

Welcome HOM

BILLINGS

opening doors to end homelessness



CITY OF BILLINGS, MONTANA

CITY OF BILLINGS, MONTANA

Mayor's Committee on Homelessness Community Development Division

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EXECUTIVE SUMMARY

The Mayor’s Committee on Homelessness’ plan to impact homelessness, *Welcome Home Billings*, has been designed to increase overall collaborative efforts and resources to assist the most vulnerable population in our community.

There are at least 600 homeless individuals in Billings on any given day; some are veterans, many are disabled, and most are challenged with addictions. Almost 80 families are currently experiencing homelessness locally, and 42% of these families are American Indian. Many of the homeless in Billings are working either part or full time, but cannot maintain housing. Most of the homeless individuals in Billings have lived here for at least two years; many have lived here their whole lives.

The costs to serve the homeless are exorbitant. Each homeless person costs over \$15,000 per year in public services. Each chronically homeless individual costs an estimated \$115,000 to serve in a year. **With nearly 2,400 people experiencing homelessness in Billings each year, the costs exceed \$54 million annually.** It is less expensive to house the homeless than to leave them on the streets. *Welcome Home Billings* includes recommendations for cross-cutting strategic goals and outlines programmatic strategic goals and priorities (see pages 49 and 51 for complete charts).

CROSS-CUTTING STRATEGIC GOALS			
COLLABORATION			
Join community partners with resources to address homelessness intervention and prevention efforts and facilitate partnerships to improve collaboration, service array, leveraging and capacity.			
AWARENESS			
Increase advocacy and public knowledge on behalf of the homeless.			
ACCOUNTABILITY			
Ensure innovation, fiscal responsibility and long-term effectiveness for projects and programs.			
SUSTAINABILITY			
Ensure high standards for management, accountability and performance measurement.			
PROGRAMMATIC STRATEGIC GOALS & PRIORITIES			
HOUSING	PREVENTION	SERVICES	ASSETS
Increase the city’s supply of affordable housing.	Provide adequate emergency homeless prevention programs.	Expand treatment / service capacity and linkage to essential services.	Increase personal income levels and economic opportunities.

Welcome Home Billings is a plan for our community. Impacting homelessness will require a community-wide effort and must involve: individuals experiencing homelessness, social service providers, community leaders, professionals and business owners. The plan does not report on every service designed to impact homelessness in our community, nor does it attempt to provide direction for all poverty impact services in Billings. This plan has been designed to provide information, data and recommendations to guide overall efforts.

To impact homelessness in Billings over the next ten years, the Mayor’s Committee on Homelessness supports enhancing housing and service solutions that actually work and are sustainable over time. We need more housing, better service coordination, additional work opportunities and responsible discharge planning. We need the community to assist in efforts to serve our neighbors in specific community initiatives, including: the expansion of the social enterprise model; involving businesses in community impact efforts; supporting workforce development and assisting in analyzing the cost-benefits of current services.

Collectively, we can make a difference.

INTRODUCTION

Homelessness is an issue that affects everyone in our community. From the emotional and physical toll homelessness takes on an individual experiencing it, to the financial toll it takes on everyone else; not one of us is truly sheltered from the effects of homelessness. We may not recognize the face of homelessness in our city, which not only affects chronically homeless individuals making their home on the streets – the most visible members of the homeless population – but it also makes its appearance in our schools, amongst our veterans, working parents and neighbors who are stretched just a little too far by daily expenses or overwhelming circumstances. The need for supportive and preventative services is diverse and growing, and the responsibility rests with the community.

The United States Interagency Council on Homelessness (USICH) has challenged states and cities nationwide to create ten-year plans to end chronic homelessness. USICH is primarily responsible for providing leadership and facilitation of efforts which are targeted to assist homeless individuals and families. USICH provides planning for federal activities, monitoring assistance for the homeless through federal and local channels, technical assistance for communities, and delivers information on federal resources for the homeless.

The Montana Council on Homelessness is a state-level council appointed by the Governor of Montana under Executive Order. The initial council was appointed in 2004 by Governor Judy Martz after a team of stakeholders attended a 2003 Policy Academy on Chronic Homelessness. The initial Council enlisted over 100 volunteers and crafted a draft ten-year plan to end chronic homelessness and to reduce homelessness overall by 2014. Governor Brian Schweitzer amended the Executive Order and appointed new members in 2007. The 2007 Council has reviewed, revised and adopted the state's ten-year plan. The goals of the Council have included prioritizing and enhancing access to mainstream services and to permanent affordable housing for persons who are homeless, as well as preventing homelessness and strengthening political will. One of the Council's strategies was initiating a relationship with a city, through which state-level technical assistance and resources could work in concert with community-level efforts to address homelessness.

The City of Billings was chosen as a pilot project by the Montana Council on Homelessnessⁱ to begin a ten-year planning process, with the ultimate goal of creating a replicable plan to end chronic homelessness in Billings. The initiative was dubbed *Welcome Home Billings*. Strategic planning sessions were facilitated in Billings by the Montana Council on Homelessness in November 2005 and March 2006 to coordinate the efforts of over 80 individuals interested in addressing homelessness on a local level.

Staff from the City of Billings' Community Development Division approached Mayor Ron Tussing regarding city support for the initiative and acceptance of the "pilot project" challenge. Mayor Tussing responded with strong support. A resolution was drafted to support the initiative and the Billings City Council appointed twenty committee members to spearhead efforts to develop a ten-year plan in April 2006. The Mayor's Committee on Homelessness has been meeting monthly since June 2006 and has been successful in efforts to gather data, implement national best practices, and involve the community in planning efforts.

The Mayor's Committee on Homelessness is dedicated to inclusive community participation. Membership of the Committee represents broad stakeholder groups including housing and service providers, civic and business leaders, economic and work force agencies, faith-based organizations, philanthropy groups, homeless individuals (participants), and other interested parties.

Definitions

The U.S. Department of Housing and Urban Development (HUD) defines the term **homeless** or **homeless individual** or **homeless person** according to the Stewart B. McKinney Act, 42 USC 11301 (1994):

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. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - b. An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

According to this definition, the term **homeless individual** does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or state law (42 USC 11302c). This definition also excludes people staying with others and people staying in motels. These are common living alternatives for families with children and homeless youth living independently from their families. National efforts to expand HUD's definition of homelessness to include families and youth in these circumstances are gaining momentum and the definition of homelessness may change in the near future.

HUD has recently expanded its definition of **chronically homeless**, to now refer to a homeless individual or family with a disabling condition that has either been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years. A person or family may have been sleeping in a place not meant for human habitation and / or in an emergency homeless shelter, or staying doubled up with family or friends. A **disabling condition** is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living. The expansion of this definition to include families and those doubled up with others through the *Helping Families Save Their Homes Act* is a major step toward addressing the needs of families experiencing extended or frequent periods of homelessness through federal assistance programs.

Methodology

Information presented in the ten-year plan concerning the extent, nature, characteristics and causes of homelessness in Billings has been generated from analyses of secondary research sources including data collected locally through the efforts of partners in the Mayor's Committee on Homelessness.

At this time, the Homeless Management Information System is being used on a limited basis in Billings and has been utilized for the past several years. This kind of automated system allows communities to obtain more accurate counts of the homeless. It also facilitates monitoring of services used by homeless clients, coordinating case management services, implementing institutional discharge protocols, and evaluating program effectiveness and benchmark achievements. In the absence of a Homeless Management Information System, we must rely on point-in-time surveys and service provider estimates to assess the number of homeless people living in Billings at any given time.

While efforts are made to avoid duplication and omissions in the statistical data, the nature of population presents barriers in gathering statistically valid data. Given these limitations, the data collected on the homeless in Billings provides statistical parameters and patterns which are helpful in setting strategic priorities and benchmarks.

Secondary data sources include (but are not limited to):

- *Survey of the Homeless* (2005, 2006, 2007 and 2008), facilitated by local homeless service providers, conducted by The Montana Continuum of Care Coalition, Montana Department of Health and Human Services.
- *Billings Addendum to the Survey of Homeless* (2007), City of Billings - Community Development Division.
- *Pathways Data System*, data gathered during Project Homeless Connect (2006 and 2007), community license courtesy of United Way of Yellowstone County.
- *PATH Program*, (2005-2006) annual reporting by the South Central Regional Community Mental Health Center.
- *Community Health Access Partnership Homeless Data* (March 2001 - September 2007) as provided by the Yellowstone City-County Health Department.
- *Healthcare for the Homeless* (2006, 2007 and 2008), Yellowstone City-County Health Department.
- *Students Served by the Billings Public Schools Homeless Education Grant* (2003 through 2009), Billings Public Schools.

Facts about Homelessness

Researching available data brought to light many interesting demographic and characteristic points:

- Almost **one-third of the homeless in Billings are employed** either part-time or full-time.ⁱⁱ
- Based on service utilization, the **estimated cost for serving one homeless person for one year in Billings is \$15,534.**ⁱⁱⁱ
- If 2,000 homeless people lived in Billings for one full year, the cost would exceed **\$31 million annually.**^{iv}
- **Families with children** are among the fastest growing homeless sub-populations in Montana.^v
- In 2008-2009, Billings School District #2 identified **413 homeless children in Billings**, and the majority were 5 - 8 years old.^{vi}
- The Billings *Healthcare for the Homeless* program served over **1,000 homeless individuals per year** on average from 2006 through 2008.
- Service providers conservatively estimate over 2,000 homeless individuals and families move through Billings during the course of one year.
- Being homeless can decrease a person's life expectancy by up to **40 years.**^{vii}
- The death rate for homeless men is **four times** that of the general population.^{viii}
- Death amongst homeless women aged 18 - 44 is **ten times** more likely than among women in the general population.^{ix}
- In Billings, **half of the homeless are actively seeking a place to live** and permanent housing is their first choice of housing options.^x



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SECTION ONE: HOMELESSNESS IN BILLINGS

1

Homelessness often conjures images of panhandlers stationed on high-traffic corners, an aged man huddled in a doorway, or a woman pushing a shopping cart containing all her worldly possessions. There is no doubt these people exist, even on the streets of Billings. However, the face of homelessness in our community is diverse, and stereotypical misconceptions keep us from acknowledging the depth of vulnerability and the complexity of homelessness.



CHERYL RAYNOCK/Growth Thru Art - HRDC

Survey of the Homeless – Montana Continuum of Care Data

Overview

The Montana Continuum of Care Coalition conducts a statewide survey of the homeless consistent with HUD's homeless survey protocol as part of a nationwide data collection initiative. The purpose of this *point-in-time* survey is to annually determine the number of unduplicated homeless individuals on one given day. The resulting data delivers information regarding demographics and other characteristics of the homeless individuals willing to participate in the survey at the time it was administered. The total number of homeless individuals reported only reflects those willing to be interviewed and is not designed to reflect the total number of homeless individuals in Billings. The data also does not represent absolute characteristics for all homeless individuals.

Many variables greatly impact the actual number of homeless surveyed, including: inherent difficulties in contacting the homeless; efficiency of agency coordination efforts; number of days the survey is administered in a community; geographical boundaries; inclement weather; and adequate training for surveyors.

Due to the extent and impact of the variables related to this survey and for the purposes of this plan, demographic and characteristic data will be analyzed using the Survey of the Homeless data. Alternative methods will be utilized to determine the actual number of homeless individuals traveling through and living in Billings.

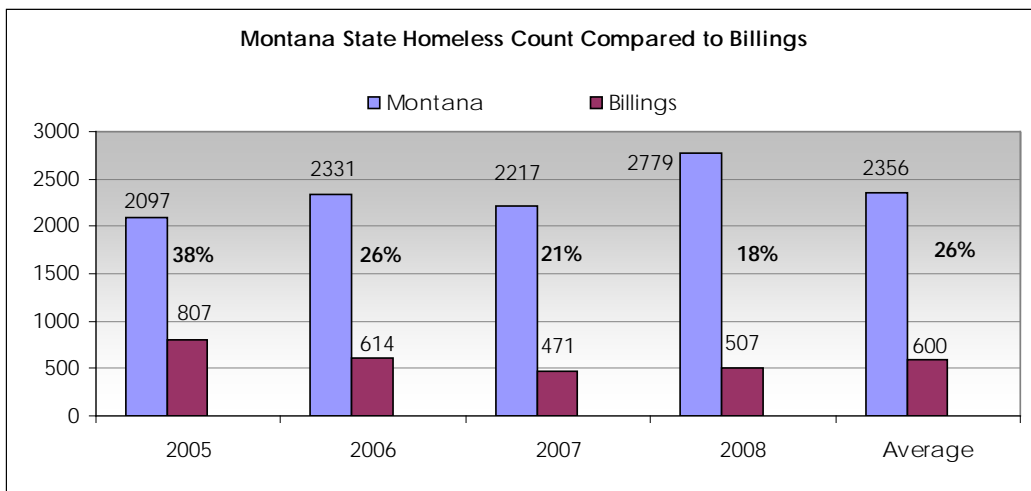
The Montana Continuum of Care has contracted with Nth Degree Analytics, LLC to design user-friendly web-interfaces for simple queries on survey data. All data used in the following analyses was downloaded manually from the Nth Degree Analytics websites for 2005, 2006, 2007, and 2008.^{xi} Users do not have the capability to download comprehensive information unless it is pre-programmed into the website tool. All questions asked on the survey are not available on the website; thus complete query capabilities are limited. Some of the questions asked in the 2005 survey were not included in subsequent surveys. As a result, analysis is limited to the available information in all four survey years, while others reflect data from 2006, 2007 and 2008. Averages were utilized in many of the charts and spreadsheet software may round-up to whole numbers, causing some small discrepancies in data charts and labels. Full data reports are included in the ten-year plan appendices.

Overall Homeless Population

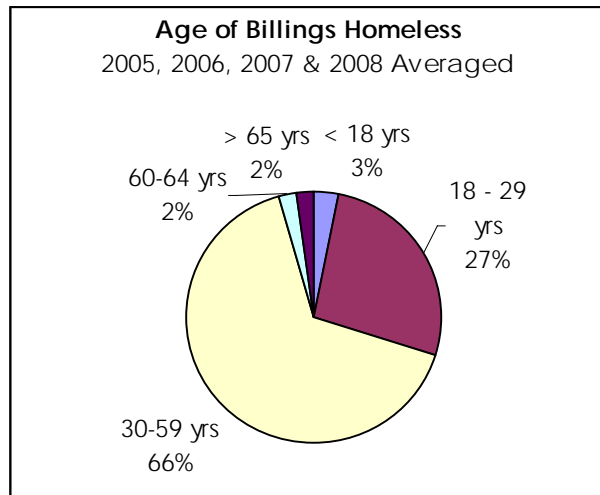
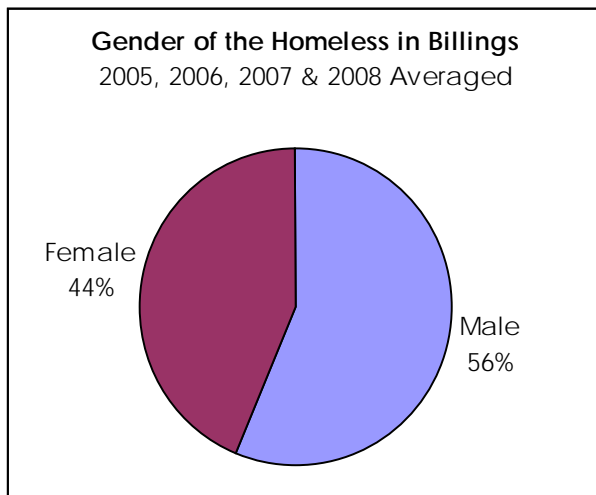
Billings has both the largest general population in Montana^{xii} and 26% of the state's homeless population. According to the Survey of the Homeless, Billings accounted for the largest percentage of homeless persons in the state during 2005, 2006 and 2007, followed by Missoula, Kalispell, Helena, Great Falls, Bozeman and Butte.^{xiii} In 2008, Billings fell behind Missoula and Kalispell in the number of homeless surveyed.^{xiv} Agencies facilitating survey distribution changed in 2007, which may have influenced survey methodology. In January 2009, surveyors gathered 623 non-duplicated surveys. Resource restrictions have limited staff ability to research statistics from 2009 to include in this plan. Local service providers would benefit from additional community support and facilitation to adequately survey the number of homeless individuals and families in Billings.

Myth: If you build more homeless services and housing, more homeless people will come.

Fact: Homeless people are already here.

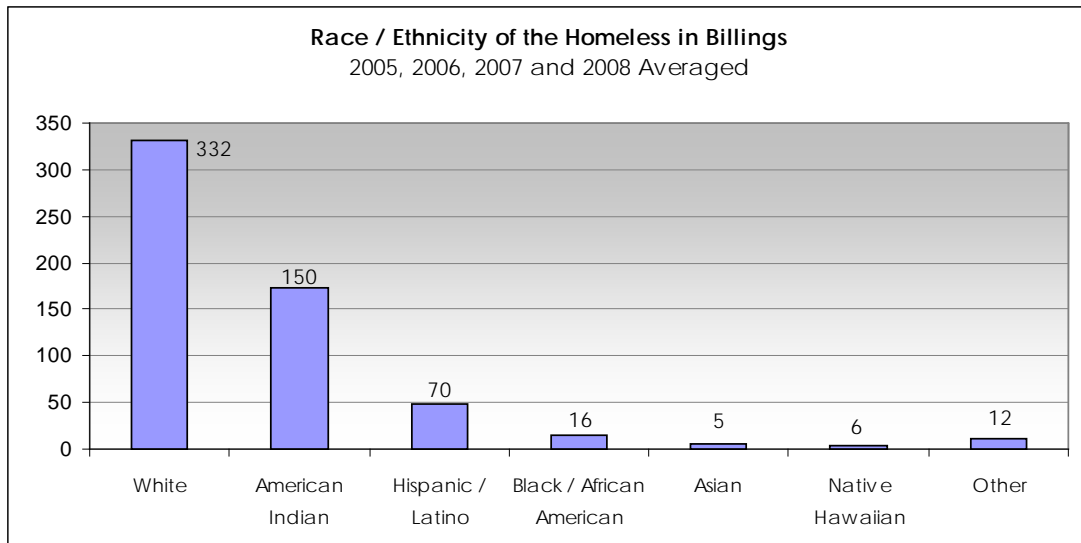


The Billings population is primarily male, and the majority of homeless citizens are between the ages of 30 and 59. The number of homeless females surveyed was surprising to community members, as the most visible homeless people in Billings are male. Very few homeless individuals are older than 60 years, which correlates with shortened life expectancy data.

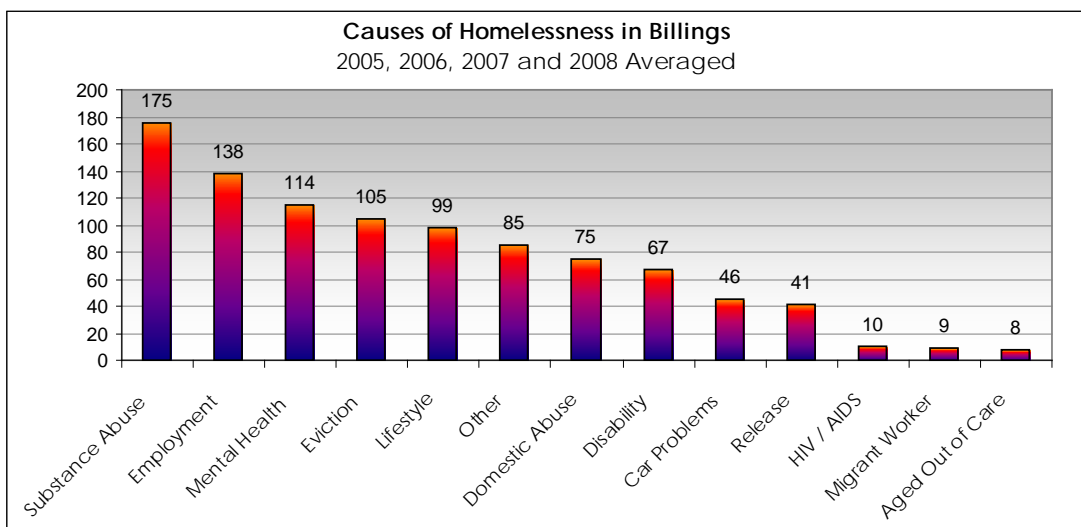


Of all homeless surveyed, 55% self-identified as Caucasian, 30% as American Indian, eight percent as Hispanic, and three percent as African American. Other races represent less than one percent of the total cohort.

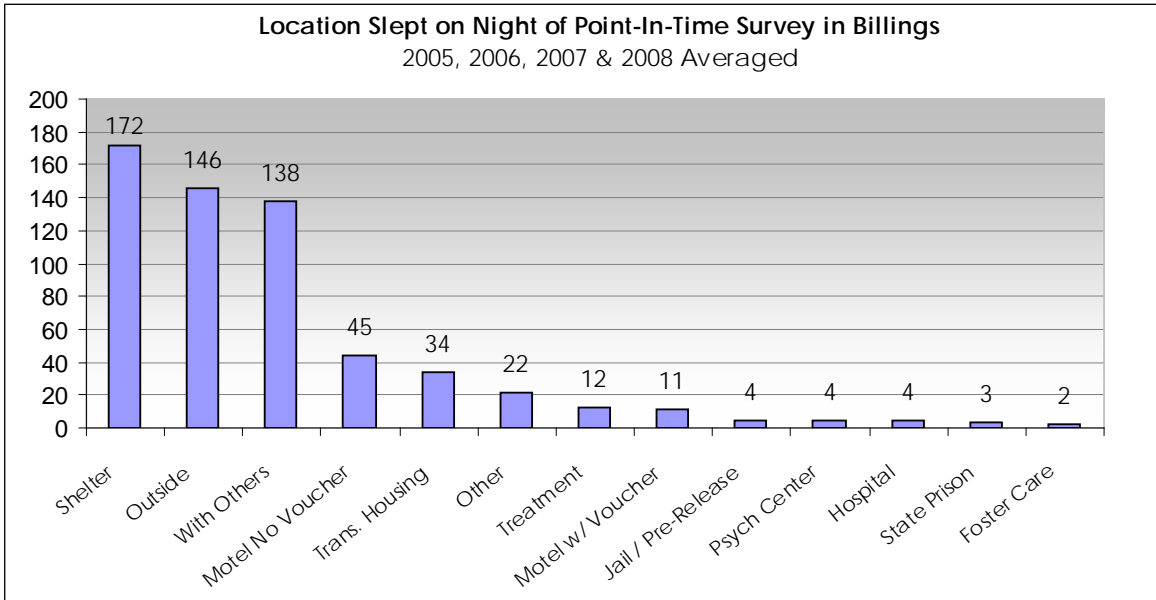
At least 43% of the homeless population in Billings self-identify with a race or ethnicity other than Caucasian. The 2000 Census reports the American Indian population in Billings is almost four percent for Yellowstone County.^{xv} Partnering agencies representing American Indians report an estimated ten percent of Billings' population is American Indian. Census data determined almost five percent of the total population in Billings is of Hispanic origin. Minorities are disproportionately represented in the homeless population.



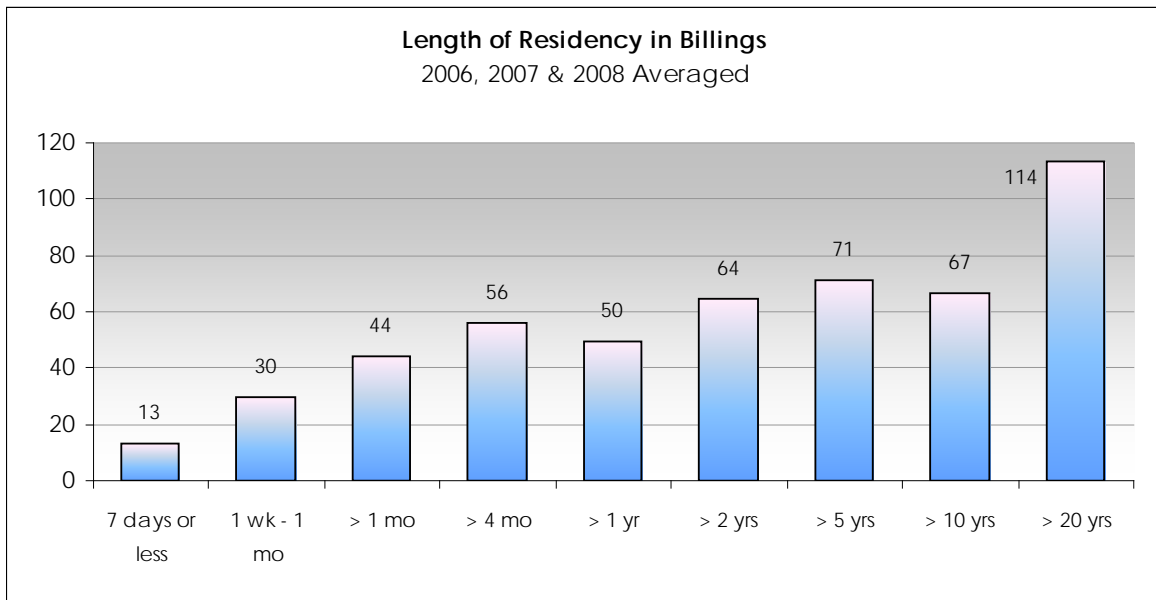
The leading causes of overall homelessness in Billings are substance abuse, employment, mental health issues and eviction. There is some debate regarding what “lifestyle choice” means to those who are homeless. The Mayor’s Committee on Homelessness and local service providers acknowledge some homeless individuals choose to be homeless, while others have been forced to live this lifestyle due to situational circumstances. Healthcare for the Homeless reports that ineligibility for continued Temporary Assistance for Needy Families (TANF) and lack of immediate substance abuse treatment funded by the State are also contributors to homelessness.

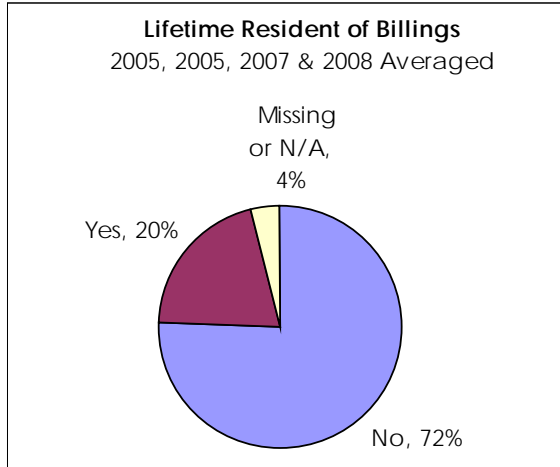


There are nearly 150 people (23% of the homeless population) living outside at one time in the often sub-zero temperatures in Billings. This figure startled community members and some homeless service providers. The majority of the homeless surveyed seek shelter care services and are living with others. Forty-five people were living day-to-day in a motel with no housing assistance. Living in a motel is a costly option but gives people an opportunity for privacy and short-term relief.



An average of 67 people report they are being discharged from their current residence or being asked to leave their current location within a week without a place to live or without resources to obtain housing. This figure equates to 13% of the total homeless population in Billings. The length of time people are homeless during the episode in which they were surveyed varies greatly, representing a need for the development of strategies which will address the needs of both the newly homeless and the chronically homeless.

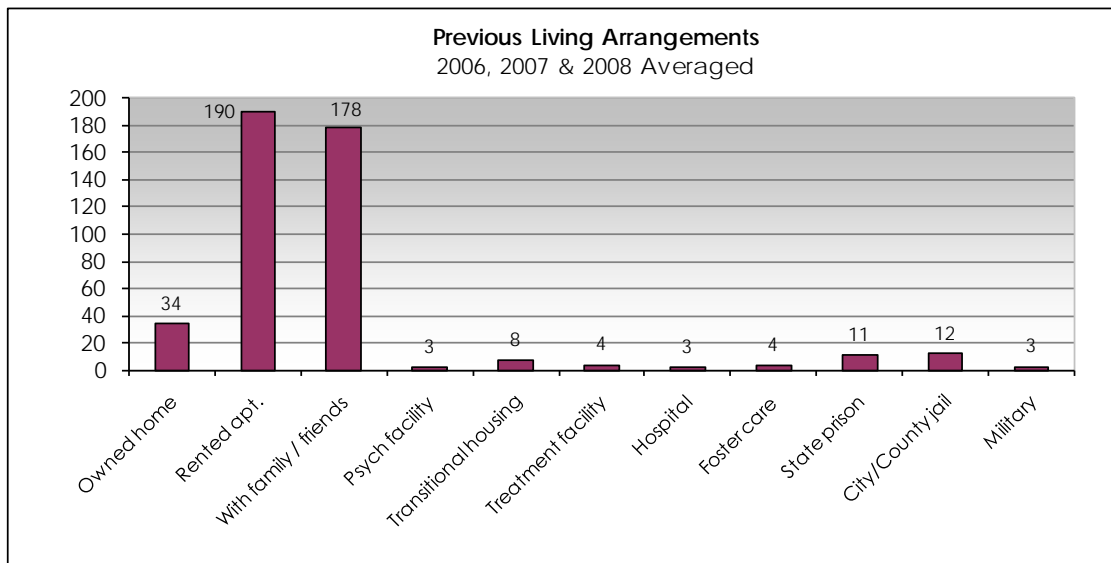




“Length of Residency” and “Lifetime Resident” survey questions offer two different data points for the Billings area. Approximately 114 people report residing within the area for more than 20 years, and at least 20% of the homeless report having lived here their entire lives. Almost 60% of the individuals surveyed have lived in Billings from two to ten years.

Data **dispels the myth** that homeless transients make up the majority of the local population.

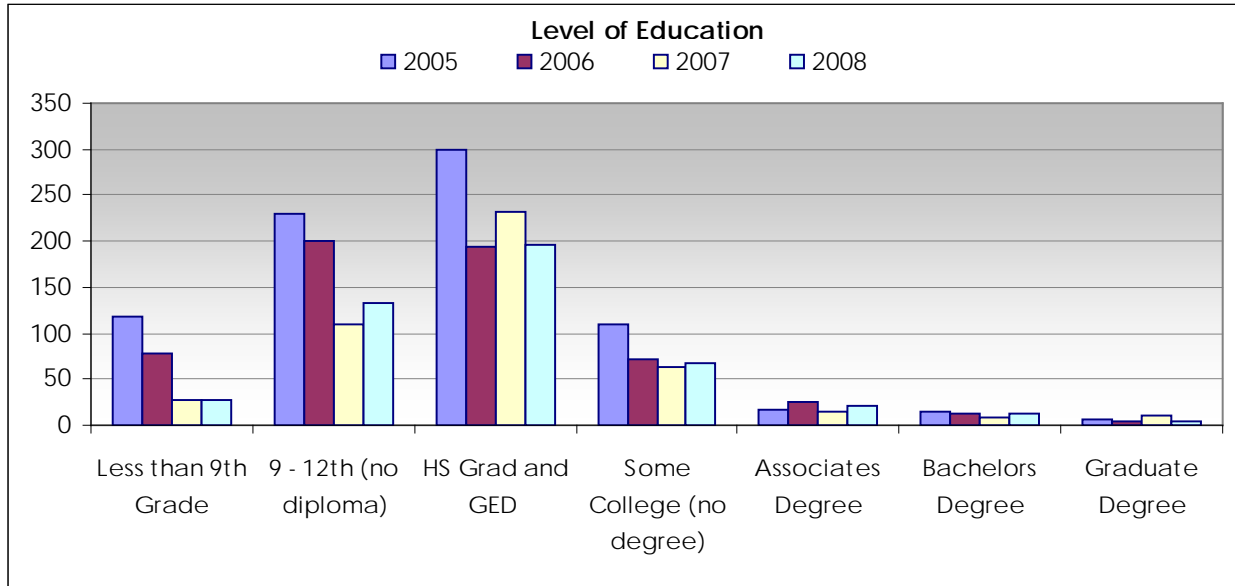
The majority of those surveyed either rented an apartment or lived with family or friends prior to their current homeless situation. Six percent of the population owned a home prior to becoming homeless.



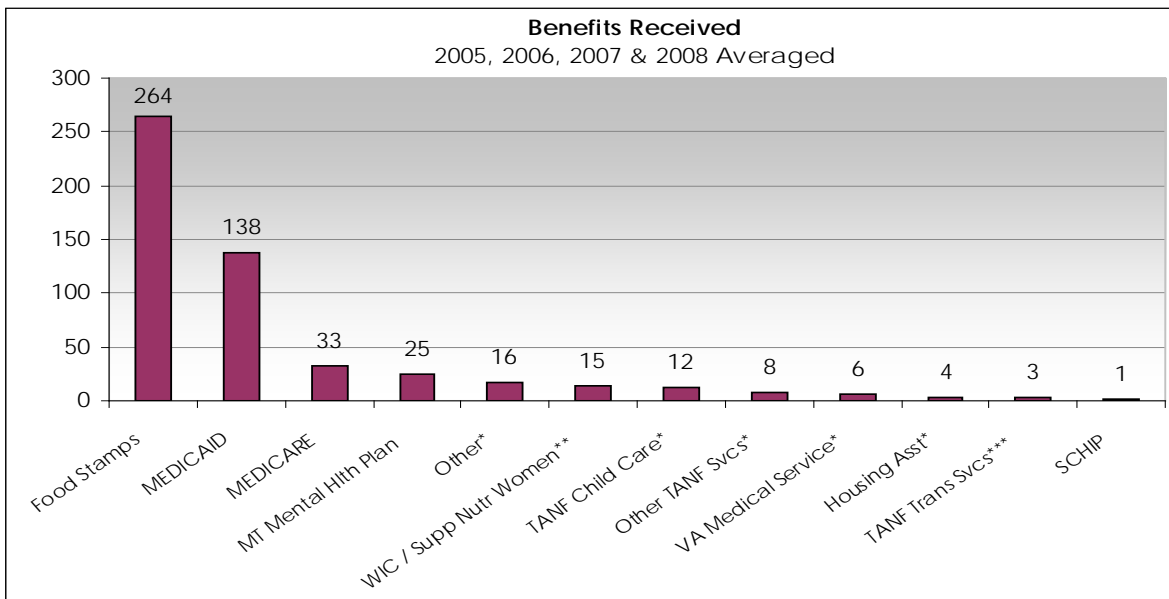
Questions regarding frequency of homelessness were asked for two different time periods: over the past year and over the past three years. The largest percentage of the Billings homeless population has not been homeless more than twice (81% over the past year and 69% over the past three years).

Frequency	Have you been homeless more than once in the past year?	Number of times homeless in the last 3 years
Once	61%	48%
Twice	20%	21%
Three Times	4%	9%
More than Three Times / Four	11%	5%
More than Four Times	-	14%
Data Missing or Not Applicable	4%	5%

Over half, 55%, of survey participants have at least a high school diploma or equivalent education, and 18% have some college education. A small percentage of respondents have graduate degrees. Trend lines indicate an overall decline in respondent education levels from 2005 to 2008. Service providers additionally noted that many of those they serve, even if they possess a diploma, have extreme difficulty with basic literacy and mathematical skills.



Sources of income for the homeless in Billings are difficult to analyze, as respondents were able to choose more than one source in the survey questionnaire. Out of an average 600 respondents, 47 people chose at least two sources of income. Further data analysis would be possible with the availability of comprehensive spreadsheet versions of the data. Assuming eight percent possible duplication, 65% of respondents reported having some source of income and 27% of the homeless reported gaining income through full or part-time work.



*Data gathered in 2005 & 2008 only
 **WIC data gathered in 2005, Supp Nutr Women gathered in 2008
 ***Data gathered in 2005 only
 ****Data gathered in 2006 and 2008 only

Temporarily Homeless

Temporary homelessness is defined as short-term homelessness lasting no more than six months, and excludes cases in which individuals have previous experience with homelessness. Unlike the overall population, those experiencing temporary homelessness are most likely to cite the cause as eviction, followed by lack of employment and substance abuse, while the general population cites substance abuse as the number one cause.

This cohort is more likely to have attended college (23% temporarily homeless versus 18% overall), and less likely to report a disability (37% compared to 44% overall). Gender is more evenly distributed amongst this population as well, with 49% of the temporarily homeless being female, and 50% male.

Chronically Homeless

The chronically homeless are often the most visible group amongst the homeless population, and are federally defined as individuals with a disabling condition who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness within three years. On May 20, 2009, President Barack Obama re-authorized the federal McKinney-Vento Homeless Assistance programs through Housing and Urban Development (HUD)

Chronic homelessness can reduce a person's life expectancy by up to 40 years.

in the *Helping Families Save Their Homes Act*, effectively expanding the federal definition of chronic homelessness so that it now includes families and those doubled up with family and friends.^{xvi}

Billings has a slightly higher rate of chronic homelessness than the national average, at 12% versus 10% nationally. A majority (76%) of the chronically homeless population is male and disabled. The chronically homeless tend to have less education, with 21% reporting less than a ninth grade education (versus 10% overall), 51% never having finished high school (versus 37% overall), and 14% having attended college (versus 19% overall). At 13%, the chronically homeless have a lower rate of employment than the general population, which reports a 27% employment rate. Life expectancy, for a chronically homeless individual, drops dramatically from the national average of 77.8 years to 60 years of age.

Homeless Individuals

Homeless individuals, or those not accompanied by family members, represent approximately 365 people on average on any given day in Billings. Approximately 67% of these individuals are between the ages of 30 and 59, and the majority of homeless individuals traveling alone are male (67%) and Caucasian (65%).

In 2005, 2006 and 2007, the average number of homeless individuals under the age of 18 was six, and the average number of pregnant individuals was four. In 2008, both figures quadrupled to 26 and 18, respectively. People traveling alone were most often living either outside or in shelter care. Unlike the overall homeless population, more individuals are known to have lived in a psychiatric center over the past four years (54 people compared to 4 in the overall homeless population).



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Homeless Families

There are at least 80 families experiencing homelessness in Billings at any one point in time, representing over 250 adults and children. The majority of the individuals representing families who completed the survey were females (almost 70%) and over half of respondents were between the ages of 30 and 59.

There are more homeless American Indian people in family situations in Billings than any other race / ethnicity; American Indian families comprise 42% of Billings' homeless family population. This is statistically significant, as the American Indian population comprises almost 30% of the overall homeless population in Billings. Members of families self-identifying as Caucasian make up 40% of the homeless family population. An average of eight percent, or 13 people, were pregnant on the date of the survey over the past four years.

Families with children
are among the fastest
growing homeless
sub-populations in Montana.

Mental health issues, substance abuse and lifestyle choice make up the top causes of homelessness for families in Billings. Domestic abuse is listed as the fourth cause of homelessness, affecting 12% of the family cohort. In the overall homeless population, domestic abuse is the sixth leading cause of homelessness in Billings.

Families are more likely to stay with others than live in a shelter, although 28 family members, on average over the past four years, stayed the night outside during the point-in-time survey. Many families stay in motels with or without vouchers. The number of families staying in a motel with a voucher dropped from a three-year average of nine to only one in 2008. An average of 26 families stayed in motels without vouchers during the date of the survey.

Families are more likely to be in immediate jeopardy of losing their current living situation, as 16% of local homeless families are being asked to leave their current living situation within one week compared to 13% in the overall homeless population in Billings. Homeless families are slightly more likely to be lifetime residents of Billings at 24% compared to 21% of the overall homeless population.



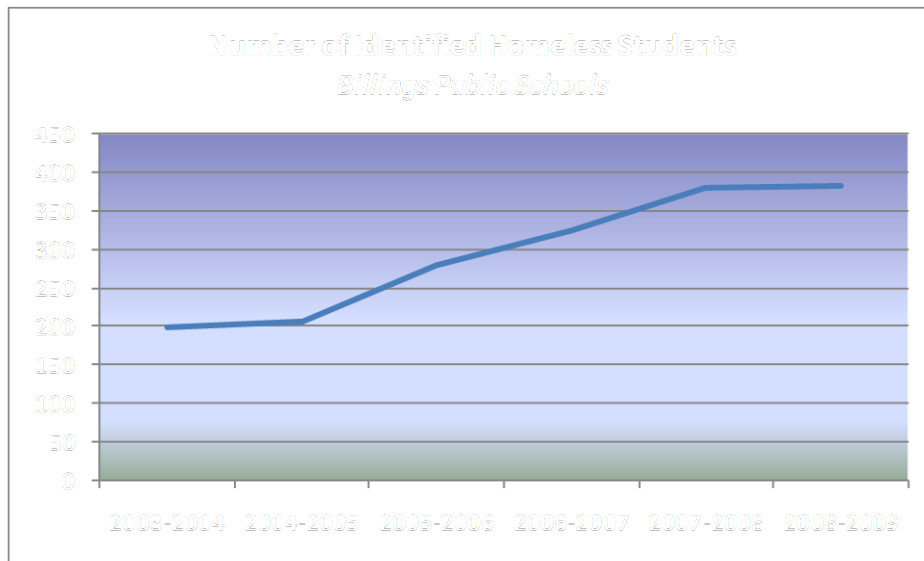
INTERFAITH HOSPITALITY NETWORK

Homeless Youth

During the 2008-2009 school year, the Billings Public School system identified 413 students as meeting the definition of homeless, and there are surely other children who have not yet been identified as such.

Other children experiencing homelessness may not attend school, although state law requires children aged 7-16 years to be enrolled. Data on homeless students has been gathered by the public school system annually beginning in the 2003-2004 school year, and numbers have increased steadily.

The majority of homeless children identified in Billings in 2006-2007 were in elementary school, with 42% enrolled in Kindergarten through third grade and 21% in fourth through sixth grade. Fifteen percent were enrolled in seventh through eighth grade, and 22% in ninth through twelfth grade. Forty-four percent of identified homeless youth were identified as American Indian, 42% as Caucasian, eight percent Hispanic, three percent Black, and one percent Hawaiian.



Homelessness in children and youth has, unsurprisingly, a negative effect on a child’s academic performance and likelihood of graduation. Nationally, approximately 1.35 million children experience homelessness annually. These children are much more likely to be exposed to violence, experience chronic health problems, and suffer from behavioral and emotional difficulties. Additionally, unstable family situations, frequent changes in schools and a lack of adequate nighttime residence all contribute to the difficulties a homeless child faces in school.^{xvii}

American Indians Experiencing Homelessness

At 29%, American Indians comprise the largest minority group amongst the homeless population in Billings, although they make up less than four percent of the overall population according to the 2000 Census^{xviii} or an estimated 10% by partnering service organizations.

The majority of the American Indian homeless population is female, at 52%, as opposed to the general population where only 44% are female. The adult American Indian homeless population tends to be slightly older as well, with only 20% aged 18-29 years as compared to 26% overall, and 70% aged 30-59 years as opposed to 63% in the overall homeless population in Billings.

American Indian families make up the largest percentage of homeless families in Billings and tend to be accompanied by younger children. Sixty percent of accompanying family members are under the age of 13 compared to 51% overall, and 32% of accompanying family members are under five years of age as compared to 28% overall. American Indian homeless women are also more likely to be pregnant, at a rate of 9% versus 3% in the general population.



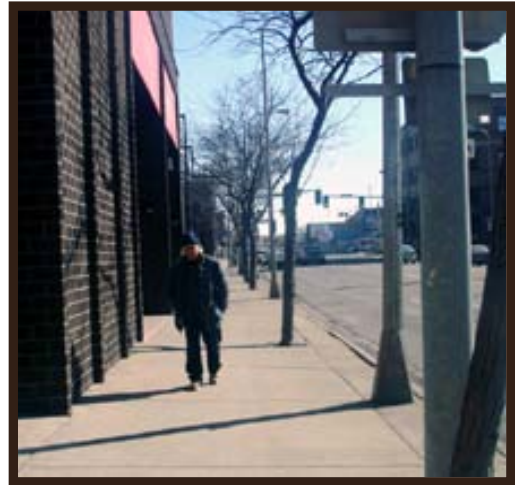
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Substance abuse is self-reportedly the most prevalent cause of homelessness amongst American Indians, followed by job loss and eviction. Twenty percent of American Indians reported being asked to leave their home within one week, which is seven percent higher than the overall population. American Indians experiencing homelessness are also less likely to be employed, at a 22% employment rate versus 27% of the overall homeless population in Billings.

People with Disabilities Experiencing Homelessness

Nearly half of the total homeless survey respondents indicated that they had some type of disability, with almost 60% of those respondents being male, largely between the ages of 30 and 59 years. Mental illness is the most frequently reported disability, followed by substance abuse and then physical disability. Those who live with a disability are more likely to remain homeless for a longer period of time, with 19% having been homeless for more than two years, as compared to 12% overall.

Healthcare for the Homeless indicated that homeless individuals with a high school education may still have learning disabilities, or other impairments, which cause great difficulties with basic skills such as reading and writing.



MIRANDA DYE/AmeriCorps*VISTA

Homeless Veterans

Amongst the homeless population in Billings, 11% reported having previously served in the military. The veteran population in Billings is much more likely to have attended college, at 36% as compared to 19% of the overall homeless population in Billings. However this population is also more likely to live homeless long-term, with 21% having been homeless for longer than two years, versus 12% in the general population. Just a small proportion of Billings' veterans receive federal assistance for military personnel, with only nine percent reporting receipt of veteran's benefits.

Eleven percent
of the homeless in Billings
indicate they have served
in the armed forces.

Service providers note that this number may be inaccurate, as some clients claim to be veterans who are not, perhaps hoping to increase their chances of receiving benefits. Others may not report veteran status, as the Vietnam War in particular is sometimes viewed with stigma.



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HIV / AIDS

Of the 3.5 million people experiencing homelessness in the nation, three percent report they have been diagnosed with HIV/AIDS.^{xxix} Some studies estimate this rate is under-reported and may be as high as 20%.^{xx} The rate of HIV infection varies amongst homeless sub-populations and has even been reported as high as 62% in groups such as adults with severe mental illness.^{xxi} With these rates, it is estimated that up to half of those living with HIV/AIDS nationally are also experiencing homelessness.^{xxii}

In Billings, ten individuals surveyed, or less than two percent, indicated that HIV/AIDS was a cause of their homelessness. Data on the rate of HIV infection amongst the homeless population has not been collected locally.

According to the Health Care for the Homeless Clinicians' Network report, "HIV and Homelessness: Recommendations for Clinical Practice and Public Policy" *homelessness and HIV/AIDS* are widespread and intersecting problems that occur in both



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urban and rural populations throughout the United States.^{xxiii} Conditions associated with homelessness make HIV prevention and control especially difficult. Limited access to medical care severely restricts HIV/AIDS prevention, risk reduction, and treatment for homeless persons. Adherence to complex HIV treatment regimens presents special challenges for homeless patients and their caregivers. To address these critical public health issues, access to health care for homeless individuals must be increased through expanded health coverage. Better coordination of care must be achieved among providers of clinical and social services, which must include behavioral health care and housing. In addition, continuity of care must be improved, especially following admission to and discharge from inpatient and criminal justice facilities."^{xxiv}

Homelessness presents many barriers to healthcare. However, homeless persons can receive effective healthcare if it is delivered in the context of their usual life activities by professional providers who recognize and respect the autonomy of the individual patient and clearly communicate this respect to their patients to foster trust.

Re-Entry

The cohort arguably facing the greatest barriers to housing is the ex-offender population. Although Continuum of Care data cannot currently be reviewed for demographic and statistical information, the issues this population face are daunting and worthy of planning efforts. Many subsidized housing programs will not house residents with criminal backgrounds; a policy often shared with employers. Without stable housing and employment, this population – 650,000 individuals annually – often faces not only homelessness but much higher rates of recidivism.

Montana claims a fairly low rate of recidivism in comparison to other states; the rate for male offenders within three years of release is around 48%, while the rate for adult females is only slightly lower at 47%. The national rate is approximately 67%.^{xxv} Although Montana's recidivism may be lower, it is clear a more successful solution must be sought.

The data supporting the need for a "housing first" policy for ex-offenders is clear, as 66% of recently incarcerated individuals without acceptable housing return to prison within the first 12 months nationally. If that same population receives supportive housing, however, the recidivism rate drops dramatically, to 25%.^{xxvi}

These statistics are not surprising when considering the great and complex needs of the ex-offender population, with almost one-third of incarcerated individuals reporting a mental illness, and three-fourths of the population struggling with substance abuse issues. Despite this, one in five individuals released do not receive community supervision.^{xxvii}



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The importance of providing strong community-based support for this group is clear. Currently a handful of organizations provide pre-release and re-entry support in Billings. Team Mentoring, Inc., Alternatives, Inc., and Passages are partners applying for Second Chance Act funding for program expansion. Montana State University-Billings - College of Technology and Passages have received federal appropriations to provide education in basic skills, academics and work force training. Courses are being offered at the Montana Women's Prison and programming has included an Introduction to Construction course.

Project Homeless Connect Data

One of the major accomplishments the Mayor's Committee on Homelessness has been establishing is an annual event called *Project Homeless Connect*. These one-day, one-stop-shop events are held nationally, and provide an opportunity for homeless individuals to explore and access local resources and service providers all in one location.

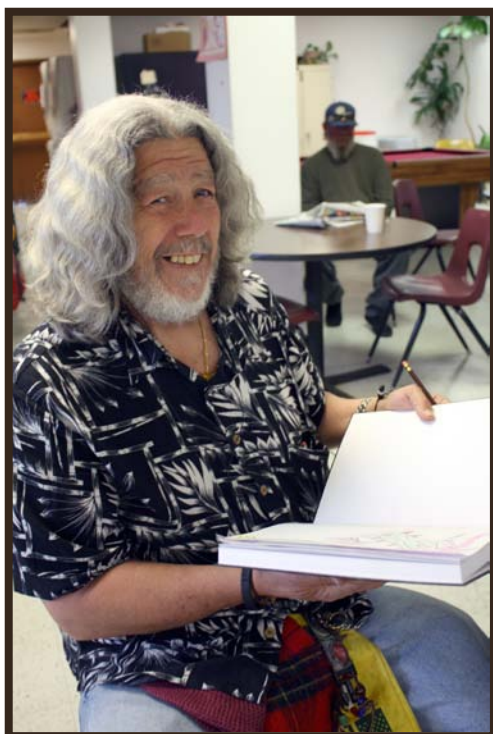
Project Homeless Connect
is a national initiative. Events are held in many cities across the country.

Data on participation was gathered during the events, as they were designed to serve both the homeless and those at risk of homelessness. Twenty-two percent of the participants indicated that

they were not currently homeless. Men, American Indians and the chronically homeless were over-represented amongst those who participated in the event. The majority of participants were individuals, but 27% had children. Sixty percent of participants felt the event was helpful, so the event is hoped to continue in Billings.^{xxviii}



SHAN COUSROUF/PHC Photographer



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PATH Annual & Quarterly Reports

The Billings PATH Team (Project for Alternatives in Transition from Homelessness) gathers data on the program's outreach case management efforts and clientele. American Indians are less likely to participate in the PATH program (or less likely to report race/ethnicity), as they are under-represented in the data. PATH participants are 13% American Indian, 75% Caucasian, and 10% Hispanic.^{xxix}

Community Health Access Plan & Healthcare for the Homeless Data

Eighty-seven percent of Community Health Access Plan users were homeless and 13% were at risk of becoming homeless. American Indians were again under-represented or less likely to report race / ethnicity, making up only eight percent of those served, with 69% Caucasian, three percent Hispanic and 18% not reporting race / ethnicity.^{xxx}

Estimating the Number of Homeless Individuals in Billings

The point-in-time survey conducted in Billings documented an average of 600 homeless individuals in the city during the course of a single day. Sixty-three percent of the individuals surveyed met the HUD definition of homelessness, which excludes those living with others or in motels. Although survey data suggests a downward trend in the number of homeless people surveyed through recent years, *Healthcare for the Homeless* staff report over a thousand different people received services on average over the past three years (2006 through 2008) and conservatively estimates 2,000 homeless individuals are in Billings each year. Staff members at a local drop-in center, The HUB, agree with this estimate.

The Corporation for Supportive Housing has issued a tool to assist communities in estimating the need for supportive housing units utilizing point-in-time estimates.^{xxxi} As the count in Billings is conducted in January, inclement weather plays a factor in the ability to gain an accurate count throughout Montana. To estimate the number of homeless individuals in Billings for the purposes of ten-year planning, projecting to an annual estimate sans personal information is a viable estimating tool. Multipliers for point-in-time survey to annual projections range from 2.39 to 6.12. In the example below, Billings is utilizing 3.99, which is in the lower range for projections.

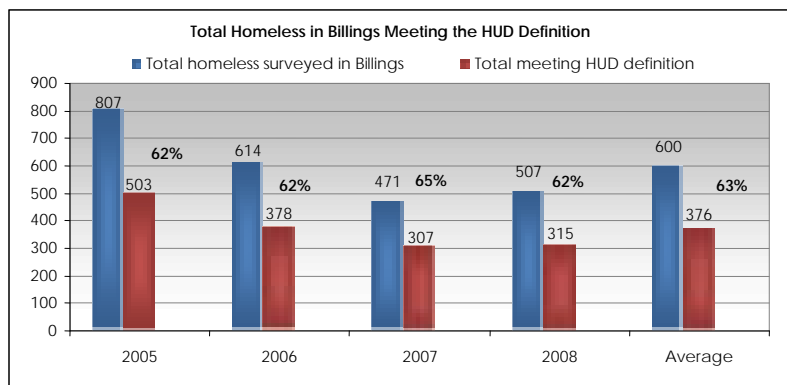
Identifier	Definitions	Number
A	Point-In-Time count of currently homeless people, including adults and children	600*
B	Number of adults and children who were counted in shelters	172*
C	Average LOS for emergency shelter	28**
D	Correction factor, more than 1 shelter stay in 12 month period	0.20*
Formula: $A + ((B*365/C) * (1-D)) = \text{Annual Estimate}$		
$600 + ((172*365/28) * (1-0.20)) = 2,394$ Homeless Individuals in Billings in One Year		

*Point-In-Time Survey, averaged over the past four years

**As reported by the homeless, 2007 Billings Addendum

The average multiplier for point-in-time to annual calculations noted in the Corporation for Supportive Housing study is 4.16, which would indicate Billings has an estimated 2,496 homeless individuals per year. For the purposes of this ten-year plan, the more conservative 2,394 figure will be utilized to estimate the costs and impact of homelessness in Billings.

Roughly 63% of the individuals identified in the survey meet the HUD definition of homelessness. Using the more conservative estimate above, this would equate to 1,508 individuals meeting the HUD homeless definition in Billings per year, making them eligible for HUD-funded housing and service opportunities.



**Cost to Serve the Homeless:
Billings Addendum to the Survey of the Homeless - 2007**

The cost of homelessness can be quite high for those experiencing homelessness and for taxpayers subsidizing public systems. During the course of a year, a chronically homeless individual often cycles through public systems including shelters, jail, addiction/mental health treatment facilities, and emergency medical centers.

Homelessness takes a great physical, emotional, and financial toll on the community.

It costs over **\$15,000** to serve a homeless individual for one year.

The *Billings Addendum*,^{xxxii} a supplemental survey administered in tandem with the Montana Continuum of Care point-in-time survey (January 2007, see appendices), gave respondents an opportunity to report on service usage for the year 2006. The survey asked homeless individuals the number of days services were utilized, including transitional shelter, emergency shelter, chemical dependency treatment, mental health treatment, medical treatment and jail/prison.

According to the individuals surveyed, it costs an average of \$15,534 to serve one individual experiencing homelessness in Billings for one year. Estimated annual costs reported via the Billings Addendum are exorbitant. If 2,394 individuals stayed in Billings for the average length of residency (as determined by the overall population), the costs to serve these individuals exceeds \$26 million.

<i>Estimated Costs to Serve the Chronically Homeless in 2008</i>			
Service	Cost	Client A	Client B
Crisis Center Visit	\$294 / Visit	44 Visits = \$12,936	54 Visits = \$15,876
Ambulance	\$900 / Ride	15 Rides = \$13,500	20 Rides = \$18,000
Emergency Room	\$1,500 / Visit	35 Visits = \$52,500	40 Visits = \$60,000
Psychiatric Hospital	\$2,200 / Day	18 Days = \$39,600	N / A
Jail & Psychotropic Medications	\$80 / Day	85 Days = \$6,800	N / A
Jail Without Psychotropic Medications	\$60 / Day	N / A	30 Days = \$1,800
Chemical Dependency - Outpatient	\$70 / Day	N / A	3 Days = \$210
Shelter Care	\$38 / Day	N / A	241 Days = \$9,158
TOTAL ANNUAL PUBLIC COST:		\$126,336	\$105,044

The *Billings Addendum* was completed by homeless individuals who may not be able to provide accurate data regarding length of stay and services utilized. Discrepancies in length of stay and utilization frequency exist between what the homeless report and the experience of social service providers.

The Community Crisis Center, a service provider created to provide an alternative to emergency room admission for those suffering from mental health or substance abuse related crises, recently concluded data analysis on several individuals who have been identified as chronically homeless. Public costs to serve the chronically homeless are roughly seven times the costs of providing services to the overall homeless population.

Averaging the above estimates, it costs the taxpayers \$115,690 to serve one chronically homeless person for one year. The Mayor’s Committee on Homelessness conservatively estimates there are 2,394 homeless people in Billings over the course of a year, and if 12% are chronically homeless, there are an estimated 287 chronically homeless people in Billings utilizing \$33,203,030 in public services each year. Since the majority of the chronically homeless have resided in the Billings area for more than a year (87%), pro-rating the costs to serve the chronically homeless only reduce the total amount by a small amount (\$30,946,784).

The estimated cost to serve the chronically homeless with public services in Billings is nearly **\$31 million**

To obtain a more accurate cost to serve the homeless in Billings, the population should be adjusted by both “overall” and “chronically homeless” categories. The overall annual homeless population, not including the chronically homeless, is estimated at 2,107 individuals. This figure should be multiplied by \$15,534, the average cost of serving one homeless person for a year. The totals are then adjusted by length of stay, which would total \$23,345,185. Adding this figure to the total cost to serve the chronically homeless, adjusted for length of stay, totals \$54,291,969. If the population in Billings is 102,000, each citizen in Billings is contributing an estimated \$532 each year to support the needs of the homeless in our community.

The annual cost to serve the homeless in Billings is estimated to exceed **\$54 million**

What may be true for Billings is evident across the nation. The Wichita / Sedgwick County Task Force to End Chronic Homelessness reports the cost of serving the homeless is from \$28,045 to \$42,075.^{xxxiii} The National Alliance to End Homelessness reports homeless individuals with serious mental illness utilized over \$40,000 annually in publicly-funded services.^{xxxiv}

Recent studies suggest homeless families cost as much in public services as the chronically homeless^{xxxv}. Many national studies have demonstrated the cost effectiveness of housing individuals and families in lieu of expensive public systems. Permanent housing arrangements would not only be financially beneficial to the city, and a majority (58%) of the homeless surveyed in Billings indicated that permanent or permanent supportive housing would be their first choice for living arrangements. Respondents also indicated that rental and utility assistance, employment and transportation are the services that are most needed in order to end homelessness for them.

Communities across the nation have joined forces to implement housing and service solutions and efforts have been supported by existing data regarding the cost-effectiveness of implementing ten-year plans to impact homelessness.



JULIA GUARINO/AmeriCorps*VISTA

Panhandling

There has been great concern throughout the City of Billings regarding panhandling. Some citizens give generously to panhandlers, hoping to help someone in need. Others express anger and frustration about the effect panhandling has on the city and its business owners. For many, panhandling and homelessness are equated.

The two issues are, of course related, but perhaps not as closely as one might think. Homelessness is an extremely complex issue, and the vast majority of the homeless population are neither visible on the streets, nor are they amongst those who panhandle.

Researchers at the University of Toronto conducted a survey of the panhandling population in the downtown areas of Toronto.^{xxxvi} Individuals surveyed reported earning a median income of \$300 per month from panhandling; approximately half of their total monthly income (including other sources) reported. **Twenty-four percent of those surveyed reported that they were not homeless**, while 65% reported living in a shelter or on the street. Food was the number one reported expense, followed by tobacco, and alcohol / illicit drugs.

Researchers acknowledge that their findings differ from other sources, including the work of John Stackhouse, “a journalist who briefly lived on the street in Toronto working as a panhandler and who reported that panhandlers can earn more than \$200 per day and typically spend ‘almost all their begging money on their addictions’ and very little on food.”^{xxxvii} They conclude that this disparity may be explained by the assumption that panhandlers with higher earnings were less likely to participate in the study. It must also be acknowledged that self-reported earnings and spending may not be completely accurate.

Michael Scott, Center for Problem-Oriented Policing, writes that reported earnings range from \$20 per day to as much as \$300 per day.^{xxxviii} Although some money panhandled is used for food and other necessities, much of money earned goes toward alcohol, drugs and tobacco. An article by John Tierney of the New York Times reporting on the work of the Times Square Consortium for the Homeless echoes this sentiment, claiming that data indicates 80% of panhandlers abuse drugs and alcohol, and 30% are mentally ill.^{xxxix}

Table 3: Income and spending among panhandlers in Toronto

Income or spending	Median (interquartile range), \$
Hourly income from panhandling	8 (4.25–15)
Daily income from panhandling*	30 (15–50)
Monthly income from panhandling	300 (150–600)
Monthly income from all other sources†	200 (20–568)
Total monthly income	638 (350–1179)
Monthly spending	
Food	200 (80–400)
Housing‡	0 (0–400)
Tobacco	112 (32–160)
Alcohol and/or illicit drugs	80 (0–600)
All other items§	120 (22–335)

*Median time spent panhandling per day was 6.3 h (interquartile range 4.0–8.3 h).
 †Includes welfare, disability and other government payments (n = 23), selling newspapers or other items on the street, busking and/or wages from jobs (n = 14), receiving money from friends or family (n = 13) and other sources of income (n = 3).
 ‡Among the 24 subjects who reported any spending on rent or housing in the past month, median monthly spending for housing was \$400 (interquartile range \$183–488).
 §Includes transportation, clothing and laundry, personal care items and money given to friends.

CMAJ. 2002 September 3; 167(5): 477–479

Panhandling in Billings may not primarily support food and other necessities, as there are a large number of resources in Billings for those in need. Fifteen providers make food assistance available to their clients, 13 provide sack lunches; food and assistance for other necessities are available in abundance.^{xl}

The Downtown Billings Business Improvement District (BID) spearheaded a response to solicitation through city ordinance to address the panhandling situation in Billings. The *Aggressive Solicitation Ordinance*^{xli} bans aggressive solicitation and restricts commercial solicitation, including placing limits on the locations and hours of the day in which an individual is permitted to panhandle.

Officer Shane Winden, a Billings bicycle police officer who works out of the BID office, has become familiar with the homeless and panhandling population in the downtown area. Officer Winden has been trained in crisis-intervention and works to assist people he encounters to access services. He is also responsible for ordinance enforcement in the downtown area, and reports an estimated 90% of the individuals he encounters panhandling utilize the money they receive to purchase alcohol, tobacco or drugs. He also reports that about half of the individuals panhandling in downtown Billings are not homeless, although some may have been asked to

leave by family members who cannot bear their addictions. With Officer Winden's presence and the passage of a Panhandling Ordinance, incidences of panhandling downtown have reduced dramatically. However, panhandling still takes place in other areas of the city.

The BID has also taken the lead in implementing an effective awareness and fundraising campaign in the fall of 2005, *Spare Change for Real Change*. This program aims to provide an alternative to citizens who give to panhandlers. Donations benefit service providers and donation boxes have been distributed to local participating businesses. The BID expects to unveil a set of recycled parking meters as donation meters throughout the City of Billings in the fall of 2009.



One-Way Tickets Home - Floating the Homeless

Providing transportation funding as a way to impact homelessness generates strong reactions from city governments attempting to address the countless issues that come with serving the homeless. Local social service providers note that homeless individuals and families certainly come to Billings from other cities; they provide assistance with transportation to other cities within the state and across the nation.

In Bozeman, an article written by David Nolt regarding "floating" the homeless was published in *New West Bozeman* (2007). Mr. Nolt writes in his article, *Bozeman's Lack of Homeless Shelter Strains Nearby Cities*,^{xiii} "It is not often a discussed fact that Bozeman has a history of escorting - or 'floating' - transients and the homeless out-of-town, most commonly via the Greyhound bus to proxy shelters in the nearby cities of Butte and Helena". Since this article was published, a shelter was opened in Bozeman to serve the homeless. Local service providers report the "traveling homeless" know what cities in Montana, and across the nation, provide the best services.

Other cities have implemented the "one way ticket home" model. The City of New York has paid for over 500 families to leave the city since 2007.^{xliii} This program sends people all over the world, offering assistance in obtaining passports, visas and other legal paperwork. The State of Hawaii recently responded to the mainland "floating" of the homeless to the islands with proposed legislation, H.B. 1187 in early 2009. The intent of the bill was supported by the Hawaii Public Housing Authority^{xliiv} for this "return-to-home" program. This legislation was not passed in primarily due to cost.

While returning individuals and families to their home communities may provide relief for some cities, supporting "floating" practices without providing necessary resources and supports for individual and family success is counter-productive to resolving the homeless crisis across the nation.

Recommendations

The Mayor's Committee on Homelessness supports assisting individuals return to their home communities if they so desire, but only if adequate supports and planning are completed to provide needed services upon their arrival.

The Mayor's Committee on Homelessness recommends the expansion of the *Spare Change for Real Change* program as an effective marketing and fundraising campaign directly impacting panhandling across the city. Target areas include King Avenue and 24th Street West. The campaign should include signage that can be viewed by vehicle and should be located in front of businesses experiencing high solicitation traffic. This largely commercialized area is frequented by travelers from neighboring states who may not have experience witnessing repeated claims made by panhandlers "trying to get to Oklahoma" for several consecutive years.

Audrey's Story...

Audrey's family lives in a shelter—the Montana Rescue Mission's Women's and Family Shelter in downtown Billings. "I've been humbled in so many ways in this past year—you have no idea," she tells me during the interview. "I don't want my kids to be at the shelter; I don't want to be poor."

Audrey's life has been difficult from the start. Her father committed suicide when she was young and although she has no memory of him, she knows things were different then. "He was a bank manager; we had a pool, a house and our own rooms. To a lot of people that's average stuff, but for me that seems like a whole different life," she says. Audrey's mother suffered from bipolar disorder and was suicidal. "I went through a lot with my mom, and there were times [growing up] when we would have to beg her, 'No mom, please don't kill yourself. We love you.'"

By age 18, Audrey had dropped out of high school and been on her own for a year with her husband Mike. Smiling, she launches into her "sweet love story" which resulted in the birth of their first child, Dylan. Baby Aiden arrived eighteen months later. But her third and final pregnancy hit her hard—she struggled with severe depression, and during the last months of her pregnancy she experienced unremitting false labor pains.

Shortly after her daughter Alyssa's birth, Audrey quit her restaurant job, seeking better pay as a cocktail waitress. But the couple found themselves still living paycheck to paycheck. "We would save money, but when you don't make that much it's hard to hold onto it for emergencies," Audrey notes. Then Mike landed a full-time job with Sysco, and Audrey quit her job to be a stay-at-home mom. Things were going well until Mike was let go in November due to recession-related cuts. His job loss, in addition to considerable car problems, caused a downward spiral of unpaid bills and late fees. Unable to catch up, the family arrived, on foot, at the Women's and Family Shelter in mid-December.

"I don't want my kids to be at the shelter; I don't want to be poor."

Audrey worked two jobs while her husband continued searching for employment. "Keeping a job and having a job has been getting harder and harder," she says. Once Mike acquired a job at a local restaurant, the family was able to leave the shelter and move into their own trailer.

Grateful for their new start, the couple was very conscious of their budget and aware of what they had to do. But when Audrey's boss 'temporarily' cut her hours, she was left waiting—without a job, without income. "I was starting to hurt at this point. I needed a job, I needed to be working." Left in limbo by her previous employer, Audrey went back to the very restaurant she had left months before. "I've never begged for anything, but that day I begged for my job back," she said. She was not granted her second chance, and in July the family moved back into the shelter.

Audrey is still looking for work. Despite their situation, the family is optimistic. "They're happy as long as we're all together," she says of her three children. "Everything we do is for the kids."

Living in poverty is not an attractive lifestyle, but as this young family has found, sometimes there isn't a choice. In spite of the hardships she has faced, Audrey remains optimistic about the future and what she can become—both for herself and her family. As she fully utilizes the resources offered at the Women's and Family shelter, she makes plans for yet another try at a better life. Her story breaks the stereotypical mold of homelessness, and depicts how the same misfortunes could cripple any number of people in the Billings community.

BY JESSICA MOWRY/AmeriCorps*VISTA

SECTION TWO: LOCAL SERVICE FOR THE HOMELESS 2

Introduction

Billings offers a great number of services to its citizens, but needs for funding, staffing, innovative programs and coordination exist. It is important to the Mayor's Committee on Homelessness to be able to effectively relay information regarding the vast service array available in Billings to the homeless and those who may be at risk of homelessness. To this end, the Billings Area Resource Network (BARN) has been established to provide a vast knowledge and advisory base for the Mayor's Committee on Homeless. The expertise and willingness of the BARN members to participate in the ten-year planning process are to be commended.



SHAN COUSROUF/PHC Photographer

The BARN is comprised of 33 service and resource providers who network for the purpose of improving service delivery in Billings. The local services Provider Inventory was generated by the Community Development Division and brought to the BARN for further development and review prior to implementation.

Local Homeless Service Providers - Responses to Survey

Fifty-three Homeless Service Providers participated in a Provider Inventory (see appendices) between August and December 2007. Services available were inventoried according to whether or not the recipient must be enrolled to receive services, if anyone can receive services regardless of enrollment, or if the agency is providing referrals for the particular service. Within these categories, services were additionally categorized by prevention, outreach, and supportive services. Each category left space for providers to identify additional services not surveyed.

Prevention Services

Prevention services identified were: public assistance, community services referral, housing counseling, mortgage assistance, rental assistance, utilities assistance, housing, counseling/advocacy, support groups, tenant rights education, legal assistance and family planning.

The most commonly provided services, regardless of program enrollment, were community services referrals and counseling/advocacy, at 14 and 12 providers respectively. Housing counseling (nine providers), support groups (eight providers), tenant rights education (seven providers) and family planning (six providers) followed. Mortgage, rental and utility assistance were provided by three organizations regardless of enrollment, and housing by two. Legal assistance and public assistance are not available without enrollment.

Counseling/advocacy remained amongst the most commonly provided service for recipients who are enrolled in the program, with 27 organizations reporting its availability to clients. Support groups and housing counseling followed, available from 20 and 17 providers respectively.

Rental assistance and utility assistance were also fairly common services, with 13 organizations providing the former, and 14 the latter; however mortgage assistance was much less common, with only 3 providers reporting it as a service. Eleven providers make family planning available to enrollees, nine provide tenant rights education, and eight provide housing and legal assistance. Community services referrals are also available from seven organizations, and public assistance from four.

Referrals were provided to all prevention services by many service providers, with the largest number of referrals reflecting least commonly provided services (such as public assistance and legal services), while the most common services (notably counseling) tallied the least referrals.



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Outreach Services

Outreach services surveyed were: street outreach, mobile clinics, showers, laundry, clothing, food assistance, food boxes/meals, sack lunches, telephone use, computer access, toiletry supplies, family planning education, temporary shelter, day center and law enforcement. The most commonly provided service is also the easiest to provide, with 23 organizations making telephones available to individuals regardless of enrollment. The next most commonly provided service was street outreach, undertaken by 13 organizations. Ten different organizations provide toiletries, food boxes, computer access, and clothing without requiring enrollment, and nine provide food assistance or sack lunches. Seven organizations provide laundry service, five provide a day center, and four provide a mobile clinic, showers, or family planning education. Temporary shelter and law enforcement are both provided by two organizations.

Enrollment increases access to several types of outreach services, with 20 organizations supplying toiletries, 17 providing food boxes, 16 providing computer access and 15 providing



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food assistance to enrolled participants. Nineteen organizations make telephones available to enrollees, 13 provide laundry service or sack lunches, 12 provide temporary shelter, and 11 provide clothing. Ten providers make showers or family planning education available to enrollees, three provide street outreach, and one organization provides a mobile clinic.

Again, the least common services receive the most referrals, such as temporary shelter and law enforcement, while more common services such as telephone use, provided by a larger number of organizations, receive minimal referrals.

Supportive Services

Supportive services identified in the survey were: case management, personal money management, life skills, conflict mediation, alcohol and drug treatment, mental health counseling, health care, health care referral, medication assistance, dental care, vision care, HIV/AIDS treatment, education, employment assistance, child care,

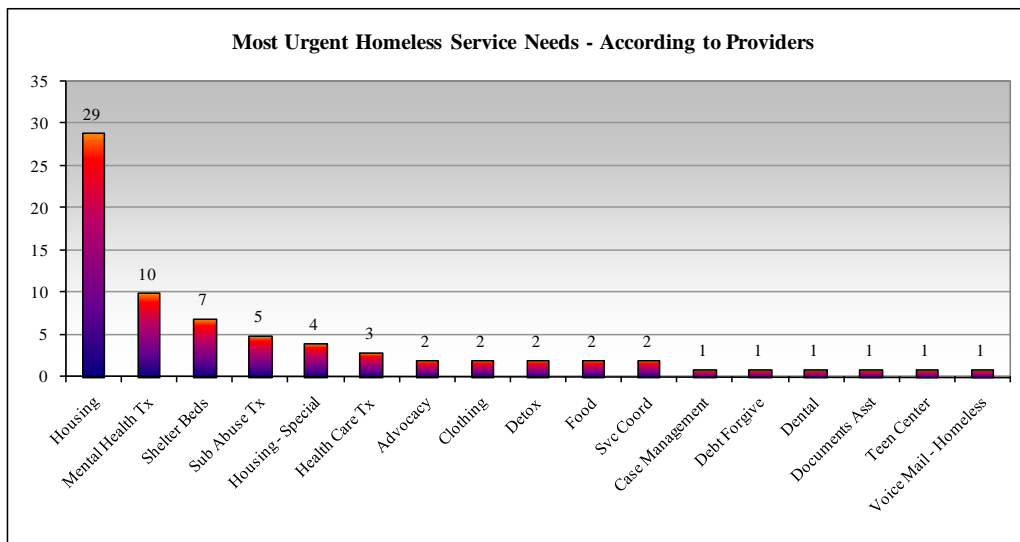
parenting classes, transportation assistance, pre-release and re-entry services and domestic violence assistance. The most commonly provided service to clients not requiring enrollment was life skills (11 providers), followed by conflict mediation (nine providers). Seven providers make education, employment assistance, pre-release and re-entry services and domestic violence assistance available to anyone. Six organizations provide personal money management counseling, four provide mental health counseling, health care referral, child care, parenting classes, and transportation assistance to non-enrolled individuals. Three organizations make health care and case management available to anyone, and two provide alcohol/drug treatment and medical assistance. One organization provides HIV/AIDS treatment. Dental care and vision care are not available to individuals who are not enrolled in a program.

Again, enrollment in programs greatly increases the availability of services. Enrollees have transportation assistance available to them from 33 organizations, case management from 32 organizations, life skills education from 31 organizations, and conflict mediation from 30 organizations. Personal money management counseling is the next most commonly provided service, by 26 organizations, followed by pre-release and re-entry services or education by 18 organizations. Seventeen organizations provide mental health treatment, and 14 provide medical and employment assistance. Domestic violence assistance is provided by 13 organizations, and 12 organizations provide alcohol/drug treatment, health care, health care referrals and parenting classes available to their enrollees. Nine organizations treat HIV/AIDS, seven provide child care and dental care, and five provide vision care.

As previously mentioned, the number of referrals to services reflects the availability of the service by the organization providing referrals. The most commonly referred service is vision care, followed closely by dental care and HIV/AIDS treatment. The least commonly referred service is life skills counseling.

Urgent Homeless Service Needs

According to service providers, the most urgent need in the community is housing, followed by mental health treatment, shelter beds and substance abuse treatment. This somewhat opposes the priorities listed by the homeless themselves, who also cite housing first, in the form of rental and rental deposit assistance, followed closely by employment, transportation, utility assistance and healthcare. Mental health and addiction counseling come toward the middle of the list. Individuals on the Mayor’s Committee on Homelessness have also made note of a perceived need for more intensive and coordinated case management and outreach services.



Services - Gap Analysis

Access to services vastly improves for those who are enrolled in programs and provider awareness of service availability is imperative for the success of community efforts overall. For individuals not enrolled in services, many services are adequate, including access to food/clothing/toiletries, phones, computers, referrals, and education / training.

Resources are not adequate to meet the needs of the general homeless in the following areas:

- Housing
- Rent, utilities, and mortgage assistance
- Dental care
- Vision care
- Showers and laundry facilities
- Day centers
- Temporary shelter beds
- Access to public and legal assistance
- Mobile clinics



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Recommendations

- Ensure providers are aware of the changing service opportunities available in the community for the clients they serve.
- Support the continuing efforts of the BARN and Project Homeless Connect.
- Ensure adequate financing is available for rent, utility and mortgage assistance.
- As services increase for enrollees, ensure clients have adequate access and assistance in applying for an enrolling in services.
- Work in collaboration with the Office of Public Assistance and Montana Legal Services to increase access to the services offered.
- Access to temporary shelter is expected to improve if permanent housing is provided to those experiencing longer periods of homelessness. The Mayor's Committee on Homelessness condones the nationally recognized best practice of Housing First and rapid re-housing.
- Support and expand day center capacity across the city.
- Facilitate the installation of showers and laundry facilities in day center operations.
- Coordinate mobile clinic and faith-based efforts throughout the city to increase access to enrollment and services.
- Increase dental / vision care opportunities, including those offered at Project Homeless Connect.

Housing Definitions^{xlv}

Supportive Housing: Designed to support individuals with services aimed at maintaining housing placement, such as social and life skills, job training, alcohol and drug abuse treatment and case management. Often targeted at low-income workers and populations in need of assistance such as the homeless, those suffering from substance abuse or mental illness problems, and the elderly or medically frail.

Permanent Rentals: Rental units developed for residence without a limit on length of stay.

Transitional Housing: A project that facilitates the movement of homeless individuals and families to permanent housing within a reasonable amount of time, usually 24 months. Transitional housing has been utilized for those individuals moving from institutionalized services and households with individuals who have physical and / or mental disabilities.

VA Housing: Housing specifically designated to serve those with eligible veteran status.

Emergency & Homeless Shelter: Temporary or transitional shelter for the homeless in general or for specific homeless sub-populations. In contrast to homeless shelters, emergency shelters typically provide services for people in crisis who may be fleeing a specific type of situation; these include battered women, victims of domestic violence in general, or victims of sexual abuse. People staying in emergency shelters are more likely to stay all day, except for work, school, or errands, while homeless shelters usually expect people to stay elsewhere during the day, returning only to sleep or eat. They sometimes facilitate support groups, and / or provide meals.

Essential Services: Services concerned with employment, health, drug abuse, and education that may include (but are not limited to):

- Assistance in accessing permanent housing
- Medical/psychological supervision and counseling
- Employment services
- Nutritional services
- Substance abuse services
- Assistance in obtaining other federal, state and local assistance including:
 - Mental health benefits
 - Employment counseling, training and placement
 - Medical/medication assistance
 - Veteran's benefits
 - Income support assistance: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Food Stamps (now referred to as SNAP) and General Assistance
 - Child care
 - Transportation



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Sober Living: A transitional housing setting for newly recovering addicts that assists in community integration and the application of skills learned in treatment, including attainment of meaningful employment.

Housing First: A recent innovation in human services and social policy regarding effectively serving the homeless, based on cost-benefit. The *Housing First* approach moves the homeless immediately from the streets or from homeless shelters into their own community-based apartments. This practice has been proven to be extremely cost-effective particularly with the chronically homeless population.^{xlvi}

Rapid Re-Housing: Placing newly homeless individuals back into permanent housing as quickly as possible.

Non-Sober / Safe Haven Units: Housing where limits are not placed on residents regarding drug and alcohol use.

Housing Inventory

A housing inventory for special needs populations was facilitated through the BARN in 2007. The number of beds has been adjusted by the Montana Rescue Mission; 108 beds are now available in the men’s shelter unit.

It must be noted that all of these resources combined are not meeting the housing needs of the 600 or more individuals experiencing homelessness each day in Billings. Efforts to reduce need will be aimed at those not being served by current resources.

Billings Housing Inventory 2007	
Public Housing Units	244
Section 8 - Elderly & Disabled	384
Section 8 - Elderly Only	100
Section 8 - Family	332
Tax Credit Apt Complex	408
Section 202 - Elderly & Disabled	109
HUD Home Program	24
Emergency Shelter - Men	163
Emergency Shelter - Women & Family	105
Transitional - Men	10
Transitional - Women	3
Chemical Dependency - Men	28
Chemical Dependency-Women	20
Therapeutic Group Home - Boys	93
Therapeutic Group Home - Girls	57
Homeless Youth	6
Group Home - Developmentally Disabled	52
Total Number of Units	2,138

Additionally, more permanent housing solutions are needed for the chronically homeless. Montana Rescue Mission, which provides 108 emergency shelter beds to homeless men, recently implemented a 30-day stay policy, with a 60-day break in service unless a client is actively seeking personal solutions for the life issues that have lead them to homelessness. This is expected to discourage use of emergency beds as permanent housing. A veteran’s supportive housing project is being constructed by the Volunteers of America - Montana / Wyoming, in order to meet the housing needs of the homeless veteran population.



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Currently, as is the case in much of the nation, households making the median household income cannot afford to purchase housing at the median home cost in Yellowstone County. Additionally, the median rental plus utilities cost in the county exceeds 30% of the median renter’s income for a two-bedroom apartment, putting many households at risk for homelessness.^{xlvii} These figures indicate a gross shortage of affordable housing, a need that has also been identified by service providers in Billings.

Housing Preferences & Needs

Forty-nine percent of *Billings Addendum* survey respondents indicated that they are actively seeking permanent housing, which is approximately 294 households at any one time. However, not all individuals experiencing homelessness desire or feel ready to seek permanent housing.

In order to project housing needs for purposes of the ten-year plan, one must estimate population growth and the growing needs per year for the total population, also taking into consideration the desire of the homeless to access housing. The number of homeless individuals is expected to increase in correlation with estimated population growth. The City of Billings Planning Division estimates a population increase of one to two percent for Yellowstone County

In Billings, half of the homeless are actively seeking a place to live and permanent housing is their first choice of housing options.

in the Growth Policy (2008).^{xlviii} Using a 1.5% annual population growth factor, the city can expect to see an estimated 2,778 homeless individuals in 2019, 1,361 of whom will be seeking permanent housing.

The chronically homeless population is often the most difficult population to house; this is due to multiple factors, including addiction and serious mental illness. Seventy-two chronically homeless individuals are living in Billings at any given time.

One option for housing this population is called “housing first”, in which services are made available to residents but are not a pre-requisite for housing. Supportive housing that requires enrollment in services or “housing readiness” often perpetuates cycling within the system for those unable or unwilling to move forward to more permanent (and demanding) solutions. National studies, however, have found that when housing is provided first, emergency service and substance use decrease dramatically, while use of supportive services and treatment resources increase.

Families are considered a priority target population by the Mayor’s Committee on Homelessness. Families represented 38% of the total homeless population in Billings from 2005 to 2008. Ninety percent of families served at Project Homeless Connect have either one or two children and 10% have three children or more. The number of bedrooms in family housing units should be determined with these percentages in mind to ensure family housing needs are met.

It should be noted that many housing units developed may require some degree of case management for tenants, based on clinical assessment. Forty-four percent of the Billings homeless population reports a disability; therefore the minimum number of units with handicap accessibility must, of necessity, be higher than regulations require.

Substance abuse, employment and mental health issues are the overall primary causes of homelessness in Billings. Therefore, all projects facilitated through the committee will have provisions for dealing with these primary issues at a minimum. Focusing on co-occurring treatment options is imperative; this would mean combining mental health and substance abuse treatment options with supportive housing.



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Stephen's Story...

Skylar has big blue eyes and soft blond hair. He giggles and makes gurgling sounds; he will be two in September. Skylar is also homeless—he lives in the Women's and Family Shelter with his father Stephen, a single parent.

After moving from his hometown of Cheyenne, Wyoming, Stephen had a hard time finding a job to support his family. His relationship failed shortly after he moved to Billings; as a result, he found himself homeless as well as unemployed. Stephen has no family in Billings, and has had trouble finding a dependable support network. "I'm doing it by myself, but it's making it a lot harder," he says.

One of Stephen's goals is to provide Skylar with a stable lifestyle—one that will be very different from Stephen's own childhood. Growing up, "Mom couldn't stay still," he says. "We moved to be with the guy she was with at the time. I don't want him to grow up that way—that's why I'm trying to get myself into a more permanent situation."



Stephen gained custody of Skylar in November of last year when his mother decided to move to the East Coast. "I told her he could stay with me. I didn't want him going across the country in a bus like that," he says. Stephen is convinced that his son is better off because he lives with Stephen, but the absence of Skylar's mother has made life difficult on a number of levels, including financially. Although Skylar's mother has been ordered by the court to pay child support, Stephen is still waiting for any payment from her.

Although Stephen is eager to get back on his feet, he faces special challenges as a single parent. For example, he would like to continue his education, but isn't sure he can find affordable child care that would allow him to work and go to school. He has an Associate degree in Medical Science, and says he would like to go into pediatrics. "I have that degree there if I ever need it," he says, "but it's difficult to go to school with him and work. I don't know if I can do it all at once."

He has also struggled to find child care with flexible hours. Although he has worked late-night shifts in the past, he cannot find child care during the evenings, and is instead forced to give up work opportunities so he can stay at the shelter and care for his son.

On top of struggling to find a proper care facility for Skylar, Stephen has to juggle trying to find a job along with attending the mandatory classes offered by the shelter. There are "so many classes and stuff, I don't have enough time to get out and look for a job," he says. Before he was a single parent, he was able to work three days a week and still have time and money to take his son to his favorite places. "His first camping trip when he was 6 months old," he remembers. "I made a little crib out of an air mattress and he curled up and slept by his dad."

"We're here [at the shelter] to get on our feet and be self-sufficient," he says. "Hopefully after three months I'll have money set back to get my own place." Stephen remains optimistic about his situation and the fact that "this is the first time in my life that this has happened to me. Skylar keeps me going. It'll take me a little time, but I'll get us out." Until then, he will work toward finding an accommodating job and finding resources to help his situation.

He only asks to have his life back.

BY JESSICA MOWRY/AmeriCorps*VISTA

SECTION THREE: TEN-YEAR PLANNING

3

Introduction

The United States Interagency Council on Homelessness has challenged cities with the task of creating ten-year plans to end chronic homelessness. The City of Billings was chosen as a pilot project by the Montana Council on Homelessness to begin a ten-year planning process with the ultimate goal of creating a plan to end chronic homelessness in Billings that may also be utilized by other cities in Montana. The initiative was named *Welcome Home Billings*. Strategic planning sessions were held in November 2005 and March 2006 to coordinate the efforts of over 80 participants. Following these efforts, the Community Development Division approached the Mayor of Billings regarding the continuation of the initiative and acceptance of the “pilot project” challenge; as a result, a committee was appointed to spearhead the task of developing a ten-year plan.



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The 20 member *Mayor's Committee on Homelessness* began meeting in June 2006 following Mayor Tussing's charge to develop a ten-year plan to address the needs of the chronically homeless in Billings. The Mayor's Committee on Homelessness includes representation from a broad stakeholder group including housing / service providers, civic / business leaders, economic / work force agencies, faith based / philanthropy groups, and other interested parties.

MAYOR'S COMMITTEE ON HOMELESSNESS

VISION: *No one in Billings has to be homeless. Everyone in Billings has access to tools and opportunities for safe, appropriate and affordable housing.*

MISSION: *The Mayor's Committee on Homelessness has partnered with local organizations and community members to develop and implement a comprehensive ten-year plan in the pursuit of ending chronic homelessness in the Billings community.*

The City of Billings is committed to inclusive participation in the effort to address chronic homelessness; as a result of staff dedication to this philosophy, this large-scale initiative has included hundreds of participants to date. The Mayor's Committee on Homelessness also formed subcommittees to facilitate work on the plan. They include: Data, Public Relations, a Homeless Services Provider Network (explained below) and Project Homeless Connect.

The synergy present during initial strategic planning sessions of the homeless initiative has increased over time (the number of interested participants started at 80 and grew to over 150 in less than a year, and more individuals and agencies are becoming involved daily). The Mayor's Committee on Homelessness has been working to further the following goals:

- **Gather research and data on chronic homelessness:** review existing data available for the Billings area; identify existing services including cost of services provided; identify the costs of homelessness in the community; and establish baselines for performance measurements.
- **Build the information base on homelessness for the public and participants:** tour existing agencies providing services to the homeless; increase knowledge base of national best practices and innovative solutions; increase knowledge and awareness of the American Indian and other sub-populations; and provide advocacy on behalf of the homeless by de-bunking the myths surrounding homelessness.
- **Create partnerships to facilitate the development and implementation of a ten-year plan to impact homelessness:** assist the Billings Area Resource Network, the Consumer Advisory Group, and the Business Consortium for Social Change to further the Committee's goals during plan implementation.
- **Define the Billings community's homeless problem:** create an operational definition of chronic homelessness; identify other homeless groups which may be included in the plan; identify and assess the root causes of homelessness in our community.
- **Develop strategies to address root causes of homelessness:** establish Project Homeless Connect as an annual event and gather data regarding impact; prioritize populations which may be served by the plan; identify prevention and intervention strategies for each population.
- **Create the ten-year plan to impact homelessness:** finish needs assessment; define projects and priorities; solicit stakeholder feedback; create action plan to implement strategies; announce and publicize the plan; and implement the plan.

Challenges facing the Mayor's Committee on Homelessness include the pervasively negative public perception of the homeless individual and reasons for homelessness. The ten-year planning initiative has involved the homeless in all stages of conception and development thus far in order to gain a better understanding of the population. The Public Relations committee is working on various strategies in order to de-bunk the myths of homelessness.

Resource limitations including staff time and funding for administrative capacity are also a challenge due to mandatory caps on administrative costs for both the Community Development Block Grant and HOME Investment Partnership programs. This initiative is not funded at federal, state or local levels and has been undertaken by a relatively small division in the City.

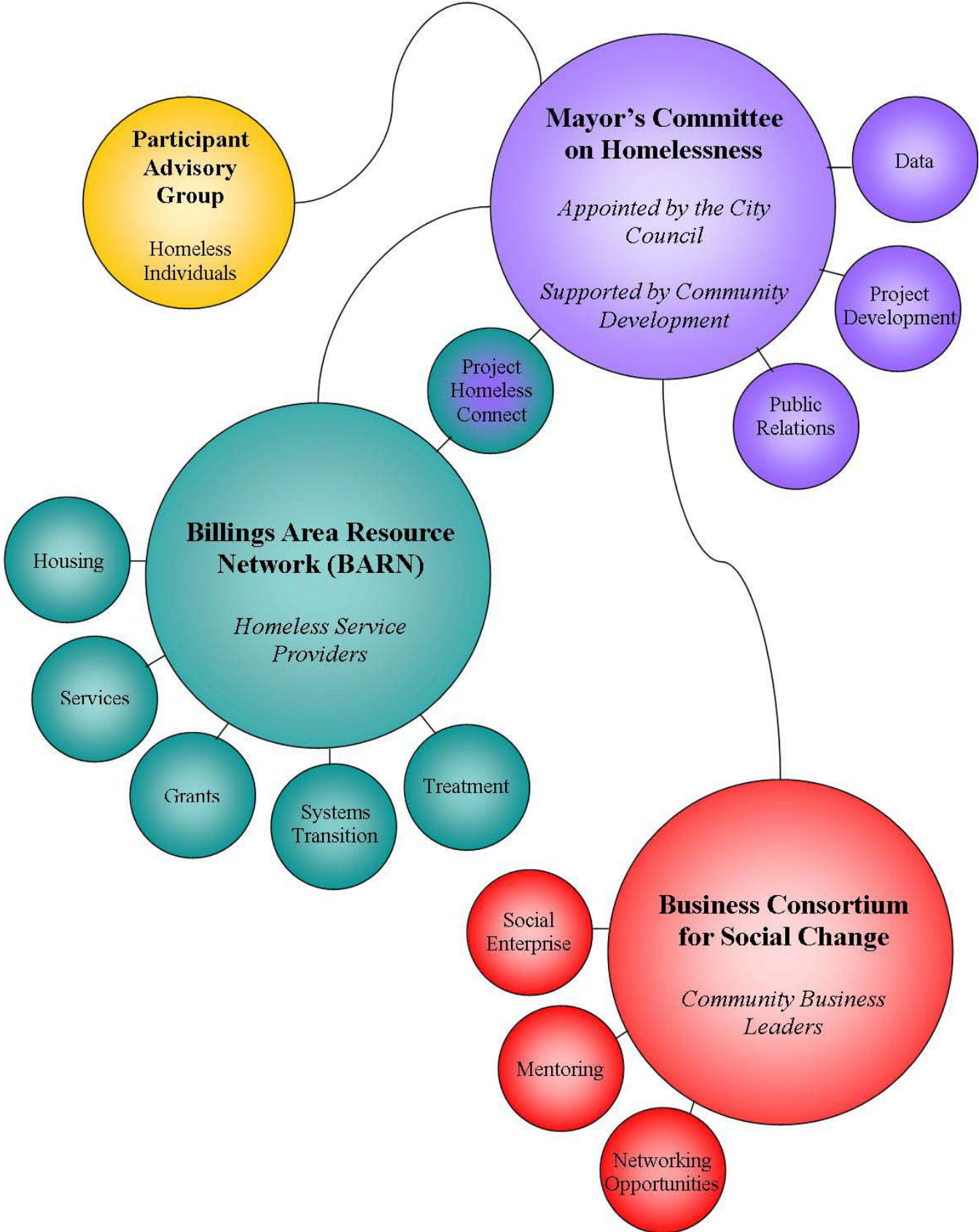


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Mayor's Committee on Homelessness - Accomplishments

- Creation of the **Billings Area Resource Network** – a group of homeless service providers working together to increase service and grant coordination, 2006.
- **Billings Addendum** to the Continuum of Care point-in-time survey in January 2007.
- **Understanding Homelessness in the American Indian Population: Roundtable Discussion** in February 2007, the first of its kind in the nation.
- **Cultural Competency Training: Understanding the American Indian Perspective** – June 2007. The training covered cultural competency, tribal facts, American Indian homelessness facts, American Indian health disparities, historical trauma education, and effective cross-cultural communication. The training aimed to enhance delivery of quality services to an increasingly diverse population.
- Creation of the Mayor's Committee on Homelessness' ten-year planning priorities.
- **Social Enterprise Conference** featuring Pioneer Human Services, February 13 & 14, 2008.
- **Project Homeless Connect** events – March 31, 2007, March 28, 2008, January 31, 2009. The Mayor's Committee on Homelessness has implemented three successful Project Homeless Connect events during the planning process. Project Homeless Connect is a national initiative by the Interagency Council on Homelessness, and is a one-day, one-stop service fair implemented nationally. In Billings, service providers gather at the Parnly Billings Library to provide information, serve food, and make free services such as haircuts, HIV testing, dental exams and necessities are available to attendees.
- Compilation of homeless data from point-in-time surveys (facilitated by the Montana Continuum of Care and the local PATH team) for 2005, 2006, 2007 and 2008.
- Garnering \$562,640 in grants to support the efforts of the Mayor's Committee on Homelessness and the Housing First Project, a pilot to demonstrate the cost-benefits of the model.
- **Continuum of Care Discussion**, March 19, 2009, presented and facilitated by Bob Buzzas of CIVIC Counseling, who serves as the Coordinator for the Montana Continuum of Care Coalition for the Homeless.
- **Billings Metro VISTA Project (MVP)** - seven AmeriCorps VISTA members working on poverty and homeless issues in Billings, July 2009.
- **Housing First Project**, four units to house homeless families in Billings, opening November 2009. One of the first projects feasible for implementation in the Billings area is based on a national best practice commonly known as *Housing First*. Although variations of this philosophy exist nationally, the concept is to first house individuals and families, then begin to systematically address barriers to maintaining housing. This philosophy has worked particularly well with families with small children and in communities with funding sources to construct, rehabilitate and maintain housing units with minimal participant income for rents. Interfaith Hospitality Network was selected to implement the project.

Homeless Initiative Teams in Billings



Billings Area Resource Network

The Billings Area Resource Network (BARN) is a partnership of 33 area service providers that aims to promote collaboration between local service providers, and seeks to more effectively address homelessness in our city.



Billings Area Resource Network

The BARN's mission is to "act as a transparent organization to help create functional and dynamic partnerships between area service providers to increase advocacy efforts for the homeless." Using their varied social service and business backgrounds, BARN agencies involved work together to combine resources, reduce service barriers, and bridge gaps that contribute to homelessness. The diversity of the agencies is a source of strength, as each unique member contributes to an outcome "greater than the sum of its parts." BARN agencies communicate the needs of the city's homeless during quarterly meetings. Each member additionally participates in one of the BARN's sub-committees, where providers collaborate on community projects.

Additionally, the BARN has assumed the responsibility of coordinating the annual Project Homeless Connect events beginning on January 29, 2010 (previously the responsibility of the Mayor's Committee on Homelessness). In Billings, individuals arrive at Project Homeless Connect and receive a "passport" that they bring to different service providers. The providers then stamp the passport after explaining their services and offering applications for assistance.

Individuals are then able to take their passport to the "store," where they may obtain an array of items such as clothing, hygiene kits, shoes, etc. Food, haircuts, flu shots and HIV testing were among the free services available on-site. The majority of individuals who participated came for clothing, medical care, rent and job assistance.

The BARN has also committed volunteer time to the annual Veteran's Stand Down event, a one-day, one-stop service event facilitated by the Treasure State Veterans Assistance Organization, Inc. targeted specifically to veterans of the armed services. The 2009 Veteran's Stand Down was cancelled. It is important to support services such as this one-stop event in our community.



LISA HARMON/Former Mayor's Committee Chair
The Store, Project Homeless Connect 2009

Mayor's Committee on Homelessness - Initiatives

Social Enterprise & Workforce Efforts

The Mayor's Committee on Homelessness has identified the Social Enterprise business model as a recommended strategy to promote economic self-sufficiency in at-risk and homeless populations. The Social Enterprise model employs at-risk and disadvantaged workers and typically pairs work opportunities with job development and support. The goal of the Social Enterprise Conference, held in Billings on February 13th and 14th, 2008, was to encourage the use and expansion of the social enterprise business model by educating the business and service provider community about the value of such a model. A sub-committee met for many months to further the initiative and a local non-profit organization agreed to take over business planning in early 2009.

People experiencing homelessness can be resourceful at both managing their days and living circumstances.^{xlix} However, many barriers exist to obtaining employment, including a lack of proper legal identification, a lack of accommodation for mental and physical disabilities and inadequate housing. Employers may not hire applicants with addresses in the local homeless shelter; similarly, employment and/or criminal history, addiction and mental illness can prevent an individual from being hired.

The Mayor's Committee on Homelessness supports the following principles:

- Individuals experiencing homelessness are employable.
- Employers need assistance and support when hiring and maintaining this population.
- Schedule flexibility and temporary work should be engaged first to evaluate skills and "lean into" work situations.
- Individuals who are able to work should be supported in training, education and job opportunities leading to employment and contribution to the tax base.

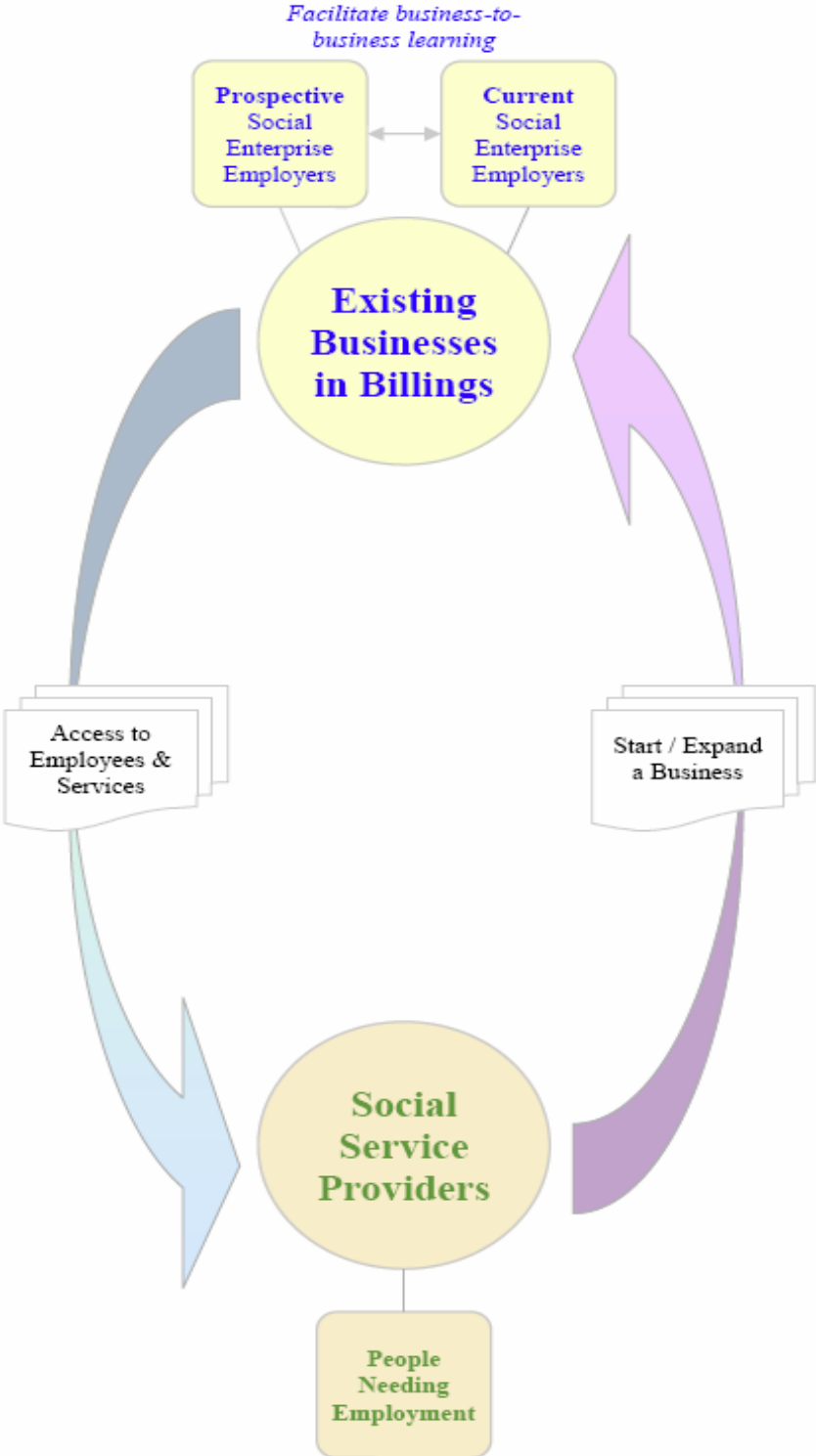
Local "social enterprise" employers, such as MasterLube and the BID, employ currently and formerly homeless and at-risk individuals. Employing this population certainly comes with risks, but there are also great benefits for both employee and employer, as well as for the larger community. Social enterprise is a business model that has been implemented world-wide, and the Mayor's Committee on Homelessness hopes it will find more wide-spread implementation in Billings.

Business Consortium for Social Change

The Business Consortium for Social Change is a concept that has been held by committee members as worthy of development. The idea is based on the belief that many local businesses are dedicated to making a difference in their communities in various ways that will ultimately contribute to social change. The Consortium has been identified for further development within the auspices of the Billings Metro VISTA Project (MVP) initiatives. Leaders will be drawn together for conferences to exchange ideas regarding social impact.



MAYOR'S COMMITTEE ON HOMELESSNESS
BUSINESS CONSORTIUM FOR SOCIAL CHANGE



Continuum of Care Discussion

On March 10, 2009, the Mayor's Committee on Homelessness hosted a discussion regarding the state's Continuum of Care process, presented and facilitated by Bob Buzzas of CIVIC Counseling, who serves as the Coordinator for the Montana Continuum of Care Coalition for the Homeless.¹

Montana is amongst a small minority (two percent) of the 483 Continuums of Care across the nation that facilitates statewide planning for use of federal HUD funds. The Montana Continuum of Care Coalition for the Homeless serves as a forum for collaboration to address homelessness statewide and for the distribution of Federal Continuum of Care (CoC) Homeless Assistance Funding. Funding is allocated to CoC based on pro-rata need calculated through census data, housing stock, poverty levels and other HUD markers. CoC Funding is provided through a set of three competitively awarded grant programs:

- **Supportive Housing Program** – provides funding for housing paired with a range of supportive services for homeless individuals in transition to independent living.
- **Shelter Plus Care** – combines housing and social services for people living with disabilities.
- **Single Room Occupancy (SRO)** – encourages moderate rehabilitation of single room apartments, where occupants generally share common kitchen and bathroom facilities.



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Currently Billings receives a very small percentage of the Continuum of Care funding allocated to Montana. This seems to be a symptom of a lack of participation and collaboration by service providers in Eastern Montana, where a large percentage of the homeless population of Montana resides. Cities such as Missoula and Helena seem to receive a much larger percentage of funding due to effective collaboration amongst providers. Funding is allocated in a process whereby peers review and rank applications in a series of meetings held in Helena. The Mayor's Committee on Homelessness has concluded that participation in these meetings by more of Billings' service providers is necessary, and a sub-committee of the BARN has agreed to commit to participation in the state-wide process.

Data Systems Review

Currently, two systems for data management are used in the Billings community; the state-funded *Homeless Management Information System* (HMIS) and *PATHWAYS COMPASS*. Both systems are used to record client information and generate reports, but the type and format of information that can be retrieved from each system varies somewhat.

Use of the Montana HMIS is mandated by the state for all organizations that receive state funding. The Montana HMIS is designed with a client-to-server relationship, allowing users to generate state-wide reports and examine general trends. However, it does not allow users to retrieve information about individual clients or participating organizations, limiting its usefulness for facilitating communication between service providers. This is the more widely used of the two systems, and connects providers state-wide.

PATHWAYS COMPASS is a data system that requires an annual license fee. It operates on a peer-to-peer basis, where non-protected information can be shared between users, with client permission, as well as with the server. This makes it a more useful tool for the sharing of information between service providers and allows for more coordinated service to clients. PATHWAYS COMPASS is not mandated for use by any agency in Billings. The United Way of Yellowstone County holds an umbrella license and offers use of PATHWAYS COMPASS free to smaller non-profit organizations in the county. Current users under the umbrella license include the Billings Food Bank, The Salvation Army, Family Service, Inc., St. Vincent de Paul and Community Hope. RiverStone Health and the Community Crisis Center currently utilize their own licensure to access PATHWAYS COMPASS. The United Way of Yellowstone County is committed to maintaining an umbrella license to support current and future PATHWAYS COMPASS users.

Discussions were held regarding building a software bridging platform to connect the Montana HMIS and PATHWAYS COMPASS. The costs to complete this type of project and issues regarding information direction and sharing have made bridging the systems infeasible. Both systems continue to be used in Billings.

Cost-Benefit Analysis

A "Cost-Benefit Form" (see appendices) has been developed in order to measure the cost-effectiveness of different services provided to homeless individuals in the City of Billings. Unlike in other states, Montana does not provide funding for emergency shelter or many of the other services utilized frequently by the homeless, and therefore cost-savings are not always directly traceable to tax and government spending. However the measure of the financial burden on the community remains relevant. The Cost-Benefit form also identifies the dollar amount in benefits / wages an individual or family has accessed during treatment or enrollment in order to further identify personal assets gained.

The Housing First project, slated for opening in November 2009, will be the first mandated reporter for cost-benefit and effectiveness. Members of the BARN may also participate in the cost-benefit data gathering efforts and reporting in order to detail program effectiveness.



JULIA GUARINO/AmeriCorps*VISTA

Michael's Story...

They didn't have much—just three suitcases, three backpacks and three hearts looking for a fresh start. On July 18, 2009, Michael, his pregnant fiancée Dominique, and her four-year-old daughter Star got on a plane to Billings, Montana with a total of \$81 in their pockets.

The oldest of four children, Mike has seen his share of hard times. His father left when Mike was just eight years old and he admits that he was a wild, rebellious teen who acted out of hurt and anger. Although he worked steadily as a young man, Mike had trouble finding work after serving time in jail for aggravated assault in Phoenix. After completing his sentence, he had a new determination to do better for himself and his family. He got a new job and was optimistic about his future, but as his hours dwindled, he soon found himself unemployed. For two months, Mike submitted applications—over 200 of them. “Before, I didn't have a problem getting a job,” he said. But company after company made it clear that they would not hire him because of his background. Finally, out of desperation, Mike and Dominique decided to sell everything they owned and move to Billings.



Once in Billings, they arranged to stay with Dominique's uncle until they could find jobs and a place to live. While Dominique and Star visited family in Great Falls for a few weeks, Mike set out to search for a job —on foot and with no place to truly call home—canvassing street after street, submitting application after application. Then Mike came across MasterLube, a company that specializes in oil changes, car washes and glass repairs. After sharing his story and explaining his desire for a fresh start, Mike was told that his application would be hand-delivered to the manager of GlassDoctor, the glass repair branch of MasterLube. He was interviewed two days later and despite his far from typical history, was asked to start the next day. It began looking like he was finally going to get his chance for a new life.

After two weeks on the job, Mike ran into a bit of trouble and ended up in jail. Four days later, MasterLube's management bailed him out and he was back at work by noon. But Mike's problems didn't end there—because of the situation that landed him in jail, Mike was unable to return to his fiancé's uncle's home. Fear filled his heart as he thought of breaking the news of moving back to Phoenix to Dominique and Star when they returned from Great Falls. But much to his surprise, a co-worker he barely knew offered him a place to stay for the night.

The next day, MasterLube's vice president, aware of Mike's housing situation, began making phone calls on his behalf; they had him an apartment by that Friday. Unable to afford the initial costs of the apartment, MasterLube paid the families application fee, security deposit and first month's rent. In return, a small sum is deducted from Mike's bi-weekly paycheck and will be until the company is fully reimbursed. While money is still tight, Mike is clear about one thing: “MasterLube has given me a living wage and a whole lot more.”

MasterLube has proven to be a great aid in the couple's ability to get on their feet in a new city, and have the dream of a new life come true. “They just put their neck out there and just did it,” Mike says of the company. “I'm really excited about the opportunities they are going to give me—I can go somewhere and be something....If you don't like where you are in your life, and you have a goal set...they're going to help you achieve that goal while you work for them.” After all, he came to them with nothing but the desire to start a new life for his family. In the process, he found that his Billings “family” grew exponentially, as he is quick to point out, “**My family out here is Dominique, Star and MasterLube.**”

BY JESSICA MOWRY/AmeriCorps*VISTA

SECTION FOUR: RECOMMENDATIONS

4

Introduction

“Welcome Home Billings” is an overarching framework that outlines community progress required to achieve the ultimate goal of ending homelessness in our community. This framework will serve to guide the development of bi-annual (two-year) Action Plans, in which the responsible parties and funding sources for each goal will be identified, and more detailed action steps will be developed.

Performance Measurements

The ten-year plan is based on data gathering, research and analysis to determine the types of homeless services needed in the community in addition to facilitation of plan implementation. A completed housing project at the end of the three-year period would also be a mid-term goal. Long term goals can be measured by the decreasing number of homeless individuals in our community.

Impact will be measured by the number of initiative participants and organizations, the amount of secured and leveraged funding to support various initiatives, the number of grants obtained to secure housing and other homeless services, and the number of homeless individuals and families served with projects. Addressing homelessness in a large-scale, cooperative, and inclusive manner furthers the mission of the Community Development Division and the Billings community. This mission includes reducing service duplication, increasing service coordination, identifying and prioritizing gaps in services, and increasing leveraging opportunities for funding.



MIKAL YOUNG/DBA Marketing and Events Coordinator

Plan Development

According to the National Alliance to End Homelessness’ report, *A New Vision: What is in Community Plans to End Homelessness?*, most plans target all homeless people including high-cost cohorts such as the chronically homeless and families. Only one-third of plans exclusively target the chronically homeless.ⁱⁱ

The Mayor’s Committee on Homelessness has completed data analysis on a wide range of cohorts to better understand the different populations utilizing services in Billings. Strategies identified, including the development of specific housing types, can be generally applied to most cohorts.

The ten essential strategies published by the National Alliance to End Homelessness (*Ten Essentials to Ending Homelessness*ⁱⁱⁱ) include:

- Creating a ten-year plan
- Creating a data system to monitor trends
- Emergency Prevention Programs
- Streamlining mainstream programs to prevent homelessness
- Street Outreach
- Shortening the time people spend homeless and decreasing the number of times they are homeless
- Rapid re-housing strategies
- Treatment and supportive services
- Ensuring an adequate supply of permanent housing
- Assisting the homeless in securing employment and/or benefits

The Mayor's Committee on Homelessness' ten-year plan includes the above strategies, based on the needs of the community as identified through data gathering and participation efforts. Concepts may require additional planning efforts in the future, especially for Safe Haven housing or other types of "low-demand" housing.

Strategic Framework Overview

The Mayor's Committee on Homelessness has developed a set of overarching strategic goals that will guide the Committee and its partners in designing and implementing two-year action plans and related initiatives. These *cross-cutting strategic goals* were developed in consideration for the committee's vision; no one in Billings has to be homeless:

- **Collaboration:** Join community partners with resources to address homelessness intervention and prevention efforts and facilitate partnerships to improve collaboration, service array, leveraging and capacity.
- **Awareness:** Increase advocacy and public knowledge on behalf of the homeless.
- **Accountability:** Ensure high standards for management, accountability and performance measurement.
- **Sustainability:** Ensure innovation, fiscal responsibility and long-term effectiveness for projects and programs.

The Committee has also developed a set up *programmatic strategic goals and priorities*, for the further development of resources and programs to address the needs of the homeless / near-homeless. These goals / priorities are:

- **Housing:** Increase the city's supply of decent, affordable housing.
- **Prevention:** Provide adequate emergency homeless prevention programs.
- **Services:** Expand treatment / service capacity and linkage to essential services.
- **Assets:** Increase personal income levels and economic opportunities.

Cross-Cutting Strategic Goals

GOAL A: COLLABORATION - *Join community partners with resources to address homelessness intervention and prevention efforts and facilitate partnerships to improve collaboration, service array, leveraging and capacity.*

The efforts facilitated through collaboration will create modes of communication between partnering organizations to provide coordination and avoid duplication, which will in-turn maximize the resources available to the Welcome Home Billings initiative.

The Mayor's Committee on Homelessness has successfully implemented and supported several initiatives it considers essential to effectively addressing homelessness in the Billings community. Project Homeless Connect, a national best practice, is a one-stop one-day event where providers from across the city come together in one location. The Committee effectively implemented this event for three consecutive years, and has now decided to support the BARN in taking on the event.

The BARN was established by the Mayor's Committee on Homelessness and focuses on promoting provider collaboration to mobilize community resources towards ending homelessness. The network now functions independently to address direct needs and take action on behalf of service providers in the city, while communication between the two entities is maintained through duplicated membership.

The Mayor's Committee on Homelessness has additionally identified the need to involve local businesses interested in social impact, and is planning to support the development of a Business Consortium for Social Change through capacity building efforts facilitated by the Billings Metro VISTA Project (MVP).

GOAL B: AWARENESS - *Increase advocacy and public knowledge on behalf of the homeless.*

As an essential component to successful implementation of projects and initiatives taken on by the Mayor's Committee on Homelessness, the Committee acknowledges the need for a concerted effort to educate the public in order to garner support for the work of the Committee and for the end goal, of ending homelessness in our community. Increasing understanding of causes and economic realities of homelessness will be implemented through targeted public awareness campaigns for projects and events serving the homeless, while providing guidance regarding homeless policy for local, state and federal entities. This will be the special work of the Public Relations sub-committee, but will be considered in the entire committee's every effort.

GOAL C: ACCOUNTABILITY - *Ensure high standards for management, accountability and performance measurement.*

The Mayor's Committee on Homelessness is dedicated to responsible, transparent development and implementation of all initiatives undertaken and supported by the group. To this end, the committee holds public meetings and continually researches best practices nationwide as measures for evaluation and suggestion for project development. By closely monitoring trends in the needs of the homeless and near-homeless in Billings the Committee will be able to support prevention and intervention modalities for projects and programs being implemented by the ten-year plan. The research will facilitate capacity-building with local service providers and will support education efforts for case management, mentoring and services.

GOAL D: SUSTAINABILITY - *Ensure innovation, fiscal responsibility and long-term effectiveness for projects and programs.*

The Mayor's Committee on Homelessness undertakes all efforts with the expectation that they will act as a catalyst for long-term change in the community; therefore, the committee has organized conferences and discussions, and members continue to research and inform one another about best practices developed across the nation for addressing homelessness. The Mayor's Committee on Homelessness will continue to incorporate knowledge gained into projects and initiatives they undertake, while sharing knowledge with the rest of the community. Additionally, the Mayor's Committee on Homelessness is determined to ensure effectiveness of every initiative in addressing the specific needs of the Billings community being served.

Programmatic Strategic Goals & Priorities

GOAL E: HOUSING - *Expand available decent, affordable housing.*

The Mayor's Committee on Homelessness has identified housing as the greatest need and the most powerful tool for ending homelessness in the Billings community. Housing is needed to serve all homeless sub-populations including individuals and families with varying degrees of case management and services. An increase in all types of housing from supportive to transitional to low-moderate income will prove to be valuable progress towards ending homelessness. Barriers preventing housing access must be addressed, and local service provider capacity and resources to build housing can be increased to expand housing options.

GOAL F: PREVENTION - *Provide adequate emergency homeless prevention programs.*

Assisting individuals and families with rent, utilities and mortgage assistance is less expensive than assisting them through emergency services after they become homeless. Coordinating support incentive programs for landlords to rent to individuals lacking resources, providing discharge planning efforts for all institutional services such as foster care, prison or psychiatric facilities, and utilizing rapid re-housing philosophies will inclusively aid in the success of the ten-year plan. Welcome Home Billings proposes to strengthen prevention efforts that prevent homelessness in an immediate manner.

GOAL G: SERVICES - *Expand treatment / service capacity and linkage to ensure essential services are readily available for those in need.*

Many individuals require differing levels of support and case management. Mental health and substance abuse were identified by Billings Addendum survey participants as the most common disabilities faced by the homeless community. The ten-year plan outlines actions steps for increasing assistance with application completion and streamlining to services, availability and capacity of health care, mental health care, substance abuse services, medication assistance and legal assistance, as well as capacity for day center operations. Supporting the expansion of treatment and social services is crucial to the success of Welcome Home Billings.

GOAL H: ASSETS - *Increase personal income levels and economic opportunities for individuals at risk of homelessness and currently experiencing homelessness.*

Increasing access to mainstream resources such as food stamps, veteran's benefits and general financial assistance will ultimately result in more available resources to sustain housing and stability. Further establishments will be made through mentoring support systems, life skills training, and childcare assistance to those lacking resources that are currently employed. Financial management services, financial fitness, credit repair assistance and access to education and employment will improve success rates for those assisted.

WELCOME HOME BILLINGS

Strategic Framework

Ten-year Plan to Impact Homelessness

Vision: No one in Billings has to be homeless. Everyone in Billings has access to tools and opportunities for safe, appropriate and affordable housing.

Mission: The Mayor’s Committee on Homelessness has partnered with local organizations and community members to develop and implement a comprehensive ten-year plan in the pursuit of ending chronic homelessness in the Billings community.

CROSS-CUTTING STRATEGIC GOALS

COLLABORATION	A: Join community partners with resources to address homelessness intervention and prevention efforts and facilitate partnerships to improve collaboration, service array, leveraging and capacity.	
	A1:	Develop resources for funding homeless initiatives and coordinate grant efforts.
	A2:	Support Project Homeless Connect as an annual event.
	A3:	Support the Billings Area Resource Network as a working homeless services / advisory body for the Mayor’s Committee on Homelessness.
	A4:	Support the Business Consortium for Social Change to involve businesses in impacting the homeless / near-homeless.
	A5:	Create modes of communication between partnering organizations to facilitate coordination, avoid duplication, and increase collaboration to maximize resources.
AWARENESS	B: Increase advocacy and public knowledge on behalf of the homeless.	
	B1:	Utilize the ten-year plan to provide guidance regarding homeless policy for local, state, and federal entities.
	B2:	Increase understanding of the causes and economic realities of homelessness through targeted public awareness campaigns for homeless projects and service events.
	B3:	Promote understanding and respect for all people experiencing homelessness.
	B4:	Provide venues for those experiencing homelessness to have their ideas and concerns heard.
ACCOUNTABILITY	C: Ensure innovation, fiscal responsibility and long-term effectiveness for projects and programs.	
	C1:	Support both prevention and intervention modalities for projects and programs.
	C2:	Closely monitor trends in the needs of the homeless and near-homeless in Billings in order to respond to community need.
	C3:	Research innovation in homeless services and facilitate capacity-building with local service providers and community organizations to implement improved services.
	C4:	Support education efforts for case management, mentoring and services.
SUSTAINABILITY	D: Ensure high standards for management, accountability and performance measurement.	
	D1:	Embrace public involvement, comment and input for ten-year planning and project development efforts.
	D2:	Ensure performance measurements are implemented with each project and data is gathered and analyzed on a routine basis.
	D3:	Evaluate projects for long-term sustainability as part of the routine processes prior to endorsement or facilitation.
	D4:	Evaluate cost-effectiveness, essential services, and long-term business resource planning for all projects.
	D5:	Embrace public involvement, comment and input for ten-year planning and project development efforts.

WELCOME HOME BILLINGS

Strategic Framework

Ten-year Plan to Impact Homelessness

PROGRAMMATIC STRATEGIC GOALS & PRIORITIES

HOUSING		PREVENTION		SERVICES		ASSETS	
E: Increase the city's supply of decent, affordable housing.		F: Provide adequate emergency homeless prevention programs.		G: Expand treatment /service capacity and linkage to essential services.		H: Increase personal income levels and economic opportunities.	
E1:	Increase supportive housing units, permanent rentals, transitional housing units, veterans housing, emergency shelter beds, housing for those returning from prison and those in recovery.	F1:	Increase funding dedicated to rent, utilities and mortgage assistance.	G1:	Expand coordinated intensive case management and street outreach services for the homeless.	H1:	Increase access to social service and income benefits by ensuring assistance is provided to complete applications.
E2:	Seek federal, state and local funding sources to support affordable housing development for households with very low income (0 - 30% Area Median Income).	F2:	Support incentive programs for landlords to rent to the homeless or those at risk for homelessness, and increase service provider capacity to engage in long-term leasing and / or rental ownership.	G2:	Increase assistance to complete applications and facilitate application streamlining to access services, transportation, employment and housing.	H2:	Support asset development, education, job training, and employment opportunities serving the homeless (and those at risk of homelessness) throughout the community.
E3:	Build local service provider capacity for affordable housing development, management and housing rehabilitation.	F3:	Support pre-release / discharge planning education and intervention for all institutional services including foster care, prison, jail and behavioral health facilities.	G3:	Increase availability and capacity of health care, mental health, substance abuse services, medication assistance and access to legal assistance to the very low income / uninsured.	H3:	Establish mentoring support systems, life skills training, and childcare assistance to the homeless (and those at risk of homelessness) currently in the workforce.
E4:	Provide Community Housing Development Organization (CHDO) capacity-building opportunities through the City's Community Development Division.	F4:	Utilize <i>housing first</i> and <i>rapid re-housing</i> philosophies in developing housing options to shorten homelessness.	G4:	Support increases in capacity for day center operations across the city.	H4:	Support the expansion of financial fitness and credit assistance programs.
E5:	Decrease barriers to obtaining existing housing units and refine housing placement services and coordination.	F5:	Support case management efforts to transition occupants from shelter care to permanent supportive housing.	G5:	Support expansion of community-based, criminal justice diversion and re-entry programs.	H5:	Promote fair wage rates and competitive bidding through the expansion of social enterprise efforts.
E6:	Facilitate collaborative grant and loan applications for affordable housing development to serve the homeless.	F6:	Support landlord-tenant intervention to prevent eviction.	G6:	Establish one-stop shop to access all services for the homeless.	H6:	Increase financial management services for those in need.

Policy Recommendations

- Local data on the homeless gathered through the Montana Continuum of Care's Survey of the Homeless, while helpful for general inquiries, should be made available in comprehensive spreadsheet form for local manipulation in order to better determine the local demographics of the population in ongoing demographic analyses efforts. Current downloads should not be linked to specific queries, which eliminate possible cross-referencing and further examination of data.
- Include the following questions on the Montana Continuum of Care Survey:
 - Panhandling as a possible source of income
 - Previously placed in foster care
 - Suffered abuse / neglect
 - What brought people to their current location? A large percentage of the people experiencing temporary homelessness are not from Billings.
- Create an authoritative governing body with standard operating policies, procedures, and values in order to ensure long-term consistency during the Continuum of Care process.
- A more objective state-wide Continuum of Care process should be developed with applicants presenting projects for funding and decisions being made by another group.
- Include consideration for new projects in the state-wide Continuum of Care process, geographic considerations for funding equality and a provision for capacity-building funding to build new facilities and programs. Programs receiving funding for operations year after year should be expected to become more self-sustaining in order to make funding available for new programs.
- Include provisions and technical assistance / coordination for eastern Montana communities that have never received Continuum of Care funding as a way to generate or support ongoing projects.
- Facilitate all Continuum of Care meetings through a video-conferencing system to ensure open participation in communities across Montana.
- Local service providers would benefit from additional community support and facilitation to adequately survey the number of homeless individuals and families in Billings.
- Service providers report a critical need for psychiatrists and therapists. Reciprocal licensing agreements to support mental health professionals from other states working in Montana would be beneficial.
- Student loan reimbursement programs for mental health / substance abuse professionals choosing to work with the homeless would assist in recruitment / retention efforts.
- Case management and service rates should meet the costs of providing services through health care plans supported by the State of Montana.

John's Story...

John has been a resident of the Montana Rescue Mission, Billings' homeless shelter for single adult men, for many years, but if you met him, the word "homeless" would likely be far from your thoughts. John is clean-cut and well-spoken, his deep, even voice giving away his intelligence and education. John was born in Billings, and grew up the oldest boy in a large family. He speaks of his childhood, and the sense of community and security, with nostalgia. "The feeling of neighborliness and community now is so far removed from what it was like when I was growing up," he says with a touch of sadness. "It's like two entirely different worlds."

After he finished college, John moved to California for a while to work. He returned to his hometown after a few years, where, as he puts it, he "just ran out of money," and found himself in the homeless shelter. He explains that life at the shelter offers little more than a place to sleep and three meals a day, with the only daytime activity offered being "The Brotherhood," where residents who are interested can participate in basic Bible study. For some, he says, this leads to further study, and eventually a career in the Ministry. Most individuals, he explains, even those uninterested in Bible study, are interested in working. "In my experience, the majority of people I'm acquainted with through the Mission, them being generally homeless ...do want to work," he says. And many of them do. He estimates that more than half work full or part time, some holding a regular job and many working as day laborers or doing odd jobs around town.

A great barrier to this work force, however, is a lack of job skills; from unfamiliarity with newer technologies to functional illiteracy, which he says he sees frequently amongst his fellow residents. However, with a little job preparation, he is confident many of them could get back on their feet. "They can learn, and they will learn," he says. "But it is a matter of finding someone who will take them on, give them a chance, and the person being hired... they've got to prove their ability, to prove their willingness to be loyal to the employer." The Social Enterprise model, where businesses employ at-risk populations, is currently being practiced in town by employers such as MasterLube and the Downtown Business Improvement District. This certainly requires trust and faith on the part of both employer and employee, but as both these examples prove, it can be a tremendously successful business model.

"A homeless person needs self-confidence, a feeling of being respected..."

When John speaks about what he sees in those he interacts with at the Mission, he highlights the importance of this kind of trust and faith for an individual who is experiencing homelessness. He explains, "A lot of the people we see at the Mission may have suffered a great loss of self-respect, may have lost that little bit of drive that would get them out of the rut." When asked what a homeless person needs, he is quick to answer. "A homeless person needs self-confidence, a feeling of being respected... needs a great deals of encouraging," and he enjoys being the one to give that encouragement. As for John, "I don't really have a firm, solid, shining objective at the moment. I'd like to be helpful to people who want to be helped."

UPDATE: John has recently found housing, thanks to case management services offered at the Montana Rescue Mission. Congratulations John!

BY JULIA GUARINO/AmeriCorps*VISTA

SECTION FIVE: PLAN IMPLEMENTATION

5

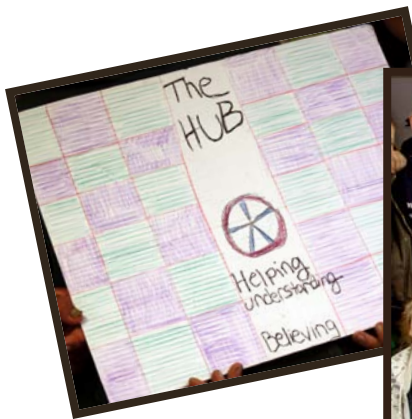
Public Review

The Community Development Division facilitates public review processes for all plans, allocations and initiatives. The drafted plan was presented to community partners during a public comment period that was held from September 18 through October 19, 2009. The availability of the plan for review, the public comment period and public hearing was advertised in the Billings Times on September 17, October 1 and October 15, 2009.

Stakeholder comments were requested through attendance and presentation to the following organizations and committees:

- Affordable Housing Task Force - September 24, 2009
- Adjacent Neighborhood Committee - October 1, 2009
- City Council Work Session - October 5, 2009
- Community Development Board - October 6, 2009
- City Council Public Hearing - October 13, 2009
- Billings Partners for American Indian Homeownership - October 20, 2009
- City Council Action - October 26, 2009
- Homeless Participants - through The HUB.

Comments received during this period are included in the appendices.



JULIA GUARINO/AmeriCorps*VISTA

The HUB Staff and participants celebrate 'Welcome Home Billings'

Action Plan Development

Two-year action plans will be developed, using the Strategic Framework as a guiding tool. Action plans will identify specific goals and action steps to implement the ten-year plan. The first bi-annual period for action planning purposes will be FY2009-2011, as committees are in place to carry out functions of the action plan. Action plans will also undergo public review processes to ensure adherence to the ten year plan and community involvement.

Fund & Resource Development

Action plans will include a financial and resource development goal in order to outline tasks to be completed. Funding and resources should be identified for project development, affordable housing development, service enhancement and plan administration.

Program & Project Development

The Mayor's Committee on Homelessness supports the philosophy that people in recovery from addictions and homelessness need three primary services to become successful: housing, employment and transportation. All programs and projects developed will provide these primary services.

Projects and programs will be designed based on the following principles:

- **Self sustaining** - projects must be able to pay for themselves over time and will maintain long-term sustainability.
- **Resource management** - funding opportunities will be based on loan products where possible to build assets to assure initiative re-investment.
- **Green building / energy efficiency** - construction of affordable housing for the homeless should implement green building and energy efficiency components.
- **Effective** - projects and programs must effectively impact homelessness as proven by performance measurements and outcomes.
- **Collaboration** - all projects will be designed to avoid duplication and enhance service collaboration.



DEB SCHMITT/City of Billings employee

For More Information

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Bruce MacIntyre
Chamber of Commerce

Sue Runkle
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Schools

John Hines
Homeless Community Liaison

Judy Stewart
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Stephanie Iron Shooter
Honorary Member, Montana - Wyoming Tribal Leader's Council

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Lisa Harmon
Director, Downtown Billings Alliance

Linda Price
Congressman Rehberg's Office

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Claire Coleman
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Mona Sumner
COO, Rimrock Foundation

Participants:

Jeffrey S.
Timothy S.
Ted H.
Trent G.

Billings Area Resource Network Members:

Society of Saint Vincent de Paul	Billings Adult Misdemeanor Drug Court
Billings Job Service Work Force Center	Business Improvement District
City of Billings Aviation & Transit MET	Community Crisis Center
District 7 HRDC	DPHHS Addictive & Mental Disorders
Family Service, Inc.	Friendship House of Christian Service
Head Start, Inc.	RiverStone Health - Healthcare for the Homeless
Interfaith Hospitality Network	Mental Health Center
Montana Center on Disabilities	Montana Dads Incarcerated
Montana Rescue Mission	Passages
Rimrock Foundation	Roots of Promise
RSVP Yellowstone County	Salvation Army
Second Chance Homes	Southside Neighborhood Task Force
St. Vincent Care Management Department	Billings Public Schools
Tumbleweed	Volunteers of America MT & WY
Willson LLC	YCCOA Resource Center
Yellowstone AIDS Project	Yellowstone Co. Drug Treatment Court

Yellowstone County Office of Public Assistance

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RESOURCES

United States Interagency Council on Homelessness:

www.usich.gov

American Journal of Public Health

Bureau of Primary Health Care and the HIV/AIDS Bureau, Health Resources and Services Administration

Census and Economic Information Center:

<http://ceic.mt.gov>

Centers for Disease Control and Prevention, National Prevention Information Network:

<http://www.cdcnpin.org>

Corporation for Supportive Housing

Council of State Governments, Reentry Policy Council

Journal of the American Medical Association

Montana Department of Corrections:

<http://www.cor.mt.gov>

Montana Housing Division:

<http://housing.mt.gov>

The National Alliance to End Homelessness:

<http://www.endhomelessness.org>

National Center for Health Statistics:

<http://www.cdc.gov/nchs/fastats>

The National Center on Family Homelessness:

<http://familyhomelessness.org/?q=node/1>

The National Coalition for the Homeless:

<http://www.nationalhomeless.org>

National Health Care for the Homeless Council:

<http://www.nhchc.org>

Substance Abuse and Mental Health Services Administration, Homeless Resource Center:

<http://homeless.samhsa.gov>

U.S. Department of Housing and Urban Development Office of Community Planning and Development, Homeless Assistance Programs:

<http://www.hud.gov/offices/cpd/homeless/index.cfm>

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