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***NASSAU COUNTY'S
10-YEAR PLAN
TO
END HOMELESSNESS***

Presented by the

**NASSAU COUNTY 10-YEAR PLAN TO END HOMELESSNESS COMMITTEE
Marge Rogatz, Chair**

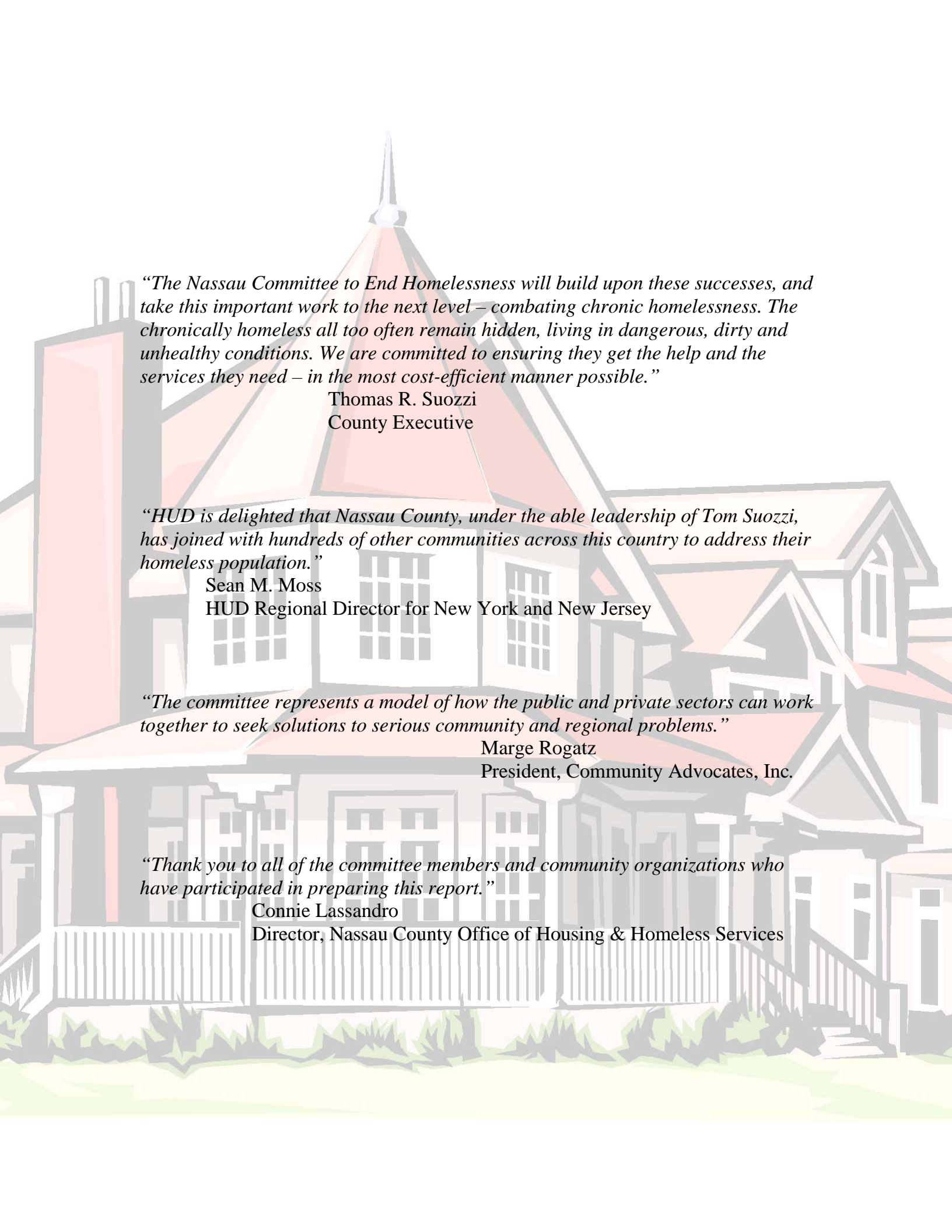
Developed in Partnership with the

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Connie Lassandro and Dr. Louise Skolnik, Co-Chairs**

**SACCARDI & SCHIFF, INC.
John J. Saccardi, David B. Schiff, and Catherine Adsitt
June 2008**



“The Nassau Committee to End Homelessness will build upon these successes, and take this important work to the next level – combating chronic homelessness. The chronically homeless all too often remain hidden, living in dangerous, dirty and unhealthy conditions. We are committed to ensuring they get the help and the services they need – in the most cost-efficient manner possible.”

Thomas R. Suozzi
County Executive

“HUD is delighted that Nassau County, under the able leadership of Tom Suozzi, has joined with hundreds of other communities across this country to address their homeless population.”

Sean M. Moss
HUD Regional Director for New York and New Jersey

“The committee represents a model of how the public and private sectors can work together to seek solutions to serious community and regional problems.”

Marge Rogatz
President, Community Advocates, Inc.

“Thank you to all of the committee members and community organizations who have participated in preparing this report.”

Connie Lassandro
Director, Nassau County Office of Housing & Homeless Services



Nassau County's Ten-Year Plan to End Homelessness

Chair

Marge Rogatz

President, Community Advocates, Inc.

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I. INTRODUCTION AND EXECUTIVE SUMMARY

A. Mission

Develop a 10-Year Plan that includes a coordinated approach that public and not-for-profit agencies can utilize to end homelessness in Nassau County by providing access to safe, decent, affordable and appropriate housing and the resources and supports needed for individuals and families to achieve and maintain housing stability.

B. Background

A variety of data sources and anecdotal information has been used to compile and analyze the material presented in this Plan, and to develop the goals, objectives and action steps. Although there are several types of information that help form the picture of homelessness in Nassau County, there is not a single figure that can be used to represent the number of homeless persons in the County. Instead, the extent of homelessness within the County is derived from a number of data sources and represented by subpopulations within the homeless population, including the chronically homeless, the “hidden homeless” and those on the verge of homelessness.

In January 2007, the annual one-day Point-In-Time count of homeless persons prescribed by the US Department of Housing and Urban Development (HUD) found 781 persons in Nassau County who identified themselves as homeless. This one-day number does not include any persons who may have been homeless and unsheltered, but did not identify themselves as homeless; it also does not count any persons who do not have housing and stay with friends and relatives. These persons, known as the “hidden homeless,” and categorized as “doubled-up not by choice,” include those who stay with friends or family in temporary and/or illegal situations, in conditions that often are overcrowded and sometimes are unsafe.¹ The Long Island Regional Planning Board, extrapolating from census data, estimates that there are some 75,000 to 150,000 illegal apartments on Long Island.² During the course of developing this Plan, it became clear that a method is needed to more accurately count or estimate the number of people in temporary or transient housing situations who constitute the hidden homeless.

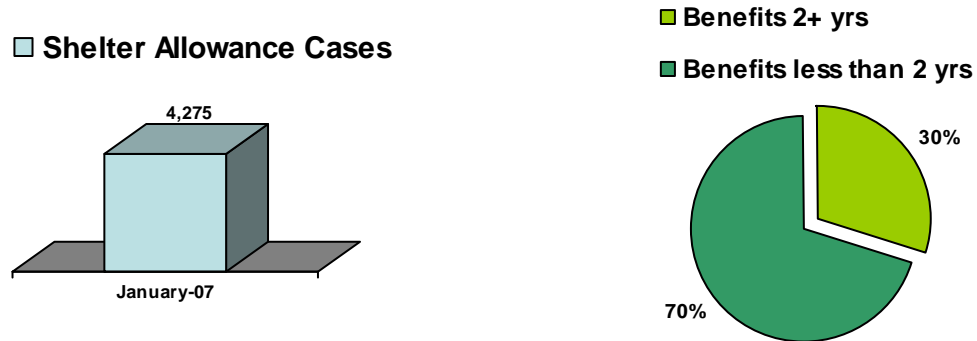
Identifying the number of persons who are homeless or chronically on the verge of homelessness in Nassau County is a challenge. Data are available, however, that provide a general understanding of the extent of homelessness and an estimate of those chronically on the verge of homelessness. The following information presents a compelling case that there are serious impediments to exiting homelessness in Nassau County, that many thousands of persons are at risk of homelessness in the County, and that the need for housing and housing assistance, as well as support services, is critical.

¹ Michael, S. & Eichberg, S. (2006). *Vital Signs- Measuring Long Island's Social Health*. Garden City, New York: Adelphi University

² Forman, Seth, Ph.D., AICP, Chief Planner, Long Island Regional Planning Board, e-mail dated November 26, 2007.

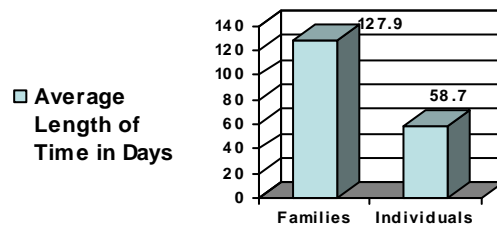
- In January 2007, Nassau County authorized Temporary Assistance grants for 4,275 Shelter Allowance Cases (a case can include more than one person).
- Almost 30 percent of the Temporary Assistance cases receiving benefits through the Nassau County Department of Social Services (DSS), in any month in 2007, have been receiving benefits for two continuous years.³

Temporary Assistance



- Homeless persons and those at risk of homelessness in Nassau County are more likely to be women, African Americans, disabled persons, veterans, and/or part of female-headed households; approximately one-third are children.
- The average length of time that a homeless family remains without permanent housing after being identified by the Nassau County Department of Social Services (DSS) is 127.9 days⁴; the average length of time that a homeless individual remains without permanent housing is 58.7 days.⁵

Length of Time Homeless Persons Are Without Permanent Housing



³ Housing Task Force Data from PBViews, via Deborah Baumgarten, Nassau County, received December 14, 2007.

⁴ Homeless Statistical Report, Nassau County, 9/13/07.

⁵ Homeless Statistical Report, Nassau County, 9/13/07.

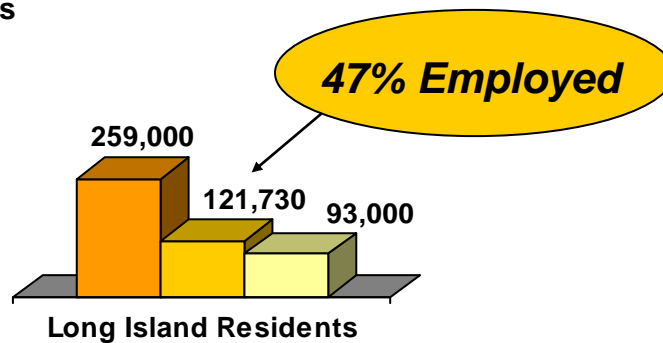
- ✚ Currently, more than 10,000 households are on waiting lists for housing voucher rental subsidy programs in Nassau County.
- ✚ Approximately 259,000 Long Island residents use soup kitchens, food pantries and shelters each year; most are women, children (some 93,000), senior citizens, people of color, and the working poor; almost half of the households served (47 percent) have at least one employed adult.

Portrait of Nassau County Soup Kitchen Users

■ Total Soup Kitchen Users

■ One Employed Adult in Household

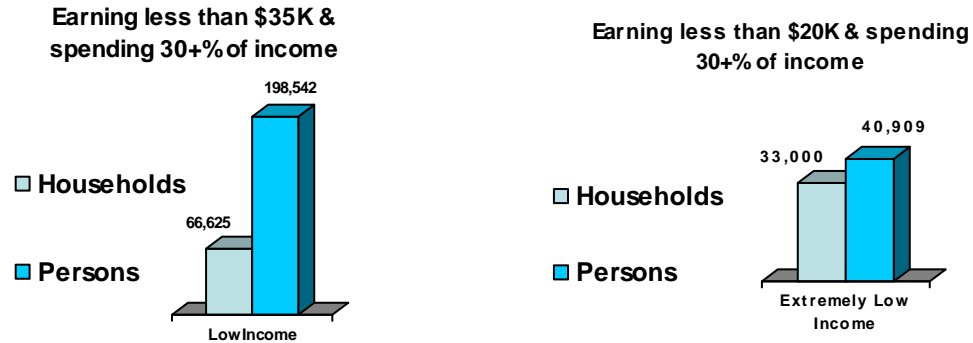
■ Children



- ✚ During the 2006-07 winter season, 2,762 elderly Nassau residents received assistance through the Low Income Home Energy Assistance Program
- ✚ Medicaid data collected by Nassau County indicate that in 2007, on average, there were more than 68,500 cases (a case can include more than one person) each month that qualified for and received Medicaid.
- ✚ There are approximately 66,625 households (containing an estimated 198,542 members) in Nassau County earning less than \$35,000 per year who spend 30 percent or more of their income on housing. This includes more than 33,000 households earning less than \$20,000 annually who spend more than 30 percent of their household income on housing, and an estimated 40,909 extremely low-income residents in households earning less than \$20,000 per year, and paying more than 30 percent of their monthly income on housing. These precariously housed households are described as “chronically on the verge of homelessness”.⁶

⁶ 2006 American Community Survey, compiled by Saccardi & Schiff, Inc.

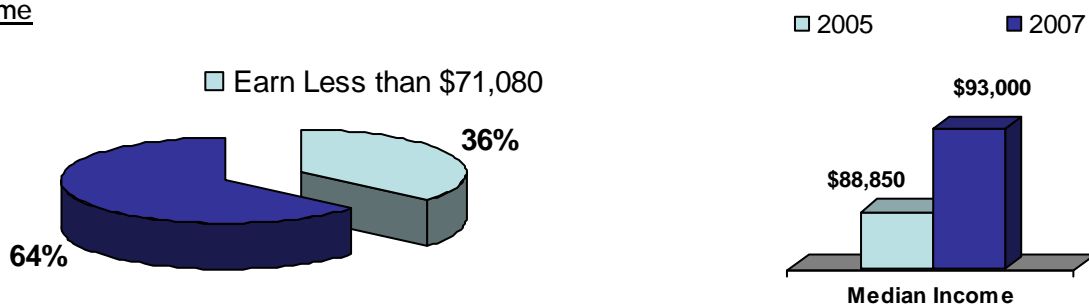
Percent of Income Spent on Housing Costs



The gap between upper and lower income Nassau residents continues to widen. According to the US Census, the median income in Nassau County in 2005 was \$88,850. However, more than one-third, or about 36 percent of County households, earned 80 percent or less than the median income, resulting in their classification as low- and moderate- income households.⁷ By 2007, the median income for a family of four had risen to \$93,800.

Nassau County Upper and Lower Income Gap Widens

In 2005, More Than One-third of County Residents earned 80% or Less Than the Median Household Income

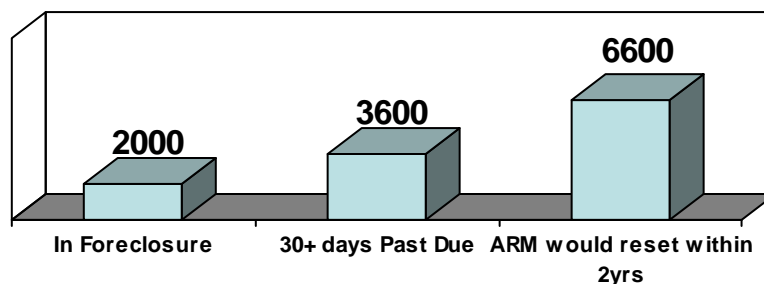


According to the Federal Reserve Bank of New York, as of December 2007, there were 17,300 subprime loans in Nassau County, 96 per cent of which were for owner-occupied housing units. Of these, 2,000 were in foreclosure and 3,600 were 30 days or more past due. The Federal Reserve Bank also identified 6,600 adjustable rate mortgages that

⁷ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 19

would reset during the next two-year period.⁸ According to the Empire Justice Center, the three zip code areas in Nassau County hardest hit by loans in foreclosure or past due are Hempstead, Freeport and Elmont, all of which have significant minority populations.⁹

Home Mortgage Loans



C. Purpose of 10-Year Plan

This 10-Year Plan seeks to address the needs of persons who are homeless and persons on the verge of homelessness and the causes of homelessness in Nassau County. The poverty and income data presented here are useful in indicating the number of residents in the County who may benefit from this 10-Year Plan to help persons who are homeless to exit homelessness, and persons on the verge of homelessness to avoid becoming homeless.

The National Alliance to End Homelessness and the President's Interagency Council on Homelessness initiated a national movement to change the approach communities use when planning to address the needs of homeless persons. In 2000, the Alliance's Ten Year Plan to End Homelessness outlined four principal strategies for local communities to use to end homelessness:

- Planning for outcomes
- Investing in the prevention of homelessness
- Implementing a "housing first approach" to help people exit homelessness
- Building an infrastructure to change the systems in an effort to address the causes of homelessness.

Communities across the country have been urged to develop creative and innovative strategies for ending homelessness. To date, hundreds of communities and regions have developed plans to end homelessness in their own jurisdictions; several are referenced within this Plan. Cities such as Denver and Chicago have had success with the implementation of

⁸ County-Level Subprime Loan Characteristics, December 2007, Federal Reserve Bank of New York: www.newyorkfed.org/regional/counties_ABS_2007_12.xls; accessed May 6, 2008.

⁹ www.empirejustice.org; accessed May 9, 2008.

their 10-Year Plans, resulting in the development of new housing and services to meet the needs of homeless persons.

It is important to note, however, that the implementation capabilities of a city, town or village in New York State differ from those of a county. In New York State, counties do not have land-use power; zoning codes, a key element in the development of housing, are established and controlled by local municipalities.

In developing and implementing this 10-Year Plan, appropriate public and private entities and resources are being brought together in order to achieve the common goal of ending homelessness in Nassau County. Homelessness not only has grave negative impacts on those experiencing it, but it also is costly to local communities. Numerous studies have cited the financial burden placed on law enforcement, emergency services personnel, hospital emergency rooms, and mental health crisis intervention teams in communities in which homeless individuals and families do not have access to adequate housing and support services.

D. Process Summary

In 2007, County Executive Thomas R. Suozzi announced Nassau County's commitment to the task of preventing, reducing and ending homelessness in the County. To this end, he appointed a 30-member committee made up of public, non-profit and faith-based service providers, government officials, and persons who were formerly homeless. This committee was charged with the task of developing a 10-Year Plan to End Homelessness in Nassau County. The 10-Year Plan Committee would work closely with the Nassau County Homeless Task Force that was created in 2002 to address issues relating to homelessness.

A Steering Committee and subcommittees were created and five focus groups of homeless persons and family members of homeless persons were convened to help guide development of the overall plan and key components within it. The County retained Saccardi & Schiff, Inc. to work with the 10-Year Plan Committee and Task Force members in developing the Plan. (See Appendix XIV for a comprehensive list of committee members.)

Throughout the planning process, the Steering Committee, full committee and subcommittees met on a regular basis. These meetings brought together a broad range of community leaders, policy makers and service providers, as well as homeless and formerly homeless persons, to identify successful models and consider practical local solutions and implementation strategies designed to end homelessness in Nassau County.

E. Summary of Plan

1. Types of Homelessness

The condition of homelessness in Nassau County extends beyond the definitions of homelessness and chronic homelessness prescribed by the US Department of Housing and Urban Development (HUD). The County has recognized that homelessness may be temporary, episodic, and seasonal. In addition, the County has noted the hidden homeless, persons doubled-up not by choice, who are not included in traditional homeless counts, and also persons chronically on the verge of homelessness, who, without intervention, may become homeless.

2. Defining the Need

Relevant data used to estimate the number of homeless persons and those on the verge of homelessness in Nassau County identified the following:

- 3,500 unaccompanied youth, for whom only two shelter options, with limited beds, are available;
- 560 homeless veterans in Nassau County, based on federal estimates; this number increases to an estimated 3,600 homeless veterans when counting those who are living with friends and family because they are unable to live alone;
- 525 homeless children in shelters with their families, counted on just one day;
- 188 homeless persons with severe mental illnesses (SMI) identified in the 2007 Point-In-Time count; 126 homeless individuals with SMI and 349 individuals with SMI in homeless families identified by 15 agencies replying to the 10-Year Plan survey (persons with SMI typically are under-counted because many do not seek treatment or services);
- An estimated 10,622 households that received food stamps, including 5,332 households (more than 50 percent) having one or more persons with a disability;⁸
- 1,046 unduplicated homeless clients served by the 15 agencies that participated in the Continuum of Care Homeless Management Information System in June 2007;
- On average, 4,789 cases each month in 2007 that received Temporary Assistance grant dollars through the Nassau County Department of Social Services.
- The County, through its Consolidated Plan process, identified a need for the following housing and assistance efforts over the five year period from 2005 to 2009:
 - Provide rental assistance to 15,000 extremely low and low-income households;

⁸ U.S. Census Bureau, 2005 American Community Survey.

- Construct 300 new rental housing units for extremely low and low income seniors and families;
- Preserve 500 units of housing through substantial rehabilitation efforts;
- Provide housing support services to 12,000 very low, low, and moderate-income households;
- Provide housing rehabilitation assistance for 1,000 extremely low, and moderate income households at an estimated average cost of \$20,000 per unit;
- Develop ±100 to 200 affordable single-family homes, townhouses, condominiums and cooperative apartments over five years, and provide down payment assistance to 75 first-time homebuyer households per year;
- Expand employer assisted housing programs;
- Expand the supply of decent low cost housing for homeless and low-income persons by 1,250 units; and
- Strengthen and expand supportive services to enable 3,500 individuals and families to move from homelessness to permanent housing.

3. Key Causes of Homelessness

Economic factors that can lead to an individual or family becoming homeless or being chronically on the verge of homelessness include:

- High housing costs
- High cost of living
- Inadequate income
- Inadequate access to health and mental health services and resources

Other causes of homelessness include domestic violence; chemical addiction; eviction; unemployment/underemployment; and no longer being able to stay doubled up with others.

4. Existing Assets

Nassau County government provides outreach programs aimed at reaching chronically homeless persons and linking them with community services. The Homeless Intervention Team (HIT), for example, which includes Problem Oriented Policing (POP) units, allows providers to go out into the field to connect with homeless persons. In addition to services offered through the County, not-for-profit and faith-based agencies of the Nassau County Continuum of Care (CoC) provide emergency, transitional and permanent supportive housing and a broad array of supportive services.

Within Nassau County government, various departments and programs provide services to homeless persons, including the chronically homeless, persons who are expected to

exit homelessness, those chronically on the verge of homelessness, and those on the brink of homelessness. These departments include, but are not limited to:

- ◆ Department of Social Services (DSS)
- ◆ Department of Mental Health, Chemical Dependency and Developmental Disabilities Services
- ◆ Department of Health
- ◆ Department of Senior Citizen Affairs
- ◆ Office of Housing and Homeless Services
- ◆ Office of Housing and Intergovernmental Affairs
- ◆ Office of Physically Challenged
- ◆ Police Department
- ◆ Sheriff's Department
- ◆ Veterans Service Agency
- ◆ Youth Bureau
- ◆ Department of Parks, Recreation and Museums

Local laws represent another asset serving the needs of persons who are homeless and at risk of homelessness. Nassau County's Human Rights Law (Local Law No. 9-2006), which took effect in January 2007, is a greatly strengthened fair housing law that establishes local mechanisms to enhance and enforce laws prohibiting discrimination in housing.

Legal services are available in the County to assist tenants facing eviction, help homeowners at risk of foreclosure, and assist homeless persons to access benefits and obtain permanent housing.

The Federal Interagency Council on Homelessness offers opportunities for state, county and local government and other service providers to collaborate with more than 15 member agencies, participate in training programs and, in some cases, apply for grants.

5. Impediments to Reducing and Ending Homelessness in Nassau County

Subcommittees comprised of service providers and focus groups consisting of formerly homeless participants or their family members were asked to identify gaps and barriers relating to homelessness, including those that lead to persons becoming homeless and those that interfere with persons exiting homelessness.

The lack of affordable housing was identified as the most urgent and most significant gap and barrier to securing permanent housing in Nassau County.

The extent to which the scarcity of appropriate housing impedes efforts to meet the needs of homeless persons and persons facing homelessness was emphasized by everyone who worked on this Plan.

The major gaps identified with particular reference to chronically homeless persons were the lack of:

- ✚ Permanent Supportive Housing: The need for permanent supportive housing was identified as the most critical gap in Nassau County's Continuum of Care system; the existing number of units meets only a small portion of the need, forcing individuals and families to stay in inappropriate, sometimes unsafe, and often more expensive settings because of the lack of affordable, appropriate housing.
- ✚ Single Room Occupancy (SRO) Housing: Providers of housing and services to mentally ill persons have identified a critical and immediate need for at least 50 additional Office of Mental Health-financed Single Room Occupancy (SRO) units.
- ✚ Safe Haven and Drop-In Centers: The lack of a Safe Haven shelter ("low-demand" emergency housing without the customary rules and service criteria) was repeatedly identified during the planning process as a serious, ongoing gap.

An additional impediment was identified during focus group sessions by homeless and formerly homeless persons who commented on negative attitudes and perceptions of bias that they encountered while seeking assistance to exit homelessness.

The lack of adequate affordable housing and other identified gaps, barriers and impediments are addressed in the goals and action steps of this Plan.

6. Cost Analysis

Cost analyses and review of successful models of supportive housing confirm that supportive housing is a financially, as well as socially, beneficial model to serve chronically homeless persons in Nassau County.

Such analyses also confirm that rental assistance programs, which allow individuals and families to remain housed in Nassau County, have a lower per diem cost to the County than alternatives such as shelters or incarceration.

7. Recommended Goals and Actions

The 10-Year Plan should be seen as a practical, flexible document that offers the framework for achieving the goals and actions identified by the Committee. Within the four principal strategies set forth by the National Alliance to End Homelessness, the following goals have been recommended for Nassau County:

Planning for Outcomes

- Goal 1 - Develop a long-term approach to the goal of ending homelessness in Nassau County.
- Goal 2 - Establish an annual monitoring and reporting process to inform the community of progress toward ending homelessness in Nassau County.

Investing in the Prevention of Homelessness

- Goal 3 - Prevent housed families and individuals from becoming homeless.
- Goal 4 - Prevent individuals from becoming homeless upon discharge from medical/ mental health institutions, assisted living facilities, nursing homes, and prison; identify persons with mental illness who may be at risk for homelessness and direct them to appropriate housing and support services.
- Goal 5 - Prevent veterans from becoming homeless upon discharge, assure they receive necessary services and link homeless veterans to appropriate services and assistance.

Implementing a “housing first approach” to help people exit homelessness

- Goal 6 - Increase the number of emergency, transitional and permanent housing units in the County to address the needs of the chronically homeless and other homeless individuals and families, and reduce or minimize the length of time people remain homeless or in transitional housing.
- Goal 7 - Expand and increase access to services and resources that will assist homeless persons and those persons on the verge of homelessness and improve their lives.

Building an infrastructure to change the systems in an effort to address the causes of homelessness

- Goal 8 - Increase public acceptance and understanding of affordable housing and promote the development of new housing opportunities and service locations for homeless persons, persons on the verge of homelessness and other extremely low-, low- and moderate-income individuals who are shut out of Nassau’s housing market.
- Goal 9 - Provide educational opportunities and job training for homeless persons and persons at risk of homelessness.

8. Implementation

It is intended that this 10-Year Plan serve as a living document that will be assessed and updated as progress is made and conditions change. It should be noted that implementation began during the planning process: A local definition of homelessness was adopted; a Standing Committee was created to report to the Office of Housing and Homeless Services and regularly assess progress and update and support the County's 10-Year Plan to End Homelessness; and a dedicated staff position was created and filled to coordinate implementation of the Plan.

Integral to the implementation of the Plan will be outreach to such bodies as the Nassau County Panel on Next Generation Housing and the Nassau Planning Federation; input into the developing Nassau County Affordable Housing Plan and the Consolidated Plan; and public education and communication with the decision-makers and stakeholders in the community-at-large.

F. Conclusion

The broad-based planning effort that led to the development of Nassau County's 10-Year Plan to End Homelessness has resulted in the identification of opportunities to better address the needs of persons who are homeless and assist those on the verge of homelessness from becoming homeless. Existing community assets and proposed programs and resources will form the basis of continuing and future efforts to address the goals and actions identified during the planning process.

The 10-Year Plan Committee has identified the collection of data that fully represent the extent of homelessness in Nassau County as a particular challenge. It is important that local indices be developed to regularly estimate the extent of homelessness and measure progress toward ending homelessness in the County.

A key recommendation of the Plan is that an Implementation Committee be created to oversee, assess and report on progress and recommend revisions to the Plan as needed in the years ahead.

II. TYPES OF HOMELESSNESS AND SUBPOPULATIONS WITHIN THE HOMELESS POPULATION

A. Types of Homelessness

A variety of families and individuals in Nassau County are or have been homeless. The state of homelessness is a chronic condition for some, and cyclical or episodic for others.

The condition of homelessness in Nassau County extends beyond the definitions of homelessness and chronic homelessness provided by the U.S. Department of Housing and Urban Development (HUD) (see Chapter X Definition of Terms). National research indicates that between 10 and 20 percent of homeless single adults are chronically homeless.¹ Homeless persons in Nassau County suffer from the following specific conditions, in addition to chronic homelessness:

1. Transitional/Temporary Homelessness

Households that become homeless based on lack of income or loss of a job are often homeless for the first time. Their homelessness is usually due to an economic event that results in the loss of permanent housing because of an inability to maintain housing payments or rent, exacerbated by the high cost of housing in the region.²

2. Episodic or Cyclical Homelessness

This population includes those who shuttle among various institutions including detoxification centers, residential treatment centers, hospitals, and/or jail without meeting the definition of being chronically homeless. Persons experiencing episodic or cyclical homelessness often need treatment for alcohol or drug dependency, medical and/or mental health issues, in addition to their need for housing. This population also includes individuals and families that enter and exit homelessness more than once, who may rely on doubling-up not by choice with friends or family and other temporary living arrangements, in addition to using shelters, transitional housing, and public housing assistance in their efforts to exit homelessness.

3. Seasonal Homelessness

This includes individuals who are employed seasonally and do not migrate to other areas at the end of their seasonal employment in Nassau County. These individuals (and, where applicable, their dependent families) may have the ability to afford housing during their season of employment or may be doubled-up not by choice, but lack funds for any type of shelter during periods of unemployment.

4. Persons Chronically on the Verge of Homelessness

This includes persons who are precariously housed due to paying too high a percentage of their incomes for rent or mortgage payments and persons who reside in illegal (often substandard) dwelling units.

¹ "Chronic Homelessness." <http://www.endhomelessness.org/section/policy/focusareas/chronic>. May 23, 2007.

² "Ten Year Plan to End Homelessness, A Report to the Citizens of Denver," by the Denver Commission to End Homelessness.

5. The “Hidden Homeless” (those doubled-up not by choice)

Data from the Point-In-Time count pertain to those persons identified during a one-day period who fit the HUD definition of homelessness, which does not include the hidden homeless: those doubled-up not by choice, i.e., individuals and families who live in temporary or emergency arrangements with friends or family because they cannot find or afford any other housing.

During development of this plan, the Senate Banking Committee approved S. 1518, the “Community Partnership to End Homelessness Act.” This bill includes, among other provisions, a significant expansion of the definition of homelessness to include “couch surfers” – persons who are living in someone else’s home as a short-term arrangement because they do not have the resources to obtain their own housing, have moved either three times in the past year or twice in the past two weeks, and are not contributing significantly to the cost of housing.³

B. Homeless Subpopulations, in Addition to Those Prescribed by HUD.

The causes of homelessness, and the specific housing and service needs of individuals and families who are homeless, often can be defined within certain subpopulations.

Information about subpopulations within the Nassau County homeless population is derived from national data and statistics, the Point-In-Time count data collection format (2005, 2006 and 2007), information from service providers that assist particular subpopulations, and information obtained from a questionnaire that the 10-Year Plan Committee distributed to service providers in Nassau County and collected in May 2007 from both public and not-for-profit providers. A copy of the questionnaire and complete results are available in Appendix I. Obtaining an exact count of homeless individuals and families is impossible because many homeless persons never enter formal assistance programs and others only enter the process after all other options, such as shelter with friends and family, have been exhausted.

Generally, people who are in a state of homelessness are identified as either individual adult households (individuals), or households with dependent children (families).

Beyond the two broad groups - individuals and families, homeless persons are further divided into subpopulations. Standard (HUD-prescribed) subpopulations include: chronically homeless; severely mentally ill; chronic substance abusers; veterans; persons with HIV/AIDS; victims of domestic violence; and unaccompanied youth. In addition to the standard subpopulations, Nassau County also identifies homeless elderly persons, laborers, discharged individuals, and homeless persons with physical disabilities as homeless subpopulations whose needs should be reflected in the 10-Year Plan. These subpopulations have been included for the following reasons.

³ NACCED Alert, September 19, 2007.

1. Elderly Persons

Based on a 2003 report, the average retiree household that received both Social Security and retirement income would need to use 57 percent of its income to pay the median monthly cost of owning a home with a mortgage in Nassau County, or 35 percent of its income to pay the median gross rent in Nassau County.⁴

The Nassau County Department of Senior Citizen Affairs does not document the number of units needed by elderly or frail elderly, but does estimate that 25 percent to 30 percent of all calls that they receive are regarding housing.⁵ The public housing authorities within the county that operate public housing and Section 8 programs have extensive multi-year waiting lists for seniors.⁶

2. Laborers

Within Nassau County, laborers may fall into one or more categories, i.e., the hidden homeless (those doubled-up not by choice), seasonal, and chronically on the verge of homelessness. During growing and harvest seasons, some laborers may have sufficient funds to find housing, which is often inadequate, overcrowded and/or illegal. Seasonal workers have been reported to rent beds in eight-hour shifts in Nassau County. During winter months, laborers who do not migrate to warmer climates may become unemployed without state unemployment benefits, and may face more intense housing stresses that are known to result in the use of emergency shelters. Not all laborers are employed in seasonal jobs. Issues such as lack of education or immigration status limit some individuals to unskilled labor positions, which may be either seasonal or year-round. Laborers and their families would be counted in other categories such as individuals or families, but it is important to identify this specific group as a subpopulation, which appears to be increasing in number in Nassau County.

3. Discharged Individuals

a. Physical Health Hospital Discharges

Individuals who have been hospitalized for physical illness and who identify themselves as homeless upon discharge from an area hospital are referred to DSS if they are incapable of living independently. Those who are not able to live independently must rely on Medicaid, or on charity care if not eligible for Medicaid.

b. Mental Health Hospital Discharges

Persons who have been hospitalized for mental health reasons who identify themselves as homeless upon discharge are subject to case management coordinated by the New York State Office of Mental Health. A NYS Single Point of Access (SPA) application for housing is completed and submitted on behalf of the patient. The SPA application process is very cumbersome, takes weeks to months to complete, and temporary housing arrangements must be developed for persons waiting for the processing of their SPA application.

⁴ Muchnick, David. "The Crisis of Affordable Housing for Long Island's Working People." New York State AFL-CIO. July 2003.

⁵ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 55.

⁶ Nassau Urban County Consortium Five-Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 55.

c. *Department of Corrections Discharges*

Discharge planning for jail inmates starts during intake. The County Department of Corrections, which has four staff members responsible for discharge planning for approximately 1,400 inmates, has limited capacity to address the individual needs of clients. In the past, two County DSS workers were assigned directly to the jail to assist with discharge planning coordination between the Department of Corrections and DSS. Currently, the Department of Corrections is able to process DSS applications for homeless inmates 45 days prior to a definite release date, but not all inmates have definite release dates.

Discharged inmates may face the following challenges:

- lack of proper identification (the County Homeless Intervention Program will assist those without identification to obtain the necessary identification);
- barriers to housing, such as HUD regulations that exclude many of these persons from eligibility for Section 8 rental subsidies or public housing for certain offenses such as drug-related charges;
- inmates are more likely to have mental illness and/or addiction issues than the general population.

4. *Persons with Physical and Mental Disabilities*

Service providers who supplied data about their clients indicated that many homeless cases resulted from eviction of persons with mental and physical disabilities because Supplemental Security Income (SSI) payments were inadequate.

III. DEFINING THE NEED

A. National Data

The United States Conference of Mayors regularly assesses the status of hunger and homelessness in the nation's cities. During 2006, the U.S. Conference of Mayors surveyed 23 major cities and, among other topics, sought estimates of the demand for emergency shelter and the capacity of local agencies to meet that demand; the causes of homelessness and the demographics of the populations experiencing homelessness; and, the availability of affordable housing and the outlook for the future. Although Nassau County is not a "major city," the information collected by the U.S. Conference of Mayors provides national trends and a point of comparison with and understanding of local data. Key national findings from 2006 (for the 23 cities surveyed) include:

- Overall, requests for emergency shelter increased an average of nine percent.
- Requests for shelter by homeless families alone increased by five percent.
- An average of 23 percent of requests for emergency shelter were estimated to have gone unmet.
- In 86 percent of the cities, emergency shelters turned away homeless families due to lack of resources; in 77 percent of the cities, homeless individuals were turned away.
- People remained homeless an average of eight months.
- In 55 percent of the cities, families may have broken up in order to be sheltered, and in 54 percent of the cities, families spent their daytime hours outside of the shelter they used at night.
- Mental illness and the lack of needed services led the list of causes of homelessness identified by city officials. Other causes, listed in order of frequency, included: lack of affordable housing; substance abuse and the lack of needed services; low-paying jobs; domestic violence; prisoner re-entry; unemployment; and poverty.
- Officials estimated that, on average, single men accounted for 51 percent of the homeless population; families with children total 30 percent; single women, 17 percent; and unaccompanied youth, 2 percent. The homeless population was estimated to be 42 percent African-American; 39 percent white; 13 percent Hispanic; 4 percent Native-American; and 2 percent Asian. On average, 16 percent of homeless people were considered to be mentally ill and 26 percent, substance abusers.
- In the survey cities, 13 percent of homeless persons were employed in full- or part-time jobs and nine percent were veterans.
- Within the cities surveyed, on average, a single parent headed 71 percent of families and children represented 24 percent of the entire emergency shelter population.
- Requests for housing assistance by low-income families and individuals increased 86 percent in the surveyed cities during the last year.¹

The National Alliance to End Homelessness estimates that nationally, approximately one-half of the people who experience homelessness during a specific year are single adults. A majority (80 percent) of single adult shelter users enter the homeless system one or two times, stay just over one month and do not return. Approximately nine percent of single adults enter shelters almost five times per year and stay almost two months each time. This

¹ "An American Tragedy: Hunger, Homelessness in the Land of Plenty 2006." The United States Conference of Mayors. December 20, 2006.

group uses approximately 18 percent of the homeless system resources. The group that makes up the remaining 10 percent of shelter users enters the system approximately two times per year and spends an average of 280 days per stay. This group, 10 percent, uses nearly half the resources. Many of these individuals fall within the HUD definition of chronically homeless.²

B. Nassau County Data

1. Homeless Populations and Subpopulations

Consistent with HUD requirements, Nassau public and non-profit agencies conducted a Point-In-Time count during the last week of January in 2005 (these numbers were also reported in the 2006 CoC summary) and 2007. Detailed information about the counts is provided in Appendix II. It is important to note that the following persons are not included in the HUD Point-In-Time count: 1) persons living doubled up in conventional housing; 2) formerly homeless persons who are residing in Section 8, Single Room Occupancy (SRO), Shelter Plus Care, Supported Housing Program (SHP), permanent housing or other permanent housing units; 3) children or youth who became homeless because of their own or a parent's homelessness or abandonment, now residing temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and 4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

The HUD homeless count procedures now require persons to identify themselves as homeless in order to be counted as homeless. There is a concern that this approach to counting the homeless results in a serious under-count. Therefore, this Plan includes data and information from other sources in order to convey a better understanding of the true extent of homelessness in Nassau County.

To supplement the Point-In-Time counts, the 10-Year Plan Committee distributed a questionnaire to providers of services to homeless persons in Nassau County. The data received from service providers, although not statistically significant and including some duplicative counts (of those individuals or families receiving services from more than one provider), offer accurate information about the need for services to assist the homeless in the county. The survey also provided an opportunity to collect representative information on such questions as the causes of homelessness, thus helping to illustrate the issues surrounding the state of homelessness in Nassau County.

a. Individual Adults

As noted earlier, homelessness cases are typically viewed as individuals or families. Within Nassau County, during the 2005 Point-In-Time count, 353 homeless individuals (other than chronically homeless) were identified. The 2007 count identified 256 individuals. The 10-Year Plan's service provider questionnaire collected gender information, which indicates that the majority of homeless individual adults who received services are men: 882 men, compared to 220 women. Through its WarmBed Program, Nassau County made 585 placements in the 2006-

² National Alliance to End Homelessness. "Chronic Homelessness." Fact Checker. March 2007.

2007 winter months, which included 461 males and 124 females, (see b. Families below for information about children). During the winter months of 2005-2006, the WarmBed Program provided 1,165 placements that included 953 males and 212 females; 109 were undocumented individuals. The WarmBed Program housed 968 people in the 2004-2005 winter season. Appendix III provides detailed information about the people served through the County's WarmBed Program, including information about subpopulations such as victims of domestic violence, persons who are mentally ill, and those homeless due to evictions.

A homeless individual in Nassau County remains homeless on average 58.7 days.³ This time period does not include time of homelessness prior to the individual being identified as homeless by the County Department of Social Services.

**Table III-1
Summary of Homeless Individual Counts**

Year	Point-In Time Count	Warm Bed Program*	Service Provider Questionnaire**	Unduplicated Clients entered into HMIS***	Housing Provided Through DSS on September 13, 2007 ⁴	Average Days of Homelessness
2005	353	968	--	986		
2006	353	1165	--	1046		
2007	256	585	1,102	N/A	319	58.7 days

Sources: Nassau-Suffolk Coalition for the Homeless, Inc; Nassau County Housing & Homeless Services; Nassau County Department of Social Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season.

** Some duplication of individuals may occur.

*** Continuum of Care's Homeless Management Information System

b. Families

Nationally, people in families account for one-third of the homeless population, and almost one-half of homeless children are under six years old.⁵ In Nassau County, 281 families, that included 862 persons, were identified in the 2005 Point-In-Time count. In 2007, 163 families, that included 525 persons, were identified in the 2007 Point-In-Time count. The Point-In-Time counts are only one of the measures used by the County to determine the extent of homelessness.

The service providers who completed the questionnaire distributed as part of the planning process for this 10-Year Plan indicated that during 2006, collectively they served a total of 954 families, including 1,384 children. Although this number may include some duplication, it does reflect the housing needs of homeless families and their children in the county. Through its WarmBed Program, Nassau County made 585 bed placements in the 2006-2007 winter months, which included eight children (other persons served are discussed above).

³ DSS Homeless Statistical Report, 9/13/2007.

⁴ DSS Homeless Statistical Report, 9/13/2007.

⁵ Bassuk, Ellen L., Geller, Stephanie, "The Role of Housing and Services in Ending Family Homelessness." *Housing Policy Debate* Volume 17, Issue 4. Fannie Mae Foundation. 2006.

During the winter months of 2005-2006, the WarmBed Program provided 1,165 bed placements, which included 50 children. A total of 43 children were provided bed placements during the 2004-2005 winter months through this program.

Families on the verge of homelessness, or housed through assistance programs, also provide an indication of the housing need in Nassau County. The Nassau County Office of Housing and Homeless Services Housing Choice Voucher Program reported for one month in 2007 the following: assisted 2,681 families; Project-Based Housing (voucher assistance to specific housing units for rehabilitation or construction) served 246 families; and four families were served through the Mainstream Program (vouchers for elderly or non-elderly families that have a person with disabilities). Detailed information about families being served through these programs is located in Appendix IV.

A homeless family in Nassau County remains homeless on average 127.9 days.⁶ This time period does not include time of homelessness prior to the family being identified as homeless by the County Department of Social Services.

During the course of the development of this Plan, service providers often commented on the lack of housing options for families, particularly large families.

**Table III-2
Summary of Homeless Children and Families**

Year	Point-In Time Count Families	Warm Bed Program Children Only*	Service Provider Questionnaire Children**	Housing Provided Through DSS on September 13, 2007 ⁷	Average Days of Homelessness
2005	862	43	--		
2006	862	50	--		
2007	525	8	1,384	101 families, including 198 children	127.9 days

Sources: Nassau-Suffolk Coalition for the Homeless, Inc; Nassau County Housing & Homeless Services; Nassau County Department of Social Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted in individuals.

** Some duplication of individuals may occur.

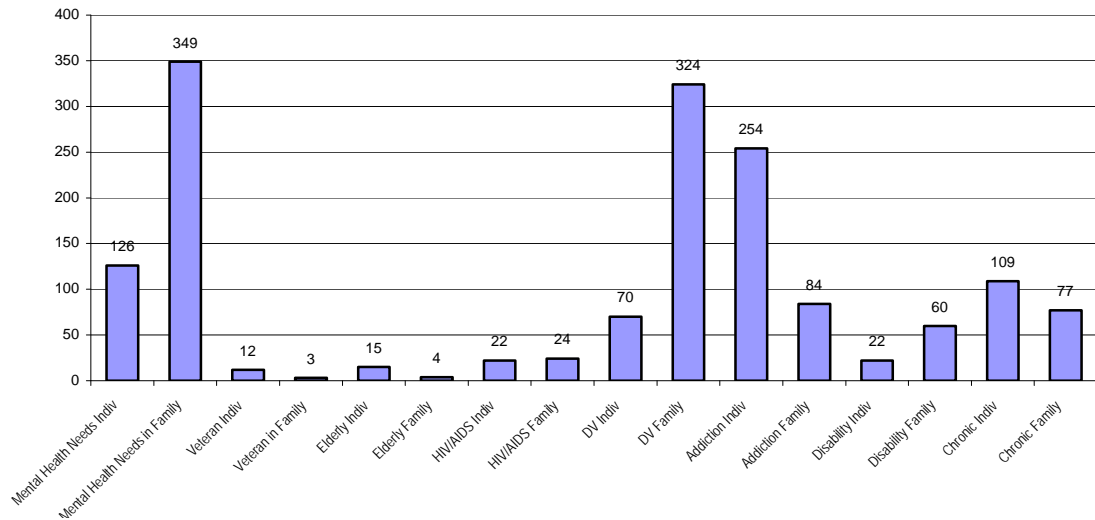
c. Subpopulations within Individual Adult and Family Groups

County-specific data for the subpopulations identified in Chapter II Types of Homelessness are provided below. A variety of data sources have been utilized to provide a broad representation of the numbers and needs within each subpopulation. Chart III-A depicts information about homeless subpopulations served by service providers in the county, as reported in a May 2007 survey conducted as part of the process to develop the Nassau County 10-Year Plan to End Homelessness.

⁶ DSS Homeless Statistical Report, 9/13/2007.

⁷ DSS Homeless Statistical Report, 9/13/2007.

**Chart III-A
Number of Homeless Individuals or Family Members Classified in
Subpopulation by Individual and Family Member Status**



Source: Nassau County 10-Year Plan Committee's questionnaire returned by service providers, May 2007.

Note: DV means domestic violence

(1) Chronically Homeless

In 2005, 133 sheltered and 55 unsheltered chronically homeless individuals were identified in the annual Nassau County Point-In-Time count. A significant change in count procedures was made by HUD in 2007, requiring a person to identify himself/herself as "chronically homeless". Only 10 sheltered and two unsheltered individuals in Nassau County identified themselves as chronically homeless in the 2007 count. Nationally, the chronically homeless make up approximately 10 to 20 percent of the homeless population.

...the information gathered from service providers suggests that the percentage of homeless persons in Nassau County who are chronically homeless may exceed the national estimate

The Nassau County Department of Social Services (DSS) estimates that approximately 25 percent of homeless individuals and five percent of homeless family cases include the chronically homeless in the county. This information, and the information gathered from other service providers, suggests that the percent of homeless persons in Nassau County who are chronically homeless may exceed the national estimate. Typically, those who are chronically homeless require more services per capita than other homeless individuals. One housing model considered appropriate for this population is called low-demand supportive housing, which is defined as permanent housing with access to services such as substance abuse treatment. Residents, though not mandated to use the services, must show that they are committed to making progress towards independence to the extent that they can become independent.

**Table III-3
Summary of Information about Chronically Homeless
Individuals and Families**

Year	Point-In Time Count		Service Provider Questionnaire**	
	<i>Sheltered</i>	<i>Unsheltered</i>	<i>Individual</i>	<i>Family</i>
2005	133	55		
2006				
2007	10	2	109	77

Sources: Nassau-Suffolk Coalition for the Homeless, Inc; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

**Some duplication of individuals may occur.

(2) Severely Mentally Ill

The 2005 Point-In-Time count identified 185 severely mentally ill sheltered individuals compared to 188 sheltered individuals in 2007. Service providers reported more cases of homelessness that involved an individual or family member with a mental illness than any other subpopulation (see Chart III-A on previous page). Inadequacy of SSI funds is a frequent cause of homelessness for persons with mental and physical disabilities. Nassau County DSS estimates that 25 percent of homeless individual cases and five percent of homeless family cases include an individual with mental illness. During the 2005-2006 winter, the County WarmBed Program served 36 men who were identified as mentally ill and had refused DSS assistance; this represents an increase of 50 percent over the 24 mentally ill men who refused DSS services, but used the WarmBed Program during the 2004-2005 winter months.

In 2007, the number of homeless severely mentally ill persons identified in the County increased

The New York State Office of Mental Health reported that in 2003, 12,598 seriously mentally ill individuals utilized residential, nonresidential, emergency, inpatient and outpatient programs on Long Island (both Nassau and Suffolk Counties, excluding private clinics and US Veterans Administration).⁸ This number under-represents the actual number of people on Long Island with mental illness because many do not seek treatment and private clinics and the Veterans Administration are not included. The 2001 to 2005 average inpatient psychiatric discharge rate for Nassau County was 8.5 persons per 10,000 population,⁹ or an estimated 1,114 annual inpatient discharges per the total 2005 estimate Nassau County population of 1,310,076. The State of New York provides housing services for persons suffering from mental illness. A Single Point of Access (SPA) housing application must be completed for these persons. The complex SPA application process does not allow for immediate housing. In September 2007, it was reported that there were 35 homeless persons with

⁸ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

⁹ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

mental illness at that time who were in a state of homelessness, awaiting the completion and/or processing of their SPA applications.¹⁰

A review of data reveals the following changes in the demographics of those receiving mental health care:

- a decreasing proportion of older residents (those aged 65 and older),
- an increasing percent of younger residents age 18 and under,
- an increasing percent of residents of color, particularly Hispanics.¹¹

**Table III-4
Summary of Information about Severely Mentally Ill Individuals**

Year	Point-In Time Count	Warm Bed Program *	Service Provider Questionnaire**	
			Individual	Family
2005	185	24		
2006		36		
2007	188		126	349

Sources: Nassau-Suffolk Coalition for the Homeless, Inc; Nassau County Housing & Homeless Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted in individuals.

** Some duplication of individuals may occur.

The increase in percent of younger residents suffering from mental illness on Long Island suggested a review of information about Persons in Need of Supervision (PINS). PINS are juveniles under 18 years of age who have committed a “status offense,” such as truancy, alcohol possession and other such misconduct. Often, mental health disorders underlie these behaviors; therefore, the number of PINS cases may demonstrate the extent of mental health needs in juveniles. In Nassau County, there were 1,085 PINS cases opened in 2005, representing a 49 percent increase over the 728 cases opened in 1995. Comparatively, the State of New York experienced a 27 percent increase in the number of PINS cases opened between 1995 and 2003.¹²

In Nassau County, there were 1,085 PINS cases opened in 2005, representing a 49 percent increase over the 728 cases opened in 1995

Additional information about those with mental illness is included below under the Veterans and Discharged Individuals sections.

(3) Chronic Substance Abusers

In Nassau County, addiction and substance abuse are significant causes of homelessness. Many of the homeless cases reported by service providers included an individual or family member suffering from addiction. The Point-

¹⁰ Sanchez, Arlene., Commissioner, Department of Mental Health, Chemical Dependency and Developmental Disabilities Services, Nassau County. September 10, 2007.

¹¹ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

¹² Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

In-Time count data support the information provided by local service providers. In 2005, 169 homeless chronic substance abusers were identified. During the 2005-2006 winter season, Nassau County identified 300 WarmBed users who abused drugs and/or alcohol. The County DSS estimates that 25 percent of individual homeless cases and 10 percent of family homeless cases include a person with a substance abuse problem.

According to the New York State Office of Alcohol and Substance Abuse Services, during this period of increasing numbers of homeless persons identified with substance abuse problems, the number of detoxification beds on Long Island fell 69 percent, from 81 to 25 beds, from 2002 to 2006. Nassau University Medical Center (NUMC) has one of the area's two remaining intensive hospital detoxification programs. Along with a center in Suffolk County and two less intensive centers, NUMC has seen a 42 percent increase in admissions from 2002 to 2006.¹³

The New York State Office of Alcohol and Substance Abuse Services reports, according to the Nassau County Department of Health and Human Services, that in 2006, the total number of Crisis Episodes reported by NUMC was 1,527, of which 1,321 were primary cases and 206 were duplicate cases. Of the primary cases, 195 (14 percent) individuals reported being homeless. In 2006, the number of Crisis Episodes reported by Mercy New Hope, a medically monitored withdrawal program, was 944, of which 727 were primary cases and 217 were duplicate cases. At the time of admission, 447 (61 percent) of the primary cases reported being homeless.¹⁴

**Table III-5
Summary of Information about Chronic Substance Abusers**

Year	Point-In Time Count	Warm Bed Program *	Service Provider Questionnaire**		Individuals Reporting Homeless Condition to Medically Managed Programs	
			Individual	Family	NUMC	Mercy New Hope
2005	169	15				
2006		300			195	447
2007	192		254	84		

Sources: Nassau-Suffolk Coalition for the Homeless, Inc; Nassau County Housing & Homeless Services; Nassau County Department of Social Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted in individuals.

** Some duplication of individuals may occur.

¹³ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

¹⁴ Sanchez, Arlene, e-mail, September 12, 2007.

(4) Veterans

Veterans are a HUD-identified subpopulation. The 2005 Point-In-Time count identified 141 homeless veterans; the same number was identified in 2006. The 2007 Point-In-Time count identified 96 homeless veterans. Official sources of information (such as County departments)

...approximately 3,600 homeless veterans when counting those who are doubled-up not by choice and living with friends and family because they are unable to live alone

that have been used to identify local homeless needs, beyond the Point-In-Time count, do not track veterans as a subpopulation. The Nassau County Veterans Services Agency estimates that there are 186,286 veterans on Long Island (Nassau and Suffolk Counties). Prior to the HUD change in definition of homeless, there were an estimated 8,000 homeless veterans on Long Island, approximately half in Nassau County. The current federal estimate of homeless veterans in Nassau County is 560 individuals. This number increases to approximately 3,600 homeless veterans when counting those who are doubled-up not by choice and living with friends and family because they are unable to live alone.

Post-Traumatic Stress Disorder (PTSD) is a main cause of homelessness and service needs for veterans from WWII, the Korean War, and Vietnam. It is estimated that some 30 percent of Iraq/Afghanistan War veterans suffer from PTSD. Approximately 3,000 Long Islanders are currently serving in the Iraq/Afghanistan War. Approximately 7,000 Iraq/Afghanistan War veterans have returned to Long Island; it is expected that 30 percent, or 2,100 suffer from PTSD and may require services, such as housing assistance. An additional 900 returning veterans may be diagnosed with PTSD (based on 3,000 persons currently serving in Iraq/Afghanistan).¹⁵

Traumatic Brain Injury (TBI), specifically brain injuries resulting from blast exposure are not yet fully understood, but brain trauma causes both acute and delayed symptoms.¹⁶ Less severe brain injuries may not become evident until military personnel return home.¹⁷ A difficulty in diagnosing TBI is that many of the symptoms overlap or sound like post-traumatic stress disorder or other ailments.¹⁸ While mortality rates from combat injuries have fallen from 30 percent in World War II to 10 percent in the Iraq and Afghanistan wars,¹⁹ TBI rates have increased. Historically, between 14 and 20 percent of surviving casualties are left with TBI; however, 59 percent of blast exposed patients

¹⁵ Edward G. Aulman, Director Nassau County Veterans Service Agency, e-mail February 22, 2008.

¹⁶ Perlin, Jonathan, B., Under Secretary for Health, Department of Veterans Affairs. "Screening and Clinical Management of Traumatic Brain Injury," Under Secretary for Health's Information Letter; January 25, 2006.

¹⁷ Perlin, Jonathan, B., Under Secretary for Health, Department of Veterans Affairs. "Screening and Clinical Management of Traumatic Brain Injury," Under Secretary for Health's Information Letter; January 25, 2006.

¹⁸ Jansen, Bart. "Battlefield Brain Injuries Defy Easy Detection," Portland Press Herald, May 13, 2007. <http://pressherald.mainetoday.com/news/state/070513brains.html>, accessed 1/15/2007.

¹⁹ Garrigan, Mary. "More Returning War Vets have Traumatic Brain Injuries." Rapid City Journal, May 19, 2007. <http://www.rapidcityjournal.com/articles/2007/05/19/news/top/doc464e3cc15bf6b3552319....> accessed 1/15/2008.

from Operation Iraqi Freedom and Operation Enduring Freedom admitted to Walter Reed Army Medical Center had a brain injury.²⁰ “A recent Army study found that 18 percent of troops who have been to Iraq likely suffered at least some brain damage from the blasts of improvised explosive devices.”²¹ As noted earlier, approximately 3,000 Long Islanders are serving in the Iraq War and there are approximately 7,000 Iraq War veterans on Long Island. Based on the estimate that 18 percent of those serving in Iraq will suffer TBI, it can be estimated that approximately 1,260 Iraq/Afghanistan War veterans who live on Long Island have TBI and that approximately 540 Long Islanders returning from the war will have TBI and may require services, such as housing assistance (based on 10,000 persons having served or currently serving in Iraq/Afghanistan).²²

**Table III-6
Summary of Information about Veterans**

Year	Point-In Time Count	HUD Estimate	Nassau County Estimate (including those doubled up not by choice)	Service Provider Questionnaire**		Estimated Post-Traumatic Stress Cases	Estimated Traumatic Brain Injury
				Individual	Family		
2005	141						
2006							
2007	96	560	3,600	12	3	2,100	1,260
2008+						3,000**	1,800**

Sources: Nassau-Suffolk Coalition for the Homeless, Inc.; Nassau County Veterans Services Agency; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted in individuals.

** Some duplication of individuals may occur.

(5) Persons with HIV/AIDS

The New York State HIV/AIDS Surveillance Semiannual Report indicates there are 1,703 persons living with HIV and 3,335 persons living with AIDS on Long Island (both Nassau and Suffolk Counties), excluding prisoners.²³ It is important to recognize that housing available for those with HIV/AIDS is typically unsuitable due to a lack of safety in temporary housing, a lack of sufficient heating, and difficulty in providing special dietary requirements.²⁴ The County DSS estimates that five percent of individual homelessness cases and one percent of family cases include a person with HIV or AIDS.

²⁰ Perlin, Jonathan, B., Under Secretary for Health, Department of Veterans Affairs. “Screening and Clinical Management of Traumatic Brain Injury,” Under Secretary for Health’s Information Letter; January 25, 2006.

²¹ Jansen, Bart. “Battlefield Brain Injuries Defy Easy Detection,” Portland Press Herald, May 13, 2007. <http://pressherald.mainetoday.com/news/state/070513brains.html>, accessed 1/15/2007.

²² Edward G. Aulman, Director Nassau County Veterans Service Agency, e-mail February 22, 2008.

²³ New York State HIV/AIDS Surveillance Semiannual Report for Cases Diagnosed through December 2005. Bureau of HIV/AIDS Epidemiology, New York State Department of Health. April 2007.

²⁴ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 57.

Options for Community Living, which serves both Nassau and Suffolk Counties, provided housing services to 55 clients and 72 family members in 2006. Housing was located for 74 additional clients who were homeless. Further, 42 percent of the 496 case management clients (approximately 208 clients) served had a current problem or history of homelessness.²⁵

**Table III-7
Summary of Information about Persons with HIV/AIDS**

Year	Service Provider Questionnaire*		Options for Community Living – Serving both Nassau and Suffolk	
	Individuals	Family	Individuals	Family
2006			55 + 74 = 129	72
2007	22	24		

Sources: May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.
Notes: *Some duplication of individuals may occur.

(6) Victims of Domestic Violence

Nationally, domestic violence is a key cause of family homelessness; this is true also in Nassau County. In the 2005 Point-In-Time count, 140 homeless victims of domestic violence were identified. This number dropped to 24 in 2007, perhaps due to the HUD requirement that only persons who identified themselves as homeless could be included in the count. The Point-In-Time count data do not reflect other data collected during the preparation of this 10-Year Plan. Domestic violence victims represented one of the subpopulations with the largest numbers of individuals served by providers that completed the 10-Year Plan Committee’s May 2007 questionnaire. Of the 1,165 bed placements made by the County’s WarmBed Program in 2005-2006, 44 were for victims of domestic violence; there were 16 such placements during the 2004-2005 winter.

DSS estimates that five percent of individual homelessness cases and five percent of family homelessness include victims of domestic violence. National and state data suggest this percentage may be higher. Nationally, state and local studies demonstrate the impact of domestic violence on homelessness. In Minnesota, 2003 data indicated that one in every three homeless women were homeless due to domestic violence; in Missouri, 27 percent of the sheltered homeless population are victims of domestic violence, and a San Diego survey found that 50 percent of homeless women were victims of domestic violence.²⁶ The Department of Criminal Justice Services data indicate that the Nassau County rate of domestic violence (126 per 10,000) is lower than that state incident rate (144 per 10,000).²⁷ With

Domestic violence victims represented one of the subpopulations with the largest numbers of individuals served by providers that completed the 10-Year Plan Committee’s May 2007 questionnaire

²⁵ Options for Community Living, letter dated May 31, 2007.

²⁶ “Domestic Violence and Homelessness.” NCH Fact Sheet #7. National Coalition for the Homeless, June 2006.

²⁷ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

an estimated total population of 1,310,076,²⁸ this rate would suggest approximately 16,506 annual incidents of domestic violence in the county; an estimated 46 percent (7,593 incidents) involve a crime.²⁹

**Table III-8
Summary of Information about Victims of Domestic Violence**

Year	Point-In Time Count	Warm Bed Program *	Service Provider Questionnaire**	
			Individuals	Family
2005	140	16		
2006		44		
2007	24		70	324

Sources: Nassau-Suffolk Coalition for the Homeless, Inc.; Nassau County Housing & Homeless Services; Nassau County Department of Social Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted as individuals.

** Some duplication of individuals may occur.

(7) Youth

Unaccompanied youth, those under 18 years of age, included 639 individuals in the 2005 Point-In-Time count. This number dropped to 22 individuals in 2007. Within Nassau County, there are two transitional programs for youths, with a combined total of 18 beds, and one emergency shelter. The limited number of facilities has an impact on the number of youth identified in the annual count. The Nassau County Youth Board has attempted to capture the true number of homeless youth in the community, such as those who have been “thrown out” or “pushed out” from their homes. Approximately 3,500 youth are homeless (doubled-up not by choice, living in illegal apartments or rooms) in Nassau County.³⁰

Approximately 3,500 youth are homeless (doubled-up not by choice, living in illegal apartments or rooms) in Nassau County

**Table III-9
Summary of Information about Youth**

Year	Point-In Time Count	Other Estimate*
2005	639	
2006		
2007	22	3,500

Sources: Nassau-Suffolk Coalition for the Homeless, Inc.; Nassau County Youth Board, compiled by Saccardi & Schiff, Inc.

Notes: *Estimate provided during telephone conversation with Ramona Battle, Administrator of Crisis, Transitional & Support Services, Nassau County Youth Board on July 30, 2007.

²⁸ U.S. Census Bureau, 2005 American Community Survey.

²⁹ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

³⁰ Telephone Conversation with Ramona Battle, Administrator of Crisis, Transitional & Support Services, Nassau County Youth Board. July 30, 2007.

(8) Elderly

In 2000, 179,981 persons age 65 years and older lived in Nassau County.³¹ It is estimated that the number of people in this group increased to 188,509 in 2005.³² Further estimates suggest that 5.3 percent of those age 65 years and older (9,990 individuals) in Nassau County have incomes below 100 percent of the poverty level. The County WarmBed Program statistics show that 21 seniors were housed due to a fire during the 2004-2005 winter. More than 22 percent of the households (597) served through the County's Housing Choice Voucher Program are elderly households. There are currently 265 eligible senior households on the Nassau County housing wait list. See Appendix V for the summary of Nassau County wait list applicants.

The Nassau County Department of Senior Citizen Affairs, which serves persons age 60 and over (an estimated 257,239 persons in 2005), who account for approximately 19.3 percent of the county population,³³ provided the following services during the past year:

**Table III-10
Summary of Information about Services to the Elderly in Nassau County**

Winter Season	Low Income Home Energy Assistance Program (LIHEAP)	County-Funded Emergency Heating/Utility Assistance (SAFE)	Weatherization Referral and Packaging Program (WRAP)
2005-06	3,198 individuals	56 households, totaling 89 persons	305 referrals
2006-07	2,762 individuals	74 households totaling 106 persons	191 referrals (Program continues through 12/31/07)

Source: e-mails dated August 21, 2006 and October 2, 2007 from Commissioner Sharon Mullon, Nassau County Department of Senior Citizen Affairs.

Note: The decrease in number of individuals served by HEAP from 05/06 to 06/07 was because of an eligibility change in the guidelines.

³¹ U.S. Census Bureau, Census 2000.

³² 2005 American Community Survey, U.S. Census Bureau.

³³ Abstract, Third Annual Update to the Four Year Plan, April 1, 2007 to March 31, 2008, Nassau County Department of Senior Citizen Affairs.

Table III-11
Summary of Information about the Elderly

Year	Nassau County Housing Wait List	Municipal Wait Lists *, ** (a person may be listed on more than one wait list, resulting in duplication)	Nonprofit Housing Developments Wait List** (a person may be listed on more than one wait list, resulting in duplication)	Senior Households Served Through County Housing Choice Voucher	Service Provider Questionnaire**	
					Individuals	Family
2007	265	Approx. 2,386	Approx. 2,400	597	15	4

Sources: Nassau-Suffolk Coalition for the Homeless, Inc.; Nassau County Housing & Homeless Services; May 2007 10-Year Plan Service Provider Questionnaire, compiled by Saccardi & Schiff, Inc.; housing wait list information collected by Saccardi & Schiff, Inc.

Notes: * Based on telephone conversation with municipal staff during the week starting December 16, 2007, information was obtained from the following municipalities: Town of Hempstead, Town of North Hempstead, City of Glen Cove, City of Long Beach, Village of Freeport, Village of Greater Neck, Village of Island Park, Village of Rockville Centre. The following municipalities maintain housing wait lists; however, information about the number of seniors on the wait list was not made available: Town of Oyster Bay, Village of Hempstead.

**Some duplication of individuals may occur.

The Nassau County Department of Senior Citizen Affairs, in its *Abstract, Third Annual Update to the Four Year Plan, April 1, 2007 to March 31, 2008*, reports that persons with functional impairments are projected by the State Office of

The incomes of 10,757 persons, or 5.4 percent of the age 65+ group, do not meet the poverty level of \$9,310

Aging to represent 39,343 of Nassau's 60 and over population. Veterans represent 28.3 percent of this group. The incomes of 10,757 persons, or 5.4 percent of the age 65+ group, do not meet the poverty level of \$9,310.

The Department of Senior Citizen Affairs points out that counties are restricted by law from sponsoring public housing.³⁴ However, cities, towns and some villages in Nassau have constructed housing with age and income eligibility limits for older persons. In addition, there is housing developed through non-profit organizations for low- to middle-income seniors.³⁵

(9) Laborers

As described in Chapter II. Types of Homelessness and Subpopulations within the Homeless Population, laborers may fall into one or more subpopulations, such as the hidden homeless (those doubled up not by choice), seasonal, and chronically on the verge of homelessness categories. It is difficult to estimate the number of laborers who are homeless in Nassau County, due to their typically transient lifestyle, undocumented status and language barriers.

³⁴ Senior Citizen Housing in Nassau County. County of Nassau Department of Senior Citizen Affairs. Memo revised 11/06.

³⁵ Ibid.

(10) Discharged Individuals (Hospital, Assisted Living and Corrections)

The number of persons who became homeless due to discharge increased sharply during the 2005-2006 winter when 103 placements were made due to hospital release and 32 individuals released from prison utilized the WarmBed program

People with serious mental illness are over-represented in the correctional system. According to the United States Department of Justice (DOJ), 16 percent of inmates have a serious mental illness, compared to six percent of people in the general population. The Nassau County Sheriff’s Department reported that, as of

May 2007, there were 1,742 inmates and estimated that at any time 20 percent of jail inmates are mentally ill.³⁶

The County’s WarmBed Program is a key source of information about homelessness resulting from discharge. The statistics collected during the 2004-2005 winter season indicate seven and eight placements for those released from the hospital and jail respectively. The number of persons who became homeless due to discharge increased sharply during the 2005-2006 winter when 103 placements were made due to hospital release and 32 individuals released from prison utilized the WarmBed Program.

There is ongoing concern in the County about discharge planning for persons who are homeless and released from hospitals. During development of this Plan, DSS reported that “dumping” of hospital patients occurs. In one two-week period, six patients released from the hospital were dropped off at DSS, sometimes still in hospital clothing.

County staff report a new concern related to discharges: elderly individuals being discharged from assisted living facilities because they can no longer afford to live in the facility. Information about the numbers of discharges from assisted living facilities is not readily available.

**Table III-12
Summary of Information about Discharged Individuals**

Year	Warm Bed Program*	
	Hospital Discharge	Jail Release
2005	7	8
2006	103	32

Sources: Nassau County Housing & Homeless Services

Notes: * Year indicates the ending year of the winter season served by the WarmBed Program, e.g., 2005 means the 2004-2005 winter season, and adults are counted as individuals.

(11) Persons with Physical Disabilities

Service providers who supplied data about their clients indicated that many of the homeless cases that resulted from eviction were the result of inadequate SSI funds for persons with mental and physical disabilities. Approximately 22.5

³⁶ Mental Health on Long Island, Vital Signs 2007. Adelphi University. 2007.

percent of all households (98,358 households) in Nassau County include one or more persons with a disability. More than 50 percent of all households that receive food stamps (5,332 households of the estimated 10,622 households receiving food stamps) include one or more persons with a disability.³⁷ Because receipt of food stamps is an indication of lower income status, this population may experience housing cost burdens.

The Nassau County Housing Choice Voucher Program tracks information about disabled/handicapped heads of household or spouses served through the program. The Housing Voucher Program assists 271 disabled/handicapped elderly households and 529 disabled/handicapped non-elderly households. Sixty-six elderly and 13 non-elderly disabled households are served through the County's Project-Based Housing Program. The Mainstream Program serves one elderly handicapped household and three non-elderly. In addition, 110 elderly handicapped/disabled households and 882 non-elderly handicapped/disabled households are eligible wait list applicants for the County housing programs. Persons with disabilities were identified as an estimated 10 percent of homeless individual cases and five percent of homeless family cases that moved through DSS.

More than 50 percent of all households that receive food stamps (5,332 households of the estimated 10,622 households receiving food stamps) include one or more persons with a disability

**Table III-13
Summary of Information about Persons with Disabilities (elderly and non-elderly households)**

Year	Nassau County Housing Wait List	Households Served Through County Housing Programs*	Service Provider Questionnaire**		Households with a disabled Person Receiving Food Stamps**	Households with One or More Disabled Persons**
			Individuals	Family		
2005					5,332	98,358
2006						
2007	992	883	22	60		

Sources: Nassau County Housing & Homeless Services; 10-Year Plan Service Provider Questionnaire; U.S. Census, 2005 American Community Survey, compiled by Saccardi & Schiff, Inc.

Notes: * County programs: Project Based Housing, The Mainstream Program, the Housing Voucher Program;

**Some duplication of individuals may occur.

2. Continuum of Care and HMIS Data on Unmet Need

a. Continuum of Care (CoC) Application

In its annual application for HUD Homeless Assistance funds, the Nassau CoC group identifies the number of emergency shelter, and transitional and permanent supportive housing beds in the county. The CoC also identifies beds that are in the process of being made available (in development) and the unmet need, based on HUD criteria.

In its 2007 application to HUD, the CoC identified within Nassau County 370 year-round emergency shelter beds, consisting of 238 family beds and 138 beds for

³⁷ U.S. Census Bureau, 2005 American Community Survey.

individuals. There are 37 seasonal emergency shelter beds identified in the county. The county currently has 106 transitional housing family beds and 60 individual transitional housing beds, and a total of 15 beds in development.

The CoC identified 654 permanent supportive housing beds, including 476 family beds and 178 beds for individuals. An additional 88 supportive housing beds are under development, and an unmet need of 458 supportive housing beds, including 203 family beds and 199 individual beds, has been identified. See Appendix VI.

It is important to note that the identified gaps represent only the needs of homeless families and individuals who meet HUD criteria for homeless persons, such as persons:

- sleeping on the streets or places not meant for human habitation;
- sleeping in an emergency shelter (or a motel room funded as emergency housing);
- living in transitional housing after having been on the streets or in emergency shelter;
- staying for a period of up to 30 days in a hospital or other institution after having been on the street or in emergency shelter;
- being threatened with an eviction within one week from a private dwelling unit; or,
- being discharged within one week from an institution in which the resident has been a resident more than 30 days and no appropriate housing has been identified; and,
- persons meeting the HUD definition of chronic homelessness, including:
 - an unaccompanied single adult with a disabling condition who has been continuously homeless for one year or who has experienced four or more episodes of homelessness within the last three years; and
 - the standard (HUD-prescribed) subpopulations: chronically homeless; severely mentally ill; chronic substance abusers; veterans; persons with HIV/AIDS; victims of domestic violence; unaccompanied youth.

As described in Chapter II, Nassau County recognizes that the HUD prescribed subpopulations do not include all homeless persons, and, in addition, the definition of homelessness is not sufficiently broad to encompass and identify all persons within Nassau County who do not have adequate shelter. The needs of individuals doubled up not by choice, those chronically on the verge of homelessness, and those who are episodically or seasonally homeless are not included in the identification of gaps in emergency, transitional and permanent supportive housing beds.

b. Additional Information about the Homeless and Those on the Verge of Homelessness

Service providers receiving HUD funding for housing and services for the homeless are required to participate in the CoC's Homeless Management Information System (HMIS). As a result, the County is able to collect certain information about the homeless population. Information from HMIS is not duplicated; each homeless

individual or family receives a unique case number that is used by all service providers. However, the information collected by HMIS is currently limited to those organizations that receive HUD Homeless Assistance Program funding and the people they serve.

Information about last residence is helpful to developing a better understanding about homeless persons and the causes of homelessness. The CoC, through the HMIS, collected Nassau County specific information about last residence prior to entry for 699 cases from July 8, 2006 to July 8, 2007. Table III-14 provides last residence information.

**Table III-14
Residence Prior to Program Entry**

Residence Type	Number of Cases	Percent
Emergency shelter	177	25.3
Don't know and/or other	106	15.2
"Room, apartment or house that you rent"	102	14.6
Substance abuse treatment facility or detox center	70	10.0
"Staying or living in a family member's room, apartment, or house"	95	13.6
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	55	8.0
Transitional housing for homeless persons	54	7.7
Psychiatric hospital	10	1.4
Permanent housing for formerly homeless persons	10	1.4
"Apartment or house that you own"	8	1.1
Jail, prison or juvenile detention facility	7	1.0
Hospital (non-psychiatric)	3	0.4
Hotel or motel paid for without emergency shelter voucher	2	0.3
Total	699	100

Source: Nassau-Suffolk Coalition for the Homeless: Nassau Continuum of Care All Agency Housing Programs Demographics Report 07/08/2006 to 07/08/2007.

Note: Data collected from service providers who receive HUD Homeless Assistance Program funding. HUD requires a minimum standard of information be entered into the system. Expanded use of the HMIS system by non-HUD funded programs is evolving in Nassau County.

3. Nassau County Data on Unmet Need

a. Recipients of Housing Assistance

The Nassau County Office of Housing and Homeless Services tracks certain demographic information about recipients of housing through its programs. The information in Table III-15 provides racial and ethnic information, as well as information about the numbers of persons served through the County's housing programs.

**Table III-15
Nassau County Housing Assistance Programs Race/Ethnicity Information**

Race/Ethnicity		Total	Percent
White			
Voucher Program Family		1823	21.95
Project Based Family		182	48.15
Mainstream Family		4	57.14
Black			
Voucher Program Family		5433	65.43
Project Based Family		158	41.8
Mainstream Family		1	14.29
Asian			
Voucher Program Family		27	0.33
Project Based Family		1	0.26
Mainstream Family		0	0
American Indian/Native Alaskan			
Voucher Program Family		12	0.14
Project Based Family		2	0.53
Mainstream Family		0	0
Native Hawaiian/Other Pacific Islander			
Voucher Program Family		21	0.25
Project Based Family		2	0.53
Mainstream Family		0	0
Hispanic			
Voucher Program Family		988	11.9
Project Based Family		33	8.73
Mainstream Family		2	28.57

Source: Nassau County Office of Housing & Homeless Services

b. Housing Choice Voucher Programs Waiting Lists

Ten housing entities in Nassau County administer Section 8 Programs. The County Section 8 Program also administers a small number of vouchers for two villages – the Village of Island Park and the Village of Farmingdale. Together, these ten entities have more than 10,000 individuals and families on their waiting lists.³⁸ Appendix IV provides detailed information about the Nassau County Housing Choice Voucher Program. Generally, it can be stated that the waiting lists for these programs are closed. (See Appendix IV.)

❖ **Single Parent Households:**

The Housing Voucher Program, the largest of the County voucher programs, with 2,681 households³⁹, provides a large universe for representative head of household information. Single-parent households account for more than 61

³⁸ Nassau County

³⁹ Ibid

percent of those on the wait list, and more than 91 percent of single-parent households are female-headed. It is estimated that approximately 11 percent of all Nassau County households are female-headed with no husband present.⁴⁰

❖ **Elderly and Disabled Persons:**

More than five percent of those on the wait list are elderly. The wait list contains 992 (19.5 percent) households with disabled persons, including both elderly and non-elderly disabled persons.⁴¹ Of the general population in Nassau County, 15.8 percent is disabled.⁴²

❖ **Racial and Ethnic Information:**

Individuals and households who have been determined as eligible for the Nassau County Housing Choice Program (including the voucher, project-based and mainstream programs) provide a valid representation of persons attempting to exit homelessness or on the verge of homelessness. The Nassau County Office of Housing and Homeless Services collects information about 5,098 eligible household applicants waiting for housing; this information helps identify certain characteristics of homeless people and those on the verge of homelessness. Over 73 percent of eligible wait list applicants are black/African American, compared to an estimated total black/African American population of 10.8 percent in Nassau County in 2005.⁴³ (See Chart III-B for racial composition information.) Persons of Hispanic ethnicity, who may be counted in one or more race, constitute over 15 percent of eligible wait list applicants, which is higher than the 11.7 percent representation in the Nassau County population as a whole.⁴⁴

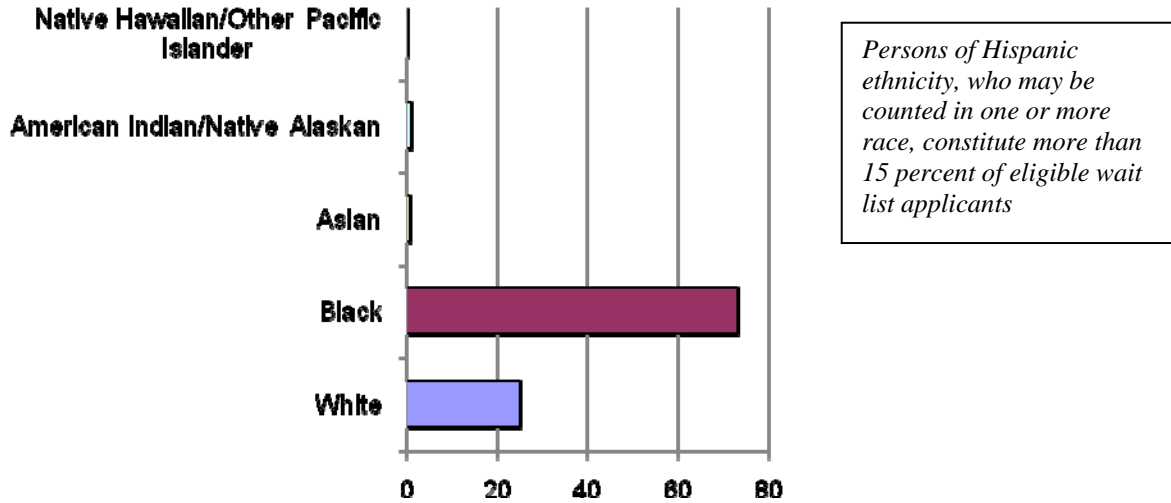
⁴⁰ 2005 American Community Survey, U.S. Census Bureau.
⁴¹ Nassau County

⁴² U.S. Census 2000, U.S. Census Bureau.

⁴³ 2005 American Community Survey, U.S. Census Bureau.

⁴⁴ 2005 American Community Survey, U.S. Census Bureau.

**Chart III-B
Percent of Eligible Wait List Applicants by Race**



Source: Nassau County

❖ **Additional Racial and Ethnic Data**

During the period July 8, 2006 to July 8, 2007, 868 individual cases were tracked through the Nassau County HMIS. Only those clients who received housing services are required to share information at a level of detail included in this report. “No data available” is used to indicate those clients who receive supportive services, but not housing. Of those who received housing services, 90.4 percent were non-Hispanic/non-Latino and 9.6 percent were Hispanic; 52.6 percent were white; 43.8 percent were black/African American; 2.5 percent were multi-racial; and the remainder were Native American, Alaskan Native, Asian, Native Hawaiian or Pacific Islander.

In addition to basic rent supplements provided through Section 8, the County Office of Housing and Homeless Services operates the following programs:

- Section 8 Tenant-Based Housing Choice Vouchers
- Section 8 Project-Based Vouchers
- Section 8 Homeownership – Housing Counseling
- Financial Literacy
- Family Self-Sufficiency (FSS) Program
- Homeless Intervention Program (HIP)

c. DSS Information

Nassau County DSS provides housing and other assistance to residents. Examples of DSS assistance provided to county residents in 2007 include:

- On average, 4,250 cases per month (families and individuals) received Temporary Assistance grant dollars for housing costs, including an average of 2,816 family cases and average of 1,973 singles cases per month.
- An average of more than 800 visitors each month to the Nassau County Department of Health and Human Services had issues concerning homelessness and housing problems.
- Almost 30 percent of the Temporary Assistance cases receiving benefits through Nassau County DSS were receiving benefits for two continuous years. This represents a significant increase over 2006, which had an average of 23.4 percent of cases that received benefits for two continuous years.⁴⁵

4. Data from the Consolidated Plan

At the time the 2005-2009 Consolidated Plan was developed, Nassau County had an estimated 7,450 units of assisted housing, including project-based assistance with units built under public housing, Section 202, Section 8 and Section 236 programs, as well as tenant-based assistance under Section 8 Existing Certificate and Voucher Programs.⁴⁶

The County, through its Consolidated Plan process, identified a need for the following housing and assistance efforts over the five year period from 2005 to 2009:

- Provide rental assistance to 15,000 extremely low and low-income households;
- Construct 300 new rental housing units for extremely low and low income seniors and families;
- Preserve 500 units of housing through substantial rehabilitation efforts;
- Provide housing support services to 12,000 very low, low, and moderate-income households;
- Provide housing rehabilitation assistance for 1,000 extremely low, and moderate income households at an estimate average cost of \$20,000 per unit;
- Develop ±100 to 200 affordable single-family homes, townhouses, condominiums and cooperative apartments over five years, and provide down payment assistance to 75 first time homebuyer households per year;
- Expand employer assisted housing programs;
- Expand the supply of decent low cost housing for homeless and low-income persons by 1,250 units; and
- Strengthen and expand supportive services to enable 3,500 individuals and families to move from homelessness to permanent housing each year.⁴⁷

⁴⁵ Housing Task Force Data from PBViews, received from via Deborah Baumgarten, Operations Analyst, Office of Management and Budget, Nassau County, December 21, 2007.

⁴⁶ Nassau Urban County Consortium Five-Year (2005 – 2009) Consolidated Plan & Annual Action Plan. 2005.

⁴⁷ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005.

a. Those Doubled Up Not By Choice (Hidden Homeless)

According to the County's 2005-2009 Consolidated Plan, most of Nassau's homeless persons lived doubled or tripled up with relatives or friends in emergency and temporary arrangements; many of these people are not known to service providers and have difficulty entering the system.⁴⁸

Others live unsheltered and will not ask for help; they must be approached where they live or congregate.⁴⁹ The number of persons, however, experiencing economic stress who comprise the hidden homelessness is difficult to estimate. Data from focus groups and food assistance programs are provided in an effort to better understand the number of households in Nassau County suffering from homelessness or conditions that lead to homelessness.

Persons doubled up not by choice and the unsheltered homeless may not seek or receive services that could assist them and, it can be concluded, these individuals and families are not being counted as homeless

5. Information from Focus Groups

During the preparation of this Plan, five focus groups were held with persons who are homeless, were homeless, or are related to homeless persons. Each group was asked the same series of questions (see Appendix VII). When asked where do people you know go or stay when they are homeless, answers included: shelters; motels; moving around to various friends' or relatives' houses; parks; woods; cars and abandoned buildings (one participant actually had lived in an abandoned building for several years as a juvenile); hospitals (if there was no family or friend to discharge the individual to); churches; and in the streets (under bridges). For many, social services are seen as a last resort after all other options have been exhausted. The focus group findings indicate that persons doubled up not by choice and the unsheltered homeless may not seek or receive services that could assist them and, it can be concluded, these individuals and families are not being counted as homeless.

6. Information from Other Sources

Thus far, this chapter has attempted to determine the number of homeless individuals and families and the subpopulations that make up these groups. Unique needs of each subpopulation were noted. Assistance with food and payment of utility bills and transportation costs should also be considered when determining the needs of the homeless and those chronically on the verge of homelessness. Provision of adequate transportation or food through a food pantry are essential services that keep some individuals and families from becoming homeless.

a. Emergency Food and Shelter Program

The Emergency Food and Shelter Program, operating under a federal grant awarded to the United Way of Long Island, provides assistance for food, utilities and shelter to individuals and families in emergency situations who meet federal eligibility

⁴⁸ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 49.

⁴⁹ Nassau Urban County Consortium Five Year (2005-2009) Consolidated Plan & Annual Action Plan. 2005. p. 49.

guidelines. In 2006, 20 nonprofit community partner organizations helped distribute the assistance provided through this program. Table III-16 summarizes the number of meals, nights of shelter and assistance with rent and utilities provided through this program. Although individuals and families serviced also may be counted through data collected from other programs, this table brings together data that illustrate the extent of the housing and housing assistance needs of Nassau County residents who may be homeless or on the verge of homelessness.⁵⁰

**Table III-16
Emergency Food and Shelter Program Totals, Nassau County, 2006**

Nassau Co.	Served Meals	# Meals	Other Food	# Meals	Shelter	# Nights	Rent/Mortgage	# R/M Bills	Utility	# U. Bills
TOTALS	\$77,831.00	38,915	\$49,261.79	24,679	\$107,000	8,560	\$328,011.81	290	\$10,350.70	63

Source: Hunger in America 2006, Local Report for Long Island: Executive Summary.

b. Long Island Cares and Island Harvest – Emergency Food Program Study

In 2005, Long Island Cares and Island Harvest conducted a study of the emergency food programs throughout Nassau and Suffolk Counties. This study found that of the approximately 259,000 Long Island residents who turn to soup kitchens, food pantries and shelters each year, most are women, children, senior citizens, people of color, and the working poor. For example, approximately 93,000 children (± 36 percent of those served) receive assistance through these programs each year; almost half of the households served (47 percent) have at least one employed adult; and, of the total population served, four percent are homeless. These figures suggest, however, that the remaining 96 percent are housed but they face food insecurity or hunger.⁵¹ Racial and ethnic information indicates that about 37 percent of those served are non-Hispanic white, 32 percent are non-Hispanic black, and 23 percent are Hispanic. The remainder are from other racial or ethnic groups; 85 percent are United States citizens. Additional information from this study is available in Appendix VIII.

c. The Interfaith Nutrition Network (The INN)

The services provided by The INN are documented in the Long Island Cares and Island Harvest study cited above. The INN, however, is a significant provider of services to the needy in Nassau County and therefore it is useful to point out the food assistance provided by this one service provider. Through four of its Nassau County sites, The INN serves meals to an average of 545 guests daily.

d. Transportation

Transportation is very important to the homeless and those on the verge of homelessness. Approximately 50,000 households (five percent of all households) on Long Island do not own a car. An efficient transit system or access to vehicles is important for these households to access jobs and essential services.⁵²

⁵⁰ E-mail from Kristine Donnelly, Director of Community Impact, United Way of Long Island, May 29, 2007.

⁵¹ Hunger in America 2006, Local Report for Long Island: Executive Summary. http://www.islandharvest.org/html/hia06_execsummary.aspx. Accessed 5/29/2007.

⁵² Long Island Index 2007. The Rauch Foundation 2007.

e. Medicaid Participants

As mentioned previously in this Plan, determining the number of persons on the verge of homelessness and the hidden homeless (those doubled up not by choice), is challenging. Information about the number of persons who receive Medicaid Assistance, both temporary assistance and medical assistance, those who receive Medical Assistance SSI, and those who participate in the Family Health Plus Plan provides an additional source of information about persons who are experiencing economic stress. Information about these data is provided in Table III-17 below.

Table III-17
2007 Nassau County Medicaid Participant Cases, Average 2007 Monthly Information

	Medical Assistance Only Cases (Temporary Assistance and Medical Assistance)	Medical Assistance SSI Cases (Temporary Assistance and Medical Assistance)	Family Health Plus Cases (Temporary Assistance and Medical Assistance)
2007 Monthly Average (January to November)	39,270	16,094	13,192

Source: Medicaid Participants, Nassau County from PBViews, received from Deborah Baumgarten, Operations Analyst, Office of Management and Budget, Nassau County, January 17, 2008.

The data collected by the County reflects that on average, in 2007, there were over 68,500 cases (each case may include one or more persons) each month in Nassau County that qualified for and received Medicaid.

f. Cost-burdened Households

The National Low Income Housing Coalition reported that the Nassau County 2006 Fair Market Rent (FMR) for a two-bedroom apartment was \$1,356. In order to afford this rent and utilities, without paying more than 30 percent of income on housing, a household needed to earn \$54,240 annually (based on a 40-hour work week, 52 weeks per year). This translates into a Housing Wage of \$26.08. In 2006, a minimum wage worker earned \$6.75 per hour. A minimum wage earner would need to work 155 hours weekly or a household would need 3.9 minimum wage earners working 40 hours per week year-round to afford a two-bedroom FMR unit. The estimated 2006 average wage in Nassau County for a renter was \$12.46 per hour. At this wage, a renter must work 84 hours per week year-round; or, at 40 hours per week, a household would need 2.1 full-time workers earning the average renter wage.⁵³

Table III-18
2006 Fair Market Rent, Nassau County

Apartment Size	2006 Fair Market Rent (FMR)
Efficiency	\$938
One-Bedroom	\$1,084
Two-Bedroom	\$1,280
Three-Bedroom	\$1,699
Four-Bedroom	\$1,851

Source: www.huduser.org

⁵³ *Out of Reach 2006*. National Low Income Housing Coalition. www.nlihc.org/oor/oor2006, accessed July 30, 2007.

Based on the 2006 American Community Survey data, of the 435,458 households in Nassau County, 121,670 (28 percent) earned less than \$50,000 in income and benefits (2006 inflation adjusted dollars).

Table III-19, provides information about households earning less than \$50,000 in income who pay 30 percent or more toward monthly housing costs, including approximately 61,328 owner-occupied households and approximately 31,795 renter households.

Those 66,625 households reported as earning less than \$35,000 per year and paying more than 30 percent in housing costs are households that, in Nassau County, may be chronically on the verge of homelessness. The 2006 average household size in Nassau County is 2.98 persons.⁵⁴ Multiplying this average household size by the 66,625 households that are potentially chronically on the verge of homelessness, results in an estimated 198,542 residents who may be chronically on the verge of homelessness.

Cost-burdened rental households are perhaps the most precariously housed, because they are not building equity through home ownership. Approximately 13,728 households earning less than \$20,000 paid 30 percent or more in monthly housing costs. The federal government, for housing purposes, defines the extremely low-income limit in Nassau County as \$19,700 for a one person household.⁵⁵ Applying the average household size of 2.98, to the 13,728 renter households earning less than \$20,000 per year who pay more than 30 percent of their income in monthly housing costs, equates to approximately 40,909 extremely low-income residents who are likely to be described as chronically on the verge of homelessness.

Table III-19
Households Paying 30 Percent or More in Monthly Housing Costs as a Percentage of Household Income in Nassau County, 2006

Income Level	Occupied Housing Units		Owner-occupied Housing Units		Renter Occupied Housing Units	
	% of Households Paying 30% or More	# Households Paying 30% or More	% of Households Paying 30% or More	# Households Paying 30% or More	% of Households Paying 30% or More	# Households Paying 30% or More
	435,458		356,561		78,897	
Less Than \$20,000	7.6	33,095	5.4	19,254	17.4	13,728
\$20,000 to \$34,999	7.7	33,530	6.4	22,820	13.5	10,651
\$35,000 to \$49,999	6.2	26,998	5.4	19,254	9.4	7,416
TOTAL	21.5	93,623*	17.2	61,328	40.3	31,795

Source: 2006 American Community Survey, compiled by Saccardi & Schiff, Inc.

Note: * The combined owner-occupied and renter occupied percentages do not total the occupied housing units total due to margins of error that exist in the American Community Survey.

⁵⁴ 2006 American Community Survey, data Profile Highlights, Nassau County, NY.

⁵⁵ FY 2007 Income Limits Summary. Income limits are based on the FY 2007 Fair Market rent.

7. Conclusion

The broad range and variety of data sources analyzed provide the following information about homelessness in Nassau County:

- On one day in January 2007, 781 persons were identified as homeless, including the “Point-In-Time Count” of 690 persons in shelters and 91 unsheltered persons who identified themselves, when asked, as homeless.
- In January 2007, Nassau County authorized Temporary Assistance for 4,275 Shelter Allowance Cases.
- There are approximately 66,625 county households earning less than \$35,000 per year who pay more than 30 percent of their household income for housing.
- An estimated 198,542 residents in households earning less than \$35,000 per year pay more than 30 percent of their income toward housing costs and may be chronically on the verge of homelessness.
- An estimated 40,909 extremely low-income residents in households earning less than \$20,000 per year, and paying more than 30 percent of their monthly income in housing costs are likely to be described as chronically on the verge of homelessness.
- Currently more than 10,000 households are on waiting lists for housing assistance programs.
- Approximately 259,000 Long Island residents use soup kitchens, food pantries; and shelters each year; most are women, children, senior citizens, people of color, and the working poor, including approximately 93,000 children; almost half of the households served (47 percent) have at least one employed adult.

Homeless persons, and those at risk of homelessness in Nassau County are more likely to be women, black/African Americans, disabled, and/or part of female-headed households; and, approximately one-third are children.

IV. KEY CAUSES OF HOMELESSNESS IN NASSAU COUNTY

The causes of homelessness are wide-ranging and include a variety of factors such as health crisis, chronic illness, substance abuse, lack of income, and discharge from a medical or corrections institution.

Increasingly in Nassau County, working families and households with earned income are facing homelessness. This 10-Year Plan seeks to address ways to prevent homelessness - “Close the Front Door,” in addition to obtaining permanent housing for persons who are homeless. For this reason, the Plan will also review issues such as housing cost and supply and economic factors that may be influenced and changed by public policy.

A. Economic Causes of Homelessness

County officials and service providers acknowledge that in addition to the counted homeless and the hidden homeless, there is another group that must be considered in the 10-Year Plan to End Homelessness – those chronically on the verge of homelessness. Identifying and addressing the needs of this population can help “Close the Front Door,” or prevent first-time homelessness or episodic homelessness.

Economic factors that can lead to an individual or family being chronically on the verge of homelessness include:

- High housing costs
- High cost of living
- Inadequate income
- Inadequate access to health and mental health resources

1. Housing Cost and Supply

a. General Housing Statistics

Based on the 2000 Census, Nassau County had 458,151 total year-round housing units, of which 97.7 percent were occupied. Of the occupied housing units, 80.3 percent were owner-occupied and 19.7 percent were renter-occupied. Less than 2 percent of all units were categorized as “other” and included group quarters such as group homes, dormitories, prisons and seasonal housing. The vacancy rate in 2000 was 2.3 percent. In 2000, 17,250 units suffered from overcrowding (more than one person per room); this reflects a 41 percent increase over 1990 (12,228 units). The low housing vacancy rate, combined with the documented number of overcrowded housing units, suggests a tight supply of housing that could result in hidden populations, e.g., illegal two-, three- and multi-family homes, and overcrowding in urban places.¹

Table IV-1 provides information about the cost of housing and household income, based on Census information and the 2005 American Community Survey estimates. The information provided indicates that median household income rose almost 48

¹ Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan

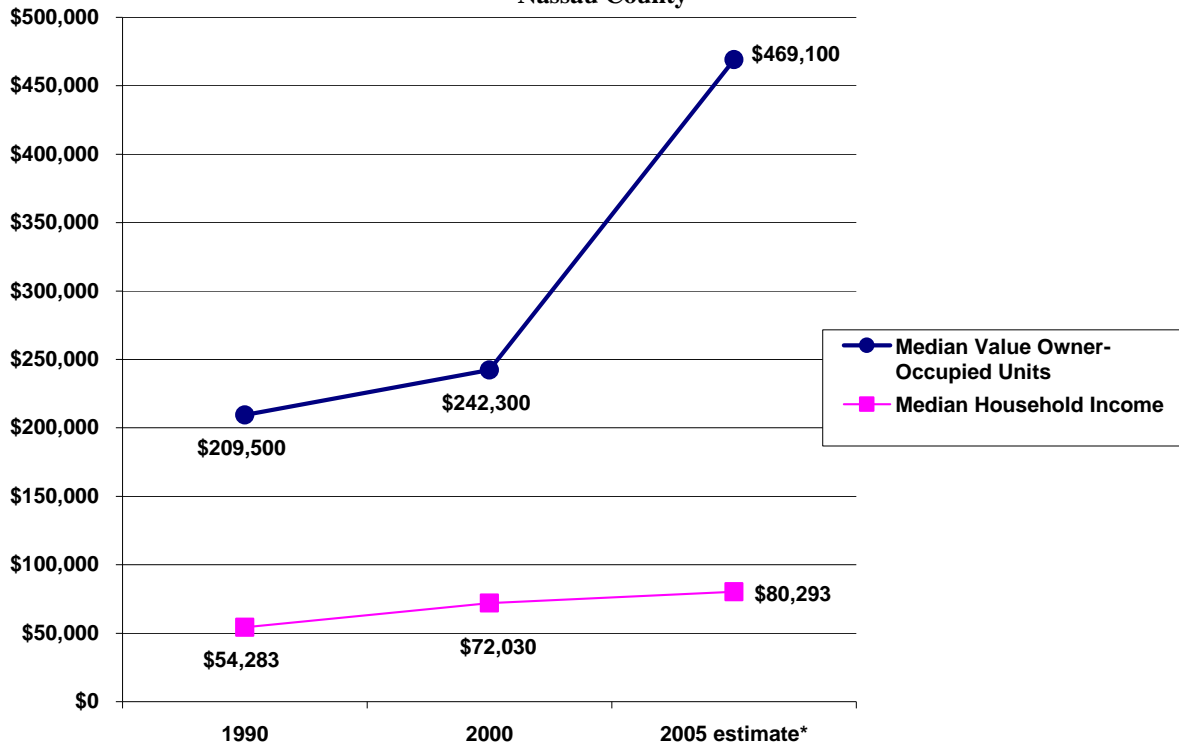
percent from 1990 to 2005. During this same period, however, median rent increased more than 80 percent, and the median value of owner-occupied housing increased 124 percent. Household income compared to housing values is depicted in Chart IV-A. Chart IV-B shows the relationship between home value, and household income.

**Table IV-1
Nassau County Housing Costs and Income**

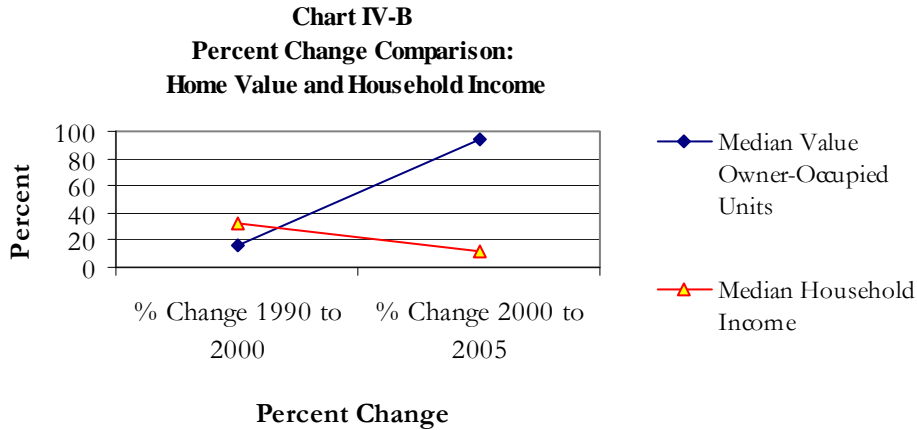
Year	1990	2000	% Change 1990 to 2000	2005 estimate*	% Change 2000 to 2005	% Change 1990 to 2005
Median Value Owner Occupied Units	\$209,500	\$242,300	15.9	\$469,100	93.6	124
Median Rent (of all size units)	\$678	\$964	42.2	\$1,225	27.1	80.1
Median Household Income	\$54,283	\$72,030	32.7	\$80,293	11.5	47.9

Source: US Census Bureau, 1990, 2000, US Census; 2005 American Community Survey, compiled by Saccardi & Schiff, Inc.
 *2005 figures are based on the 2005 American Community Survey, which is based on surveying and contains a margin of error for all data.
 Notes: Constant dollars have not been used. Data are presented as reported by the US Census and 2005 American Community Survey.

**Chart IV-A
Household Income and Housing Values 1990 to 2005
Nassau County**



Source: US Census Bureau, 1990, 2000; US Census, 2005 American Community Survey, compiled by Saccardi & Schiff, Inc.



Source: US Census Bureau, 1990, 2000; US Census, 2005 American Community Survey, compiled by Saccardi & Schiff, Inc.

b. Rental Housing

The portion of the housing stock on Long Island that is rental is significantly less than in other New York Metropolitan Area suburbs. The Rauch Foundation reported that in 2007, 17 percent of the housing units on Long Island were rental, compared to 38 percent in Westchester County, 26 percent in Rockland County and 32 percent in Bergen County, New Jersey. Nassau County has the second-highest rents in the State of New York, behind Westchester County, and the fourteenth highest in the nation.²

Coupled with the tight supply of rental units is the cost of units compared to average wages. In 2002, 60 percent of the existing two-bedroom apartments had rents of more than \$1,230 a month – the HUD designated “Fair Market Rent” (FMR), the benchmark for measuring the access which a family has to the rental market for a modest-quality two-bedroom apartment.³ The 2000 Census reported that 31.8 percent of renters had a gross rent that was 35 percent or more of their 1999 household income.⁴ The 2005 Nassau County Consolidated Plan identified an immediate need for an additional 30,533 housing units to meet the needs of very low, low and moderate income renter households in the county, which translates into a goal of an additional 18,300 affordable rental units.⁵

² Long Island Index 2007. The Rauch Foundation 2007.

³ Muchnick, David. The Crisis of Affordable Housing for Long Island’s Working People. New York State AFL-CIO. 2003.

⁴ US Census 2000, DP-4, Profile of Selected Housing Characteristics.

⁵ Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan, pg. 86.

c. Affordable Housing

In 2005, 1.6 percent, or 16,000 units of Long Island's (Nassau and Suffolk counties) housing stock, was set-aside for lower income families. Of the 16,000 units, 10,000 were set-aside for elderly and/or disabled residents and 6,000 were targeted for low-income families. While the exact number of households eligible for those units is not known, 147,700 (16 percent) of Long Island households earned less than \$30,000 in 2005. Of these 147,700 households, 68,500 were families and 79,200 were elderly households.⁶ This information indicates that a large gap exists between the number of existing affordable units and the number of households that would benefit from affordable housing.

Stella is a senior citizen who had been living at the same address for 33 years. For many of these years, Stella shared her two-bedroom apartment with her brother. Following her brother's death, Stella found she was unable to afford the rent. Stella tried renting out the second bedroom in order to have the means to pay her rent. This turned out to be dangerous for her because she did not know the character of those to whom she was renting. After several mishaps, she was able to obtain help through the Nassau County Section 8 office, and today, Stella is in safe, affordable housing.

2. Economy, Jobs and Wages

Wages and other economic factors must be considered in conjunction with the supply and cost of housing.

The U.S. economy has grown faster than the Long Island economy during the past several years. For example, from 1996 to 2006, the average pay per employee on Long Island increased 14 percent, compared to the national average increase of 20 percent. Average wages have grown a total of less than two percent since 2000 and, since 2003, average wages have been virtually stagnant. These statistics reflect the fact that employment opportunities on Long Island tended to be increasing in sectors of the economy that pay relatively lower wages and salaries, and employment opportunities are declining in those sectors that generally offer higher wages and salaries.⁷

Lower income families have been the hardest hit by this trend. From 1996 to 2005, the household income for the bottom tenth actually fell by one percent, while incomes for the top tenth rose by 12 percent. The result is that more and more people have been falling behind. The number of Long Island families receiving food stamps increased 20 percent from 2000 to 2003.⁸

3. Affordability Gap and Available Housing

There is a range of estimates of the affordability gap in Nassau County. Differences in estimates reflect individual versus family and number of bedrooms in housing units. The National Association of Home Builders estimates that the hourly wage a full-time worker must earn to afford a modest, market-rate two-bedroom home rose in 2006 to \$26.08 in

⁶ Long Island Index 2007. The Rauch Foundation 2007.

⁷ Ibid.

⁸ Ibid.

the Nassau-Suffolk metro area.⁹ The Long Island Index 2007 estimated that a single adult living alone needs to earn at least \$11.21 per hour (based on 2000 data for expenses) in order to meet basic bill payments.¹⁰

In 2008, the National Low Income Housing Coalition reported that the Nassau County Fair Market Rent (FMR) for a two-bedroom apartment was \$1,529. (See Table VII-3, page 77, Final FY 2007 and FY 2008 Fair Market Rent by Unit Bedrooms for additional details). In order to afford this rent and utilities, without paying more than 30 percent of income on housing, a household needed to earn \$61,610 annually (based on a 40-hour work week, 52 weeks per year). This translates into an hourly wage of \$29.40. In 2008, a minimum wage worker earned \$ 7.15 per hour, resulting in a need for a minimum wage earner to work 164 hours per week to be able to afford a two-bedroom FMR unit or, a household would need 4.1 minimum wage earners working 40 hours per week year-round to afford a two-bedroom FMR unit. The 2008 estimated average wage in Nassau County for a renter was \$13.58 per hour. At this wage, a renter must work 87 hours per week year-round; or, at 40 hours per week, a household would need 2.2 full-time workers earning the average renter wage.¹¹ Chapter 3, Defining the Need, provides details about the 2006 *Out of Reach* report. The average number of hours of work needed to afford a two-bedroom FMR units has increased for both minimum wage earners and for those earning the estimated average wage in Nassau County.

Individuals who rely on Supplemental Security Income (SSI) payments have an even greater affordability gap. The 2006 monthly SSI payments in Nassau County were \$690 for an individual. As a sole source of income, SSI would allow for an affordable (no more than 30 percent of the renter’s income) monthly rent of \$207, while the FMR of a one-bedroom unit was \$1,149.

**Table IV-2
2006 Annual Income Needed to Afford Fair Market Rent, Nassau County**

Apartment Size	Annual Income Needed to Afford FMR
Zero-Bedroom	\$39,760
One-Bedroom	\$45,960
Two-Bedroom	\$54,240
Three-Bedroom	\$71,960
Four-Bedroom	\$78,440

Source: Out of Reach 2006. National Low Income Housing Coalition

Appendix IX provides housing affordability gap estimates and a self-sufficiency standards table for a variety of family compositions, as well as a comparison of Nassau County with Suffolk County and New York State. The gap between the minimum wage and the wage needed to pay basic household costs results in many individuals and families living at the financial edge. An unexpected negative economic event, such as a

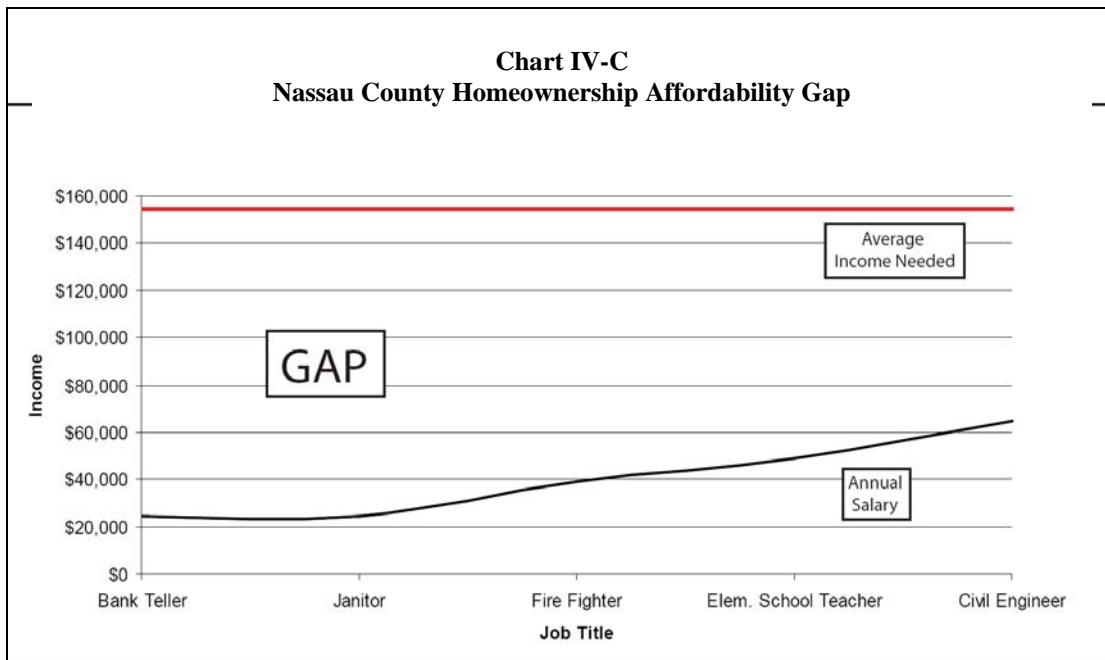
⁹“Affordability Gap for Renters Widens in 2006.” National Association of Home Builders. www.nahb.org/news_details.aspx?sectionID=681&newsID=3781&print=true. May 23, 2007. The calculation of the wage amount assumes that 30 percent of income is spent on housing and is based on HUD’s Fair Market Rent, which provides an estimate of what a family moving in today could expect to pay for a modest rental house and utilities.

¹⁰ Long Island Index 2007. The Rauch Foundation 2007.

¹¹ *Out of Reach 2008*. National Low Income Housing Coalition. www.nlihc.org/oor/oor2008, accessed May 23, 2008.

job loss or health problem, can cause these individuals and/or families to lose their housing and become homeless.¹²

The Center for Housing Policy, the research affiliate of the Nation Housing Conference, through its “Paycheck to Paycheck” program, provides wage information for more than 60 occupations and home prices and rents for nearly 200 metropolitan areas. The Paycheck to Paycheck program utilizes consistent measures of wages and housing costs to provide information about how workers in specific metropolitan areas are faring in the housing market.¹³ Based on the Paycheck to Paycheck program, the following gap charts have been developed as representational information about housing gaps faced by renters and homeowners on Long Island.

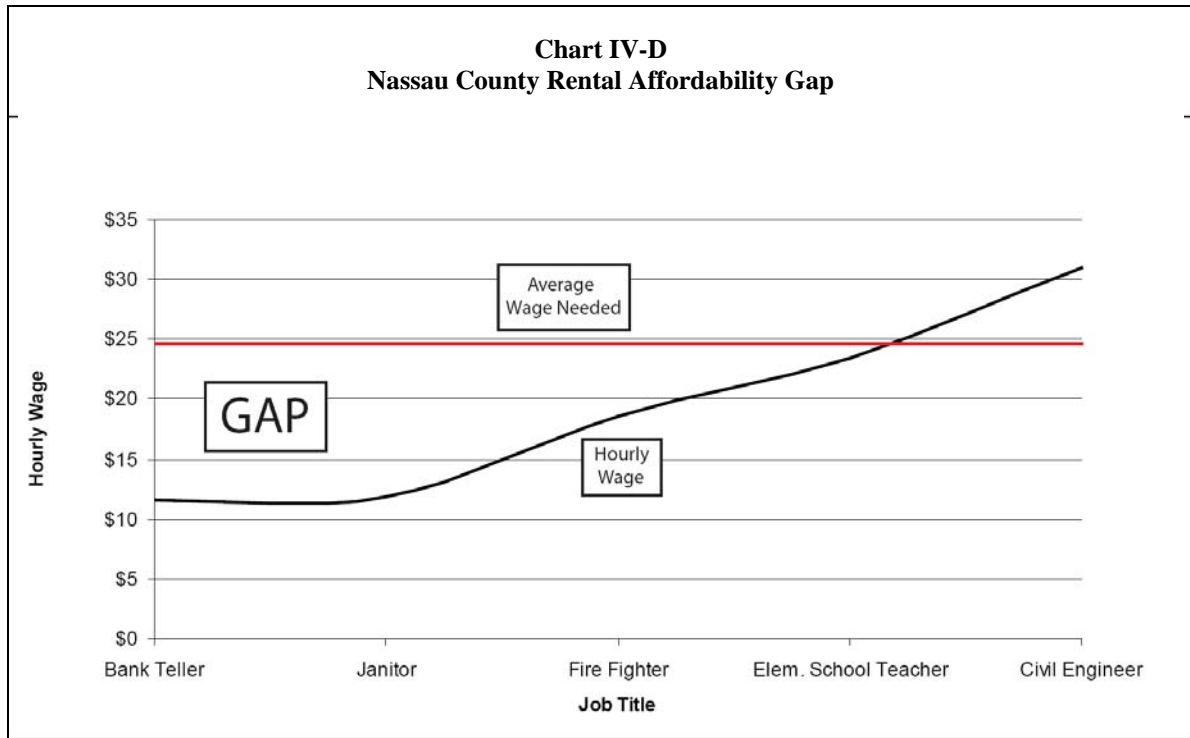


Source: Center for Housing Policy 2000-2007.

Notes: Data on the median-priced home are from the National Association of Home Builders' Housing Opportunity Index for the third quarter of 2006. The annual income needed to qualify for a mortgage was calculated using the average prevailing interest rate, assuming a 10 percent down payment and the use of a private mortgage insurance, and including principal, taxes and insurance. Wage data are as of August 2006 and obtained from a proprietary database maintained by salary.com.

¹² Long Island Index 2007. The Rauch Foundation 2007.

¹³ <http://www.nhc.org/chp/p2p/>, accessed August 14, 2007.



Source: Center for Housing Policy 2000-2007.

Notes: Rental data are from the HUD's report on Fair Market Rents for the year 2006 and are based on a survey of recently occupied units. The Hourly Wage Needed to Afford is the hourly wage that must be earned so that this rent does not exceed 30 percent of income. Wage data are as of August 2006 and obtained from a proprietary database maintained by salary.com.

In 2005, it is estimated that almost 42 percent (151,721) of Nassau County owner-occupied households used 30 percent or more of their income to cover housing costs. Of these households, 120,739 had a high housing cost burden (i.e., where households pay more than 35 percent of their income for housing).¹⁴

Renters experience a housing cost burden at a greater rate than homeowners. It is estimated that in 2005, almost 54 percent (40,201 households) of Nassau County's renter households paid 30 percent or more of their income for housing. An estimated 33,293 renter households (44.6 percent of all renters) in 2005 experienced a high housing cost burden.

The supply of housing that is affordable to households on Long Island is decreasing. An estimated 250,000 Long Island households (27 percent of all households in Nassau and Suffolk Counties) with incomes below \$41,000 cannot afford the median monthly gross rents; this results in half of the rental units not being available to these households.¹⁵ Considering just single-parent families and single elderly households, there is a need in Nassau-Suffolk for nearly 58,000 more below-median-rent apartments.¹⁶

¹⁴ U.S. Census Bureau, 2005 American Community Survey, compiled by Saccardi & Schiff.

¹⁵ Muchnick, David. *The Crisis of Affordable Housing for Long Island's Working People*. New York State AFL-CIO. 2003.

¹⁶ Ibid.

4. Inadequate Access to Health and Mental Health Services

The Nassau County Community Health Assessment 2005-2010 (revised June 2007) defines access, according to the Institute of Medicine, as “the timely use of personal health services to achieve the best possible health outcome.”¹⁷ Access to health care in Nassau County depends on several factors, including finances, having health insurance, transportation and available physicians. The Community Health Assessment reports that “Increasingly, Nassau needs providers that accept Medicaid as well as reduced payments for the poor, speak many languages, understand different cultures, and recognize the effects of social condition on a patient’s health.”¹⁸

Financial barriers to health care access, including the lack of insurance and underinsurance, confront many poor and middle income Nassau residents. In 2003, 92,319 persons in Nassau County were eligible for Medicaid. According to the U.S. Census, 15.5 percent of all people nationwide were uninsured in 2003. Applying this percentage to Nassau County would equate to more than 200,000 uninsured residents (the Nassau Comptroller in 2003 estimated that 300,000 residents were uninsured or underinsured for prescription drugs). Uninsured persons include, “...the working poor who are not eligible for ‘safety net’ insurance plans and a growing number of homeless and undocumented persons who may have no mechanism at all for accessing health care.”¹⁹

Susan is a single mom with serious mental health issues, who is living in a shelter with her 11-year old twin daughters. Although her twin daughters were placed in foster care at one time, the courts permitted their return to Susan’s custody without a coordinated plan to assist the family. A request has been made for appropriate housing with mental health services, but there is virtually no mental health housing available for families. The County is attempting to obtain a Family Unification Voucher, which would provide a subsidy to help support this family and enable it to make a healthy transition into permanent housing.

A general lack of adequate public transportation in the county creates a structural barrier for health access.

The County Health Assessment states that there are relatively few routes and bus schedules are infrequent. A family without an automobile may be effectively barred from accessing most medical services.²⁰

The County Health Assessment also notes that health conditions, such as infectious disease, injury, lead poisoning and asthma, can result from poor quality and older housing and overcrowded conditions.²¹

In addition to the general health access barriers faced in Nassau, the county has also experienced a decrease in the number of inpatient psychiatric beds and a decline in the number of hospital-based detoxification program beds.²²

¹⁷ Nassau County Community Health Assessment 2005 – 2010 (revised June 2007). p. 23.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Nassau County Community Health Assessment 2005 – 2010 (revised June 2007). p. 24.

²¹ Nassau County Community Health Assessment 2005 – 2010 (revised June 2007). p. 25.

²² Mental Health on Long Island, Vital Signs 2007. Adelphi University. p. 31.

B. Other Causes of Homelessness Identified During the Planning Process

Identifying how people become, or became homeless is a complicated task. Often a series of conditions or events led to homelessness. During development of this Plan, service providers and homeless and formerly homeless individuals were asked about the causes of homelessness. Information about the causes also was collected from the Nassau County Office of Housing and Homeless Services, the Departments of Social Services, Mental Health, Senior Citizens Affairs, Veterans, the Youth Board and the Nassau Continuum of Care. These and other sources provided a broader understanding of the local causes of homelessness.

1. Service Provider Questionnaire

In May 2007, service providers in Nassau County, both public and not-for-profit, were asked to complete a questionnaire about the needy and homeless people they serve. Although not statistically valid, and at risk of providing duplicative counts, the results of the questionnaire do begin to paint a picture of the causes of homelessness in Nassau County.

Respondents were asked to identify reasons for homelessness by number of cases. Results are highlighted in the chart below. Although illness and mental illness were not choices on the questionnaire, a significant number of “write-ins” were provided; as a result, these data were added to the chart. Not reflected in the chart is that an underlying reason for eviction or job loss may exist (i.e., substance abuse, failure to obtain appropriate treatment for mental illness), or more than one reason may cause homelessness.

A total of 15 providers completed and returned the questionnaire, or provided information in some format. (See Appendix I for a list of responses.) Key causes of homelessness reported to service providers include: domestic violence; addiction; eviction; unemployment/underemployment (though asked separately, together they total 15 percent of the responses); and, could no longer double up.

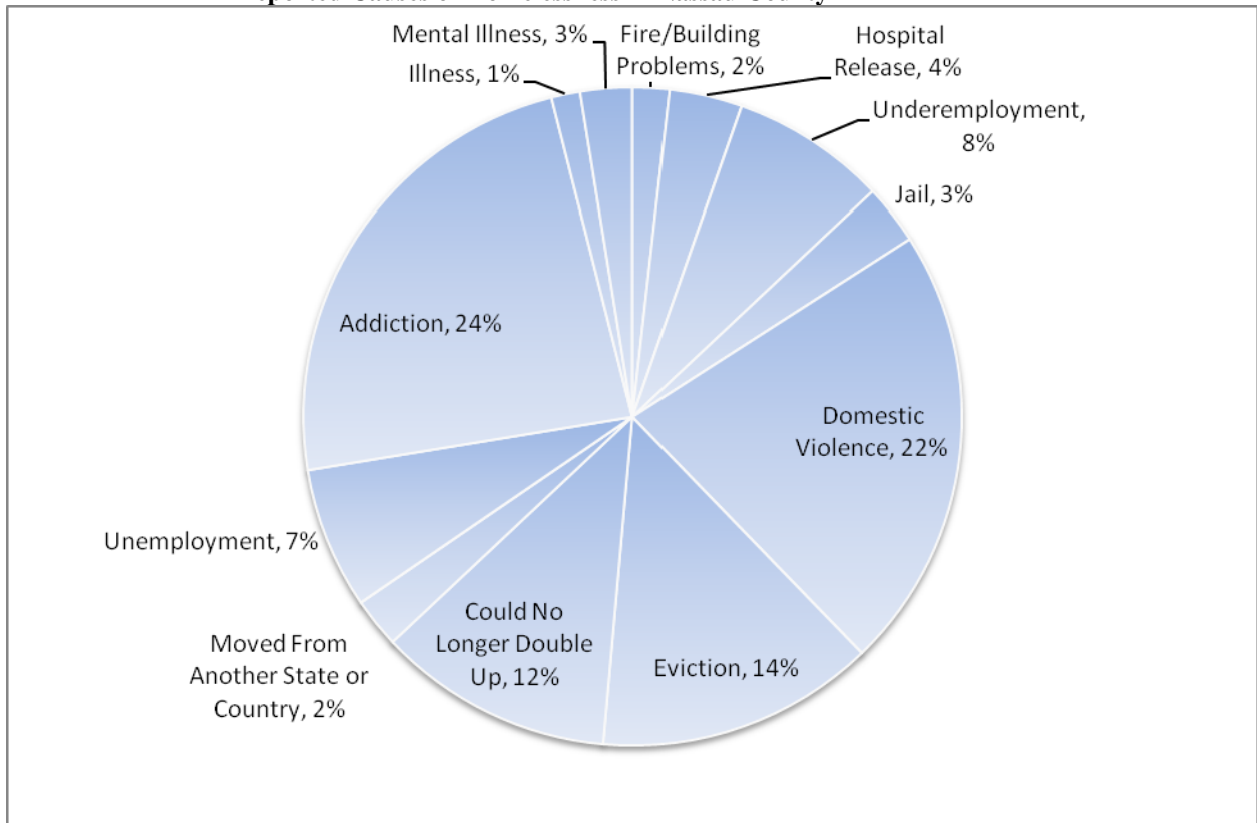
One service provider included specific information about inadequate financial assistance levels. For example, many people with serious mental illness receive public assistance benefits of \$309 per month, or \$710 per month if they receive SSI, and they do not have sufficient funds to find appropriate housing. Discrimination against those with mental illness and a scarcity of rental units are also cited as playing a role in homelessness.²³

Persons with HIV/AIDS who are not able to work receive \$480 per month in public assistance benefits and \$710 in SSI benefits, which together are not enough to afford adequate housing. There is little housing designated for this population and significant discrimination exists.²⁴

²³ Options for Community Living, letter dated May 31, 2007.

²⁴ Ibid.

**Chart IV-E
Reported Causes of Homelessness in Nassau County**



Source: 10-Year Plan Committee's 2007 questionnaire forms completed by Nassau service providers

2. Focus Groups

A total of five focus groups were held during the development of the 10-Year Plan. The focus group participants included chronically homeless persons, victims of domestic violence, and individuals/heads of households who have episodically been in and out of homelessness. Each group was asked the same questions. Three of the questions specifically sought to gather information about the causes of homelessness. Appendix VII contains full reports from each focus group. Key questions and findings follow.

Key causes of homelessness:

- domestic violence and/or “a relationship gone bad”
- the death of a significant person
- personal illness
- a single catastrophic event
- chronic illnesses (physical or mental)
- loss of employment.
- addiction
- mental illness/depression
- financial problems
- the lack of immigrants' documentation

Obstacles or barriers to getting housing or help when you are facing homelessness or are homeless:

- discrimination based on race, level of education, presence of children, family size
- lack of appropriate medical/mental health treatment, or resistance to treatment
- inadequate housing allowance rates
- difficulty in finding jobs and competition for unskilled jobs, lack of work
- lack of education (illiteracy, no skills)
- transportation for both job and housing searches
- curfews at shelters which limit evening employment, job hunting and housing searches
- language/cultural barriers
- high rents
- lack of documentation
- bad credit
- lack of child care

What resources and services are not in place, or are not available or accessible, that would be helpful to persons facing homelessness or those who are homeless:

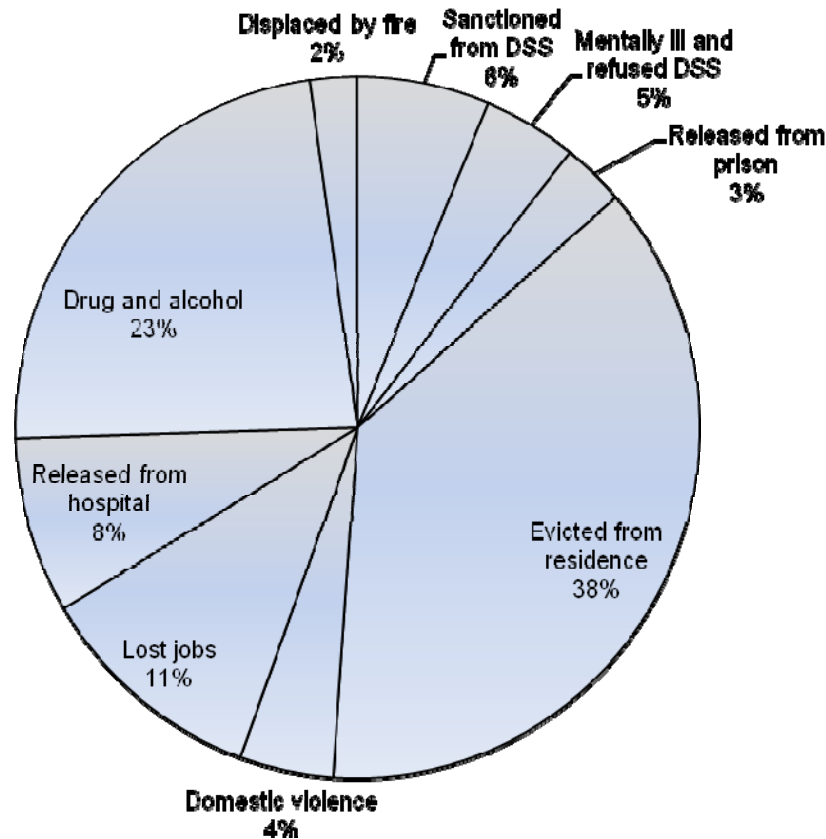
- transportation
- doctors
- legal services
- child care
- job counseling
- supported employment
- drop-in centers
- affordable housing
- sensitivity on the part of service providers
- increased SSI/SSDI payments
- complete information about all resources available in the community
- access to services and housing prior to eviction notice (preventing credit problems)
- a “referral center” to link people with services and apartment information
- help with organizing the documents people need in order to rent
- advocacy services
- a “one stop” model that includes medical and psychiatric services, including admittance ability for those who need in-patient care

The barriers, resources and services identified as not available or accessible by homeless and formerly homeless persons provide information about gaps that also are considered in Chapter VII, Impediments to Addressing Homelessness in Nassau County, in an effort to develop a plan that “Closes the Back Door,” or helps people exit homelessness more quickly.

3. County WarmBed Program Data

The County-operated WarmBed Program, which provides emergency shelter during the winter months, collects information about those served by the program. Reasons for homelessness provided by WarmBed clients are presented below. Eviction, addiction, and loss of job are key reasons for WarmBed Program use.

Chart IV-F
Reasons for WarmBed Use



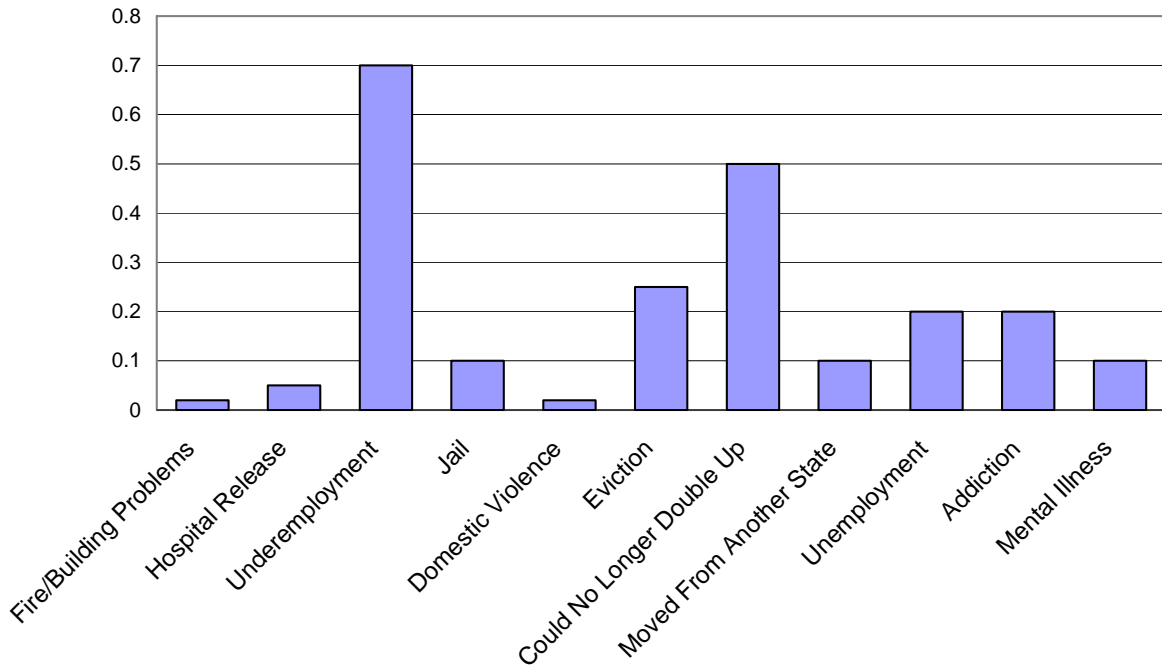
Source: Nassau County

4. DSS Information

The Nassau County Department of Social Services also collects information about causes of homelessness. The method in which data at DSS are collected and stored did not allow for completion of the questionnaire in the format provided. DSS was responsible for 3,343 intakes and 2,001 cases in 2006. Demographic information about the people who make up those cases is available on a “daily average” basis. Of the 2,001 homeless cases handled by DSS in 2006, 70 percent included underemployment as a factor; 50 percent included inability to continue to double up; 25 percent included eviction; and unemployment and addiction were each a factor in 20 percent of the cases. The information provided by DSS confirms that more than one reason may cause homelessness. Chart IV-G depicts reasons for homelessness reported to DSS.

Chart IV-G

Causes of Homelessness Reported by Nassau County DSS



Source: Questionnaire completed by DSS and follow-up telephone conversation with Mary Ellen Zimmerman, Asst. Director.

5. Foreclosures and Home Equity Theft

During development of this 10-Year Plan the County experienced an increase in the number of housing foreclosures, reflecting a national trend. This “foreclosure crisis” is the result of several economic factors. Subprime loans and adjustable rate mortgages resetting from low introductory rates to higher rates are among the leading identified causes of foreclosures. According to the Federal Reserve Bank of New York, as of December 2007, there were 17,300 subprime loans in Nassau County, 96 percent of which were for owner occupied housing unit. In December 2007, 2,000 of the subprime loans for owner occupied units were in foreclosure and 3,600 loans were 30 days or more past due. The Federal Reserve Bank also identified 6,600 adjustable rate mortgages that would reset during the next two year period.²⁵ According to the Empire Justice

A 43 year-old severely disabled, wheelchair-bound, single father of 2 learning-disabled teens has been homeless since October 2007, residing in a motel. Homelessness was precipitated by a foreclosure of his deceased mother’s home, where the family had lived and shared the expenses. The client is unemployable and only receives \$435/month from SSI. He was unable to maintain the house without his mother’s income.

²⁵ County-Level Subprime Loan Characteristics, December 2007, Federal Reserve Bank of New York; www.newyorkfed.org/regional/counties_ABS_2007_12.xls; accessed May 6, 2008.

Center, the three zip code areas in Nassau County hardest hit loans in foreclosure or past due are: Hempstead, Freeport and Elmont, all have significant minority populations.²⁶

According to Realty-Trac (a California-based online market for foreclosures), Nassau's foreclosure-related filings for April 2008 jumped 113% from April 2007. In April 2008, Nassau had 502 filings, which included default and auction notices (up from 442 in March), and 236 such filings in April 2007.²⁷

In addition to the loss of housing through foreclosure, persons trying to avoid foreclosure may become victims of "home equity theft" which could result in the loss of a home. A "home equity theft" may occur when an investor agrees to pay the arrearage owed by a homeowner with a mortgage. The investor might then attempt to rent the home back to the original homeowner. The investor retains ownership of the home until a predetermined date, at which time it is expected that the original homeowner will repay the investor for the services provided and mortgage payments. The investor will retain ownership if the original homeowner is unable or unwilling to buy back the home by the predetermined date. As of February 1, 2007, the State of New York governs certain sales of homes that are in foreclosure or default in an effort to prevent equity theft²⁸ (see Appendix XV, Home Equity Theft Protection Act).

C. Summary

Recurring causes of homelessness appear as themes when information from a variety of sources is reviewed. In alphabetical order, the key causes of homelessness in Nassau County are: addiction (drug/alcohol/substance abuse), domestic violence, eviction, illness, "no longer able to double up," and unemployment/underemployment (job loss). Economic conditions, including the high cost of housing, high cost of living, inadequate incomes and inadequate access to health and mental health resources are conditions that are seen as root causes of homelessness in the county.

²⁶ www.empirejustice.org, accessed May 9, 2008.

²⁷ Newsday, May 15, 2008

²⁸ New York State Banking Department, *Home Equity Theft Prevention Act, Your Rights Under the Law*, www.banking.state.ny.us; accessed May 8, 2008.

V. EXISTING NASSAU COUNTY ASSETS

A broad range of services are delivered to the chronically homeless and homeless population in Nassau County, including but not limited to shelter, case management, housing assistance and utility assistance. Services are provided by the County and by community and faith-based organizations. In addition to services offered through the County, not-for-profit members of the Nassau County Continuum of Care (CoC) provide permanent supportive housing and emergency and transitional housing with supportive services. Together, through the variety of programs and services identified by the CoC as offered in 2007, 370 year-round emergency shelter beds, 166 transitional housing beds, and 654 permanent supportive beds were provided for homeless individuals and families in the County.

Existing assets in Nassau County can be expanded and strengthened to reach many of the goals contained in this 10-Year Plan.

A. County Government Services

Nassau County government provides outreach programs aimed at reaching chronically homeless persons and linking them with community services. The Homeless Intervention Team (HIT), which includes Problem Oriented Policing (POP) units, allows providers to go out into the field to connect with homeless persons.

Within Nassau County government, various departments and programs provide services to homeless persons – the chronically homeless, persons who are expected to exit homelessness, those chronically on the verge of homelessness, and those on the brink of homelessness.

Departments and programs that provide vital services to homeless persons in the County include, but are not limited to:

- Department of Mental Health, Chemical Dependency and Developmental Disabilities Services
 - Case Management
 - Court Services
 - Education and training
 - Employee Assistance Program (EAP)
 - High Impact Incarceration Program (HIIP)
 - HIV Services
 - Stop DWI
 - Substance Alternative Clinics
 - Treatment Intake Placement Services (TIPS)
 - Work and Gainful Employment Services (WAGES)
 - 24-Hour Crisis Hotline

- Department of Health
 - Maternal and Child Health Services
 - HIV/AIDS Bureau

- Department of Parks, Recreation and Museums
- Department of Senior Citizen Affairs
 - Entitlement Programs and Financial Assistance
 - Help Line
 - Housing
 - Medical and Home Care
 - Nutrition Programs
 - Transportation
 - Outreach services
 - Recreational Programs
- Department of Social Services (DSS)
 - Adult Services
 - Adult Protective Services
 - AIDS Services Coordinator
 - Family-Type Home for Adults
 - Adult Financial Management Services
 - Post-Institutional Services
 - Homemaking Services
 - Child Protective Services
 - Child Advocacy Program
 - Child Support Enforcement
 - Office of Community Outreach
 - Day Care
 - Domestic Violence Liaison
 - Emergency Services
 - Referrals to Emergency Temporary Housing
 - Medical Transportation in Limited Circumstances
 - Referrals for Suspected Child Abuse
 - Emergency Fuel Referrals
 - Referrals to Appropriate Community Agencies
 - Domestic Violence Intervention and Referrals
 - Employment for Temporary Assistance Clients
 - Job Placement
 - Community Relations
 - Job Development
 - Work Experience Program
 - Child Care
 - Transportation
 - Programs (mentoring, on-site training, job readiness and training, and motivational classes)
 - TANF Services
 - Safety Net
 - Housing and Homeless Prevention
 - Services to Children and Families

- Preventative Services
- Teen and Parenting Services
- Title XX General Services
- PINS Diversion Program
- Foster Care Services
- Independent Living/Monitoring
- Adoption Services
- Temporary Assistance
 - Food Stamps
 - Home Energy Assistance Program
 - Family Assistance
 - Safety Net Assistance
 - Emergency Assistance to Adults
 - Emergency Assistance to Families
 - Emergency Safety Net Assistance
- Office of Housing and Homeless Services
 - Homeless Intervention Program – Permanent Housing/Case Management
 - Housing Choice Voucher Program (Section 8 rental assistance)
 - Family Unification – Homeless Program
 - Family Self Sufficiency
 - “Warm-Bed” Homeless Winter Hotline and Shelter Program
 - Homeownership Center – Counseling/Financial Literacy
 - Foreclosure/Prevention Hotline (571-HOME)
- Office of Housing and Intergovernmental Affairs
 - Emergency Shelter Program
 - Home Investment Partnership Program (HOME)
 - Community Development Block Grant Program (CDBG)
- Office of Physically Challenged
 - ADA Accessibility
 - Handicapped Parking
 - Special Transportation
 - Information and Referral
- Police Department
 - Problem Oriented Policing – outreach to homeless persons
- Sheriff’s Department
- Veterans Service Agency
- Youth Bureau

B. Current Systems in Place to Respond to Chronic Homelessness in Nassau County

1. Nassau County Outreach Programs

Nassau County, through a variety of programs, including, but not limited to the “No Wrong Door” approach to coordinating health and human services, the WarmBed Program, and the Rapid Homeless Intervention Team, has expanded outreach to chronically homeless individuals through increased networks.

a. Homeless Intervention Team (HIT)

The HIT has been functioning for several years in Nassau County. The team is a Health and Human Services collaboration among the Department of Social Services Adult Services; Department of Mental Health, Chemical Dependency and Developmental Disabilities Services; Veterans Service Agency; and various other County and not-for-profit agencies that may be called upon to join the team on occasion for specific outreach areas or populations. The team consists of trained and experienced case workers and/or other professionals who are able to conduct a general assessment of a homeless person’s needs and assist the person with accessing appropriate services and/or care.

The mission of HIT is to provide outreach in the community to any area where potentially homeless individuals appear to be residing or congregating. The referrals that come in from residents and businesses in the community as well as local law enforcement, State Police and agencies are followed up with a field visit to the identified site. The team, accompanied by a law enforcement officer, routinely visits sites behind commercial buildings, in parking lots, libraries, parks, areas adjacent to highways/parkways and any other location to which they are referred.

The team members interview persons who appear to be homeless and offer them services. Team members may assist individuals in filing for government benefits and in accessing temporary housing or medical care and other services and benefits. Cards are offered to persons interviewed to provide them with phone numbers where they may reach out for help if they are not willing or able to accept help at the time of the HIT visit. The team conducts field visits to known sites several mornings per week and increases their presence in the community during extreme weather conditions.

HIT cannot force services or housing on any individual who is self-directing and chooses to decline this assistance. Their focus is on building a rapport with the identified homeless person in the community to foster a comfort level that will convince the individual to accept offered assistance/services.

b. Problem Oriented Policing (POP)

One of the functions of the Problem Oriented Policing (POP) unit is monthly trips with the HIT. Each precinct in the County has a POP unit. Members of the POP unit go out to areas within their precinct and "visit" the homeless persons they find or have complaints about.

One of the other roles of the POP units is to reach out to community and civic organizations and deal with quality of life issues in their communities.

2. Non-Profit and Faith-Based Agencies

In addition to the broad array of services provided through the County, homeless people also receive lodging and services provided through Nassau CoC agencies and other non-profit and faith-based agencies.

3. Nassau County Continuum of Care (CoC)

The CoC provides outreach and intake coordination to lead to referrals to appropriate services and residential placements. At least 40 agencies offer diverse services and resources at 28 scattered sites across the County. The CoC is responsible for implementing the Homeless Management Information System (HMIS) and reporting homelessness information, including housing services, to HUD. Within the CoC, the following assets are in place.

a. Permanent Supportive Housing

There are currently some 14 different providers of permanent supportive housing with at least 35 unique locations, providing 476 permanent supportive beds for homeless families and 178 beds for homeless individuals.¹ The beds serve persons with HIV/AIDS, seriously and persistently mentally ill adults, persons with histories of substance abuse, physically challenged persons and veterans. At the time of the 2005 Consolidated Plan, there were 82 permanent supportive housing beds for families and 120 beds for individuals in development. In 2005-06, the CoC reported an estimated need for 915 additional permanent supportive housing beds for families and 133 additional permanent supportive beds for individuals.²

b. Emergency Housing

There are 370 year-round emergency shelter beds, consisting of 238 beds for families, 138 beds for individuals, and 37 seasonal emergency beds in Nassau County.

c. Transitional Housing

There are 106 transitional housing beds for families and 60 transitional housing beds for individuals in Nassau County.

¹ Continuum of Care Executive Summary 2007.

² Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan, p. 53.

C. Current Systems in Place to Respond to Homelessness (Other Than Chronic Homelessness) and the Needs of Persons Chronically on the Verge of Homelessness

1. Nassau County Departments, Programs and Services

a. Department of Social Services (DSS)

Nassau County has a coordinated outreach and assessment effort called the “No Wrong Door Program,” which aims to provide access to all social service programs a client may need at the time the client accesses a single point of entry at any of the County’s eight health and human services departments. These departments include the Departments of Social Services; Health; Mental Health, Chemical Dependency and Developmental Disabilities Services; Senior Citizen Affairs; Youth Board; Veterans Service Agency; and the Office for the Physically Challenged. The County Homeless Intervention Program (HIP), administered by the Office of Housing and Homeless Services, works with the No Wrong Door Program and with County nonprofit and provider groups to promote collaboration.³

Eligible families and individuals can be assisted on an emergency, temporary basis with shelter and other items of need. Programs run through DSS include Emergency Assistance to Families (EAF), Emergency Assistance to Adults (EAA) and Emergency Safety Net Assistance. These programs are designed to meet one-time, non-recurring emergency situations.⁴

- Emergency Assistance to Adults provides assistance to individuals in receipt of Supplemental Security Income (SSI) who are facing emergency situations such as homelessness, utility or fuel emergencies.
- Emergency Assistance to Families provides assistance to families to meet emergency situations that are sudden and beyond their control. Such needs may include homelessness, fuel and utility needs.
- Emergency Safety Net Assistance provides assistance to those not eligible for recurring public assistance benefits, EAA or EAF. The individual family must present an emergency need and be without immediately available income or resources to meet the emergency. The income standard for Emergency Safety Net Assistance is 125 percent of the Federal Income Poverty Line.
- Victims of domestic violence are screened and their needs assessed. In certain instances, based on the recommendation of the Domestic Violence Liaison, some eligibility requirements may be waived for a period of time in deference to safety issues.
- Nassau DSS contracts with Nassau/Suffolk Law Services as part of its efforts to prevent homelessness, through a program to prevent evictions, which expedites payment of back rents and enables tenant relocation through payment of broker

³ Ibid.

⁴ Nassau Urban County Consortium Five-Year (2005 – 2009) Consolidated Plan & Annual Action Plan, 2005. p. 45.

fees and security. This program is augmented with the Emergency Assistance to Families Program that assists with emergency housing bills on a one-time basis to prevent evictions.

- Nassau County administers a Supplemental Rent Program to meet the unique circumstances of families in the community that are homeless or facing legal eviction. The purpose of the supplement is to help families retain their housing, or help those in emergency housing obtain permanent housing. Participants in this program must apply for Section 8 rental assistance if it is available and, when available, accept the program if offered. Rent payments through this County program are made directly to the landlord.

b. Nassau County Department of Mental Health, Chemical Dependency and Developmental Disabilities Services

Clients who recently completed drug treatment programs are assessed by caseworkers to determine the clients' post-treatment housing. In addition, caseworkers assist inmates at the Nassau County Correctional Center to locate housing for ex-offenders with substance abuse problems. According to the Consolidated Plan, approximately 90 percent of ex-inmates go to the home of a friend or relative and 10 percent are homeless. Drug and alcohol caseworkers assess clients who recently completed residential drug treatment.

Representatives from the Department meet weekly with staff at Nassau University Medical Center (NUMC) to develop case management plans for clients who require housing placement, including group home needs.

A Single Point of Access (SPA) application for mental health adult housing services is used in Nassau County. Housing options for persons with mental health issues include community residences, HUD-supported housing, and boarding houses.

c. Veterans Service Agency

The Veterans Service Agency addresses the problem of homeless veterans in the County through available programs that include coordination with the New York State Department of Labor and the Department of Veterans Affairs Homeless Veterans Coordinator and assistance with veteran applications for pension and disability benefits through the Department of Veterans Affairs New York Regional Office. The Agency also transports homeless veterans to the VA Medical Center Northport Campus in Suffolk County where homeless veterans are housed at the Salvation Army Veterans Residence. The Agency also places homeless veterans with the Family and Children's Association Veterans Residence in West Hempstead and with United Veterans Beacon House at two locations in Nassau County and with 12 locations in Suffolk County. United Veterans Beacon House provides case management that attempts to help prepare veterans for work.

Jobless veterans often have other problems such as addiction and homelessness; such problems were found in almost 90 percent of the cases served by the Veterans Service Agency.

d. Office of Housing and Homeless Services

A number of programs to assist the homeless and those on the verge of homelessness are administered through the Nassau County Office of Housing and Homeless Services, including:

a. Homelessness Intervention Program (HIP)

HIP emphasizes preventing homelessness as the most effective way of addressing the County's homeless crisis. This program provides "wrap around" supportive services designed to stabilize households and prevent homelessness; for those currently homeless, supportive services are provided to facilitate the transition from homelessness to affordable permanent rental housing through the Nassau County Section 8 Housing Choice Voucher Rental Assistance Program.

HIP provides case management, time management and mentoring services to homeless individuals and families, and helps streamline the process of access to services through coordination among non-profits, shelter providers and government services.⁵

b. Family Unification – Homeless Program

Family Unification Program housing vouchers are made available to families for whom the lack of adequate housing is a primary factor in the separation, or threats of imminent separation, of children from their families, or in the prevention of reuniting children with their families. Families may be eligible for this program if the public child welfare agency (Department of Social Services) has certified that the lack of adequate housing is a primary factor in the imminent placement of children in foster care or a delay in discharge of children from foster care.⁶

c. County WarmBed Program

Operating 24 hours per day, seven days per week from December to March, this emergency housing intervention and supported assistance program serves families and individuals seeking shelter and relief from homelessness during the winter months.⁷

d. Family Self-Sufficiency – Housing Choice Voucher Program

Nassau County's Family Self-Sufficiency Program assists voucher program participants in obtaining jobs and in the process of building family wealth.

⁵ Nassau Urban County Consortium Five-Year (2005 – 2009) Consolidated Plan & Annual Action Plan, 2005. p. 44.

⁶ Ibid.

⁷ Ibid.

Counseling, individual goal-setting and financial incentives are used to assist participants.

e. Homeownership Center

The Homeownership Center provides counseling and training to individuals who aspire to become first-time homebuyers. Information about potential grants to assist with home buying and financial literacy training are provided through this program; post-purchase and default-prevention counseling are also available.

2. Nassau County Continuum of Care (CoC)

Working together, members of the CoC coordinate outreach and intake to lead to referrals and appropriate services, including residential placements. At least 40 agencies offer diverse services and resources at 28 scattered sites across the County. Housing programs include emergency shelter, transitional housing, and permanent housing.

A variety of services, including bilingual homeless prevention services, eviction prevention efforts and small emergency grants for rent or security deposits are among the services provided.

3. Non-Profit and Faith-Based Agencies

County services are supplemented by community and faith-based organizations that may or may not be members of the Continuum of Care.

4. Nassau County Human Rights Law

Effective January 1, 2007, the Nassau County Human Rights Law (Local Law No.9 – 2006) established local mechanisms to enhance and enforce laws prohibiting discrimination in housing. The law defines discrimination as any difference in treatment based on certain protected statuses, including race, creed, color, national origin, ethnicity, gender, religion, source of income, sexual orientation, age, marital status, familial status or disability, and segregation.⁸ The law, which is enforced by the Nassau County Commission on Human Rights (NCCHR), seeks to protect residents from unlawful discriminatory practices, including the refusal to sell, rent, lease or provide financing for housing because of discrimination.⁹

5. Legal Services

a. Legal Services to Tenants

Tenants may become homeless as a consequence of being evicted from their home. Timely legal intervention on behalf of a tenant will often prevent or delay the eviction. However, many residential tenants involved in eviction proceedings cannot afford to hire an attorney, and few are aware of their legal rights or are able to present their case adequately before a judge.

⁸ "Frequently Asked Questions, Local Law No. 9-2006." Nassau County Commission on Human Rights.

⁹ Ibid.

b. Legal Services to Homeowners

Attorneys can assist homeowners in modifying loan terms to prevent foreclosure. Legal services can also help homeowners provide legal defenses to foreclosure, especially if predatory lending practices have been employed in issuing their loan.

c. Legal Services to Homeless Persons

The ability of a homeless individual or family to secure permanent housing is in many cases dependant on the ability to obtain or maintain the financial resources to pay rent. Legal services can help homeless individuals or families maximize the income they have available for rent and other basic needs.

D. *Potential Opportunities to Work with the Federal Interagency Council on Homelessness*

The mission of the Interagency Council on Homelessness (ICH) is to develop a comprehensive federal approach to ending chronic homelessness. Over 15 federal agencies participate in the ICH. Opportunities exist for state, county and local government and service providers to collaborate with these federal agencies, participate in training programs and, in some cases, apply for grants.

On December 10, 2007, the 10-Year Plan Committee hosted representatives from the ICH, invited to present information about programs and opportunities to service providers in Nassau County. Examples of potential opportunities are:

- The Social Security Administration offers training to service providers that will allow them to directly assist a client in signing up for Social Security benefits.
- A grant-writing training session can be provided to service providers.

The Region II Interagency Council on Homelessness Member Agency Directory, most recently updated through May 2007, provides detailed information about the member agencies and the programs they offer. A copy of this directory may be obtained by contacting: U.S. Department of Health & Human Services, Office of the Secretary, Region II, 26 Federal Plaza, Suite 3835, New York, NY 10278; (212) 264-4600; <http://www.hhs.gov>.

VI. IMPEDIMENTS TO REDUCING AND ENDING HOMELESSNESS IN NASSAU COUNTY

Gaps identify needs in the community that are not being met. By meeting these needs, the County may be better prepared to help prevent people from becoming homeless, help people while they are homeless, and/or assist people in their efforts to exit homelessness. Barriers are conditions that act as obstacles to improving actions to reduce and end homelessness.

A. Gaps

The 10-Year Plan Committee identified gaps and barriers to addressing homelessness in Nassau County through a multi-faceted review of the Consolidated Plan and the Executive Summaries for 2005, 2006 and 2007 in the Nassau Continuum of Care applications for HUD Homeless Assistance funds; outreach to service providers; focus groups with homeless and previously homeless persons; meetings of the 10-Year Plan subcommittees; identification of gaps by other groups, including the mental health providers and the County's Homeless Task Force; and broad representation from county, nonprofit and faith-based service providers in the planning process.

The 2007 CoC Executive Summary reports a trend that shows an increasing number of unduplicated clients entered in the Homeless Management Information System (HMIS) database. Each client served by an agency that participates in the HMIS receives a unique identifying number that is used by all HMIS agencies. This number allows service providers to track all services used by the client and eliminates duplication in counts of the number of clients served. The HMIS database, which contains data for only 15 of the numerous service providers in the county, indicates an increasing need for homeless services in Nassau County.

Table VI-1
Numbers of Unduplicated Clients in HMIS Database

Year	Number of Unduplicated Clients Entered in the HMIS Database for COC
2004	817
2005	986
2006	1046

Source: CoC Executive Summary in Nassau applications for HUD Homeless Assistance funds

1. Chronically Homeless Persons

Nassau County has an insufficient supply of emergency, transitional and permanent supportive housing to meet the needs of chronically homeless persons.

a. Lack of Permanent Supportive Housing

The 2005-2009 Consolidated Plan reported that the need for permanent supportive housing was identified as the most critical gap in Nassau County's Continuum of Care system. The existing units do not meet the need and cause individuals and families to stay in inappropriate and often more expensive settings because of a lack of units. Persons who meet the HUD definition of chronically homeless, including those with mental illness, physically disabled persons, dually-diagnosed persons, persons with AIDS, and persons with physical disabilities, require permanent

supportive housing to meet their special needs so that they can gain self-sufficiency to the extent possible.¹ During the development of this 10-Year Plan, service providers also identified a need for additional Single Room Occupancy (SRO) and supervised SRO units.

b. Need for Single Room Occupancy (SRO) Housing

Providers of housing and services to the mentally ill have identified a need for 50 additional NYS Office of Mental Health-financed Single Room Occupancy (SRO) units. Funding may be available to acquire a property or properties for such housing, but a source of funding for the provision of services and 24 hour on-site staffing of such housing has not been identified. To date, plans to develop this needed housing to serve the chronically homeless have not moved forward.

c. Safe Haven and Drop-In Center

The lack of a Safe Haven shelter (emergency housing with low-demand services and few specific requirements) was identified as a gap throughout the planning process. Service providers and homeless and formerly homeless individuals also identified the lack of a drop-in center as a gap.

2. Other Homeless Persons and Those Chronically on the Verge of Homelessness

The Housing and Services Subcommittee of the 10-Year Plan to End Homelessness and the Nassau Consolidated Plan have identified gaps in housing and services available to homeless persons and those on the verge of homelessness.

a. Lack of Sufficient Affordable Housing

The Housing and Services Subcommittee identified the lack of affordable housing as the largest obstacle to permanent housing for homeless persons in Nassau County. The Public Policy Subcommittee emphasized the need to create affordable rental housing. The lack of accessory housing codes in most municipalities also was identified as a gap.

b. Lack of Sufficient Emergency and Transitional Housing

Gaps in emergency and transitional housing were identified. Faith-based emergency and transitional housing is successful in other areas of the country (e.g., Glide Church, San Francisco). The inability to adequately fundraise and finance this type of model in Nassau County was identified as a barrier.

Emergency housing where families and individuals can stay as long as they meet eligibility requirements was identified as a need. (Currently, families and individuals must move within 30 days or they become legal tenants.)

¹ Nassau Urban County Consortium Five-Year (2005 – 2009) Consolidated Plan & Annual Action Plan, 2005. p. 53.

The County also needs a facility for crisis situations and facilities to meet the needs of patients who are being discharged from hospitals and do not have families or friends to reside with on a temporary basis.

c. Legislative Support Needs

The Housing and Services Subcommittee identified a need for greater legislative support for affordable housing at the local and county levels.

d. Limited Access to Listings of Existing Services for Homeless Persons

The Middle Country Library manages an online searchable Community Resources Database that contains information about more than 12,000 health and human services and educational resources in the Long Island area. In addition, the Nassau-Suffolk Coalition for the Homeless publishes a Directory/Data Base of Basic and Emergency Services for the Homeless in Nassau and Suffolk Counties. This directory is available in print and on-line in PDF format. On-line listing of agencies with links to web sites is provided on the Health and Welfare Council web site.

There may be underutilization of these existing assets due to gaps in knowledge about them within both the service provider community and the general community. In addition, each of these resources is only available in English, thus limiting access to the resources by persons who do not read English.

e. Lack of Comprehensive Vehicles for Sharing Data

The County lacks an “official” community profile which leads to inadequate and inconsistent reporting of housing opportunities and vacancies. There also is no clearing housing of funding opportunities.

Service providers identified a gap resulting from the absence of consistent and uniform information, including to the extent possible, uniform intake and discharge forms.

f. Needs of the Disabled

The Nassau County 2005-2009 Consolidated Plan identifies an insufficient supply of supportive permanent housing to meet the needs of disabled homeless persons, and disabled persons at risk of homelessness.²

g. Limited Capacity of Department of Corrections for Discharge Planning

The County Department of Corrections has limited capacity to carry out discharge planning, which currently is conducted during the intake process. Due to lack of adequate staffing, the staff focuses on inmates with low-level offenses who may be homeless or unable to return to their former residence upon release; these inmates must self-identify. The Corrections Department has made available three additional staff, and there is assistance from the County Department of Mental Health, Chemical

² Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan p. 47.

Dependency and Developmental Disabilities Services. Previously, there were two full-time DSS workers at the Corrections Center. The process worked best when there were DSS workers assigned to the jail who received release date information and assisted with the transition from jail. DSS allows the jail to begin processing DSS paperwork on an inmate 45 days prior to a definite release date. The application is sent directly from the jail to DSS and flagged. Ultimately, workers must hope that the person released from jail goes to DSS. When informed, the County Homeless Intervention Program will walk a person through the DSS process and will help with issues such as lost identification.

There is assistance for inmates with HIV/AIDS, but inadequate assistance is available for the estimated 20 percent of county inmates who have mental health issues. Existing capacity limits the number of inmates with mental health issues who receive services to those with the most severe mental illnesses receiving specialized jailing. Substance abuse is prevalent within the inmate population, with a significant percent of the jail population suffering from addiction.³

h. Mentally Ill Persons

Due to unique circumstances and service procedures, the gaps related to assisting those with mental illness who are homeless, or at risk of homelessness, are presented below as a separate category. Certain gaps may duplicate those identified for the chronically homeless; however, it is important to recognize that not all homeless persons with mental illness are chronically homeless, although many of the chronically homeless do suffer from mental illness.

(1) The Single Point of Access (SPA) Application Process

SPA is a clearinghouse to allow New York State to identify those persons most appropriate to receive state services for chronic mental illness. There are many elements involved in the SPA application process that can cause this process to be longer than it should be. In addition, some consumers fall through the gap. For example, people who have moved from one state to another, or have not had long-term documentation of their illness, may have difficulty receiving appropriate services.

Contact with County DSS is required; after that, the person goes through the SPA application process which requires information and signatures from various professionals, including a psychiatric diagnosis from a medical doctor or psychiatrist, and a complete physical, including a tuberculosis test. Temporary emergency housing is not available for those waiting for the SPA application to be completed and, currently, DSS cannot place a person until the SPA application is approved.

³ Steering Committee meeting discussion with Elizabeth Boris, Intake Unit, Department of Corrections. July 20, 2007.

The lack of on-site psychiatric evaluation to facilitate placement of mentally ill persons was identified as a critical need by the 10-Year Plan Steering Committee.

(2) Other Gaps and Barriers Identified by Service Providers

Looking at the January 2006 to May 2007 time period, providers of mental health services in the community identified a variety of gaps, including, but not limited to:

- The lack of bilingual staff
- Segmented service delivery and limited use of family intervention and treatment
- Inadequate training
- A need for enhanced capacity for case support navigation, including placement of a Health and Human Services team at Nassau University Medical Center (NUMC), mechanisms for ensuring collaborations among multiple agencies that serve a client, and furthering collaborations among staff for clients
- A need for a collaborative network among County agencies that serve the Persons In Need Of Supervision (PINS) population
- A need for additional capacity for early childhood mental health intervention to prevent and ameliorate later conditions
- A need for residential substance abuse treatment and payment for services for persons under 18 years of age
- Safe Haven (24 hours/7 days per week) for the chronically homeless and other homeless persons
- Access to social services for those without legal status
- Discharge planning for those leaving medical and psychiatric facilities
- Better assistance for those who are physically challenged
- Gaps in post-foster care services
- The lack of step-down residential services between hospital and community settings

(3) “One-Stop Shopping”

Homeless and formerly homeless participants in a focus group identified the need for a “one-stop shopping model” where psychiatric assessments can be made and diagnoses established, medications prescribed and persons who may be using substances can be admitted.

i. Lack of Specific Plans to Address the Special Needs of Veterans

According to the Veterans Mental Health Alliance of Nassau County, there is a gap in coordination and communication between the U.S. Department of Defense, the Veterans Administration and local veteran service agencies. Within Nassau County, there is not sufficient housing for veterans that provides supportive services to address the mental health and/or accessibility needs of disabled veterans. Other gaps include a lack of information provided to veterans about community resources and supported employment and education programs.

j. Lack of Family Housing

Anecdotally, throughout the planning process, committee members noted the serious gap in the amount of housing available to meet the needs of families. These comments are supported by information collected during development of this Plan. There are more than 4,811 non-elderly households on the County Eligible Wait List for housing. The majority of these households, 3,424 (71 percent), are eligible for two or more bedrooms; 1,433 (29.7 percent) are eligible for three or more bedrooms. The Nassau Consolidated Plan identified an estimated need in 2005-06 for 915 additional permanent supportive housing beds for families.

k. Lack of Adequate Hospital Discharge Planning and Resources

A variety of procedural gaps related to the discharge of homeless persons from hospitals across the County were identified repeatedly during the development of this Plan.

B. Barriers

Barriers to addressing homelessness were identified by service providers and homeless and formerly homeless persons who participated in focus groups.

1. Lack of Land

Nassau County is almost 100 percent built-out, resulting in very little land being available for development, and land being very expensive. The limited amount of developable land restricts the number of new rental units and affordable homeownership housing that can be built. The lack of land also results in new units being constructed on in-fill sites or on properties being assembled through urban renewal. While this is advantageous to help stabilize or revitalize some communities, it limits the number of units that may be developed at any one time, which reduces the economies of scale for each project.⁴

2. High Cost of Land

The limited supply and high demand for land results in higher land costs, particularly for undeveloped land. Typically, increasing the number of dwelling units on a site would help offset the high land costs. However, there are few high-density residential sites remaining in the county. As a result, nonprofit developers of affordable housing search for nontraditional methods, such as land donations by municipalities, the county and/or the state to secure parcels.⁵

3. Limited Availability of Funds to Provide Housing and Services

There is strong competition for affordable housing dollars. County CDBG and HOME funds are being cut back, and there are often more requests for funding than monies available. Other funding, such as federal and state funds, are also limited. Developers

⁴ Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan, 2005. p. 73.

⁵ Ibid.

seeking to construct affordable housing, whether for profit or not for profit, compete for the same funds.⁶

Funds that allow agencies to provide services are also limited. Housing developers must consider the long-term source of funds to provide services, in addition to capital costs, when considering the provision of housing that includes services.

4. Lack of Knowledge About and Access to Services and Resources

Homeless and formerly homeless persons stated during focus groups that DSS is seen as a last resort. This view of DSS creates a barrier to receipt of timely and appropriate services that could prevent homelessness or reduce the time that a person is homeless. Positive changes have been implemented at DSS in recent years, but there remain areas in need of improvement, which if left as is, create obstacles, barriers and gaps.

Service providers identified a need to improve information networks, and focus group participants identified lack of information about community resources as a barrier to exiting homelessness.

Focus group participants also identified a need for additional information on the following topics:

- nutrition
- parenting
- money management
- community resources
- tools to remain housed

5. Transportation

The need for transportation for house hunting, job searches, services, childcare and employment is an identified barrier to preventing and exiting homelessness. Many homeless persons do not own cars; veterans who do not own vehicles, for example, face challenges in accessing veterans services.

6. Transitional Programs

Focus group participants identified the lack of transitional housing programs between emergency housing and permanent housing as a barrier to success. They often lose benefits (child care, food stamps and/or cash) and may not be accustomed to paying bills on their own. The changes and stress they undergo can keep them in a vulnerable state and result in a return to homelessness.

7. Lack of Affordable Housing

Focus group participants, subcommittee members and other service providers identified the lack of affordable housing as the primary barrier to ending homelessness. The lack of sufficient affordable housing is seen as both a gap and barrier in the county.

⁶ Nassau Urban County Consortium Five Year (2005 – 2009) Consolidated Plan & Annual Action Plan, 2005. p. 74.

VII. COST ANALYSIS

A. All Homeless Persons

1. DSS-Authorized Shelter Allowance Cases and Costs

The County DSS tracks monthly authorized Shelter Allowance Costs (see Appendix XIII). Data are collected by case. In 2007, DSS handled an average of 4,250 authorized shelter allowance cases and authorized an average of \$1,907,697 monthly in Temporary Assistance grants. Temporary Assistance grant dollars are used within the following categories:

- Other/Unknown Housing (including private rent, room and board, room only and a number of other types of room and/or board)
- Subsidized Housing – (Section 8)
- Hotel/Motel Housing
- Shelter Housing

Table VII-1 below provides information about the average housing costs authorized by Nassau County DSS and the average number of cases within each category, based on an average of the monthly data for the first ten months of 2007.

**Table VII-1
DSS-Authorized Shelter Allowance Cases and Cost Information, 2007**

Type of Shelter	Cost and Case Information Based on Monthly Averages 2007			
	Avg. Costs/ Month	Avg. No. Cases/Month	Avg. Cost/ Month/Case (rounded)	Avg. Cost/ Day/Case* (rounded)
Other/Unknown Housing	\$1,333,971	3,467	\$385	\$13
Subsidized Housing (Section 8)	\$193,044	645	\$299	\$10
Hotel/Motel Housing	\$224,260	77	\$2,912	\$97
Shelter Housing	\$158,423	61	\$2,597	\$87
Total Housing Shelter & Homelessness	\$1,907,697	4,250	\$449	\$15

Source: Housing Task Force Data from PBViews, via Deborah Baumgarten, Nassau County, received January 17, 2008.

Note: *Based on a 30-day month

* A large portion of these costs are federal and New York State which in part varies depending on client base.

Average authorized DSS Shelter Allowance cases and costs for the first ten months of 2007 indicate that per day/per case, the cost of subsidized housing is significantly less than the cost to the County of placing an individual or family in a shelter or hotel/motel. The “Other/Unknown Housing” category, which includes private rent, room and board, room only, certified drug/alcohol residential facilities and other housing also appears to be less costly to the County on a per day/per case basis than housing a homeless individual or family in a shelter or hotel/motel. These data indicate that measures such as subsidized housing are cost effective compared to boarding a homeless individual or family in a shelter or hotel/motel.

2. Forms of Shelter Utilized by Homeless Persons

Shelter for homeless individuals and families may occur in a variety of places, including emergency shelters, motels, extended hospital stays, placement in a long-term care facility not for medical reasons but due to homelessness, and incarceration.

Average 2007 costs for shelter options in Nassau County are provided below:

a. Shelters

In 2007, the cost of housing an adult in a shelter located in Nassau County ranged from \$35 to \$55 dollars per day. Shelter housing costs for children in Nassau County range from \$30 to \$45 per day. One shelter had a cost structure of \$60 per day for an adult plus one child; each additional child was \$10 per day. In addition to lodging, shelter costs also may have included providing individuals and families with meals and with assistance in accessing services.

b. Motels

Placement of individuals and families in motel rooms should occur only when all appropriate shelter beds are full. Motel rates are set by the individual motel, not by DSS and vary from location to location. Generally, rates range from \$100 to \$125 per night, though rates can be lower.¹

c. Nassau County Department of Corrections

In 2007, it cost approximately \$200 per day to house an inmate at the Nassau County Corrections Center. A concern raised during the preparation of this Plan was that increases in jail population during the winter months may be due to homeless persons committing crimes in an effort to obtain housing by entering the corrections system.

3. Rental Assistance

a. Supplemental Rent Program

Nassau County DSS administers a Supplemental Rent Program to meet the unique circumstances of families in the community that are homeless or facing legal eviction. The purpose of the supplement is to help families retain their housing, or help those in emergency housing obtain permanent housing. Participants in this program must apply for Section 8 housing and, when available, accept the program if offered. Rent payments through this County program are made directly to the landlord.

Nassau County bases its Supplemental Shelter Allowance on the New York State rent schedule; the supplemental amount cannot exceed the shelter allowance for the specific household size. It should be noted that the total supplemental rent is lower than the HUD-determined Fair Market Rent for the Nassau-Suffolk region.

¹ Nassau County Office of Housing and Homeless Services

**Table VII-2
Nassau County Monthly Shelter Allowance Supplement**

Household Size	New Shelter Schedule (effective 11/03)	Supplement Amount	Total Shelter Supplement & Shelter Schedule
1	\$308	\$308	\$616
2	334	334	668
3	445	445	890
4	501	501	1,002
5	558	558	1,116
6	583	583	1,166
7	608	608	1,216
8	608	608	1,216

Source: Nassau County DSS

**Table VII-3
Final FY 2007 and FY 2008 HUD Fair Market Rents by Unit Bedrooms**

	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final 2007 FMR	\$994	\$1,149	\$1,356	\$1,799	\$1,961
Final 2008 FMR	\$1,121	\$1,295	\$1,529	\$2,029	\$2,211

Source: <http://www.huduser.org>

b. Family Assistance and Safety Net Programs

The Family Assistance Safety Net Program includes both a "Home Energy Allowance" (H/E/A), and "Supplemental H/E/A" conveyed to the client on top of whatever their Basic Needs are. For instance, a family of two, with no children, receives \$179.00 per month in Basic Needs, plus \$22.50 in Home Energy Allowance, as well as the Supplemental H/E/A in the amount of \$17.00. This brings the total income from DSS to \$218.00 per month (note, the amount is always rounded to a full dollar amount).

**Table VII-4
Monthly Temporary Assistance Standards Family Assistance and Safety Net Programs**

Size	Basic Need	Home Energy Allowance	Supplemental H/E/A	Combined Basic Needs	Shelter-No Children in Household	Shelter-Children in Household	Rental Supplemental Program Amounts	Fuel/ Gas	Fuel/ Oil	Fuel/ Electric	Total Grant w/Heat, w/o Child	Total Grant w/Heat w/ Child
1	\$112.00	\$14.10	\$11.00	\$137.10	\$288.00	\$308.00	\$616.00	\$56.00	\$70.00	\$90.00	\$425.00	\$445.00
2	179.00	22.50	17.00	218.50	334.00	334.00	668.00	56.00	70.00	90.00	552.00	552.00
3	238.00	30.00	23.00	291.00	384.00	445.00	890.00	56.00	70.00	90.00		820.00
4	307.00	38.70	30.00	375.70	419.00	501.00	1,002.00	58.00	73.00	94.00		876.00
5	379.00	47.70	37.00	463.70	453.00	558.00	1,160.00	61.00	77.00	99.00		1,021.00
6	438.00	55.20	42.00	485.20	468.00	583.00	1,166.00	65.00	82.00	106.00		1,118.00
7	497.00	62.70	47.00	606.70	527.00	608.00	1,216.00	69.00	88.00	113.00		1,214.00
8	558.00	70.20	52.00	680.20	561.00	608.00	1,216.00	74.00	93.00	120.00		1,288.00
9	618.00	77.70	57.00	757.70	561.00	608.00	1,216.00	74.00	93.00	120.00		1,360.00
10	678.00	85.20	62.00	825.20	561.00	608.00	1,216.00	74.00	93.00	120.00		1,433.00

Source: Nassau County DSS

B. Chronically Homeless

The “housing first approach” is designed to respond to the needs of chronically homeless individuals through the provision of housing, accompanied by access to other services participants may need to maintain that housing and improve their level of health and functioning. This is known as supportive housing.

The two cost-benefit studies cited below were conducted to examine the costs (health, emergency services, incarceration) pre-program entry and post-program to assess the financial impact of providing supportive housing (lodging plus services).

1. Denver Study

In Denver, a study tracked 19 individuals who were participating in a Housing First Collaborative that was created in 2003. Medical, psychiatric, legal and substance treatment records and associated costs for a four-year period (two years pre-enrollment in the program and the first two years following program enrollment) were analyzed for each participant. The following table summarizes the cost benefit analysis findings for supportive housing in Denver.²

...a net savings of \$4,745 per person is realized

Table VII-5
Denver Supportive Housing Cost-Benefit Analysis

	Average Pre-Entry Costs Per Person (2 Year Period)	Average Post-Entry Costs Per Person (2 Year Period)	Average Cost Change Per Person
Detox	\$10,373	\$1,641	-\$8,732
Incarceration	1,798	427	-1,371
Emergency Room	5,256	3,452	-1,804
Outpatient	1,747	2,641	894
Inpatient	10,378	3,533	-6,845
Shelter Costs	13,688	(see text below)	-13,688
TOTAL	\$43,239*	\$11,694	-\$31,545*

Source: Perlman, J., and Parvensky, J. Cost Benefit Analysis and Program Outcomes Report, Denver Housing First Collaborative. Colorado Coalition for the Homeless. December 11, 2006.

Note: * Indicates numbers presented in referenced report which do not total the column sum. The average pre-entry costs per person total \$43,240 when added; and, the average cost change per person totals -\$31,546 as presented.

The costs of providing comprehensive supportive housing and services are \$13,800 per person per year, for a two year total cost of \$26,800. After factoring in the investment costs of providing comprehensive supportive housing and services, a net savings of \$4,745 per person is realized, based on the difference between the “Average Cost Change Per Person” of \$31,545 and the two year total supportive housing cost of \$26,800.

² Perlman, J., and Parvensky, J. Cost Benefit Analysis and Program Outcomes Report, Denver Housing First Collaborative. Colorado Coalition for the Homeless. December 11, 2006.

The cost benefit analysis found reductions reflect, among other findings, an 80 percent reduction in the number of inpatient nights, a 34.3 percent reduction in emergency room costs and a 76 percent reduction in incarceration days and costs.³

2. New York City Study

In 1990, New York State and New York City agreed to jointly develop 3,600 community-based permanent housing units for homeless persons with severe mental illness (SMI). The resultant housing, known as NY/NY housing, provided lodging and psychosocial services through two general models: supportive housing, including community-based support and single room occupancy (SRO) housing; and community residence facilities (on-site services and mandatory participation are a key component of this housing). Data from eight city, state and federal databases providing information about uses of public shelters, public and private hospitals, and correctional facilities were analyzed for 4,679 people who were placed in the housing between 1989 and 1997.

Results indicate that persons placed in supportive housing show usage decreases in the following areas: shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated. Prior to placement in the NY/NY housing, homeless people with SMI used about \$40,451 per person in services (1999 dollars). Placement was associated with a reduction in service use of \$16,281 per unit, with annual supportive housing unit costs (debt service, social service, and operating costs) estimated at \$17,277 for a net cost of \$995 per unit per year over the first two years of placement.⁴

The authors of the New York City study note that the service reductions measured represent a conservative assessment. First, by limiting the analysis to the impact on service use in the first two years post intervention, service use for people with SMI often increases temporarily following a placement because of unmet health and psychiatric needs, which would be expected to decline and stabilize over time. Second, this study did not include all direct or indirect costs associated with service use by homeless persons such as street outreach, soup kitchens, drop-in centers, health services funded by the federal Health Care and Homeless program, clinical and social services provided at shelters funded by grants from HUD's McKinney Act, or costs of uncompensated care provided by private hospitals.⁵

Although the Denver and New York City studies utilized different methodologies, they both indicate that supportive housing is a viable option economically and socially for chronically homeless persons.

³ Perlman, J., and Parvensky, J. *Cost Benefit Analysis and Program Outcomes Report, Denver Housing First Collaborative*. Colorado Coalition for the Homeless. December 11, 2006.

⁴ Culhane, D., Metraux, S., Hadley, T. *Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*. Housing Policy Debate, Volume 13, Issue 1. Fannie Mae Foundation, 2002.

⁵ Culhane, D., Metraux, S., Hadley, T. *Public Service reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*. Housing Policy Debate, Volume 13, Issue 1. Fannie Mae Foundation, 2002.

C. Conclusion

The Nassau County cost information analysis in Table VII-1 indicates that the rental assistance programs which allow individuals and families to remain housed in Nassau County have a lower per diem cost to the County than alternatives such as shelters, hotels/motels or incarceration.

Based on the New York City and Denver cost benefit analyses of supportive housing, it appears that supportive housing may be a financially, as well as socially, beneficial model for chronically homeless persons who seek assistance.

VIII. GOALS AND ACTIONS

The intent of Nassau County's 10-Year Plan is to develop a coordinated approach to ending homelessness. Estimation of the number of homeless persons and persons chronically on the verge of homelessness and identification of the causes of homelessness provide the base for the development of realistic and achievable goals and actions to reduce and end homelessness. Utilizing nationally recognized strategies to end homelessness and essential elements of effective solutions, the 10-Year Plan Committee developed goals and actions that follow best practices and build on existing assets when practicable. The goals and actions will change over time, reflecting accomplishments and changing conditions. Regular progress assessments and continued planning are essential to long-term implementation and results.

It should be noted that implementation of this Plan began during the planning process. Specifically, the County created and filled a staff position in the Office of Housing and Homeless Services that will, among other duties, coordinate implementation of the 10-Year Plan. A standing committee was appointed to support implementation of the Plan and assess progress, and a local definition of homelessness was adopted.

Strategies to End Homelessness

Nassau County's goals and actions that aim to reduce and eliminate homelessness have been developed and are presented within the context of the four principal strategies to end homelessness put forth by the National Alliance to End Homelessness:

- *Plan for Outcomes* – Collect data at the local level identifying who “the homeless” are, why they became homeless, what assistance they receive, and what is effective in ending their homelessness. Based on the data, create a plan that focuses on ending homelessness.
- *Close the Front Door* – Prevent people from becoming homeless in the first place (providing services that prevent individuals and families from becoming homeless, supplemented by emergency prevention, including rent and utility assistance and landlord-tenant mediation).
- *Open the Back Door* – People experiencing homelessness should be assisted to move back into housing as quickly as possible with necessary supportive services being provided, as in the Housing First Approach.
- *Build the Infrastructure* – Address the root causes of homelessness by working toward livable incomes, affordable housing, and access to services for people who need them.

Effective Solutions

These goals and actions address and expand upon the ten requirements identified by the U.S. Interagency Council on Homelessness as essential elements of an effective plan to prevent and end homelessness. These ten essential elements are:

- Plan – community strategies that are focused on ending homelessness.
- Data – data, including HMIS data that are analyzed and assessed.
- Emergency Prevention – emergency homeless prevention programs that include rent/mortgage/utility assistance, case management, landlord/lender intervention, and other strategies to prevent eviction and homelessness.

- Systems Prevention – mainstream programs that provide care and services to low-income persons and assess and respond to their housing needs, and include placement in stable housing for all persons being released from public institutions.
- Outreach – an outreach and engagement system designed to reduce barriers and encourage homeless person so that they enter appropriate housing.
- Shorten Homelessness – a shelter and transitional housing system organized to reduce or minimize the length of time individuals and families remain homeless and the number of times they become homeless.
- Rapid re-housing– housing search and placement services available to rapidly re-house persons losing their housing or who are homeless and want permanent housing.
- Services – rapid access to funded services when persons are re-housed.
- Permanent Housing – a sufficient supply of permanent supportive housing to meet the needs of all chronically homeless persons, and to address the permanent housing needs of extremely low-income persons.
- Income – linking homeless persons with employment and/or benefits and connecting them to opportunities for increasing their incomes after housing placement.

The goals (broad and, in some cases, abstract) and actions (narrow and more measurable) contained herein have been developed from a variety of sources:

- The Steering Committee of the Nassau County 10-Year Plan to End Homelessness Committee
- Subcommittees of the 10-Year Plan Committee
- Focus groups convened by Committee members
- The on-going work of other groups, including the Nassau County Homeless Task Force and the mental health service providers network
- Recommendations identified in the Nassau County Consolidated Plan

In the course of developing this Plan, two approximate time frames were determined for implementing the recommended action steps:

Short Term: Up to 3 years
Longer Term: 3 year to 10 years+

Many actions, once implemented, may continue indefinitely. Chapter IX. Implementation Chart, provides details about proposed partners and funding status for the implementation of identified actions.

A. Plan for Outcomes

Development of this 10-Year Plan to End Homelessness represents the first step in planning for outcomes. County and community representatives understand that this 10-Year Plan is a first step and that to move forward with implementation, on-going planning and assessment, including development of measurable outcomes, are needed.

Goal 1: Develop a long-term approach to the goal of ending homelessness in Nassau County.

Short Term Actions:

- Create a standing committee and staff position that report to the Nassau County Office of Housing and Homeless Services to coordinate, support and assess progress of the 10-Year Plan.
 - The standing committee was created in December 2007 and the staff position was created and filled in March 2008.
- Create an Implementation Committee to help guide the development of the 10-Year Plan, address specific interests and concerns of special users and audiences, and create awareness and target marketing of the Plan and its findings and recommendations.
 - An initial marketing piece has been developed to increase public awareness about homelessness in Nassau County.
- Create a reporting process through the Standing Committee and Implementation Committee that is used in coordination with the Consolidated Plan process.

Longer Term Actions:

- Expand use of the HMIS system to include all appropriate agencies.
- Implement a system beyond HMIS that can coordinate with HMIS for providers for whom HMIS may not be a viable tool, to identify each case with a unique number that is used by all service providers to help track individuals and the services they need and are accessing.

Goal 2: Establish an annual reporting process to inform the community of progress toward ending homelessness in Nassau County.

Short Term Actions:

- Construct a system to bring local information and data together to develop a formal homeless count procedure which would involve:
 - utilizing the Plan's local definition of homelessness:
 - A local definition of homelessness was adopted in December 2007 and it is included in this Plan (See Chapter X. Definition of Terms.)
 - conducting a survey to estimate the number of persons doubled up not by choice; and
 - developing and implementing a model that will lead to improved estimates of the "hidden homeless."
- Utilize various 10-Year Plan committees and subcommittees and the CoC to identify obstacles, barriers and issues.
- Develop a matrix for collection and tracking of information to measure progress and update local data on homelessness.

B. Close the Front Door

Establishing practical goals and action steps to help prevent people from becoming homeless in the first place was a key focus of the committee throughout the development of this plan.

Goal 3: Prevent housed families and individuals from becoming homeless.

Short Term Actions:

- Strengthen and expand programs to provide advocacy and mediation services for landlord and tenant disputes by:
 - furthering access and mobilizing existing resources to strengthen and expand landlord-tenant advocacy services;
 - continuing and expanding outreach to legal services to provide pro bono programs for tenants to reduce the number of evictions; and
 - including Fair Housing education for landlords with advocacy and mediation services and expanding existing efforts to provide Fair Housing community education.
- Prevent and address home foreclosures.
- Develop strategies to help seniors remain in their homes, including:
 - enhancing community outreach and education at such locations as senior centers, health facilities and doctors' offices, food banks and places of worship.
- Meet specific housing needs of special populations by improved linkages of people to services by expanding case management capacity through a coordinated system.
- Address specific youth needs, with particular attention to young people aging out of the foster care by:
 - advocating with Housing Authorities and HUD to include youth aging-out in the Family Unification Program; and
 - developing policies that include planning for aging-out as part of the foster care system as proposed by the Child Welfare League of America.

Longer Term Actions:

- Expand existing rental assistance programs by:
 - developing a program that helps prevent homelessness, which includes rent subsidies and support services;
 - advocating to New York State for higher shelter allowances and to provide cost adjustments; and
 - supporting maintenance of rent stabilization where it exists.
 - This action, supporting maintenance of rent stabilization where it exists, can begin immediately. A plan for long term support should be developed.
- Expand financial management education and training programs by:
 - providing case management services and financial management training opportunities to persons receiving public assistance; and
 - encouraging the provision of financial management education in high schools and colleges.

Goal 4: Prevent individuals from becoming homeless upon discharge from medical/mental health institutions, assisted living facilities, nursing homes, and prison. Identify persons with mental illness at risk for homelessness and direct them to appropriate housing and support services.

Short Term Actions:

- Improve discharge planning and procedures by:
 - conducting training conferences with hospitals to provide information to discharge planners, including proposals for on-going follow-up;
 - placing DSS workers at the Department of Corrections to facilitate discharge planning and prevent homelessness;
 - developing recommendations to the County Executive for an Executive Order on discharge planning policies;
 - developing more formalized interagency procedures for referral and follow-up;
 - developing discharge information and training for in-patient facilities, psychiatric and substance abuse facilities; and
 - advocating for statewide discharge planning standards for assisted living facilities.
- Increase uniformity of information by developing and utilizing, to the extent possible, universal intake, discharge and information release forms that include informed consent.

Longer Term Actions:

- Expedite the Single Point of Access (SPA) application process for homeless persons with severe mental illness by:
 - creating a part-time psychiatrist position in a pilot program to assist with the SPA application;
 - This action is scheduled to occur shortly.
 - establishing a short-term committee to develop strategies to streamline the SPA process;
 - This action could occur in the short term based on available resources.
 - establishing a year-round residential program with case management and other services that could serve as a safe place to stay until appropriate housing is found.
- Expand housing opportunities for those with mental health issues who do not fit the criteria of chronically homeless by:
 - developing Office of Mental Health-financed Single Room Occupancy (SRO) beds; and
 - creating a public awareness campaign.

Goal 5 - Prevent veterans from becoming homeless upon discharge, assure they receive necessary services and link homeless veterans to appropriate services and assistance.

Short Term Actions:

- Address the special needs of veterans who have returned and are expected to return to Long Island with particular attention to those suffering from PTS and TBI, amputation and other severe injuries by:
 - undertaking targeted planning to identify the estimated numbers of veterans with significant disabilities expected to return to Nassau County;
 - renovating existing housing and developing appropriate housing to meet the needs of this population;
 - incorporating best practices into programs developed to address the needs of disabled veterans;
 - bringing together public and non-profit providers to coordinate and maximize services and resources; and
 - identifying homeless and at-risk veterans and connecting with federal, state and local assistance and resources.

C. Open the Back Door

The Housing First Approach advocates that people experiencing homelessness should move back into housing as quickly as possible and necessary services should be provided.

In addition to specific community needs identified below within Goal 6, the County, through its Consolidated Plan process, identified a need for the following housing and assistance efforts over the five year period from 2005 to 2009:

- Provide rental assistance to 15,000 extremely low and low-income households;
- Construct 300 new rental housing units for extremely low and low-income seniors and families;
- Preserve 500 units of housing through substantial rehabilitation efforts;
- Provide housing support services to 12,000 very low, low, and moderate-income households;
- Provide housing rehabilitation assistance for 1,000 extremely low, and moderate income households at an estimate average cost of \$20,000 per unit;
- Develop ±100 to 200 affordable single-family homes, townhouses, condominiums and cooperative apartments over five years, and provide down payment assistance to 75 first-time homebuyer households per year;
- Expand employer assisted housing programs;
- Expand the supply of decent low cost housing for homeless and low-income persons by 1,250 units; and
- Strengthen and expand supportive services to enable 3,500 individuals and families to move from homelessness to permanent housing.

These objectives, which promote a “Housing First Approach,” are included by reference in the identified actions to “Open the Back Door.”

Goal 6 - Increase the number of emergency, transitional and permanent housing units in Nassau County to address the needs of the chronically homeless and other homeless individuals and families, and reduce or minimize the length of time persons remain homeless or in transitional housing.

Short Term Actions:

- Develop additional supportive housing beds, including family beds and individual beds.
 - In its 2007 application to HUD, the CoC identified an unmet need of 458 supportive housing beds, including 203 family beds and 199 individual beds.
- Provide appropriate emergency and permanent housing options where possible for identified at-risk and homeless persons by:
 - accessing additional funding to adapt housing and meet building codes and the Americans with Disabilities Act (ADA) standards for current and future occupants; and
 - expanding the ability to use HOME funds and seek additional sources of funding to help landlords convert existing non-accessible apartments into accessible apartments.
- Ensure that families of different sizes, including large families, are considered in the development of new housing through community outreach and education, including through advocacy to public officials, developers, civic organizations, etc.

Longer Term Actions:

- Expand rental and homeownership opportunities through:
 - the development of affordable single-family homes and substantial rehabilitation of existing housing;
 - The 2005 to 2009 Consolidated Plan identified a need to provide housing rehabilitation assistance for 1,000 extremely low- and moderate-income households at an estimate average cost of \$20,000 per unit;
 - The 2005 to 2009 Consolidated Plan identified a need to develop ±100 to 200 affordable single-family homes, townhouses, condominiums and cooperative apartments over five years, and provide down payment assistance to 75 first time homebuyer households per year;
 - Coordinate development of affordable housing for seniors, disabled persons, single adults and others with downtown redevelopment opportunities to maximize access to transportation and services.
 - advocacy for and identification of additional resources to support new housing development and renovation; and
 - community education.
- Improve shelter placement procedures by:
 - developing appropriate assessment criteria to better identify housing needs;
 - logging and tracking clients who have been placed, including client history and background;
 - identifying services available at each shelter and making information available to DSS staff during intake; and

- developing written standards for shelter placement.
- Assess and implement policies related to the client assistance process by developing pop-up menus and check lists for use by intake personnel to assure comprehensive and consistent information exchange with clients.

Goal 7 - Expand and increase access to services and resources that will assist homeless persons and those persons on the verge of homelessness and improve their lives.

Short Term Actions:

- Create mechanisms to enable unsheltered persons to access services by:
 - establishing a year-round extended WarmBed type program with on-site case management;
 - developing partnerships with universities to utilize graduate students in social work and related fields to assist with outreach; and
 - utilizing a mobile crisis team with court petition authority providing the capability to admit a person immediately.
- Build on the “No Wrong Door” approach that the County instituted for access to social services to develop more coordinated strategies to prevent homelessness and assist persons who are homeless to exit homelessness by:
 - developing an up-to-date electronic resource that will facilitate access to information and other resources by all providers in order to better link homeless persons with the most appropriate services and supports that will assist them to exit homelessness.
 - Research the Suffolk County resource and other successful models.
 - presenting additional homeless cases at the “Case of the Week” meeting.
- Address transportation needs for childcare, housing search, job hunting, education, job training, medical and other appointments.
- Develop a “one-stop shopping model” for chronically homeless persons to provide psychiatric assessments, diagnosis and medications, and admission of persons using substances.
- Increase cultural competence and sensitivity of all staff by:
 - making concerted efforts to understand the special needs of persons from all racial and ethnic groups and non-English speaking persons;
 - providing Spanish-speaking staff and materials and interpreters for other major immigrant populations; and
 - providing Unraveling Racism Training and other specific cultural sensitivity training.

D. Build the Infrastructure

The root causes of homelessness, such as lack of affordable housing, the need for job training, and improved access to services need to be addressed.

Goal 8 - Increase public acceptance and understanding of affordable housing and promote the development of new housing opportunities and service locations for homeless persons, persons on the verge of homelessness and other extremely low-, low- and moderate- income individuals and families who are shut out of Nassau's housing market.

Short Term Actions:

- Expand and improve accessory housing in Nassau County by educating public officials and local communities about successful accessory housing programs.
- Develop a public awareness campaign that focuses on the need for and advantages of affordable housing in Nassau County by:
 - educating the general public about ways to prevent homelessness, identifying the “face of homelessness” in Nassau County and explaining that homelessness can happen to anyone; and
 - including discussion in community education and outreach about young adults, essential services and emergency personnel leaving Nassau County due to high housing costs.
- Develop a Nassau County Affordable Housing Plan.

Long Term Actions:

- Allocation of affordable rental and homeownership units in communities and downtowns throughout Nassau County, as recommended by the Nassau County Housing Plan.

Goal 9 - Provide educational opportunities and job training for homeless persons and persons at risk of homelessness.

Short Term Actions:

- Develop partnerships between service providers and local businesses, educational institutions and unions by:
 - identifying opportunities for providers of job training services to collaboratively approach the provision of education and job training;
 - investigating government grants, subsidies and tax benefits that may be available to organizations and businesses to fund and develop training;
 - developing training consistent with job growth areas; and
 - targeting the involvement of small to mid-sized businesses.

Longer Term Actions:

- Assist service providers to access funding for job training by advocating collaboratively for funding for education and job training that may help prevent homelessness and help people exit homelessness more quickly and/or remain housed.

IX. IMPLEMENTATION CHART

Nassau County 10 Year Plan to End Homelessness

- GOAL 1: Develop a long- term approach to the goal of ending homelessness in Nassau County.
- GOAL 2: Establish an annual reporting process to inform the community of progress toward ending homelessness in Nassau County.
- GOAL 3: Prevent housed families and individuals from becoming homeless.
- GOAL 4: Prevent individuals from becoming homeless upon discharge from medical/mental health institutions, assisted living facilities, nursing homes, and prison. Identify persons with mental illness at risk for homelessness and direct them to appropriate housing and support services.
- GOAL 5: Prevent veterans from becoming homeless upon discharge, assure they receive necessary services and link homeless veterans to services and assistance.
- GOAL 6: Increase the number of emergency, transitional and permanent housing units in Nassau County to address the needs of the chronically homeless and other homeless individuals and families, and reduce or minimize the length of time persons remain homeless or in transitional housing.
- GOAL 7: Expand and increase access to services and resources that will assist homeless persons and those persons on the verge of homelessness and improve their lives.
- GOAL 8: Increase public acceptance and understanding of affordable housing and promote the development of new housing opportunities, and service locations for homeless persons, persons on the verge of homelessness and other extremely low-, low- and moderate-income individuals and families who are shut out of Nassau's housing market.
- GOAL 9: Provide educational opportunities and job training for homeless persons at risk of homelessness.

GOAL 1: Develop a long- term approach to the goal of ending homelessness in Nassau County.

Actions	Proposed Partners	Cost	Funding Status
Create a Standing Committee and a staff position in NCOHHS to coordinate, support and assess progress of the 10-Year Plan.	NCOHHS, Standing Committee, Staff Coordinator	\$	In place, available
Create an Implementation Committee to help guide the development of the 10-Year Plan, address specific interests and concerns of special users and audiences, and create awareness and target marketing of the Plan and its findings and recommendations.	NCOHHS, NCOHIA, Implementation Committee	\$	In place, available
Create a reporting process through the Standing Committee and Implementation Committee that is used in coordination with the Consolidated Plan process.	NCOHHS, NCOHIA, Standing Committee, Implementation Committee	\$	In place, available
Expand the use of HMIS to include all appropriate agencies.	NCOHHS, CoC	\$	In place, available
Implement a system beyond HMIS that can coordinate with HMIS (especially for providers for whom HMIS is not viable) and identify each case with a unique number used by all providers to help track individuals and services used.	NCOHHS, NC “No Wrong Door” agencies, CoC	\$	Partially available

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 2: Establish an annual reporting process to inform the community of progress toward ending homelessness in Nassau County.

Actions	Proposed Partners	Cost	Funding Status
Construct a system to bring local information and data together to develop a formal homeless count procedure which would involve: <ul style="list-style-type: none"> • Utilizing the Plan’s local definition of homelessness, • Conducting a survey to estimate the numbers of persons doubled up not by choice, and • Developing and implementing a model that will lead to improved estimates of the “hidden homeless” 	NCOHHS, 10-Year Plan Committee, Standing Committee, Implementation Committee, CoC	\$	Available
Utilize various 10-Year Plan committees and subcommittees and CoC to identify obstacles, barriers and issues.	10-Year Plan committees, CoC	\$	In place, available
Develop a matrix for collection and tracking of information to measure progress and update local homeless data.	NCOHHS, CoC	\$	Available

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 3: Prevent housed families and individuals from becoming homeless.

Actions	Proposed Partners	Cost	Funding Status
<p>Strengthen and expand advocacy and mediation services for landlord-tenant disputes by:</p> <ul style="list-style-type: none"> • Furthering access to and mobilizing existing resources to strengthen and expand landlord-tenant advocacy services • Continuing and expanding outreach to legal services to provide pro bono programs for tenants to reduce the number of evictions. • Including Fair Housing education for landlords with advocacy and mediation services and expanding existing efforts to provide Fair Housing community education. 	<p>NCOHHS, NCDSCA, CASA, County Attorney, ERASE Racism, N-SLS, LIHS</p>	<p>\$</p>	<p>In place, partially available</p>
<p>Expand existing rental assistance programs:</p> <ul style="list-style-type: none"> • Develop a program that helps prevent homelessness, which includes rent subsidies and support services • Advocate to NYS for higher shelter allowances and to provide cost adjustments • Support rent stabilization where it exists. 	<p>NCOHHS, NYSDHCR, Implementation Committee, non-profits, NC Rent Guidelines Board</p>	<p>\$\$</p>	<p>In place, partially available; funding needed</p>
<p>Prevent and address home foreclosures</p>	<p>NCOHHS, N-SLS, NC County Bar Assn, LIHP, NYS Housing Finance Agencies (NYhomes)</p>	<p>\$</p>	<p>Available</p>
<p>Develop strategies to help seniors remain in their homes:</p> <ul style="list-style-type: none"> • Enhance community outreach and education at such locations as senior centers, health facilities and doctors' offices, food banks and places of worship 	<p>NCOSCA, health care providers, non-profits, faith-based organizations</p>	<p>\$</p>	<p>Available</p>
<p>Expand financial management education and training programs by:</p> <ul style="list-style-type: none"> • Providing case management services and financial management training opportunities to persons receiving public assistance • Encouraging the provision of financial management education in high schools and colleges 	<p>NCOHHS, NCDSS, school districts, universities and colleges</p>	<p>\$</p>	<p>Partially available; funding needed</p>
<p>Meet specific housing needs of special populations by improved linkages of people to services by expanding case management capacity through a coordinated system</p>	<p>NCOHHS, NC "No Wrong Door" agencies, non-profits</p>	<p>\$</p>	<p>Available</p>
<p>Address specific youth needs, with particular attention to young people aging out of foster care by:</p> <ul style="list-style-type: none"> • Advocating with Housing Authorities and HUD to include youth aging out in the Family Unification Program • Develop policies that include planning for aging out as part of the foster care system as proposed by the Child Welfare League of America 	<p>NCDSS, NC Youth Board, children's services at state and county level</p>	<p>\$\$</p>	<p>Funding needed</p>

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 4: Prevent individuals from becoming homeless upon discharge from medical/mental health institutions, assisted living facilities, nursing homes, and prison. Identify persons with mental illness at risk for homelessness and direct them to appropriate housing and support services.

Actions	Proposed Partners	Cost	Funding Status
Improve discharge planning procedures by: <ul style="list-style-type: none"> • Conducting training conferences with hospitals to provide information to discharge planners, including proposals for ongoing follow-up. • Placing DSS workers at the Department of Corrections to facilitate discharge planning and prevent homelessness. • Developing recommendations to the County Executive for an Executive Order on discharge planning policies. • Developing more formalized interagency procedures for referral and follow-up. • Developing discharge information and training for in-patient facilities, psychiatric and substance abuse facilities. • Advocating for statewide discharge planning standards for assisted living facilities. 	NCDSS, NCDOC, County Executive, NCDSCA, Nassau-Suffolk Hospital Council, 10-Year Plan Standing Committee	\$	Partially available
Expedite the Single Point of Access (SPA) application process for homeless persons with severe mental illness by: <ul style="list-style-type: none"> • Creating a part-time psychiatrist position in a pilot program to assist with the SPA application. • Establishing a short-term committee to develop strategies to streamline the SPA process. • Establishing a year-round residential program with case management and other services as a safe place to stay until appropriate housing is found. 	NC DSS, NC MHCDDDS, NUMC, NYSOMH. CoC, non-profits, public/private partnerships	\$\$	Partially available
Expand housing opportunities for those with mental health issues who do not fit the criteria of chronically homeless by: <ul style="list-style-type: none"> • Developing community residence/Single Room Only CR/SRO beds • Creating a public awareness campaign. 	NCOHHS, non-profits with municipal partner, MHCDDDS, Implementation Committee, CoC	\$\$\$	Partially available; funding needed
Increase uniformity of information by developing and utilizing, to the extent possible, universal intake, discharge and information release forms that include informed consent.	NCOHHS, NC “No Wrong Door” agencies, NUMC, NCDOC		

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 5: Prevent veterans from becoming homeless upon discharge, assure they receive necessary services and link homeless veterans to appropriate services and assistance.

Actions	Proposed Partners	Cost	Funding Status
<p>Address the special needs of veterans who have returned and are expected to return to Long Island with particular attention to those suffering from PTS and TBI, amputation and other severe injuries by:</p> <ul style="list-style-type: none"> • Undertaking targeted planning to identify the estimated numbers of veterans with significant disabilities expected to return to Nassau County. • Renovating existing housing and developing appropriate housing to meet the needs of this population. • Incorporating best practices into programs developed to address the needs of disabled veterans. • Bringing together public and non-profit providers to coordinate and maximize services and resources. • Identifying homeless and at-risk veterans and connect them with federal, state and local assistance and resources. 	<p>Implementation Committee, NCVSA, public and private agencies, organizations and developers</p>	<p>\$\$\$</p>	<p>Partially available; funding needed</p>

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 6: Increase the number of emergency, transitional and permanent housing units in Nassau County to address the needs of the chronically homeless and other homeless individuals and families, and reduce or minimize the length of time people remain homeless or in transitional housing.

Actions	Proposed Partners	Cost	Funding Status
Develop additional supportive housing beds, including permanent supportive housing beds. .	NCOHHS, CoC, NC OHIA, HOME, NYS OMH, SONYMA	\$\$\$	Partially available; funding needed
Provide appropriate emergency and permanent housing options for identified at-risk and homeless subpopulations by: <ul style="list-style-type: none"> • Accessing additional funding to adapt housing and meet building codes and the Americans with Disabilities Act (ADA) standards for current and future occupants. • Expanding the ability to use HOME funds and seek additional sources of funding to help landlords convert existing non-accessible apartments to accessible apartments. • Encouraging non-profits and faith-based organizations to provide emergency shelter on an alternating or rotating basis. 	NCOHHS, OHIA, United Way, non-profits, NCDSCA, DSS, CoC, NC OPC, local CDA's, building departments, non- -profits, faith-based organizations	\$\$\$	Partially available; funding needed
Ensure that families of different sizes, including large families, are considered in the development of new housing through community outreach, and education, including through advocacy to public officials, developers, civic organizations, etc.	Standing Committee, Implementation Committee, public and private agencies	\$	Available
Expand rental and homeownership opportunities through: <ul style="list-style-type: none"> • Development of affordable single-family homes and substantial rehabilitation of existing housing • Advocacy for and identification of additional resources to support new housing development and renovation • Community education. 	NCOHHS, NCOHIA, Implementation Committee, NC Panel on Next Generation Housing, developers, non-profits, faith-based agencies, civics, Chambers of Commerce	\$\$\$	Funding needed
Improve shelter placement procedures by: <ul style="list-style-type: none"> • Developing appropriate assessment criteria to better identify housing needs. • Logging and tracking clients who have been placed, including client history and background. • Identifying services available at each shelter and making information available to DSS staff during intake. • Developing written standards for shelter placement 	NCOHHS, NCDSS, shelter providers	\$	Available
Assess and implement policies related to the client assistance process by developing pop-up menus and check lists for use by intake personnel to assure comprehensive and consistent information exchange with clients.	NCOHHS, DSS, Implementation Committee	\$	Available

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 7: Expand and increase access to services and resources that will assist homeless persons and those persons on the verge of homelessness and improve their lives.

Actions	Proposed Partners	Cost	Funding Status
Create mechanisms to enable unsheltered persons to access services by: <ul style="list-style-type: none"> • Establishing a year-round Warm Bed type program with on-site case management. • Developing partnerships with universities to utilize graduate students in social work and related fields to assist with outreach. • Utilizing and enhancing a mobile crisis team with court petition authority providing the capability to admit a person immediately. 	NCOHHS, NCDSS, service providers, local universities, County Attorney	\$	Available
Build on the “No Wrong Door” approach to develop a more coordinated strategies to prevent homelessness and assist persons who are homeless to exit homelessness by: <ul style="list-style-type: none"> • Developing an electronic resource that will facilitate access to information and resources – researching successful models. • Presenting additional homeless cases at the “Case of the Week” meeting 	NCOHHS, DSS	\$	In Place, available
Address transportation needs for childcare, housing search, job hunting, education, job training, medical and other appointments	NCOHHS, Implementation Committee, consultant	\$\$	Partially available; funding needed
Develop a “one-stop shopping model” for chronically homeless persons to provide psychiatric assessments, diagnosis, medication and admission of persons using substances.	NUMC, MHDDDS	\$	Available
Increase cultural competence and sensitivity of all staff by: <ul style="list-style-type: none"> • Making concerted effort to understand special needs of persons of all races and ethnicities. • Providing Spanish-speaking staff and materials and interpreters for other major immigrant populations. • Providing Unraveling Racism Training and other specific cultural sensitivity training. 	ERASE Racism, CASA, other multi-cultural organizations	\$	Available

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 8: Increase public acceptance and understanding of affordable housing and promote the development of new housing opportunities, and service locations for homeless persons, persons on the verge of homelessness and other extremely low-, low- and moderate-income individuals and families who are shut out of Nassau’s housing market.

Actions	Proposed Partners	Cost	Funding Status
Expand and improve accessory housing in Nassau County by educating public officials and local communities about successful accessory housing programs.	NCOHHS, Implementation Committee	\$	Available
Develop a public awareness campaign that focuses on the need for and advantages of affordable housing in Nassau County by: <ul style="list-style-type: none"> • Educating the general public about the ways to prevent homelessness, identifying the “face of homelessness” in Nassau County, and explaining how homelessness can happen to anyone. • Including discussion in community education and outreach about young adults, essential services and emergency personnel leaving Nassau County due to high housing costs. 	NCOHHS, Implementation Committee	\$	Available
Develop a Nassau County Affordable Housing Plan for allocating affordable rental and homeownership units in communities and downtowns throughout the County.	NCOHIA, NCOHHS, NC Planning Dept. NC Panel on Next Generation Housing, consultant		In place, available

Note: Index of Abbreviations is located at the end of this Chapter

GOAL 9: Provide educational opportunities and job training for homeless persons and persons at risk of homelessness.

Actions	Proposed Partners	Cost	Funding Status
Develop partnerships between service providers and local businesses, educational institutions and unions by: <ul style="list-style-type: none"> • Identifying opportunities for providers of job training services to collaboratively approach the provision of education and job training. • Investigating grants, subsidies and tax benefits that may be available to organizations and businesses to fund and develop training. • Developing training consistent with job growth areas. • Targeting involvement of small to mid-sized businesses. 	NCOHHS, NCDSS, NCDSCA, Implementation Committee, businesses, non-profits, educational institutions, unions	\$	Available
Assist service providers to access funding for job training by advocating collaboratively for funding for education and job training that may help prevent homelessness and help people exit homelessness more quickly and/or remain housed.	NCOHHS, NCDSS, NC SCA, Implementation Committee, non-profits	\$	Available

Index of Abbreviations

NC CoC	Nassau County Continuum of Care
ERASE Racism	Education, Research, Advocacy, and Support to Eliminate Racism
HOME	Home Investment Partnership Program
NC Attorney	Nassau County Attorney
NC CASA	Nassau County Coordinating Agency for Hispanic Americans
NC Corrections	Nassau County Department of Corrections
NC MHCDDDS	Nassau County Department of Mental Health, Chemical Dependency, and Developmental Disabilities Services
NC Senior Citizen Affairs	Nassau County Department of Senior Citizens Affairs
NC Veterans Department	Nassau County Veterans Service Agency
NC Youth Board	Nassau County Youth Board
NCDSS	Nassau County Department of Social Services
NC Rent Guidelines' Board	Nassau County Rent Guidelines Board
N-S Hospital Council	Nassau-Suffolk Hospital Council
NUMC	Nassau University Medical Center
NYS OMH	New York State Office of Mental Health
NYS DHCR	NYS Division of Housing & Community Renewal
NC OHIA	Nassau County Housing and Intergovernmental Affairs
NC OHHS	Nassau County Office of Housing and Homeless Services
SONYMA	State of New York Mortgage Agency

X. DEFINITION OF TERMS

Throughout this document, terms have been used that may be unfamiliar to those who are not part of the existing housing and service delivery system for homeless individuals and families. Even among those who work within this system, terms have varying meanings. For example, the definition of “homelessness” differs among the federal and New York State agencies that fund programs that serve this population. The following definitions are presented to clarify the meaning of the terms used in this Plan.

Administrative Hearing/Administrative Law Judge Hearing – A hearing before an Administrative Law Judge in which a person seeking Social Security disability benefits may present testimony concerning their disability(ies). The Administrative Hearing is the second stage in the disability determination appeal process after an application for benefits has been denied by the State Disability Determination Services (DDSs).

Affordability Gap – The difference between what households can afford and the cost of housing.

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

Aftercare – Follow-up medical care or supervision for individuals released from a hospital or emergency room.

Boarding Home – A private business providing sleeping accommodations, meals and laundry services to the public, paid for on a daily or monthly basis, carried out by individuals, sometimes using their own home. Most boarding homes are not licensed or regulated.

Chronic Homelessness – This document uses the definition provided by the U.S. Department of Housing and Urban Development. The HUD definition of a chronically homeless person is “an unaccompanied single adult with a disabling condition who has been continuously homeless for one year or who has experienced four or more episodes of homelessness within the last three years.” It should be noted that this definition excludes families and homeless youth, even though many families and persons under the age of 18 may have experienced similar long-term homelessness. While the Nassau County Plan addresses the needs of families and youth who have experienced long-term homelessness, only single adults with disabling conditions are discussed under the section that specifically addresses chronic homelessness.

Continuum of Care (CoC) – A network of services designed to help homeless persons make the transition to maximum independence and self-sufficiency. The Continuum of Care is HUD’s proposed model for addressing homelessness.

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

Emergency Housing – Short-term housing provided in response to a housing crisis, offered either in emergency shelters (congregate facilities used for this purpose) or motel rooms funded as emergency housing by either a public or not-for-profit agency.

Emergency Shelter – Any facility, the primary purpose of which is to provide temporary or transitional shelter for homeless persons in general or for specific populations of homeless persons.

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

Homelessness – This plan uses the HUD definition of homelessness, which follows: sleeping on the streets or places not meant for human habitation; sleeping in an emergency shelter (or a motel room funded as emergency housing); living in transitional housing after having been on the streets or in emergency shelter; staying for a period of up to 30 days in a hospital or other institution after having been on the street or in emergency shelter; being threatened with an eviction within one week from a private dwelling unit; or being discharged within one week from an institution in which the resident has been a resident more than 30 days and no appropriate housing has been identified. It should be noted that this definition does not include persons who are precariously housed due to paying too high a percentage of their incomes for rent, nor those doubled up with family or friends because no other housing is available. This Plan includes homelessness prevention strategies targeted to these at-risk populations.

Homelessness (Nassau County Definition) - The condition of homelessness in Nassau County extends beyond the definitions of homelessness and chronic homelessness prescribed by the U.S. Department of Housing and Urban Development (HUD). The County has recognized that homelessness may be temporary, episodic, and seasonal. In addition, the County has noted the “hidden homeless,” persons doubled-up not by choice, who are not included in traditional homeless counts and also persons chronically on the verge of homelessness, who, without intervention, may become homeless.

Housing Choice Voucher – The current name for the Section 8 Housing Program, which still tends to be referred to as the Section 8 Program. (Please see “Section 8 Program” below.)

“Housing First” Model – A model that focuses on securing permanent housing, coupled with intensive supportive and treatment services, as quickly as possible for individuals and families after they have become homeless. In contrast, the more traditional housing model requires homeless persons to successfully complete different “stages” of housing (such as emergency housing and transitional housing) in order to demonstrate housing “readiness”. In the traditional housing model, completion of each housing stage requires physical movement to new housing, causing disruption with each move.

U.S. Department of Housing and Urban Development (HUD) – A cabinet-level agency of the federal government whose mission is to increase homeownership, support community

development and increase access to affordable housing free from discrimination. HUD is the primary federal funder of low-income housing for homeless persons.

“Low-Demand” Housing – Housing that allows program participants who are in need of supportive and treatment services to determine the type and intensity of services that they receive rather than having to comply with pre-existing service and treatment requirements. Studies indicate that most program participants eventually do agree to accept supportive and treatment services when allowed to access them according to their own timetable.

Low-Income Housing – Housing that is affordable to those who are at or below 30 percent of the median income for the area in which they live. This is housing for very impoverished persons, many of whom are reliant on Supplemental Security Income (SSI) or temporary assistance through the Department of Social Services as their only income.

Mainstream Programs – Publicly funded programs providing services, housing and/or financial assistance to eligible persons, regardless of whether they are homeless.

Permanent Housing – Housing that can be occupied for an indefinite period, as long as the tenant complies with lease requirements. One type of permanent housing is permanent supportive housing, which is permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed.

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

Poverty – The set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the U.S., this level is determined by the Department of Health and Human Services. The Federal Poverty Level varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

President’s Interagency Council on Homelessness – Congress established the President’s Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

Public Housing – Housing, usually operated by public housing authorities, established to provide decent and safe rental units for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments for elderly families.

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

Safe House – Temporary housing that offers a residence to people who have been unwilling or unable to participate in other housing and services. .

Section 8 Housing Program (now called the Housing Choice Voucher Program) - Housing assistance secured from a local housing authority or other authorized provider, in the form of direct payments to landlords, that low-income people can use to rent apartments and homes in the private market.

Self-Sufficiency Standard – How much income is needed for a family of a given composition, in a given place, to adequately meet basic needs.¹

Single Room Occupancy (SRO) – Permanent housing providing an individual a single room in which to live. These units may contain food preparation or sanitary facilities, or these may be shared with others.

Social Security Disability Insurance (SSDI) – A federally-funded wage-replacement program, administered by the Social Security Administration, for those who have a disability meeting Social Security rules and who have paid Federal Insurance Contributions Act (FICA) taxes. SSDI is financed with Social Security taxes paid by workers, employers, and self-employed persons. SSDI benefits are payable to disabled workers, widows, widowers, and children or adults disabled since childhood who are otherwise eligible. Benefits usually continue until the individual is able to work again on a regular basis.

Substance Abuse Treatment “On Demand” – Treatment for substance use disorders available to any and all who need it, immediately or soon after they request it. The need for treatment “on demand” is based on the premise that there is only a short window of opportunity after an individual with substance abuse problems has agreed to accept treatment. If treatment is not made available soon after this decision has been made, the individual may change his or her mind, or give up, and the opportunity for rehabilitation will be lost.

Supplemental Security Income (SSI) – A federal income supplement program that pays monthly benefits to people who are disabled, blind or at least 65 years old and who have limited income and resources. The program provides cash to meet basic needs for food, clothing, and shelter. Once an individual has established eligibility for SSI, he/she is automatically eligible for Medicaid.

¹ Pearce, Diana, Brooks, J. *The Self-Sufficiency Standard for New York*. New York State Self-Sufficiency Standard Steering Committee. September 2000.

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

- “Wrap-around” services addressing all aspects of client need
- Informal as well as agency-provided services
- Flexible funding for services
- Surrogate family support/mentoring

Transitional Housing – (1) One type of supportive housing used to facilitate movement of homeless individuals and families to permanent housing. (2) Housing coupled with supportive and treatment services that is provided on a time-limited basis (in most cases, not exceeding 24 months). The primary distinction between transitional housing and permanent housing is that in transitional housing, the program, not the participant, determines the length of stay.

Wrap-around Services – Services based on the needs of the individual, rather than the availability or convenience of services; includes both conventional agency-based services and informal services available through the community, family and other resources.