



NORTHEAST TENNESSEE/VIRGINIA HOME CONSORTIUM

&

BRISTOL, TN COMMUNITY DEVELOPMENT BLOCK GRANT

2018-19 Consolidated Annual Performance Evaluation Report (CAPER)

Prepared for:
THE U. S. DEPARTMENT OF
HOUSING & URBAN DEVELOPMENT

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CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

The Northeast Tennessee/Virginia HOME Consortium completed its sixteenth year as a Consortium in 2018-19. This group of localities, including Bristol, Tennessee and Bristol, Virginia, Kingsport, Johnson City, Bluff City, Sullivan and Washington Counties, Tennessee, established the first and only HOME Consortium in the State of Tennessee. Four of the Cities also receive CDBG Entitlement funding (Bristol, VA, Bristol, TN, Kingsport and Johnson City). The use of funds addressed the priorities and specific objectives as identified in the Consolidated Plan/Action Plan, giving special attention to the highest priority activities identified.

The Consortium has concentrated on the following HOME objectives:

- Provide decent affordable housing to lower-income households;
- Expand the capacity of nonprofit housing providers;
- Expand the ability of State and local governments to provide housing;
- Leverage private sector participation;
- Homeownership (down-payment and closing cost assistance); and
- Owner-occupied rehabilitation/reconstruction activities for low and moderate-income households.

During the 2018-19 fourth year Action Plan period, the Consortium has:

- Assisted 14 households with the purchase of owner-occupied real estate with an average assistance cost of \$9,964.00 and an average purchase price of approximately \$121,621.00. Down-payment assistance total was \$139,500.00.
- Rehabilitated one (1) owner-occupied home;
- Spent a total of \$130,945.00 in homeowner rehab/reconstructions;
- Totally reconstructed one (1) owner-occupied home; and
- Formed partnerships with other agencies, lenders and nonprofit groups to leverage additional funds in order to serve lower income clients who were previously unable to purchase homes.

PARTNERSHIPS:

- Total Homeownerships – (Total 14)
- Holston Habitat – 4
- Eastern 8 CDC – 3
- Tennessee Housing Development Agency (THDA) Programs – 2
- USDA-RD – 2
- Eastman Credit Union – 2
- Benchmark – 1

Total Mortgage Amount - \$1,409,239 (first mortgages)

Average Amount of Loans - \$100,660.00

CHDO funds for 2017-18 were committed to HORIZON CDC and a rental rehab project was completed with CR Funds.

Bristol, TN CDBG priorities have been;

- Rehab (Emergency & Substantial);
- Public Services
- Neighborhood Stabilization/Demolition of single-family structures.

The Bristol, Tennessee CDBG Program was allocated \$182,808.00 for 2018-19 and was able to rehab ten (10) low-income homes, completed four (4) demolitions and helped 12 low-income families receive daycare (public services).

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
At-risk supportive housing development	Affordable Housing Homeless Non-Homeless Special Needs		Tenant-based rental assistance / Rapid Rehousing	Households Assisted	25	250	1,000.00%			
At-risk supportive housing development	Affordable Housing Homeless Non-Homeless Special Needs		Overnight/Emergency Shelter/Transitional Housing Beds added	Beds	25	40	160.00%			
First Time-Homeownership Opportunity	Affordable Housing	CDBG: \$ / HOME: \$	Homeowner Housing Added	Household Housing Unit	0	31		0	0	
First Time-Homeownership Opportunity	Affordable Housing	CDBG: \$ / HOME: \$	Direct Financial Assistance to Homebuyers	Households Assisted	75	35	46.67%	23	16	69.57%
Homeless Assistance	Homeless	CDBG: \$	Homeless Person Overnight Shelter	Persons Assisted	100	119	119.00%			
Homeless Assistance	Homeless	CDBG: \$	Overnight/Emergency Shelter/Transitional Housing Beds added	Beds	0	0				

Homeowner Rehabilitation	Affordable Housing	CDBG: \$ / HOME: \$	Rental units rehabilitated	Household Housing Unit	0	2				
Homeowner Rehabilitation	Affordable Housing	CDBG: \$ / HOME: \$	Homeowner Housing Added	Household Housing Unit	0	1				
Homeowner Rehabilitation	Affordable Housing	CDBG: \$ / HOME: \$	Homeowner Housing Rehabilitated	Household Housing Unit	50	69	138.00%	18	21	116.67%
Neighborhood Revitalization	Neighborhood Improvements	CDBG: \$ / HOME: \$0	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1000	0	0.00%			
Neighborhood Revitalization	Neighborhood Improvements	CDBG: \$ / HOME: \$0	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit	Households Assisted	0	0		100	0	0.00%
Neighborhood Revitalization	Neighborhood Improvements	CDBG: \$ / HOME: \$0	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	0	0				

Neighborhood Revitalization	Neighborhood Improvements	CDBG: \$ / HOME: \$0	Buildings Demolished	Buildings	5	12	240.00%	0	3	
Public Services	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit	Households Assisted	12	12	100.00%			
Public Services	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	12		0	0	
Public Services	Non-Housing Community Development	CDBG: \$	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	0	0		12	12	100.00%
Rental Housing Opportunities	Affordable Housing	CDBG: \$0 / HOME: \$	Rental units constructed	Household Housing Unit	25	4	16.00%	0	0	
Single-Family Housing Development	Affordable Housing		Homeowner Housing Added	Household Housing Unit	50	0	0.00%			

Table 1 - Accomplishments – Program Year & Strategic Plan to Date

Assess how the jurisdiction's use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

The **HOME Consortium** has addresses the priorities and specific objectives in the Plan in the following ways with special attention given to the highest priorities:

- Homebuyer assistance for first-time homeowners;
- Homeowner Rehab/Reconstruction;
- Expand rental opportunities; and
- Development of transitional and supportive housing for at-risk clients.

Bristol CDBG priorities have been;

- Rehab (Emergency & Substantial);
- Public Services; and
- Neighborhood Stabilization / Demolition of single-family structures.

ARCH is our main Homeless Assistance arm and the regions Continuum of Care (CoC) agency - our HOME and CDBG programs do not financially assist ARCH; however we do support their efforts and are regional partners.

CDBG's only goal nont achieved was "Neighborhood Revitalization" . Staff was able to complete the environmental review and the actual activity set-up but the City has not started the sidewalk project at this time. So, I am unable to report progress. The City has made plans and will start the project soon.

The Bristol CDBG program has also been working with the United Way of Bristol on ALICE. The United Way ALICE (Asset Limited, Income Constrained, Employed) Report Study of financial hardship for Bristol and our region is expected to be released in Fall 2019.

CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

91.520(a)

	CDBG	HOME
White	19	14
Black or African American	3	2
Asian	0	0
American Indian or American Native	0	0
Native Hawaiian or Other Pacific Islander	0	0
Total	22	16
Hispanic	1	0
Not Hispanic	21	16

Table 2 – Table of assistance to racial and ethnic populations by source of funds

Narrative

There was a total of 22 families assisted with CDBG funds, three of which were Black or African American and one Hispanic.

There were a total of 16 families assisted with HOME funds, two of which were Black or African American and 14 were white.

HOME Persons Assisted 42

Race – White 14 Households

African American 2 Households

Hispanic 0 Households

Household Type

Single-Parent Female 8 Households

Single-Parent Male 0 Household

Single, Non-Elderly 3 Households

Two Parents 1 Households

CAPER

Other	1 Households
Single	0 Households
Elderly	3 Household
Single, Elderly	0 Households

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	public - federal	369,350	201,385
HOME	public - federal	2,049,316	482,971

Table 3 - Resources Made Available

Narrative

Resources for the CDBG program included a 2018-19 allocation of \$182,808.00, program income of \$18,099.95 and \$168,441.76 in PY carryover. The CDBG program for Bristol Tennessee expended **\$201,384.82** in the 2018-19 program year.

Resources for the HOME program include a 2018-19 allocation of \$1,137,999.00 program income of \$103,475.11 and \$807,841.73 in PY carryover. The HOME program for the Northeast Tennessee/Virginia HOME Consortium expended **\$482,970.58** in the 2018-19 program year.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description

Table 4 – Identify the geographic distribution and location of investments

Narrative

The Consortium was awarded 2018-19 HOME funds of \$1,137,999.00. The breakdown of allocations and geographic distribution and location of investments to the separate entities within the Consortium is as follows:

1. Administration (10%): \$113,799.90 - The City of Bristol, Tennessee serves as the Lead Entity for the HOME Consortium and therefore receives this money to administer the program. Additionally, the City of Bristol has contracted with the First Tennessee Development District to assist with the administration of the program.
2. CHDO Set-aside (15%): \$170,699.85
3. Bluff City, Tennessee: \$10,000.00 (flat amount each year)
4. Bristol, Tennessee (11%): \$99,348.28 (2018 allocation and carryover)
5. Bristol, Virginia (9%): \$171,166.87 (2018 allocation and carryover)
6. Johnson City, Tennessee (27%): \$311,375.22 (2018 allocation and carryover)
7. Kingsport, Tennessee (23%): \$363,311.60 (2018 allocation and carryover)
8. Sullivan County, Tennessee (17%): \$248,049.83 (2018 allocation and carryover)

9. Washington County, Tennessee (13%): \$279,355.35 (2018 allocation and carryover)

The HOME Consortium Board approves the individual allocations on an annual basis. The percentages for Admin and CHDO set-aside are HUD requirements. HUD's Consortia Participating Member's Percentage Report is used as a guide for allocating funds but may vary slightly.

Priorities established for Consortium funds are homeownership assistance, rehab/reconstruction of single-family, owner-occupied housing and rental rehailitation.

Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

"Other" public and private resources were utilized to address the needs within the Consortium area. Some examples include: Federal Home Loan Bank, USDA Rural Development, Tennessee Housing Development Agency (THDA), Federation of Appalachian Housing Enterprise, Holston Habitat for Humanity, and Appalachia Service Project (ASP).

Funds in the amount of **\$560,807.00** were leveraged by lenders who assisted homebuyers Consortium-wide.

The required match for the Northeast Tennessee/Virginia HOME Consortium is 25%. This was accomplished through working with private organizations, i.e., Holston Habitat for Humanity and the Tennessee Housing Development Agency, offering subsidized interest rates to the homebuyer (foregone interest). Private and state loans/grants, such as nonfederal funds from the Federal Home Loan Bank of Cincinnati are also utilized as are THDA New Start loans through Eastern Eight CDC.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	9,005,362
2. Match contributed during current Federal fiscal year	624,669
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	9,630,031
4. Match liability for current Federal fiscal year	156,168
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	9,473,863

Table 5 – Fiscal Year Summary - HOME Match Report

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
See uploaded MATCH LOG report	0	0	0	0	0	0	0	0

Table 6 – Match Contribution for the Federal Fiscal Year

HOME MBE/WBE report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
0	0	0	0	0

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Dollar Amount	0	0	0	0	0	0
Number	0	0	0	0	0	0
Sub-Contracts						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
	Total	Women Business Enterprises	Male			
Contracts						
Dollar Amount	0	0	0			
Number	0	0	0			
Sub-Contracts						
Number	0	0	0			
Dollar Amount	0	0	0			

Table 8 - Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired		0		0		
Businesses Displaced		0		0		
Nonprofit Organizations Displaced		0		0		
Households Temporarily Relocated, not Displaced		0		0		
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	100	119
Number of Non-Homeless households to be provided affordable housing units	12	26
Number of Special-Needs households to be provided affordable housing units	75	0
Total	187	145

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	131
Number of households supported through The Production of New Units	0	0
Number of households supported through Rehab of Existing Units	10	0
Number of households supported through Acquisition of Existing Units	6	0
Total	16	131

Table 12 – Number of Households Supported

Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

In the table above, the Actual 26 non-homeless households provided affordable housing units were the same ones assisted with the downpayment assistance program through the HOME program and through ARCH programs (14 HOME Homeownerships and 12 ARCH related).

The HOME Consortium has made this a major focus and continues to work towards the overall five-year goal stated in the Consolidated Plan in the first four years of the plan.

The HOME Consortium assisted 14 households with the purchase of owner-occupied homes with an average assistance cost of \$9,964.00 and an average purchase price of \$121,621.00.

ARCH, the regional Continuum of Care is responsible for assisting the homeless with affordable units as well as addressing individuals with special needs.

Housing First Goals: 1) 75% of Clients who access Coordinated Entry will be referred to a Housing Service. 2) 15% of Clients who receive housing services will transition into housing. Housing First outcomes: 1) Homeless will become involved in Coordinated Entry System so they are more likely to participate in the Continuum of Care; 2) Increase the number of participants referred to Housing Services through the Coordinated Entry System; and 3) Increase the number of participants who transition to safe, healthy, affordable housing.

ARCH CoC has encountered few problems, if any, in assisting clients with access to housing services, which include resources outside ESG and CoC, i.e. HandUp, LIHEAP, CDBG, etc. However, due to a lack of affordable housing in the area, particularly in Bristol, transitioning to actual housing is a challenge. Secondly, transportation is an issue for accessing what housing is available.

The outcomes and accomplishments of the HOME Consortium and CDBG have met the goals set out in the Consolidated Plan / Action Plans. No problems were encountered in meeting our goals.

Discuss how these outcomes will impact future annual action plans.

Future Action Plans will continue to address the needs of low to moderate-income families to provide affordable housing through downpayment assistance and rehab/reconstruction. Future annual Action Plans are compiled through the participation of all members of the Consortium. The HOME Consortium is composed of three municipalities as well as two counties and one small city. As a result, needs vary, but all have come together to meet the common goals of addressing homeownership and rehab/reconstruction. The Consortium will work to support the continued efforts of ARCH and attend CoC meetings.

Numbers reflected in HMIS for successful housing placements will demonstrate success in meeting 15% goal. If not met, which is likely, ARCH will continue to work with the PJ and Consortium, low-income developers, CHDOs, etc. to develop innovative resources for construction and rehab of affordable housing to meet unmet housing needs while collaborating with service providers to address transportation issues.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	15	1

Low-income	3	8
Moderate-income	4	7
Total	22	16

Table 13 – Number of Households Served

Narrative Information

CDBG: 12 extremely low-income households were assisted with Public Service funding, and 3 additional extremely low, 3 low-income households and 4 Moderate-income households were helped in rehabs for a total of 22.

HOME: The breakdown for HOME-assisted households (rental, homeownership and rehab/reconstruction) is **16** as listed above.

Evaluation of progress - Consortium progress reports are presented and reviewed quarterly at the Northeast Tennessee/Virginia HOME Consortium Board Meetings. Bristol CDBG progress reports are made monthly (September thru April) at the Community Development Advisory Committee meeting. Each of our programs is evaluated on the local level by Bristol, TN City Council and individually by each participating jurisdiction. We try to do the best we can with the funding allocated.

The rental projects were CHDO projects, and several low-income persons (in Kingsport) received HOPWA assistance. They were not undertaken to address worst-case housing needs. The Bristol Housing and each local housing authority in the Consortium plan for worst-case needs.

Unfortunately, Bristol Housing has a wait list for housing assistance. Bristol, VA, Kingsport, and Johnson City are accepting families depending on size needed.

See CR-50 Screen for Additional Actions Taken to Foster and Maintain Affordable Housing.

CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Appalachian Regional Coalition on Homelessness (ARCH) is the lead entity that manages the Continuum of Care planning process and consists of representatives from the eight counties of the northeast Tennessee region – Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington—as well as the municipalities of Kingsport, Bristol and Johnson City. The Northeast TN/VA HOME Consortium members are participants in the CoC process and have contributed to its success. ARCH has created a strong Continuum of Care as defined by the U. S. Department of Housing & Urban Development.

ARCH has implemented weekly outreach forays to encampments and known locations where the homeless congregate. Additionally, ARCH has been awarded an AmeriCorps grant to station members at various Host sites within the jurisdiction to perform outreach to engage, identify and encourage the homeless to present to access sites to assess their needs.

Each year the City of Bristol, Tennessee as well as all participating jurisdictions take part in a nationwide homeless count. This count is under the leadership of Appalachian Regional Coalition on Homelessness (ARCH) for the Tennessee localities and People, Incorporated for Bristol, Virginia. During this time, homeless persons are sought out and interviewed one on one. The volunteer conducting the interview gathers as much information as possible, refers the homeless person to services they may not be aware of, and then contacts appropriate agencies about the individual. Many of the unsheltered persons are so because of the rules and regulations of the local shelters concerning drug or alcohol use. Others have mental disorders and feel limited in their options for housing. Throughout the year, various committees and organizations meet, including ARCH, Family Promise, Poverty Awareness and Education Task Force, and many others to discuss the needs of the homeless and finding suitable housing solutions for them.

Addressing the emergency shelter and transitional housing needs of homeless persons

As Collaborative Applicant, ARCH leads and implements the planning process for Continuum of Care (COC) funding to provide emergency shelter and transitional housing to the homeless. 2018 Point in Time (PIT) Count demonstrated 17% chronically homeless which served as rationale for funding a new CoC Rapid Rehousing Project to ASafeHarborHome in the 2018 CoC Competition. In 2019 CoC funding Competition, ARCH reallocated existing PSH funds to create a new Rapid Rehousing Project to address further decrease to 13% in non-chronic population demonstrated by 2019 PIT. Abuse Alternatives, Domestic Violence Shelter, new Continuum of Care applicant in 2018 was awarded funding under the Domestic Violence (DV) Bonus to assist DV clients in accessing services in conjunction with ARCH

Collaborative Applicant to create a coordinated entry system to improve referrals and remove barriers to entry among the vulnerable DV population transitioning from shelter to housing.

The mission of Family Promise of Bristol is to provide temporary, transitional shelter for families with children that are encountering homelessness. Through intensive case management, our program assists the families with becoming self-sufficient while the desired outcome is leading to stable housing.

The Cities of Bristol, Kingsport and Johnson City participate in Family Promise programs. This program houses homeless families in area churches for one week at a time and then rotates to another church. Families are provided laundry facilities and children are helped with homework so that they can continue to attend school. Families are also made aware of services in the community.

Family Promise strives to provide an intensive case management program while teaching deep and long-lasting techniques and skills. The program focuses on the quality of services provided, proving for a stronger outcome, rather than the number of individuals served.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

ARCH Coordinated Entry process allows for rapid rehousing and permanent supportive housing options by connecting homeless and chronically homeless to ESG-CoC-funded RR and PSH, and Section 8, Public Housing and market rental units. ARCH is a CoC Dedicated-Plus Program awardee, which allows those clients who were chronically homeless at intake and have cycled through housing and failed, to maintain their chronic status and access permanent supportive housing. This will target ARCH predominant homeless population who cycle through the justice system; hospital; shelters, and encampments, to transition from the streets to permanent supportive housing, preventing returns to homelessness due to loss of chronic status.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Homeless service providers follow the Housing First Model to transition homeless recipients into permanent housing using rapid rehousing and permanent supportive housing rental assistance. Case

management is the key to preventing families or individuals from becoming homeless again. Our agencies are making sure that service are provided to ensure success.

CR-30 - Public Housing 91.220(h); 91.320(j)

Actions taken to address the needs of public housing

There are four public housing agencies within the Consortium boundaries. Please see the individual CDBG chapters for 2018-19 actions to address the needs of public housing.

The City of Bristol is actively involved with the local public housing agency. Numerous referrals are made between the City and Bristol Housing to assist residents and prospective residents. For example, public housing residents have been referred to the Community Development Specialist to make application for the Affordable Homeownership Program. In turn, the Community Development Specialist has referred families seeking rental housing to Bristol Housing. There is a strong and good working relationship between the two agencies. To date, Bristol Housing has had 8 tenants make successful transitions to the HCV Home Ownership program.

Bristol Housing received \$2.30 million (Operating & Capital Fund) to assist over 500 LMI families. Of the 355 public housing units, 245 are designated for elderly or disabled and 110 "scattered site" units consist of single-family, duplex and townhouse units for families. It is estimated that more than half of the residents assisted were at or below 50% of the Area Medium Income (AMI). Most of the project based units consist of small families; however, of the program-assisted families, approximately 50 contain three or more members. This data is current as of the last reporting period.

Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

Public Housing Improvements: Bristol Housing (the Authority) continues to work closely with two resident councils whose memberships are active participants in the formulation of policies, physical improvements, and administration of the Authority. In addition, a website at www.bristol-housing.com is available for those seeking information via the internet. Prospective tenants apply for housing on line, eliminating the need to visit the office until a unit is actually available. Monthly meetings with the residents further enhance communication within the agency.

The increased participation of resident councils at Edgemont Tower and Fort Shelby indicates the successful relationship between residents and staff. A renovation program has upgraded most of the project-based units funded under the Consolidated Grant. Public Housing units are continually upgraded through the use of the Capital Funds Program.

Public Housing Resident Initiatives: The goal of encouraging resident initiatives, as described above, has been implemented with the creation of Resident Councils that were organized to address resident issues. In addition, the Councils are involved in policies and administrative issues that directly affect the lives of the residents. A Resident Advisory Board is formed each year to assist management with the preparation of the annual Agency Plan & the 5-year Capital Needs Plan. Community service requirements for the non-elderly/disabled provide opportunities for subsidy recipients to "give back" to their communities. Public Housing residents are now eligible for a preference if interested in becoming a homeowner under the HCV program. Bristol Housing currently has 7 successful residents who have transitioned to owning their own homes.

Actions taken to provide assistance to troubled PHAs

There are no troubled PHAs in the Consortium area. Bristol Housing was recently recognized as a "High Performer."

CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

The governing bodies of each of the Consortium members administer a number of ordinances and regulations that may in some way be considered obstacles to affordable housing. While some may be considered impediments, most also represent an integral part of administration for the greater good of the communities. The following regulations, codes, policies and obstacles are examined annually. Some may be necessary elements for planning and for public safety and welfare; however, each incorporates some degree of impediments to affordable housing.

1. Zoning Regulations
2. Subdivision Regulations
3. New Home Construction Codes
4. Unsafe Building Abatement Code
5. Property Taxes/City and County
6. Utility Board Restrictions
7. International Building Codes
8. Code Enforcement
9. Unfunded Mandates
10. Poor Credit History
11. Inadequate Paying Jobs
12. Increased restrictions on mortgage lending

The Consortium members have supported economic and community development in their respective municipalities. Cities and counties have allocated funds for capital budgeting and implementation of Capital Improvement Programs. NETWORKS Sullivan County is an example of our Economic Development partnership. We continue to exercise regional planning authority within the projected urban growth area, and the cities of Bristol, Virginia and Tennessee, as well as Johnson City and

Kingsport, have Planning Departments that oversee these activities. The Consortium is made up of various size communities (counties and cities) that consciously attempt to improve the negative effects of public policies that serve as barriers to affordable housing. Planning and Codes departments work with developers and contractors to work through problems. In Bristol, two "listening sessions" are held annually to improve communication.

Homeownership Month Proclamation - The City of Bristol, TN Proclamation to Declare the Month of June Homeownership Month. Throughout our nation's history, homeownership has been central to the American way of life. Homeownership plays a critical role in strengthening families and communities and, for those reasons, our nation has long promoted homeownership.

Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

Documentation required can be an obstacle. Applicants for aid can be denied due to not having the right paperwork or documentation. This does not necessarily mean that they don't need help, but it can be a barrier to obtaining that help. Simplification of processes and procedures where possible is important in taking that step toward meeting the underserved. Another example is that it may be difficult to reach low-income populations. Those in need are sometimes difficult to find due to their unwillingness to connect with others or desire to not be part of mainstream society. They may be homeless, and may not have telephone or transportation access. They may not speak English or may have other communication obstacles.

The HOME Consortium makes an effort to count the homeless and to reach out to those in need. The staff makes every effort to simplify the process and make it less cumbersome to those seeking assistance, while still meeting the rules and regulations of the HOME and CDBG programs.

Lastly, the cities of Bristol, Kingsport and Johnson City have Community Development representatives that serve on the First Tennessee Bank CRA Council. Community knowledge is a valuable source to local management in evaluating the quality of First Tennessee Bank's efforts to fulfill community needs and execution of our CRA plan. As advisors, and in such capacity to First Tennessee's Community Development Manager, they shall have the responsibility to share observations thereby helping First Tennessee understand the credit and financial service challenges facing our low-to-moderate income communities. The **NorthEast MSA** council shall be comprised of community advocates who represents a broad spectrum in matters that affect the low-to moderate-income communities focusing on four major areas as follows:

- Affordable Housing (i.e. Construction or rehabilitation of affordable housing , homebuyer counseling, down payment assistance program, closing cost assistance program)
- Economic Development (i.e. Job Creation, Small Business Growth)
- Revitalization and Sustainability of Low or Moderate Income Communities
- Community Services Targeted to Low-to-Moderate Income individuals.

Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

As part of its review, the HOME Consortium and City of Bristol, TN ensures that rehabilitation work conducted on pre-1978 homes that potentially have lead-based paint in the home require a risk assessment and clearance by a HUD-certified lead inspector. The work also is performed by a HUD-certified contractor who has been trained in safe work practices and has provided such training to his workers. The hazards of lead-based paint and the dangers of such paint are discussed with all rehab applicants and through distribution of the pamphlet entitled "Protect Your Family from Lead in Your Home." A newer booklet entitled "Renovate Right (Important Lead Hazard Information for Families, Child Care Providers and Schools)" is also distributed. The Affordable Homeownership Program also adheres to these regulations. Visual assessments are conducted on all homes.

Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

Economic Development Activities will often provide job opportunities for those families who are at or below the poverty level. An example of economic development can be as simple as coming in the form of sidewalks to an underserved neighborhood. Building sidewalks can make a neighborhood more inviting for walkers, make it more safe due to more eyes on the street, and also result in less people on the roadway where conflicts with vehicles can occur. It also creates possible jobs for those in the area to actually work for the company installing the sidewalks.

Homeownership can often be less expensive than renting.

Increased educational opportunities to reduce the number of poverty-level families:

- The State of Tennessee offers the Tennessee Promise program, free community college-tuition assistance to all residents.
- Bristol, Tennessee holds Job Fairs to assist both employer and employees in filling jobs. The Bristol website provides a comprehensive list of job vacancies.
- High School vocational training classes with local businesses.

Actions taken to develop institutional structure. 91.220(k); 91.320(j)

The institutional structure through which the HOME Consortium's Consolidated Plan and Action Plan is affected includes private industry, nonprofit organizations and public institutions. The Consortium continues to create collaborative partnerships between local governments to provide housing assistance to low-income and special needs persons. The First Tennessee Development District, Eastern 8, Horizon Community Housing Development Organization, and People Incorporated continue to be invaluable partners in our efforts to serve persons who need downpayment assistance, housing rehabilitation/reconstruction, and other services that each of them provide that the Consortium cannot. Habitat for Humanity is a great resource for low-income housing, and the Appalachia Service Project, Inc. is expanding its services throughout the Consortium area to provide reconstructions when

the Cities need partners to help with funding. We continually work to expand regional partnerships for needed support services for the at-risk special needs and homeless populations. The primary vehicle through which we strive to close these gaps is the Appalachian Regional Coalition on Homelessness (ARCH) . For specific accomplishments see the Homeless Section and Specific Homeless Prevention Elements.

Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

Coordination between the public and private housing and service agencies was enhanced by increased efforts to address housing needs for people within our area. When people reach out in need, we look to any avenue we can to help them. If their problem is not something that we can directly help them with, we reach out to another agency that may be able to provide the services requested.

Legal Aid of Upper East Tennessee offers services to low-income residents of our region. They work specifically with landlords in preventing discrimination of tenants. They also conduct housing workshops in conjunction with Kingsport and Bristol Housing Authorities. The Southwest Virginia Legal Aid Society serves Bristol, Va residents.

Other partnerships include the United Way of Bristol, First Tennessee Development District, local health departments, the YWCA of Bristol, local food banks, Abuse Alternatives and the Salvation Army.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

The Municipal Jurisdictions within the Northeast Tennessee/Virginia HOME Consortium are committed to providing opportunities for the development and redevelopment of affordable housing in target neighborhoods in addition to identifying impediments to other neighborhood revitalization in those communities.

PROPOSED/CONTINUED FAIR HOUSING ACTIVITIES

1. Display of Fair Housing posters in various public buildings throughout the CDBG and HOME Consortium Communities. The Consortium will display Fair Housing posters in City Halls, public libraries, Community Development and Planning offices, and other municipal buildings. The informational poster will be the standard HUD form 928.1.
2. Fair Housing Proclamation - The City of Bristol, TN Proclamation to Declare the Month of April Fair Housing Month. In recognition of this important legislation and the continuing efforts to achieve equal housing opportunities for all citizens, the City of Bristol, Tennessee, each year proclaims April as Fair Housing Month. During the month of April, as well as throughout the year, all citizens are encouraged to be aware of their responsibilities to uphold the laws that

protect our rights to equal access to housing opportunities regardless of race, color, sex, religion, national origin, disability or familial status.

3. Other activities as deemed necessary - On an annual basis, all members of the HOME Consortium may consider it necessary to conduct additional activities that will foster the provision of Fair Housing within their individual jurisdictions.

The fair housing education of landlords, renters, lenders, and prospective homeowners is the key to providing safe, affordable, and nondiscriminatory housing to residents. Once all the participants understand their rights and responsibilities for the provision of fair housing, such violations will become less common. The Consortium members will ensure that the following are addressed:

1. Promote fair housing through annual public education activities;
2. Enforce Fair Housing Ordinances to the full extent;
3. Monitor the potential for violation of federal statutes related to fair housing.

The members of the Northeast Tennessee/Virginia HOME Consortium recognize that the best way to help prevent further impediments to fair housing is to make the public and our private-sector housing partners more aware that fair housing and, more specifically, fair housing choice is a legitimate and prescient issue in our communities. All too often, fair housing issues are relegated to the government sector only. One of the goals of the Consortium is to bring fair housing issues HOME. Communities, in their responsibility to provide fair housing choice, must look at the overall quality of life that is being offered to all citizens. That is what makes communities truly great. Our goal is to create great communities. Great communities will not exist where Fair Housing choice is not found. The City of Bristol, TN and the HOME Consortium will make every possible effort to carry out the continued promotion of Fair Housing.

CR-40 - Monitoring 91.220 and 91.230

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

1. The members of the Northeast Tennessee/Virginia HOME Consortium are responsible for monitoring the progress of strategies, priorities, and objectives outlined in the current Consolidated Plan. Bristol, Tennessee, as the Lead Entity, along with the First Tennessee Development District, the Consortium's Administrative Agent, are responsible for administering the program and projects of the Consortium. All activities are reviewed annually to ensure that they are implemented in accordance with applicable laws, ordinances and program regulations and that they are complying long-term with the requirements of the programs involved.

In addition to an annual monitoring activity, the Consortium Board and Executive Committee meets on a quarterly basis to coordinate activities and take necessary actions to ensure that activities and projects are being completed.

2. As a result of monitoring activities, there continues to be a need for assistance to CHDOs, as well as a need for the Consortium to provide additional guidance and support to new CHDOs. Several members of the Consortium have had many years of experience with homeownership and rehabilitation projects, and this experience has proven to be extremely helpful in administering these activities. This also simplifies the monitoring of such activities.

3. All activities and strategies made a significant impact on the identified needs and have positively impacted neighborhoods within the Consortium area. The Consolidated Plan specifically identified the need for homeownership and single-family owner-occupied rehabilitation/reconstruction. These have been the primary goals of the Consortium. Both of these programs have also provided decent housing and a suitable living environment, as well as expanded economic opportunity, for low and moderate-income persons.

The Consortium is committed to building capacity with and assisting CHDOs through monitoring their activities on a one-on-one basis throughout the year. Ongoing monitoring of projects will continue as we strive to assist CHDOs with their provision of affordable housing to low-income households within the Consortium area.

Monitoring in accordance with HOME regulations has been completed in a timely manner, and all reporting requirements adhered to with submission to the appropriate agency. The Consortium's

accounts are formally audited separately by an independent auditing firm as part of the annual audit performed for the City of Bristol, Tennessee.

Outreach: The HOME Consortium continually strives to reach out to minority business owners, non-english speaking persons and persons with disabilities.

Citizen Participation Plan 91.105(d); 91.115(d)

Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

Once completed, the HOME Consortium and the City of Bristol, TN made its Consolidated Annual Performance Evaluation Report (CAPER) available to the public for a 15-day review period and conducted a public hearing on September 10, 2019, to solicit comments from the public on its merits. The CAPER was made available in multiple locations - the Bristol Public Library, located in Bristol, VA and the Bristol, TN City Hall Annex Building, where the Lead Entity's Community Development Offices are located as well as The Slater Center and online at Bristoltn.org. The notice for the public hearing and the 15-day comment period was published in both English and partial Spanish, accommodations were made possible for any persons who provide adequate notice ahead of time to have a translator present. Accommodations were also made for those persons with disabilities who had need of assistance in attending the meeting.

Any comments received during the public comment period or the public hearing are noted in the CAPER below and a response to these comments is provided as well.

CAPER PUBLIC COMMENTS:

- TBD

CR-45 - CDBG 91.520(c)

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

There were no changes in Bristol, Tennessee's program objectives.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

CR-50 - HOME 91.520(d)

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

The only funding used for affordable rental housing in 2018 was the rehab project at 503 Kentucky Avenue, Bristol, TN. This activity was through CHDO Reserve Funds from 2017. Horizon CDC was owner/developer and the City of Bristol, Tennessee did multiple on-site inspections during the project. No issues were detected.

Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

The HOME Consortium does not provide projects containing five or more HOME-assisted units; therefore, we do not have a need to market these units. However, our CDBG and HOME programs do affirmatively market their projects, including nondiscrimination policies and the use of Fair Housing practices.

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

The HOME Consortium does not retain Program Income, it is used on eligible projects at each Drawdown. Program Income is separated for each community and between Recaptured funds from the Homeownership Program and actual Program Income from Rehab projects.

Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)

The Northeast Tennessee/Virginia HOME Consortium, through the completion of its projects, ensures that minorities and women are included and afforded the opportunity to participate in all of its projects. Outreach that is undertaken through contacts with realtors, lenders and at public meetings is made available to all applicants who meet program requirements, i.e., income eligible, ownership of property and many other factors. A large number of families assisted into homeownership have been female-headed households. Additionally, even though the Consortium boundary has a relative low minority population (approximately 5.3%), numerous minority families have been assisted with the purchase of a home. The same is true of the rehab/reconstruction projects undertaken with Consortium

funding. Minorities and women are afforded the same opportunity as any of the other applicants.

The competitive process for rehab/reconstruction projects is open to all licensed contractors in the area who have the necessary certifications acquired through HUD training, i.e., lead-based paint training. The First Tennessee Development District advertises for new contractors periodically, and the Entitlement Cities follow their jurisdictions' procurement policies for advertising for bids on rehab/reconstruction projects. Guidance is provided to all prospective new contractors to assist them with obtaining the required certifications.

Community Codes and Planning Departments serve as a resource for identifying properties in need of rehabilitation with CDBG/HOME funds. Additionally, the Community Development specialist enjoys a good working relationship with other housing providers in Bristol, i.e., Bristol Housing, the Salvation Army of Bristol, Abuse Alternatives and the Haven of Rest.

Attachment

Cover Page

Bristol Day Center - Community Proposal

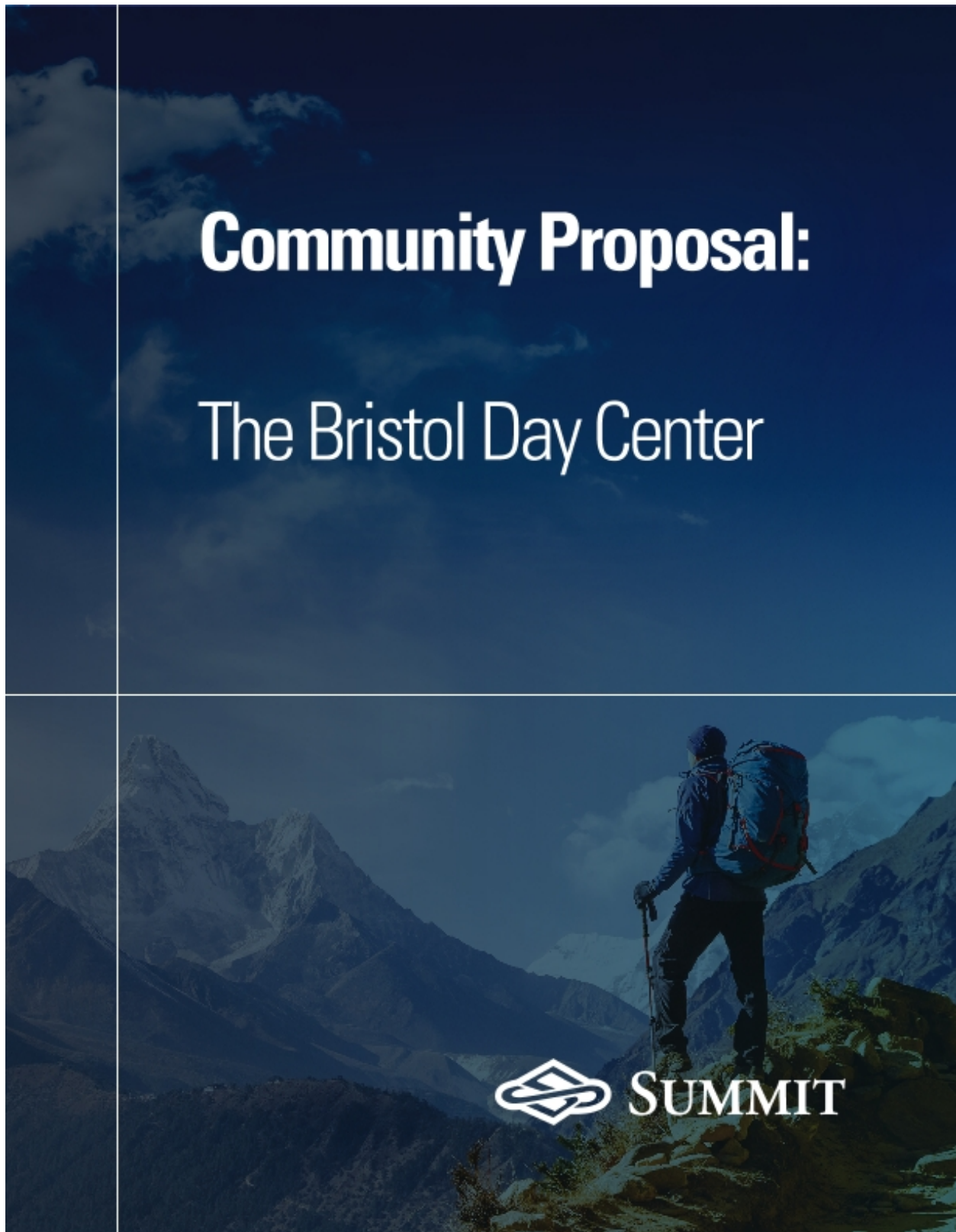




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Executive Summary

Homelessness is a multifaceted problem that creates a complex set of social and economic challenges and opportunities for society in general and the Bristol community in particular. The homeless population is sometimes stigmatized and denigrated most often by those who are uninformed. Today, many people know a family member or family members of friends who are homeless for a variety of reasons.

The Bristol Day Center Working Group's goal with this whitepaper is two-fold: to help our civic and business leaders become better informed about the problem of homelessness in the City of Bristol and to offer a plan to address the need for daytime services for the homeless and less fortunate.

The Working Group has endeavored to address the hard questions in a fair and balanced manner and attempted to consider the perspectives of both the homeless and a wide range of community stakeholders. This proposal will not only offer positive suggestions for improving the quality of life for those experiencing homelessness but also have positive implications for our civic and economic common life together here in Bristol VA/TN.

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The contents of this report do not necessarily represent the expressed viewpoints of all working group members. This report is rather a compilation of varying observations, opinions and professional perspectives that have been captured and synthesized in discussions over a sixteen-month period. Therefore, the report in its entirety and the range of opinions and recommendations therein reflect a broad, general consensus. The report has also been augmented by interviews with select business, law enforcement and social service leaders.

The Business Case for the Bristol Day Center

This is a proposal to establish a daytime shelter in the Bristol VA/TN area, called The Bristol Day Center, to serve the homeless, those persons experiencing housing insecurity and those persons living in subsidized housing. The Day Center will ultimately serve as a connecting point for many "wrap around" services including mental-health, available housing options, transportation, individual case management, health services, basic needs, resource education and job training/workforce development. It will also be the first step to starting a new and improved life for many.

How does a day center support local business and Economic Development efforts one might ask? As Bristol tries to put its best face forward to entice visitors and shoppers to this region, it is important to make a great first impression. Bristol is a giving and loving community. Many of the downtown restaurants and eateries feed those in need. Though some of our citizens experience food insecurity, few in Bristol go hungry. However, having a caring community does not change the cycle of homelessness. Yes, it does help for a short period of time but caring alone will not address the root causes of homelessness.

Many community leaders have been asked to find a solution. The Bristol Day Center will serve as an integral community resource for those experiencing homelessness, housing insecurity or loneliness. Public Parks, downtown streets and the Bristol Public Library have become the default "day center" for those being served by the Salvation Army, Haven of Rest and low-income housing in our community. The Day Center will bring together various service providers to offer integrated, holistic services that will help people get off the streets and into a structured environment that more appropriately serves their unique circumstances.

The Bristol Public Library is a major gathering place for homeless persons. The Bristol Public Library is used by the homeless population because there are bathrooms, HVAC, access to the internet and charging stations. The Library needs to be able to refer these patrons to a Day Center. The Library is not equipped nor is the staff trained to provide proper services for this population. Moreover, many homeless patrons are not using traditional library services and are consuming data and internet services for entertainment that is otherwise designated for patron computer-based learning and research. There are those who choose not to patronize our library because of either real or perceived safety concerns associated with homeless persons. The library board and our public officials do not feel like the library is the most suitable or effective place to serve the homeless population.

The Day Center will give homeless citizens a preferred alternative place to go where they can receive proper services that are most useful for them. Establishing a Day Center will also help downtown be even more appealing to hotels, loft residences and business offices, which will positively impact property values and tax revenues.

Establishing a Day Center will reduce the distraction to downtown businesses, visitors and shoppers. The use of restaurant and in-store restrooms by homeless persons is an issue for downtown merchants, who offer their restrooms as a customer convenience. This is an especially acute problem for the Bristol Public Library, where homeless citizens assemble to use the restrooms as soon as the library opens every morning. Downtown public bathrooms have had to be closed because homeless persons and transients were staying in the bathrooms during the day and overnight, as well as using them for bathing. A key downtown leader made the following observations:

"Bristol's homeless population is comparable to other cities in our region, but I do believe our homeless population appears larger due to our community's size. Currently, downtown Bristol is the catalyst for homeless activity."

There are venues available to the homeless such as the Salvation Army and Haven of Rest; but these are only open for very limited hours during the day; thus, some of the homeless population spend much of their day downtown. Between these facilities, the homeless population is concentrated within a small section of Bristol. Further, the downtown leader states:

"Downtown Bristol is the heart of our community, where we all come to gather and celebrate, but the homeless problem is making it very difficult to continue to revitalize downtown. Customers to our small businesses are being harassed with aggressive panhandling on a daily basis."

Bristol's Main Street program, stakeholders and merchants continue to identify ways to improve our town's economic vitality with a considerable amount of time and effort; but it stands to reason that some of these efforts are hampered by the continued presence of the chronically unemployed, homeless and transient populations.

It is important to note that this report is not suggesting that a Day Center be opened simply to get homeless persons off of the streets and out of downtown. One of the working group members who is chronically homeless themselves noted that many in the homeless population have money and spend it downtown. If they had a place to go during the day, they would appreciate it and still spend their money downtown. Additionally, Day Center case management would assist patrons to sign up for Medicare and TennCare, to help them access higher quality healthcare services and reduce non-reimbursed emergency department and urgent care visits thereby benefiting both the homeless population and the local medical community.

Bristol Tennessee has had to place two additional police officers downtown during Sharing Christ Ministries serving hours. Sharing Christ has the capacity for 50-75 people and often 150 people may show up, which creates a problem with people lining up on the streets. It should be noted that the majority of those attending Sharing Christ are not homeless and disturbances are not always due to homeless citizens; however, anecdotal evidence suggests that homeless persons have less access to behavioral and mental health care and consequently are at a higher risk of exhibiting disruptive behavior. For example, there are homeless mothers with children who are dealing drugs out of the back end of strollers. They do this because they are desperate, and they need intervention rather than incarceration. A Day Center would provide a place where relationships and trust can be cultivated so that these mothers can get into treatment and become responsible parents who will help their children flourish. This reduces the cost to society by reducing exorbitantly expensive incarceration and welfare rates.

There is a portion of Bristol's homeless population that is transient. Bristol can reduce the use of local resources by having a place where homeless persons can be transitioned back to their home communities and families. Case management needs to happen on the front end rather than on the back end when the problems are more complicated and costlier. For example, a Day Center with case management will ensure that persons are placed in transitional housing based on their unique circumstances and abilities, so that there will be fewer people incurring unmanageable obligations with private landlords and subsidized public housing thereby benefiting both property owners and renters by reducing delinquencies.

Finally, not all persons utilizing the Bristol Day Center will be homeless or transient. Many low-income individuals and families will be welcomed and encouraged to utilize the services offered.

The Social Case for a Bristol Homeless Day Center

The Bristol Day Center will fulfill many important social objectives in our community.

Poor health (illness, injury and/or disability) can cause homelessness when people have insufficient income to afford housing. This may be the result of being unable to work or becoming bankrupted by medical bills. Living on the street can exacerbate existing health problems and cause new ones. Chronic diseases, such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions, are difficult to manage under the stress of homelessness and may worsen. Acute problems such as infections, injuries, and pneumonia are difficult to treat when there is no place to rest and recuperate. Living on the street or in shelters also brings the risk for spreading communicable diseases (such as STDs, Hep C or TB) and violence (physical, sexual, and mental) because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often stolen, lost, or compromised due to rain, heat, or other factors.

When people have stable housing, they no longer need to prioritize finding a place to sleep each night and can spend more time managing their health, making time for doctors' appointments, and adhering to medical advice and directions. Housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of health care because it prevents new conditions from developing and existing conditions from worsening.

There are also short-term risks to not having a place to go during the day. Even though Bristol has a low crime rate, physical safety can be a problem. Mothers are pushing their children in strollers around downtown when the weather is severe. The children need shelter, food and hydration. These families also need case management and the children need to be in school. The cycle of intergenerational poverty must be broken whenever possible to reduce both the human and economic cost.

There are many initiatives in place or being developed that have the potential to make a significant impact towards reducing homelessness. There are people in Bristol who are owning the problem and taking action to bring about positive change. Existing agencies are working to improve and refine their programs and scope of services, such as United Way, Haven of Rest, Salvation Army, Family Promise, Abuse Alternatives, YMCA, YWCA, Boys and Girls Clubs, Jobs for Life and others. Progress is being made in terms of homeless prevention, and Bristol has begun implementing a collective impact model to address homelessness issues and to adopt more efficient social service practices. Case management services provided through the proposed Day Center will offer a centralized location for these services.

1. National Healthcare for the Homeless Council, "What is the relationship between health, housing, and homelessness?" Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. While Housing First is an important strategy, it may not solve the problem until underlying social and behavioral issues begin to be resolved. In those cases, the Day Center will provide services through partner agencies to provide the medical and behavioral care needed to stabilize those persons so that they become housing ready. <https://endhomelessness.org/resource/housing-first/>

Profiles of the Chronic Homeless in Our Community

Like the population at large, the homeless population is neither homogenous nor monolithic. There are veterans, doctors, lawyers and college professors who make up a portion of the homeless population in our region. Contrary to popular belief, many persons who are homeless are incapable of "pulling themselves up by their own bootstraps". Some of Bristol's homeless citizens are intellectually low functioning persons. Some homeless citizens have behavioral health disorders that are biological in nature while others are suffering from trauma related disorders from military service or childhood abuse. Many homeless citizens have substance use disorders primarily from alcohol and, less frequently, opioids and methamphetamines. The Johnson City Day Center director reported that the older homeless population is more stable while the younger homeless tend to be transient and experience a higher incidence of opioid addiction.

The most important point to keep in mind is that the homeless are people and not objects. The homeless are human beings who are valued children of God and should be treated as such. This means that homeless persons should not be judged, or treated with disregard or derision, but neither should they be served to make us feel better about ourselves. Engaging with our homeless population gives us important insights into our human condition and should cultivate an attitude of humility because, but by the grace of God, a set of unanticipated circumstances or series of unusual events could propel many of us and our loved ones into homelessness.

Types of Homelessness

There are several types of homelessness, for example:

- **Chronic Homelessness:** Those who are homeless for a longer amount of time, usually older, injured and/or disabled. This is the least common type of homelessness but can be the most difficult to serve due to a lack of resources designed specifically for this type of homelessness.
- **Transitional Homelessness:** These are people who stay at the shelter for only a short period of time due to a catastrophic event, usually younger people, who are forced to go to a homeless shelter for a short time. This is the most common type of homelessness.
- **Episodic Homelessness:** Those who are frequently going in and out of homelessness; they are often younger persons who are homeless due to abuse, unemployment, addiction, mental illness or medical problems. As one downtown leader stated:

"We tend to see more episodic homeless downtown, mainly younger in age and single. The majority appear to be struggling due to substance abuse issues. There are a few chronic homeless individuals who have been in downtown for several years."

- **Lifestyle Homelessness:** Some people choose to be homeless. Some people don't want to live within structured family life or community. There are also those who simply do not want to accept responsibility. Some are simply explorers who enjoy travelling around the country visiting different communities. One of our working group members had an educated, intelligent friend who was a responsible drifter in the Northwest US and Pacific Rim for over a decade before returning to the region to settle down in family life and start a holistic health practice.

Challenges Facing the Homeless

- There are plenty of jobs available, but these tend to be part-time and at, or near, minimum wage. Persons who are homeless, with limited or no work history, have a tough time affording housing on their own, and obtaining subsidized housing typically requires a considerable wait time. The time people spend being homeless and needing help from a shelter is longer than it used to be, as they work to find and transition to full-time employment. Specific challenges that can be faced by the homeless include the following:
- Lack of jobs at competitive living wages
- Few employers that are willing to hire individuals with felony records
- Lack of personal identification such as birth certificates, driver's licenses, social security cards and personal mailing addresses
- Disparity between housing costs and income
- Lack of affordable transportation
- Lack of affordable housing and inadequate housing assistance
- Lack of affordable health care
- Inadequate support for mental health and substance use challenges
- Life occurrences: loss of a loved one, job loss and divorce

Bristol's Homeless Population

The annual Homeless Point in Time (PIT) count administered by the Appalachian Regional Coalition on Homelessness (ARCH) in Bristol, Tennessee has shown a mild decline over the past four years: 106 (2015), 80 (2016), 89 (2017) and 90 (2018). Of those homeless persons reported this year, 7 (7.8%) were in an emergency shelter with children, 57 (63.3%) were in an emergency shelter without children, 15 (16.7%) were in transitional housing without children, and 11 (12.2%) were unsheltered without children. In the same count, Bristol, Virginia reported 15 homeless persons. Of those, 2 were chronically homeless, 6 were situational homeless, and 7 were transient homeless. Five reported Health issues and six reported being in active addiction. By contrast, Kingsport had 112 homeless persons of which 38 (33.4%) were in transitional housing with children. Bristol reported no one in transitional housing with children.

For the region, 51 out of 360 (14.2%) were chronically homeless; 9 out of the 51 chronically homeless persons (17.6%) were veterans. There were 22 homeless households reported in our region that comprised 69 persons. Forty (58%) of those persons were under the age of eighteen years old. Females were much more likely to be in transitional housing than males (61.5% vs. 46.7%). Males were much more likely to be in emergency shelters than females (53.3% vs. 38.5%). 92.8% of the persons in homelessness with their households were White or Caucasian; 7.2% of the persons in homelessness with their household were Black or African-American. There were no Hispanic or Latinos persons reported in homelessness with their households.

It was noted by several social service professionals that the PIT count understates the actual number of homeless in our region since the count is taken in January, one of the coldest months of the year. During that time of the year, many homeless people seek shelter by, for example, couch surfing.

Local law enforcement professionals offered the following anecdotal observations and estimates regarding the homeless population in our community. They believe that mental illness and addiction are the primary factors in homelessness. They point to a lack of resources and services that has required police officers to be trained in mental health first aid and naloxone administration. A law enforcement officer observed that the homeless "have no other place to go due to their mental health." Another law enforcement leader noted that homeless persons are incarcerated in the winter if the shelters are not able to take them because of intoxication or disorderly conduct, etc. That same leader observed that the homeless population has increased because people have become afraid to help their neighbors; therefore, "there needs to be a mechanism in place for these folks to receive resources and financial assistance, i.e., DSS benefits." These responses confirm how many of us genuinely struggle, despite our best intentions, to assist our family, friends and neighbors who are afflicted with behavioral health and addiction disorders.

Downtown leaders also believe that mental illness and addiction are the number one causes of homeless:

"Mental illness is the most prevalent issue with Bristol's homeless population. Our entire country has issues with properly treating/helping those with mental illness and Bristol is no different. The majority of homeless individuals that I have come in contact with in downtown have noticeable mental illness. Substance abuse has (also) increased significantly in our region over the past decade at an alarming rate. I do not think necessary action is being taken to help homeless individuals with addiction. Based on what I'm hearing primarily from downtown businesses, a lot of the homeless individuals who have been around for several years are actually not the biggest problem; the biggest problems tend to come from the younger individuals who are still struggling with substance abuse issues. They are aggressive with panhandling and obstruction downtown and it is creating serious issues with our businesses."

Strikingly, all of these community leaders agreed that, while economics remains a major factor in homelessness, mental illness and addiction are the most common factors. Interestingly, downtown and law enforcement noted that most of the homeless are not perpetrators or victims of domestic violence. While there are reports of aggressive panhandling, public intoxication, harassment, distrubtive and obnoxious behavior, most concur that violence is not a prominent issue.

There are widespread estimates as to the number of homeless in our community who are transient. A downtown leader and the Haven of Rest estimated that it was low, while law enforcement professionals projected it fell in the range of 50–80%. This may suggest that the transient homeless are more likely to have encounters with law enforcement than the resident homeless population.

The takeaway is the homeless population is not monolithic. The homeless in their 40's on up are often from our community. The younger homeless tend to be transient and more frequently appear to suffer from addiction. The youngest homeless are often victims of economic hardship or intergenerational poverty.

Are Services the Problem or the Solution?

Community leader interviews highlighted a tension between the need to provide services and a fear that adding services will attract more homeless persons to our community.

The overall consensus of the working group is that the addition of a Day Center will not significantly increase the numbers of homeless individuals coming in from out of the area. However, the Day Center will likely reveal some of the invisible homeless that already exist in Bristol that are not currently seeking assistance. People from outside of the area are already coming here for the services and housing that are currently offered.

The majority of our homeless population have roots in this area. Veterans will continue to come to areas that meet the needs they have such as Veterans Affairs offices. The Bristol community does have people relocate here due to the support services and housing vouchers that are offered. However, the City will not experience a marked increase in our homeless population by providing a Day Center. This Day Center, as proposed, is not intended to create an environment that will draw people to our area. Resources and services offered will remain very basic. The Day Center will be careful with its scope of services and stay focused on its original purpose, to provide a safe and comfortable place for this vulnerable population during the day time.

The Day Center will help to keep people off the streets during the day and also help those that are able to “break the cycle” to get the help they need to improve their situations. Showers and laundry will help raise the self-esteem of the homeless and facilitate them moving to more stable housing, jobs, and hopefully mental health counseling. We believe that the potential generational impact of the Day Center will outweigh the risks of drawing more homeless persons into our region. What we are trying to do is begin a process of addressing an existing problem that left to its own devices will only get worse. This is not a quick fix, but one that will bear fruit over time.

Beyond fulfilling the obvious Christian and humanitarian obligation to care for the poor and downtrodden, we acknowledge that this Day Center is also a social experiment and many important questions remain unanswered. What is the impact on the community that can be realized by turning around one life from homelessness into being a productive citizen? What is the economic impact to Bristol at 1, 5, and 10 years? What is the generational impact? What is the potential cost to Bristol, and in human capital if we do not have a Day Center? What results are other cities seeing that have similar facilities in place, and how can we emulate or improve upon their models?

Services Provided by the Bristol Day Center

"There needs to be increased resources; with access to resources, some of these folks will be helped to lived more independently."

"There is also an apparent lack of structured time use during daytime hours for the homeless population. Many of the homeless hang around areas for numerous hours [and] tend to annoy others that come into contact with them."

– Quotes from Bristol Law Enforcement Leaders

The Bristol Day Center will provide the following essential services and only add services as reliable funding is identified and developed to sustain those services. It will not be in the best interest of our patrons or our community to provide services that will later have to be retracted because of budgetary limitations.

Mental health issues have always and will always be an issue with the homeless population. They cannot be forced to receive counseling or take medication. They can, however, be encouraged to seek help. The purpose of this project is to provide a place that is safe where homeless individuals can have shelter from the elements during the day, where they can wash their clothes, and take a shower.

Essentially, the Day Center will be a place for them to "be"! This is really valuable. When folks get comfortable in that setting and are coming on a regular basis, services will be added that will enhance their lives and help move them toward self-sufficiency. It is acknowledged, however, that if additional services are added too quickly, we run the risk of sabotaging our efforts. The folks we want to help will not come if they think we only want to "fix" them. They have to want to be there. If a safe place is provided for them in a thoughtful and efficient manner, it will benefit the people served, and business owners and city leaders will benefit as well.

Essential services as listed below are based on the premise that the majority of the participants have access to shelter at night.

2. Most day centers or "drop in" centers are qualified by ages: some are 18 and over, some are for youths, some are for just men, some women and children. It does not appear to be a best practice to commingle all ages in one center. The Johnson City Day Center is for adults 18 + only. In an interview with the day center in Arlington, VA, they reiterated that it is not a good idea to allow all ages and suggested we could make certain hours for adults and certain hours for families with children. This is an issue that will require further investigation and deliberation.

These are the essential services that are planned for day one:

- Shelter from the weather during the day with A/C and heat
- Address and phone number for shared use
- Shower and Laundry availability
- Safety and Security
- Lockers and Bathrooms
- Wi-Fi
- Entertainment
- Food and water — both between meals and to go for the evenings
- Transportation — to job interviews, jobs and court
- Case management — someone to help, listen and not judge
- Medical care in the mornings two or three days a week.
- Behavioral health services including medication administration and compliance as well as referral to addiction treatment services
- Office areas with computers for job searches, resume writing, etc.
- Assistance with filling out paperwork for benefits, services, jobs, etc.
- Clothing
- Referrals to transitional housing
- Referrals to resources provided by local public service agencies

The Day Center needs to be prepared to serve homeless persons with different needs:

- Those who are homeless because of disability
- •Those who are homeless because of behavioral health and substance use disorders
- Those who are homeless and trying to find work
- Those who wish to remain homeless

Additional Services

Additional services that this working group believes should be offered as reliable funding becomes available include the following. Appalachian Regional Coalition on Homelessness Appalachian Regional Coalition on Homelessness (ARCH) can help patrons qualify for \$750/month SSI/SSDI if they have not applied previously, EBTs and TennCare eligibility. ARCH can also help veterans access their DD214 discharge papers.

Additional wrap around services can also be provided by community partners. Those include mental health treatment, addiction treatment and recovery services.

Day Center Health

Best practices for promoting homeless shelter health and well-being are provided by the CDC and TennCare. Seventy percent of homeless persons have adverse experiences that have resulted in trauma which has led to anxiety and, in some cases, behavioral health disorders and addiction. Because of stigma, shame, fear and/or inexpressible feelings of low self-worth, many homeless persons are reluctant to seek care. Lack of social support systems is often the main contributing factor to becoming homeless.

To promote Day Center health, there will be numerous and easily accessible hand washing stations. Patrons may need assistance with personal hygiene. The shelter will schedule regular routine cleaning of items including furniture, toys, computer workstations, media devices, etc. Recommended practice includes providing a place for personal items that are separated from the personal items of others. The public health exposures common in day shelters are scabies, lice, bed bugs, tuberculosis and influenza. Policies and procedures must be developed and strictly followed to prevent transmission of these health risks. Policies and procedures will be established that follow best practices for improving the health of the homeless populations, including the ability to refer people efficiently to medical and dental services, coordination of information with Homeless Management Information System (HMIS), the provision of community health screenings and smoking cessation classes. Day Center policies and procedures will include but not be limited to:

- Implementing staff, volunteer and patron procedures for keeping things clean and sanitized
- Maintaining HVAC, filter changes, etc.
- Providing access to over-the-counter remedies as needed
- Providing transportation to healthcare appointments
- Providing means for getting prescription medicines when needed
- Partnering with Crossroads Medical Mission and ETSU Medical School
- Providing masks during flu and cold outbreaks, especially to those who may have greater risk potential
- High standards in food storage and food prep areas, along with careful screening and education of food service employees and volunteers

The Day Center working group has done its research. The mental health exposures that are most common in day shelters are panic attacks and psychosis. Panic attacks can occur when a patron experiences an overwhelming feeling of relief, like they are finally in a safe place. It is important for staff and volunteers to model calm when someone is experiencing a panic attack. It is important to be reassuring without being belittling. Sometimes these attacks are so severe that it can affect the other patrons. In other words, a panic attack experienced by one person can define everyone else's entire day. Psychosis manifests itself in delusions, hallucinations and disorganized thinking. Persons experiencing a psychotic break are rarely a threat to others but are more likely to be a threat to themselves. Day Center staff and volunteers should never agree to the hallucinations or argue with the victim but should stay calm and promote a sense of control. There should be a robust suicide evaluation procedure in place to assess both intentionality and means.

This Day Center will have well thought out procedures for addressing physical or psychological health crises. For example, observing a crisis can be a traumatic experience for patrons with PTSD. Therefore, emergency procedures for the shelter will address how to care for those who are present when physical or psychological health crises occur.

Shelter staff and volunteers will provide care in a way that is honoring rather than controlling. The power and control in healthcare belongs to those with means and connections - and homeless persons understand that they are far outside that power structure. Moreover, homeless persons are usually not informationally or emotionally equipped to advocate for themselves. Some homeless persons are pathological dissemblers, which was developed as a survival technique from living in abusive family environments or having been incarcerated. For these reasons, staff and volunteers will model respect, understanding and compassion.

Written Policies and Procedures will be in place on day one to address consistency and safety issues. Best practices for reducing the incidence of disorderly conduct, violence and sexual indiscretion include:

- Install video surveillance in public areas
- Restriction of access to persons registered as sex offenders (exposure to liability and litigation)
- Breathalyze the patrons prior to entry
- Segregation of the sexes
- Provide adequate supervision
- Promote cooperation and fostering of good relationships with law enforcement
- Require some form of giving back by the residents

Disturbances are going to break out from time to time because of the stress the homeless live under combined with the prevalence of past trauma, mental illness or both. High drama is more the norm than the exception. Therefore, it is critical that the daily routine in the Day Center provide for diversionary activities and positive nurturing experiences for patrons.

Day Center Staffing (Paid and Volunteer)

These are the full and part time positions, both paid and volunteer, that will be required to support the essential services that we plan to provide through the Bristol Day Center.

Full-time

1. Director:

The Director will serve as director of the facility, lead case manager and counselor. They will be in charge of day-to-day operations including supervision of staff, students, and volunteers. They will provide counseling and case management services to clients and will serve as Team Lead for the local Assertive Community Treatment (ACT) Team. They will develop the program and continue to seek funding needed for operation and expansion of services. Estimated salary: \$40,000 plus benefits.

2. Case Manager:

The case manager will provide case management services to homeless patrons. This can include transportation assistance (bus passes), housing, SSI/SSDI, employment, obtaining ID, birth certificate, and social security card, security deposits, and assessment of any government benefits they may qualify for. The case manager will do follow-up home visits for those patrons who transition into housing to reduce the rate of recidivism. They will be responsible for filling in at the front desk when more staff is needed. They will serve on the ACT team and be responsible for the case management needs of Day Center ACT clients. The case manager will attend community meetings and network with other agencies that provide services to Day Center patrons. They will be responsible for providing grant reports on a quarterly basis and for making sure all case management services are within grant guidelines and all charts have the correct documentation. They will also be responsible for inputting required data into the HMIS system. Estimated salary: \$40,000 plus benefits. This position will be added when funding become available.

Volunteers

3. Patient Service Rep/Intake Coordinator:

Volunteer patient Service Reps and intake coordinator will be responsible for monitoring and assisting clients in the day room. They will assist patrons in completing required clinic paperwork and input that information into the Electronic Medical Records (EMR) system. They will make appointments for patients and check them in and out for the appointment. They will be responsible for the day-to-day operations of the shower, clothes closet and washer/dryer. They will keep track of goods given to all patrons and provide clients with referrals to other agencies for needed resources under the guidelines developed by the professional staff.

4. Volunteer Teams

This working group envisions inviting church and civic organizations to provide host services during operating hours. These groups will volunteer to provide two to three people for one week each year to serve coffee and snacks, and offer fellowship to Day Center patrons in addition to helping with chores and running errands as assigned by the full-time staff. It is anticipated that this will follow the volunteer model employed by the Bristol Hospice House, Bristol Promise and Sharing Christ Ministries.

Provided by Other Community Agencies

5. Family Nurse Practitioner (FNP)

Provides primary care services to patients. (diagnosis, treatment) Member of our ACT team and responsible for educating ACT clients on STI's, Hep C, and risky behaviors. Provided by Crossroads Medical Mission, ETSU or King University Nursing programs. Estimated at an 80% effort (4 days per week).

6. Licensed Practical Nurse (LPN):

Provides clinical support to the Psych NP and medical NP and provides medical services to our patients such as: administering oral and intravenous medications, completing vital signs, medication refills, medication reminder calls, and documents in EHR. He/she is a part of our ACT team and provides medication management, HIV Testing, home visits, and medication refills for ACT patients. Provided through ETSU or King University Nursing programs.

7. Licensed Professional Counselor (LPC), Mental Health Service Provider (MHSP)

Provides mental health services and counseling. Member of our ACT team responsible for the mental health compliance to treatment and responds to crisis situations. Most likely provided through Highlands Community Services or Frontier Health.

Day Center Design

The annual PIT count from January 2018 identified 102 homeless persons in the twin city of Bristol, which includes those staying in the Salvation Army and Haven of Rest in addition to those persons living outdoors. That count is likely understated for reasons previously mentioned. The Haven of Rest overnight census ranges anywhere from 35 – 65 persons while the Salvation Army census ranges from the low to mid 30s. The combined overnight census of those two shelters trends between mid-60s to 100.

The Day Center will not only serve the homeless population but will likely serve some of those living in transitional and public housing. The daily meals served by the Haven of Rest and the Salvation Army can be used as a proxy for the combined population. The Salvation Army averages about 165 meals a day throughout the year, which equates to slightly more than 55 persons served on average, which is about 20 more persons served on average than actually use the shelter overnight.

It is anticipated that most of the homeless will not use the Day Center all day, every day. Additionally, the Haven of Rest has activities for their patrons during the day. Based on this information and applying our best judgment, it is estimated that the Day Center census will only occasionally exceed 105 persons. Therefore, it is estimated that the maximum capacity of the Day Center will be approximately 120 persons.

The Day Center will be designed with the following rooms and work spaces:

- Lobby
- Intake Rooms (2) *
- Case Manager's Office *
- Director's Office *
- Men and Women's Bathrooms
- Showers & Lockers
- Laundry Room
- Computer Lab/Classroom with Charging Stations
- TV/Media Day Room **
- Quiet Day Room **
- Clinic Rooms (2)
- Physician, FNP's Workstation
- Kitchen/Food Prep ***
- Supply Room and Food Pantry ***

**The Day Center will need to acquire a software package (HMIS, and others that are funder driven)*

***Clothes and food offered in partnership with existing agencies*

****Many shelters are setup to provide emergency overnight accommodations during severe weather when other shelters are full*

****Offer snacks, coffee and drinks*

Site Selection Criteria

Day Center site selection will clearly be the most controversial element of this project. The working group has taken great pains to emphasize the importance of developing the criteria for site selection before entertaining the discussion of specific sites.

It is recognized that site selection will be subject to the NIMBY factor (Not In My Back Yard). However, the community is urged to consider this question from a positive perspective. One of the benefits of having a day center is that the local homeless citizens will have a place to spend the day in a constructive environment designed specifically for their needs. This will also benefit the community by, for example, reducing loitering and panhandling in commercial zones.

Because one of the site selection criteria is to establish the Day Center outside of the eight-block downtown commercial zone, this facility should benefit both the homeless population and downtown business owners. Therefore, the overall community benefit should outweigh NIMBY concerns.

The following site selection criteria has been established for the day center:

- Located on the city bus route
- Walking distance from the Salvation Army and the Haven of Rest
- Must be at least ½ mile away from schools and/or daycare centers
- Outside the downtown shopping and restaurant district
- Parking space availability for employees, volunteers, service providers, church vans, Appalachian Regional Coalition on Homelessness (ARCH) vans and Crossroad Medical Mission's Mobile Unit
- If there is a building on the site, it must be cost effective to renovate and meet all codes
- Handicap accessible
- Private outside green space with picnic tables
- Location that is safe and comfortable for volunteers to serve
- Comply with zoning requirements

Bristol Day Center Community Partners

In addition to the United Way of Bristol and Appalachian Regional Coalition on Homelessness (ARCH) it is anticipated that the Day Center will partner with the following organizations:

Crossroads Medical Mission (CMM) is interested in providing primary care services, for uninsured and underinsured individuals, on an ongoing basis as a community partner with the Bristol Day Center. The Day Center will provide CMM an exam room with running water, electricity, storage space, and internet access. A second room (either shared or earmarked specifically for its use) will be needed for patient registration and intake.

Initially, clinic time at the Day Center will be proposed as an addition to its currently scheduled clinical presence in Bristol. Crossroads Medical Mission anticipates supplementing an agreed upon clinic time with "as-needed" appointments as the most effective use of time.

The Day Center will be responsible for the provision of space. CMM will provide the medical staff, volunteers to input data into the EMR, necessary furnishing of the exam room, consumable medical supplies and will work with the Day Center staff on mutually agreeable scheduling. This will be considered an outreach of the Crossroad Medical Mission's ministry and compensation will not be expected for these services.

Local Universities

Bristol enjoys the presence of many outstanding universities and educational institutions in the region including King University, which has undergraduate and graduate programs in Nursing and Social Work. Additionally, ETSU's colleges of Health Sciences have extensive experience serving the homeless population through their sponsorship of the Johnson City Day Center. The Group will propose to partner with King, ETSU and other colleges and universities to provide interns to work with and support Day Center and Crossroads Medical Mission staff in service to Day Center patrons.

Local Churches and other faith-based community organizations

Following the model used at the Ballad Hospice House located adjacent to Bristol Regional Medical Center, the Day Center will ask local congregations and civic clubs to provide volunteers and refreshments during operating hours. Volunteers will be asked to serve as hosts and hostesses by providing refreshments and a welcoming atmosphere for patrons. Guidelines, instructions and training will be provided for all volunteers.

Following examples of person to person engagement from programs like Big Brothers/Big Sisters, Reading Buddies, Jobs for Life and Family Promise, it is believed that there is substantial benefit in having community volunteers personally engage with persons who are experiencing housing insecurity and homelessness. This represents a tremendous opportunity for the general public to learn about the challenges and struggles that Day Center patrons face on a daily basis. It is also an opportunity for patrons to learn from community role models and experience the stability and security that comes from living in community.

Operating Budget

	Phase I	Phase II	Phase III
Salaries			
Director	\$ 40,000.00	\$ 50,000.00	\$ 50,000.00
FNP			\$ 90,000.00
PMHNP*			\$ -
Lead Case Manager			\$ 40,000.00
LMSW*			\$ -
Case Manager		\$ 40,000.00	\$ 40,000.00
LPN			\$ 25,000.00
Client Service Rep*	\$ -	\$ -	\$ -
Total Salaries	\$ 40,000.00	\$ 90,000.00	\$ 245,000.00
Taxes and Benefits	\$ 8,000.00	\$ 18,000.00	\$ 49,000.00
Rent	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
Utilities	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Internet	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
Insurance	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Food	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
Supplies	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Maintenance	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Extermination Service	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Cleaning Service	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Office Supplies	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Marketing/Communications	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Waste Disposal	\$ 1,200.00	\$ 1,200.00	\$ 1,200.00
Professional Fees	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Miscellaneous	\$ 2,100.00	\$ 2,100.00	\$ 6,100.00
Total	\$ 100,000.00	\$ 160,000.00	\$ 350,000.00

Notes:

Phase I: Years 1-3

Phase II: Years 4 and on

Phase III: Only if necessary and funding to support

*Denotes Volunteer or Donated Services

Capital Budget

Type	Equipment	Quantity	Price
non-clinical	Duet plastic seat and back, armless	25	1,992
non-clinical	Frolic armless stacking chair, rectangular back	6	2,044
non-clinical	Double pedestal, rectangular top desk (30"x66")	2	1,704
non-clinical	Rectangular table with fixed top	4	2,621
non-clinical	Mezzo task chair, black	10	1,617
non-clinical	Rectangular top desk (36"hx73w)	2	1,798
non-clinical	Rectangular desk top (30"d x 66"w)	2	1,766
non-clinical	Filing cabinet	5	1,548
clinical	Dianostic system	3	5,712
clinical	Centrifuge	1	182
clinical	Urispec + UA reader test	1	454
clinical	Chair blood draw, satin upholstered	1	676
clinical	Refrigerator pharm/vaccine	1	1,068
clinical	Cart crash classic emergency	1	1,376
clinical	Defibulator lifeline AED	1	1,245
clinical	Refrigerator lab	1	1,440
clinical	Stool exam	2	225
clinical	Illumination system complete cordless	1	215
clinical	Glove box holder	4	95
clinical	Light general exam, G#%)) Series LED mobile	1	326
clinical	Table exam Ritter base only	1	753
clinical	Table power exam, base only	1	4,123
clinical	Upholstery top standard	2	738
non-clinical	GE energy star Refrigerator	1	1,367
non-clinical	GE 30" built in double wall oven	1	1,175
non-clinical	GE Energy Star Frontload Washer	4	2,336
non-clinical	GE Dura Drum electric dryer	4	2,336
non-clinical	GE washer/dryer stack bracket kit	3	102
non-clinical	BST Surveillance cameras		5,163
non-clinical	Corporate moveing specialist		1,510
non-clinical	Tele-optics - TV	2	1,506
clinical	Scale eye-level	1	288
clinical	Stand instrument	2	288
clinical	Bracket Sharps Wall Lock	4	52
clinical	Cylinder Oxygen Aluminum	1	161
	Total		50,000

Conclusion

The goal of this proposal is to start a community-based, grass roots conversation about the problem of homelessness in our town so that we may develop a promising solution together as a community. While homelessness is a problem throughout this country, each community experiences homelessness differently. We believe that Bristol is a special place and has developed the unique ability, through years of having had to confront challenges, to develop creative and innovative solutions to intractable problems. This is especially true when we have listened to one another in the context of constructive, problem-solving dialogue.

When we are dealing with intractable social problems it is not uncommon to default to prejudicial positions based upon preconceived notions or biases shared among peers. Sometimes those positions are misinformed or based upon incomplete information. At times there is the propensity to disregard, or better yet, dismiss the inherent value and wisdom that may be received from listening to opposing viewpoints. This report has endeavored to consider the homeless problem in our community from a variety of perspectives. In that spirit, this report has attempted to place contradictory viewpoints in constructive conversation with one another recognizing that contradiction is where the most valuable lessons are learned and the most intractable social problems are solved.

Our working group believes that the best outcomes in our community have come from grass roots efforts. We believe that is the X-Factor in our community and what makes us unique. We believe that is why our downtown is flourishing and is becoming the benchmark for many communities within our region. For example, our downtown revitalization including the restoration of The Paramount and Bristol Train Station, and the construction of the new Bristol Public Library and the Birthplace of Country Museum all began as grassroots initiatives. We believe that a day center in our community must be a grassroots community project. We believe that a group of concerned citizens who are invested in our community must ultimately decide what our Day Center will look like, what services it will offer, and where it will be located.

As with any worthwhile community undertaking, the Day Center project will require financial support from the community. Before the community moves forward with this project, our working group recommends securing commitments for the initial capital costs and three year's operating costs which we estimate will total \$350,000, or \$150,000 in year one and \$100,000 in years two and three.

Conversely, the working group is not making a specific recommendation regarding organizational structure. Creating yet another 501(c)3 not for profit organization in our community would not be the most optimal option from a stewardship perspective, particularly if the Day Center could be developed under the umbrella of an existing agency. If that option does not materialize, then we recognize that it will be necessary to create a separate not for profit entity.

Next Steps

Do we have your support?

This whitepaper is meant to be an educational tool for our Bristol community. The Day Center working group feels strongly that the need for the Day Center is evident. While the organizational particulars are still in discussion and ideas are evolving, this is when we need community support the most.

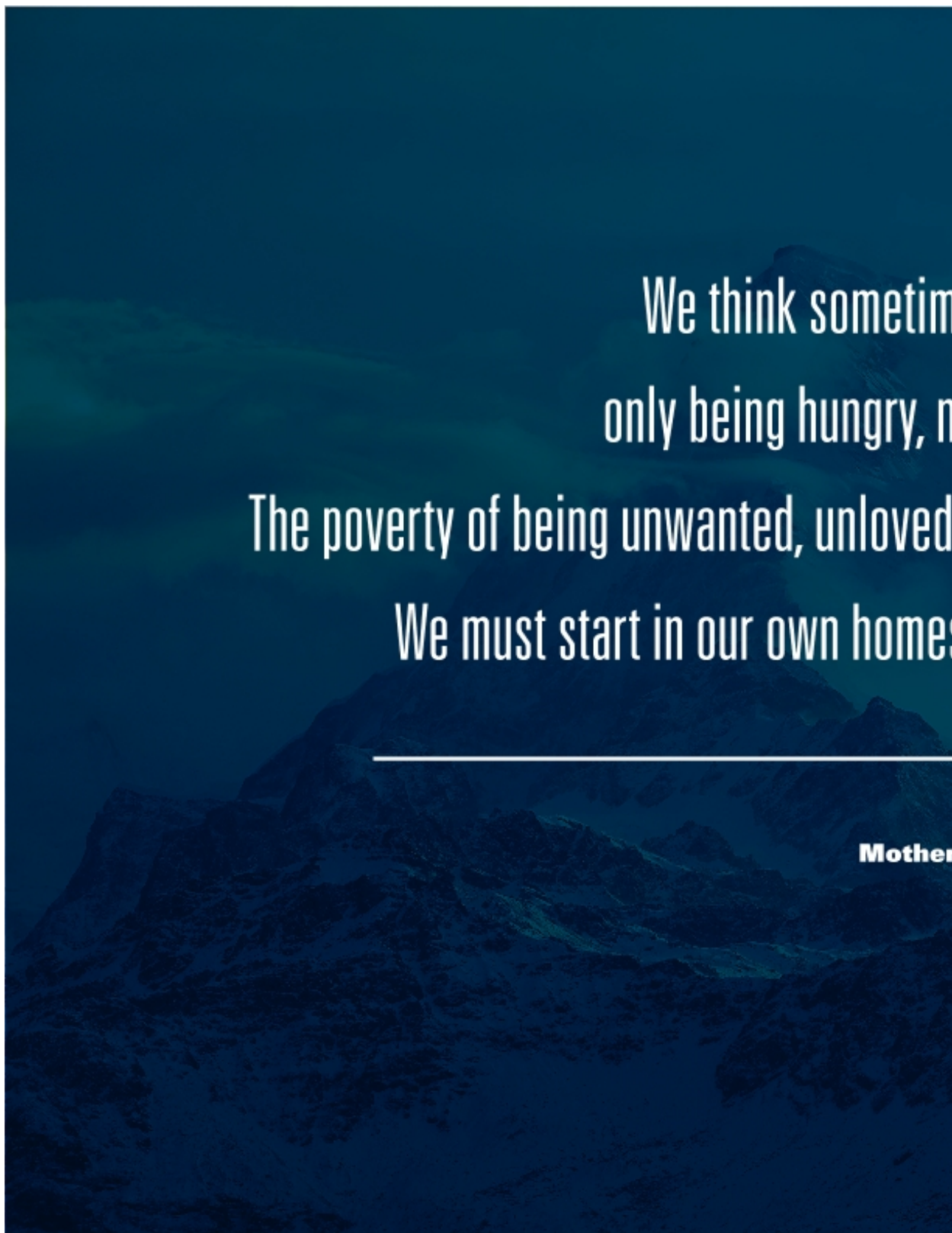
We need your input!

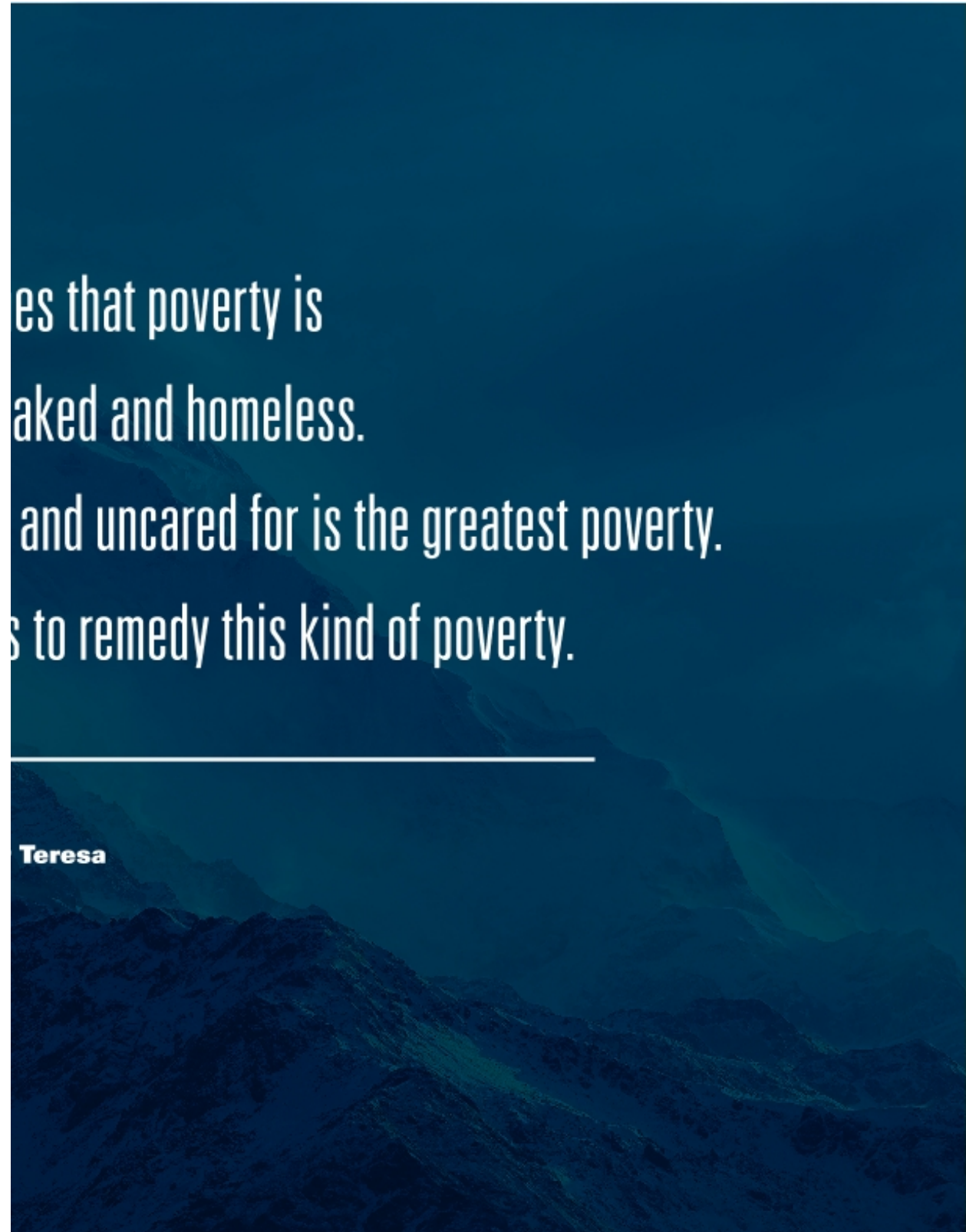
We need your confidence that is the right direction both socially and economically for our Bristol! There is more research and work to be done, but with your support we can feel confident moving forward.

We look forward to hearing from you!

There are a series of public interest meetings that are being planned January and February to discuss this report and gain insight from the community. These interest meetings will include downtown stakeholders convened by Believe in Bristol; nonprofits, agencies and faith services convened by the United Way and Bristol's Promise; and at-large community focus groups convened by the Bristol Public Library. The dates and locations for those interest meetings will be announced in early January.

For further information, please direct inquiries to Lisa Cofer, Executive Director of the United Way of Bristol.





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