shelter and transitional housing system in your community is organized to minimize the length of time people remain homeless and the number of times they become homeless. Outcome measures are a key component of this effort.

Step 7: Rapid Re-Housing
Your community has housing search and housing placement services available to rapidly re-house all people losing their housing or who are homeless and want permanent housing.

Step 8: Services
Once household are re-housed, they have rapid access to services. Mainstream programs – TANF, SSI, Medicaid and others – provide the bulk of these services.

Step 9: Permanent Housing
Your community has a sufficient supply of affordable housing and permanent supportive housing to meet the needs of extremely low-income households and chronically homeless people.

Step 10: Income
When it is necessary in order to obtain housing, your community assists homeless people to secure enough income to afford rent by rapidly linking them with employment and/or benefits. It also connects them to opportunities for increasing their incomes after housing placement.

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[8] National Alliance to End Homelessness. www.endhomelessness.org

Glossary

Affordable Housing – Housing that costs no more than 30% of a household's adjusted gross income.

Chronic Homelessness – Defined by the U.S. Department of Housing and Urban Development (HUD) as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Continuum of Care – A network of services designed to help homeless persons make the transition to maximum independence and self-sufficiency. The Continuum of Care is the U.S. Department of Housing and Urban Development's proposed model for addressing homelessness.

Continuum of Care Grant – A nationally competitive grant that provides funding for certain components of the Continuum of Care. The grant is issued by the U.S. Department of Housing and Urban Development and requires that communities conduct a comprehensive needs assessment and reach consensus agreement regarding priorities for funding.

Discharge Planning – a process that prepares a homeless person in an institution to return to the community and links that individual to essential housing and services, including enhancing and expanding their treatment options and effectiveness.

Emergency Shelter – A facility that provides temporary shelter for the homeless or for specific populations of homeless.

Homeless (HUD) – (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Management Information System (HMIS) – An integrated computerized information system that collects data on homeless persons, their needs and characteristics and the services they use. HUD requires that communities receiving funds under the Continuum of Care grant have an HMIS in place by 2004.

Housing Wage: The hourly wage necessary to pay for the fair market rent for an apartment while spending no more than 30 percent of income on housing cost.

Mainstream Services – Publicly funded programs providing services, housing and/or financial assistance to poor persons, regardless of whether they are homeless. Examples include "welfare" (Temporary Assistance to Needy Families, or TANF), Medicaid (health care), Food Stamps and Veterans' Assistance. Because of a variety of barriers, homeless persons generally do not take full advantage of these programs.

In addition, many of these programs do not comprehensively address the needs of homeless persons.

Permanent Supportive Housing – Affordable housing with supportive services, designed for persons with disabilities. This housing has no time limits and is intended to be a home as long as a person chooses to live there.   Supportive services help residents live as independently as possible and may be provided on site, or by visiting staff.

Rapid Re-Housing – A program in which trained staff help locate and secure housing for homeless persons in order to prevent or reduce their stay in emergency shelter. Staff works with private and public property owners to overcome homeless persons' barriers to housing, i.e. substance abuse addiction, criminal histories, prior evictions, bad credit, etc. The program also ensures that supportive services and assistance are in place so that individuals achieve housing stability.

System of Care – A coordinated network of services organized to address an individual's needs. The emphasis is on a system of different complementary parts that have integrated decision making in key areas such as assessment, referral, placement, tracking and monitoring, service planning, transitioning into another level of care, appropriate service mixes, and discharge.

Transitional Housing – One type of supportive housing used to facilitate movement of homeless individuals and families to permanent housing. Housing in which homeless persons can live in for up to 24 months and receive supportive services that enable them to live more independently and to transition to some type of permanent housing.

References

National Alliance to End Homelessness – www.endhomelessnes.org

National Low Income Housing Coalition – www.nlihc.org

New Mexico Coalition to End Homelessness – www.nmceh.org

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National Center for Children in Poverty – www.nccp.org

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