

Ending Homelessness in Ten Years



**A County-Wide Plan for
The Communities of Contra Costa County**

Spring 2004

Homelessness in Contra Costa County

- i Each year, an estimated 15,000 people experience homelessness in our County, and on any given night, more than 4,800 people are homeless. 23,861 calls were received by the Hotline last year from homeless families and individuals seeking shelter in our communities.
- i Some are people suffering from mental illness and other chronic disabilities who have become an ongoing presence in our city centers, parks and open spaces. Others are not so visible, but still in need of assistance — disadvantaged youth discharged from the foster care system with nowhere to go; single mothers with children, recently divorced or fleeing a situation of domestic violence; and low income single adults and families without savings to help them weather an unexpected job loss, illness or eviction.
- i In addition, an estimated 17,000 households in Contra Costa County have extremely low incomes and are at-risk of homelessness, paying an excessive portion of their income for rent. An unexpected job loss, illness or eviction can put them in the streets since their high rents preclude them from accumulating a savings cushion to protect themselves.



Why Are So Many People Homeless?

Homelessness arises from the unfortunate intersection between personal hardship or failure and systemic breakdowns. These personal hardships include:

- y generational poverty
- y lack of family and social networks
- y lack of education and job skills
- y domestic violence or divorce
- y serious illness
- y mental health conditions and/or alcohol or drug addiction

Systemic breakdowns include:

- y the lack of affordable housing
- y cutbacks in health, mental health and alcohol and drug treatment services
- y lack of other key services, including affordable child care, transportation, education and job training
- y the lack of living wage employment opportunities.

What Homeless People Need

First and foremost, they need HOUSING! Despite their different histories and their multiple needs, homeless people all need housing, which provides for them, as it does for everyone, a base of stability and security. It is from this base that they can best address the other short-term or chronic issues that led to their homelessness. National research as well as local experience demonstrate that a Housing First approach of getting people into housing as quickly as possible and then providing the support and services they need to maintain it leads to long-term stability and enhanced self-sufficiency.

The services needed to enable people to maintain housing for the long-term include case management, health care, mental health services, drug and alcohol treatment, employment and education services, child care and transportation. The intensity and duration of the services varies depending on the situation. Chronically homeless people suffering from serious disabilities need ongoing assistance. Others need only transitional services to get them back on their feet and restabilized in housing. People at-risk of losing their housing need prevention services to avert homelessness from happening.



Did you know . . .

The Housing First approach works not only with people who are transitionally homeless, but also with the hardest-to-serve homeless people, those who are chronically homeless and suffering from severe disabilities.

Contra Costa County's Shelter Plus Care program places homeless people with mental illnesses and addictions directly from the streets into supportive housing. 87% of the program's tenants remained housed after 1 year; 79% remained housed after 5 years.

Three Types of Homelessness

Chronically Homeless: This category is estimated to include 2,000 people, about 40% of the population that is homeless on any given night and slightly more than 10% of those who experience homelessness over the course of a year. They are severely disabled with a mental health condition, physical illness or substance abuse problem, and they have been homeless for a year or longer or have had at least 4 episodes of homelessness in the last 3 years.¹ They are the most visible segment of the homeless population and the focus of community frustration due to their ongoing habitation of public places and their non-conforming behavior. Though a small percentage of the overall yearly homeless population, chronically homeless people use the majority of resources within the homeless service system and are costly to mainstream systems because of frequent interactions with hospitals, mental health crisis services, detox programs, and the criminal justice system. Because the services they receive tend to be fragmented and accessed only in crisis, their high service usage does not translate into long term gains in stability, but often reinforces their alienation and distrust of the service system.

Discharged Into Homelessness: These are people who are released from public institutions directly to the streets or shelters. These institutions include the foster care system, jails and prisons, mental health programs, drug and alcohol programs, and hospitals. Too often these systems do not engage in pre-release permanent housing planning to ensure that those discharged have stable housing and are linked to necessary services to ensure their ongoing stability and facilitate their transition back into the community. Individuals who have serious disabilities and who are discharged without receiving appropriate assistance often become part of the costly chronic homeless population.

Transitionally Homeless: Almost 90% of those who experience homelessness each year are experiencing a first or second episode of homelessness which typically lasts less than one year. An estimated two-thirds of this sub-population lives in family households. Typically, a job loss, illness or eviction causes them to lose their housing. Unable to find other housing that is affordable and/or resolve their lack of income, they become homeless.

Contra Costa County-Wide Response to Homelessness

Over the past 20 years, the nonprofit housing and service agencies, the County Departments delivering health care, social services and housing, and the cities have built a comprehensive homeless assistance network, comprised of more than 96 housing and service programs. This includes many state of the art, nationally recognized and funded programs that have proven their effectiveness, including:

- i Project HOPE: multidisciplinary outreach to chronically homeless people
- i Shelter Plus Care and HHISN (The Health, Housing and Integrated Services Network): supportive housing with services provided through mobile integrated service teams
- i Synergy: drug and alcohol treatment on demand and specialized for homeless needs
- i Project Coming Home: integrated outreach, housing, treatment and support services for chronically homeless individuals

This work ending homelessness for many individuals and families is proof that this community can succeed if we invest at the scale needed to end homelessness. Flaws in the current approach are evidenced by the fact that new people keep falling into homelessness; those who are chronically homeless recycle through the system using precious resources without getting the help they need to regain housing; and too many people are turned away from assistance because of lack of space. This Plan proposes strategies to correct the flaws, and will require investment to meet the need. The Plan lays out a new countywide approach. It builds on the successful programs we have in place, expanding their capacity to meet the level of need and putting in place policies and agreements to knit them together into one comprehensive and effective countywide system of care.

Did you know that in our communities the Homeless Assistance Network provides . . .

- y Interim Housing beds: 306 for individuals and 256 for families
- y Transitional Housing beds: 147 for individuals and 444 for families
- y Permanent Supportive Housing beds: 319 for individuals and 205 for families
- y Extremely Low-income Affordable Housing: 1,100 units and over 6,200 rent subsidies
- y Services: case management, health, mental health care and treatment, substance abuse treatment, life skills, transportation, child care, and more

Why a Ten-Year Plan to End Homelessness?

- i *Because after almost 20 years of work responding to homelessness in this community, the nonprofit housing and service agencies, the County Departments delivering health care, social services and housing, and the cities know without a doubt that it is necessary to end this extreme and devastating form of poverty.*

Together with state and federal agencies, we now have a solid understanding of who homeless people are, why they become homeless and what is needed to help them exit homelessness. Here in Contra Costa County, collectively we have developed nationally-recognized programs that have proven their effectiveness in helping people regain housing and stability for the long term. This knowledge galvanizes all of us to set a clear goal of providing a home for everyone, and to gathering the resources and political and public support necessary to do so.

- i *Because all of us also understand that the costs of doing nothing or too little are too high.*

Beyond the toll that homelessness exacts in terms of human misery and lost potential, it also uses up scarce public resources. Data demonstrates that people who are homeless, especially those chronically homeless with disabilities, are frequent users of publicly-funded emergency services, including hospitals, mental health crisis services, and detox services. Also resulting in significant costs to taxpayers, many are involved with the criminal justice system, sometimes for nothing more than petty crimes related to their homelessness such as loitering or panhandling.

Homelessness Is Expensive!

A study looking at the use of services by homeless people with severe mental illness found that on average they use \$40,500 worth of publicly-funded services per year. The majority (86%) of these costs were incurred in the mental health and health care systems.²

The cost of maintaining chronic, homeless alcoholics in King County is staggering. King County's Division of Mental Health, Chemical Abuse & Dependency found 14 chronically homeless people were among the top 20 users of county sobering services. In 2003, those 14 people cost the county nearly \$285,000 just for sobering and detox. That doesn't include shelter beds, police or jail time, and emergency-room visits or the myriad of other services provided by the city and county.³

Data from Minnesota also demonstrates saving. According to an April 2003 report from Hennepin County, one supportive housing development resulted in a reduction of crisis costs of \$6,200 per family and a shift to supportive and preventive services. Another March 2003 Hennepin County report indicated that 1,032 admissions to detox were prevented as a result of supportive housing and the median cost of health care was reduced from just over \$9,000 per year per resident to just over \$5,000.⁴

According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.⁵

A typical cost of a prison bed in a state or federal prison is \$20,000 per year.⁶

- i *Because reaching the goal of truly ending homelessness in our County requires a new way of doing things and a new degree of collaboration involving all sectors of the community.*

This Plan is a blueprint laying out a new direction and new possibilities. Seeking to eliminate homelessness, rather than just manage it, this Plan revamps the existing approach to put the focus on housing first and integrates the service systems to be more responsive and effective. With an emphasis on the hard-to-serve chronic homeless population, it addresses the systemic barriers that have undermined efforts to provide the comprehensive and coordinated care needed for long term solutions to homelessness. Because of its scope, implementation will require a concerted community-wide effort with all sectors working together, including city and county government, mainstream⁷ and homeless housing/service programs, churches and temples, local businesses, and concerned citizens.

- i *Because having a concrete plan for ending homelessness positions this community to take maximum advantage of federal resources for homelessness.*

In July 2000, the federal government declared that its goal was to end chronic homelessness within 10 years. Since then, states and localities have responded by developing plans to end homelessness. In Contra Costa County, we have a solid track record of developing innovative and effective programs that have been supported by the U.S. Department of Housing and Urban Development and U.S. Department of Health and Human Services funding. This Plan once more showcases the community-wide commitment to meeting the needs of residents who are homeless or at-risk and puts us in a strong position to respond to funding opportunities as they arise.

- i *Because a Plan provides the framework for aligning all efforts throughout the community, and a starting point to work together on determining how we will carry out this system-wide change.*

This Plan requires a paradigm shift in how all sectors of the community think about homelessness, and how all respond to meeting the needs of homeless people. This Plan is the first step; there are many implementation questions such as: What will it cost? How do we accomplish it? Who needs to sit at the table to work out all the details? Those questions will be answered by city, county, for-profit, non-profit, and faith-based sectors working together in an Homelessness Inter-Jurisdictional Inter-Departmental Work Group (HIJIDWG).⁸ The County Office of Homeless Programs within the Health Services Department will coordinate these linkages. Full participation from all sectors is required to annually determine expected outcomes, benchmarks, completion dates, cost savings, and the level of action needed to unfold the Plan over the next 10 years. This work will complement, not replace, the solid work performed by the Continuum of Care Board.

Plan Vision: Homelessness in Contra Costa County Will End in 10 Years



A comprehensive communitywide system of care, incorporating both mainstream and homeless-targeted services, will provide housing, treatment, and support services to those in need.

Those at-risk of becoming homeless will receive timely assistance that resolves the immediate crisis and links them to services to address the underlying issues that threaten their long-term stability.

Those already homeless will be immediately assisted into housing, and will have access to treatment and services to facilitate long term housing retention and maximum self-sufficiency.

City and county agencies and their housing/services delivery partners will prioritize the goal of preventing and ending homelessness, and will develop policies, design programs, and allocate resources, accordingly.

Plan Financing: Re-invest Systems Savings and Generate Additional Revenue

The Homelessness Inter-Jurisdictional Inter-Departmental Work Group (HIJIDWG) will assess existing resources, target new sources, foster the creation of additional new sources, and look to recapture any resources saved by implementation of these strategies. The HIJIDWG is charged with determining the financing amounts and sources needed to implement each action step of every strategy that animates the 5 Plan Priorities.

Plan Guiding Principles

- i Permanent housing is the goal and priority in providing assistance to homeless people. Therefore, people should be helped back into housing as quickly as possible.
- i Access to comprehensive and integrated services is essential to achieving long-term housing stability.
- i Community-based mainstream services must be the cornerstone of meeting people's long term service needs. Their commitment and leadership is needed to enhance efforts to serve people who are homeless or at-risk and to develop the capacity for inter-agency collaboration in service provision.
- i Access to a decent income is the best way to assure people's ability to maintain housing.
- i Chronically homeless people need specialized assistance in the form of outreach and intensive case management in order to exit homelessness once and for all.
- i Prevention of homelessness is the most humane and cost-effective approach to ending homelessness. All mainstream health and social service programs should be involved in the effort to prevent homelessness.

Plan Priorities

These guiding principles translate into the five priorities that make up this Plan. When fully implemented, they will enable the communities of Contra Costa County to achieve the goal of ending homelessness in 10 years.

PRIORITY
1

**HELP HOMELESS PEOPLE (RE-)GAIN HOUSING
AS SOON AS POSSIBLE**

The Issue: Homelessness is a very damaging experience, both physically and emotionally, and one that exacerbates any other problems that people may have. An extreme form of poverty, it involves not only a lack of financial resources, but also the loss of basic dignity as people lose privacy, security and control over their lives. Experience shows that the longer the time period people are homeless, the more difficult it is for them to recover.



The Answer: Recognizing this reality, housing providers are working with Contra Costa County to implement a Housing First approach to ending homelessness. This approach identifies housing as the basis for all the other work that people who are homeless must do to regain stability and enhance self-sufficiency. Accordingly, it first seeks to assist people in accessing stable housing as quickly as possible. Then, once they are in housing, it works to link them with services and supports to address other needs. For some people, transitional services for a limited time period are all they need, while for others, long-term support through community-based mainstream agencies is necessary.

HOUSING FIRST IMPLEMENTATION STRATEGIES AND ACTION STEPS

Effective implementation of a Housing First approach requires the creation of a full continuum of housing opportunities. To accomplish this in our community, action is needed to:

- qq Develop interim housing, which is short-term housing focused on helping people access permanent housing as quickly as possible. Services provided in interim housing include housing search assistance and case management to help address immediate needs and identify longer term issues to be dealt with once in permanent housing. To develop interim housing, the Homelessness Inter-Jurisdictional Inter-Departmental Work Group (HIJDWG) will:
 - ¶ Form a Basic Housing Assistance Center as the locus for the Interim Housing Program. Promulgate standards to guide the development of interim housing and conversion of existing emergency shelter and transitional housing.
 - ¶ Analyze existing emergency shelter and transitional housing programs and develop a plan and timeline for converting units to interim housing.
 - ¶ Develop programs in each of the three regions of the county to create 3000 units of engagement housing. This is low demand housing, designed to provide a way in off the streets for those who are unwilling or unable to access other housing options – it has no time limits on length of stay, has few rules and requirements, and offers access to services on an optional basis.
- qq Expand the availability and accessibility of permanent housing affordable to people with extremely low incomes, defined as being at 0-30% of the area median income. Typically people at this income level are those who are living on public benefits, are homeless and have no source of income, or are employed earning only minimum wage. To expand the availability and accessibility of housing affordable to people with extremely low incomes, HIJDWG will determine how to achieve the following:
 - ¶ Put the development of a Countywide Affordable Housing Trust Fund on a fast track implementation timeline; designate housing for homeless people as a funding priority.

- ¶ Target city and county affordable housing funds towards the development of extremely low-income housing, including HOME and CDBG funds as well the funds in the pending Countywide Affordable Housing Trust.⁹
 - ¶ Create a tax break program for market-rate housing complexes and developments to reserve a percentage of units as “community housing”, affordable to those with extremely low incomes (minimum wage or government supports). Community housing units would be accessed through the multi-service center Housing Support Centers for homeless people or those at-risk.
 - ¶ Streamline regulatory processes (zoning, permits, and approvals) and access to funding for the development of all housing that will serve homeless people and those at-risk.
 - ¶ Create housing subsidies for TANF families making the transition from welfare to work using federal TANF dollars,¹⁰ including Maintenance of Effort funds.
 - ¶ At the three public Housing Authorities located in Contra Costa County, provide preferences for Section 8 vouchers to chronically homeless single adults with disabilities, graduating Shelter Plus Care participants, and homeless families.¹¹
- qq Facilitate the development of more supportive housing. Supportive housing is affordable permanent housing that is linked to an integrated and individualized package of services and supports designed to maximize health, self-sufficiency and quality of life.¹² This type of housing is essential for chronically homeless people and others with serious disabilities. To facilitate the development of more supportive housing, HIJDWG will:
- ¶ Support the development of Medi-Cal billing capacity by supportive housing providers in order to cover ongoing service costs,¹³ including training and technical assistance.
 - ¶ Fund more integrated service teams to provide services linked to housing.
 - ¶ Collect the requisite data and conduct an annual analysis of cost savings to other service systems, including hospitals, jails, and emergency shelters, resulting from supportive housing placements.¹⁴

Did you know . . .

d_d Emergency Shelters

Our community has 4 single adult shelters, 4 family shelters, and 2 youth shelters, serving a total of 306 individuals and 211 families with children. Functioning more as a type of interim housing than as basic emergency shelters, our shelters provide extensive services, including case management and wrap-around services, including housing search assistance. Meals, laundry facilities, mail, and telephones are also provided. During the 2002-03 program year, over 30% of shelter residents left to permanent housing.

d_d Multi-Service Centers

Our four multi-service centers (MSCs) coordinate a variety of services and provide accessibility for homeless individuals and families. The MSCs offer comprehensive services, operating as “one-stop” sites for meals, temporary housing, respite for detoxification, and social services. Supportive services are offered on a drop-in basis, and include case management, food, showers, clothing, employment training, housing counseling, transportation, health care, educational programs, life skills programs and information and referrals to substance abuse and mental health treatment.



**PRIORITY
2**

PROVIDE INTEGRATED, WRAPAROUND SERVICES TO FACILITATE LONG-TERM RESIDENTIAL STABILITY

The Issue: Access to housing, while of prime importance, is not enough for many homeless people. Often struggling with some combination of illness, job loss, low self-esteem and lack of opportunity, they also need a range of support services to enable them to regain and maintain housing. Some of the services needed are provided by the homeless assistance network, but most are provided by the mainstream service system. Lack of coordination between different service programs and a lack of access to mainstream services by homeless people result in people not getting the full range of support they need to achieve long-term stability. This is especially true for chronically homeless people as they typically have multiple service needs.

The Answer: Wraparound service provision gives clients the full array of services they need to address the issues that caused their homelessness. Based on an individualized, client-driven service plan, housing, income and service needs are addressed as part of a coordinated package of care, thereby enhancing long term housing stability. Key to achieving the level of coordination needed for effective wraparound service provision is the integration of homeless and mainstream service programs into one comprehensive system. This system integration facilitates the ability of agencies to share client information, coordinate service provision, and engage in joint data collection.

“Mainstream services” refers to the broad array of federally-supported safety net and community service programs, including:

- y Public housing and Section 8/Housing Choice vouchers
- y Benefits — Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Food Stamps, and General Assistance (GA)
- y Health care, mental health care and substance abuse treatment covered by MediCal or Medicare or funded through block grant programs
- y Children’s services such as the Children’s Health Insurance Program (CHIP), child care and Head Start
- y Employment and training services, such as those funded through the Workforce Investment Act, the New Freedom Initiative for people with disabilities, and Ready 4 Work for ex-offenders
- y Services for special populations, such as for veterans or youth.

WRAPAROUND SERVICES IMPLEMENTATION STRATEGIES AND ACTION STEPS

The HIJDWG must actively promote service integration at both the system and client levels. It must also help mainstream agencies to enhance the accessibility of their services to homeless people.

qq Integrate services at the system level. System level service integration allows people and information to move easily between programs, thus maximizing the likelihood of successful outcomes, facilitating people's transition from homeless services to community-based services once housing is regained, and allowing evaluation of outcomes and resource use from a system-wide perspective. In order to facilitate system level service integration, the HIJDWG will:

- ¶ Formalize interagency referral and service provision agreements. Policies and procedures for electronic referrals and inter-agency case management will also be developed for use when the homeless management information system (HMIS) comes on line.¹⁵
- ¶ Appoint senior level staff from County mainstream health and social service agencies to participate in the development of infrastructure and policies for service system integration.
- ¶ Collect systemwide data through the HMIS and mainstream MIS to facilitate greater understanding of the service needs and service utilization of people who are homeless and at-risk in order to guide ongoing program development.
- ¶ Analyze existing use of federal, state and local service dollars, develop strategies for more efficient allocation, and engage in advocacy to allow blending or new uses of these funds and to protect and/or enhance these funding streams.¹⁶

qq Integrate services at the client level. Client level service integration typically involves active case management to facilitate access to the full package of services needed as well as staff level coordination in which services are provided through a team approach or through grouping services at one location. In order to better integrate services at the client level, the HIJDWG will:

- ¶ Support and enhance the County's four multi-service centers.¹⁷

- ¶ Promote the adoption of an active “whatever it takes” approach to case management, including lowering caseloads and providing staff training.
 - ¶ Provide training for dual mental health and substance abuse certification of staff in mental health programs and drug and alcohol treatment programs to enhance capacity for providing integrated treatment to people with co-occurring disorders.
 - ¶ Expand the use of interagency integrated service teams as the means of service delivery for homeless people and those at-risk.
- qq Enhance homeless people’s access to mainstream services, by addressing barriers such as complicated application procedures, unnecessary paperwork requirements, and negative attitudes towards homeless people by staff. To enhance homeless people’s access to mainstream services, the HJIDWG will:
- ¶ Require all County mainstream service agencies to incorporate preventing and ending homelessness in their agency level planning, policy and program development.¹⁸ Each agency will also be asked to create a homeless liaison position to facilitate access to services by homeless people and address barriers to service, including conducting training for front line staff on homelessness.
 - ¶ Implement strategies to make benefits and other social services more accessible to homeless people, including out-stationing at the multi-service centers, collaborating with outreach teams, and creation of uniform application and eligibility criteria.¹⁹
 - ¶ Work to secure additional funding for mainstream health and social service programs to serve homeless people and those at-risk.²⁰
 - ¶ Expand services available at the Multi Service Centers to support their new function as Housing Support Centers hosting Eviction Prevention Teams, and continued role as operating base for the Homeless Outreach Teams. Provide effective, efficient and free transportation for people using the Multi Service Centers to stabilize their lives.
 - ¶ Develop a core training curriculum for staff at all agencies responding to homelessness that includes cultural competency, disability access, and that enhances resource and referral functions at all agencies.

Did you know . . .

d_d Shelter Plus Care Supportive Housing and the Health, Housing and Integrated Services Network (HHISN)

Contra Costa County's largest supportive housing program is its four Shelter Plus Care Programs, the first of which was initiated in 1994. Over 200 households suffering from serious mental illness, chronic substance abuse, HIV/AIDS, and co-occurring disorders are served. Housing is provided through scattered site units that are held through a master lease and subsidized through tenant housing subsidy vouchers.

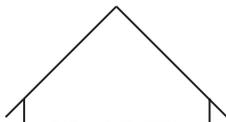
Linked to the housing is an integrated array of support services that are provided by multi-disciplinary integrated service teams (ISTs) coordinated by the Health, Housing and Integrated Services Network (HHISN). The ISTs provide coordinated health, mental health and substance abuse services as well as case management and access to other social services, including money management, life skills counseling, employment services, and benefits assistance. These services are provided either in the home of the client or off-site at accessible service sites. Flexible and consumer-centered, the services are designed to respond to client needs and to facilitate their ability to maintain housing stability and maximize their independence and self-sufficiency.

d_d Access To Health Services

Contra Costa County is the only jurisdiction in California, and perhaps the nation, that provides comprehensive health coverage to all its low-income uninsured residents, many of who are homeless. The county-operated health maintenance organization, Contra Costa Health Plan, offers a special Basic Health Care (BHC) program to serve this population. The County's mobile Health Care for the Homeless program facilitates access to these mainstream health services by assisting homeless people in applying for BHC or Medi-Cal and then referring them to the health services they need.

d_d Access To Drug And Alcohol Treatment

The County's Synergy program offers treatment-on-demand to homeless people through dedicated beds/slots in licensed alcohol and drug treatment programs, and provides linkages to other needed services, including health, mental health, and case management services. Synergy also outstations staff at the regional multi-service centers to provide screening and needs assessment, on-site groups and individual treatment sessions, evening shelter-based recovery meetings, and referrals to treatment. For those who complete treatment, Synergy offers assistance in locating housing and access to housing vouchers.



PRIORITY
3

**HELP PEOPLE TO ACCESS EMPLOYMENT
THAT PAYS A “HOUSING WAGE”**

The Issue: Long term housing stability is intrinsically linked to people’s ability to earn a “housing wage” – a wage level that allows people to afford housing without paying more than 30% of their income on rent and utilities. This leaves them with the resources to cover other necessities and to put aside savings as a cushion against future crises that could lead to homelessness. Unfortunately, homeless people often have difficulties in obtaining decent employment because of the lack of opportunities in today’s economy, their limited work history and experience, and reluctance by employers to hire them.

The Answer: Enhancing homeless people’s ability to find and maintain housing wage employment is the best way to help achieve economic self-sufficiency and long term stability.²¹ Employment programs are designed to do this; some focus on providing employment preparation and job search assistance to help people enter or reenter the labor force.²² Others focus on increasing the hiring and training opportunities available to homeless people through job placement programs that aggressively build linkages with employers or through the development of micro-enterprises. In general, people who are transitionally homeless can benefit from employment programs that help them access higher paying work. People who are chronically homeless are not usually able to access well paid stable employment in the near term. Programs which address their specific needs and limitations can enhance their self-sufficiency and support residential stability.



EMPLOYMENT OPPORTUNITY IMPLEMENTATION STRATEGIES AND ACTION STEPS

In order to increase the economic self-sufficiency of homeless people, the HIJIDWG must:

qq Foster the creation of more employment opportunities for homeless people because homeless people often need help getting their foot in the employment door. This is due to a variety of reasons, including the lack of employment opportunities in today's economy, their limited work history and experience, and reluctance by employers to hire homeless people. To create more employment opportunities for homeless people, the HIJIDWG will:

- ¶ Prioritize homeless people for employment assistance in the One Stop Centers and adapt programs to accommodate the special needs of homeless people. Develop appropriate goals and outcome measures for serving homeless people and collect data, including the number of homeless people placed in jobs each quarter.
- ¶ Design targeted employment programs for chronically homeless people now living in supportive housing. Pursue Federal Department of Labor, Department of Veterans Affairs, and Department of Health and Human Services employment-related funding opportunities and work with major businesses and employers in the County.
- ¶ Develop scholarships to support homeless people in going to school and enrolling in training programs.
- ¶ Enact "Hire Homeless First" policies for all local government entry-level job opportunities.
- ¶ Enact a housing wage ordinance that links minimum wage levels to housing costs in the County.

Did you know . . .

In Contra Costa County, the housing wage is \$27.31/hour, more than 4 times the minimum wage, in order to afford a two-bedroom unit at Fair Market Rent.²³

qq Ensure that homeless people have access to supports to facilitate their success at employment: In order to be effective for homeless people, education and employment services must be offered as part of an integrated service package; people often need a variety of other services in order to enable them to make a success of their education, training and job search efforts. In order to facilitate homeless people's success at employment, the HJIDWG will:

- ¶ Enhance linkages between employment programs and the overall service system so as to increase homeless people's access to the services they need in order to achieve success at employment.
- ¶ Designate affordable child care slots for homeless people engaged in education and employment activities.
- ¶ Provide reduced cost transit passes for homeless people engaged in education and employment activities.

Did you know . . .

d_d The Employment Activity of Rubicon Programs

Rubicon Programs promotes the self-sufficiency of unemployed and underemployed individuals who are disabled, homeless, and/or economically disadvantaged. This nationally-recognized organization provides a variety of services including job preparation, placement, retention and career advancement services. In addition, Rubicon operates Training Programs in Bakery Production and Commercial Property Maintenance.

OUTCOMES ACHIEVED: In 2001-2002, almost 40% of the over 1,100 people served in Rubicon employment and training programs were placed into jobs. 63% retained employment for 3 months, 41% for 6 months and 26% for one year.



CONDUCT OUTREACH TO LINK CHRONICALLY HOMELESS PEOPLE WITH HOUSING, TREATMENT AND SERVICES

The Issue: Chronically homeless people need specialized, intensive assistance in order to get back into housing and linked with the services and treatment they need for ongoing stability. They suffer from serious mental health conditions, drug or alcohol addiction, and chronic physical illnesses, and, making them even more difficult-to-serve, many have more than one of these conditions. They have been homeless for extended periods of time and/or have had repeated episodes of homelessness. Not having been able to get the help they need, many have grown increasingly angry, isolated and mistrustful of the service system.



The Answer: Multi-disciplinary mobile outreach teams are effective at contacting this vulnerable population and re-engaging them with housing and services. Outreach team staff seek to make contact with individuals on their terms and in the locations where they typically congregate – encampments, soup kitchens, drop-in centers, parks and other locations. The teams are multi-disciplinary, composed of specialists from a range of disciplines who are able to address the comprehensive needs of the clients. Staff focus first on developing a trusting relationship and on addressing immediate needs. Later when clients are ready and willing to access other services and housing, team members provide the time intensive assistance necessary to make the linkage successful, including accompanying the client to services, assisting with applications and interactions, and providing a zone of comfort for the client in the new environment.

OUTREACH IMPLEMENTATION STRATEGIES AND ACTION STEPS

In order to end chronic homelessness in our communities, the HIJIDWG must:

qq Expand existing outreach capacity to fully meet the level of need. To expand existing outreach capacity, the HIJIDWG will:

- ¶ Create additional outreach teams in order to serve all geographic areas of the County, expand coverage to seven days a week, 24 hours a day, and maintain low case loads so as to sustain the intensity of contact necessary to win people's trust and successfully link them with services.
- ¶ Create a specialized encampment outreach team with a team composition allowing for the provision of an expanded range of services to meet the needs of the small group of hard-core individuals who are highly resistant to leaving the encampments, yet in dire need of services.

qq The outreach teams must be supported in their On-Site Service Delivery role. To support the outreach team in their on-site delivery, the HIJIDWG will:

- ¶ Purchase outreach vans for each team in order to enhance their mobility to go to clients in the encampments, many of which are dispersed in outlying areas, and to facilitate transportation of clients to services. Provide communication tools for each team to strengthen assessment and referral capacity.

qq The linkages between outreach workers and the rest of the service system must also be improved so that clients can be immediately linked to housing and services when they are ready to access them. To enhance coordination between outreach teams and other providers, the HIJIDWG will:

- ¶ Make the existing HOPE outreach team the first line of response on homelessness. All city and County agencies, businesses and concerned individuals should contact HOPE for questions and assistance in dealing with homeless people. The HOPE team will be the primary contact point rather than public safety sectors or the offices of elected officials.
- ¶ Enhance coordination between the outreach teams and the police department, including outreach team participation in the monthly Forensic Team meetings.
- ¶ Designate the Multi-Service Centers (MSCs) as the base of operation for the outreach teams thereby facilitating client referrals to services offered at the MSCs.
- ¶ Develop referral agreements between outreach teams and housing and service programs. These will include the dedication of engagement housing and permanent housing slots for access for clients referred by outreach teams.²⁴
- ¶ Explore how outreach team staff can coordinate with mainstream programs to facilitate access to benefits and other services by homeless people, including strategies such as accompanying clients to service referrals and assisting with interviews and/or application processes.²⁵

Did you know . . .

d_d Project HOPE – The Homeless Encampment Outreach Project

Initiated in Contra Costa County in 2001, Project HOPE is multi-disciplinary outreach teams that work to link chronically homeless people suffering from mental illness, drug and alcohol addictions and co-occurring disorders to housing and services. The teams are composed of staff from a mix of agencies, and include a clinical director, a public health nurse, a co-occurring disorder specialist, a case manager, a peer outreach worker and a veterans outreach and care coordinator.

Services provided by the teams include assessments; services and linkages to primary health care, mental health and alcohol and other drug treatment; interventions; medication management; transportation; assistance in applying for health coverage and other benefits, including veterans benefits; peer support; housing services; and basic needs such as food and clothing. The overall goal is placing individuals into permanent housing.

HOPE operates according to the principles of Assertive Community Treatment (ACT), which focuses first on developing a trusting relationship with clients and addressing immediate needs and then later, when the client is ready, working to link the client with HHISN Integrated Service Teams (ISTs) for housing and ongoing support services. The system includes innovative approaches to providing on-site services not generally provided through outreach teams, such as in-the-field benefits counseling, psychiatric consultations and medications management.

The teams work actively to find and engage clients, typically making contact with them in encampments that are located in the County's parks and undeveloped areas. They also accept referrals from homeless and mainstream services providers, including discharge planning referrals. This is part of the County's overall effort to institute an "any door the right door to services" approach for clients.

OUTCOMES ACHIEVED: Since the program's inception, there have been:

- over 3,000 contacts with homeless people
- 437 people have been assisted in leaving the streets and encampments to enter the shelter system

d_d Project Coming Home

Contra Costa County's new Project Coming Home is a multi-agency collaborative effort to provide integrated outreach, housing, treatment and support services to chronically homeless individuals. Project Coming Home conducts outreach to clients in encampments and other locations, creates homeless-dedicated detox and residential treatment capacity, provides access to affordable, permanent housing through tenant-based housing subsidies, and offers an integrated and individualized package of support services linked to the housing, thus providing the comprehensive assistance needed by this hard-to-serve population. Sustained relationships with the target population are cultivated, honoring client choice in receipt of housing and services. Project Coming Home's comprehensive, wraparound services are provided through integrated service teams, composed of staff from homeless, mainstream, and veterans services agencies. Through this multi-agency partnership, Project Coming Home facilitates ongoing efforts in the County to better integrate service delivery across agencies and service systems and expand the involvement of mainstream agencies in serving homeless people.

Overseeing Project Coming Home is the County Consortium To End Chronic Homelessness, a collaboration of homeless and mainstream agencies, working to facilitate the cross-agency service coordination, including data collection, information-sharing and staff training, necessary for the effective provision of integrated, wraparound services.

PRIORITY
5

**PREVENT HOMELESSNESS FROM OCCURRING
IN THE FIRST PLACE**

The Issue: More people continue to fall into homelessness. This is due in part to the steadily growing gap between wages and housing costs in our communities. It is also due to a breakdown in our overall safety net; mainstream service programs too often fail to identify households at-risk and link them with prevention services. Another breakdown is through discharges from public institutions, including hospitals, mental health programs, alcohol and drug treatment centers, foster care programs and the criminal justice system, that release people to the streets without housing or linkages to services.

The Answer: Not only is prevention the most humane approach, it also is the most cost-effective way to help those on the verge of losing their housing.²⁶ The indignity and marginalization that comes with the fall into homelessness is deeply damaging, and exacerbates any other problems. As a result, the service costs necessary to help people back into housing and to address the damages caused by the experience of homelessness are much higher than the costs of simply preventing its occurrence.²⁷



PREVENTION IMPLEMENTATION STRATEGIES AND ACTION STEPS

In order to eliminate new cases of homelessness, together all sectors must:

- qq Expand existing prevention services, including emergency rental assistance, case management, housing search assistance, legal assistance, landlord mediation, money management and credit counseling. To expand homelessness prevention services, the HIJIDWG will:
 - ¶ Create “Housing Support Centers” at each of the County’s Multi-Service Centers and target additional funding to other community-based prevention programs in neighborhoods identified as being significant sources of homelessness.
 - ¶ Create an Eviction Prevention Team with linkages to Landlord-Tenant Court to identify people at-risk of losing their housing and to agencies providing prevention services, including the Department of Employment and Human Services, the Housing Support Centers, and the County Office of Homeless Programs.
 - ¶ Start a new “bridge subsidy” program, to fill the gap for those at-risk of homelessness between losing housing (including institutional discharge) and entering a Section 8 or other permanently affordable unit.
- qq Improve early identification and intervention efforts by mainstream health and social service agencies who are often in touch with households at-risk. In order to improve early identification and intervention, the HIJIDWG will:
 - ¶ Recommend that all public, non-profit and faith-based health and social service providers assess clients for risk of homelessness as part of client intake interviews. Staff will be trained to identify homelessness risk factors and conduct appropriate referrals, including linking clients to the Housing Support Centers, the Eviction Prevention Team and Legal Aid/Fair Housing services.²⁸
 - ¶ Adopt a Countywide Just Cause Eviction Ordinance to reinforce tenant’s rights to security of tenancy and habitable living conditions.

qq Enhance discharge planning efforts so that people leaving the criminal justice system, foster care, hospitals, mental health programs and drug and alcohol treatment programs are not released into homelessness. In order to enhance discharge planning efforts, the HIIDWG will:

- ¶ Require the corrections system, foster care,²⁹ hospitals,³⁰ mental health programs and drug and alcohol treatment programs to develop residential stabilization programs to connect clients to community housing and services prior to discharge.³¹ Core outcome measures for these programs will be revised to include client post-placement residential stability and service linkages.³²
- ¶ Establish a special respite care unit at the Brookside Emergency Shelter for homeless patients discharged from the hospital who are medically frail and still need some degree of specialized assistance.

Did you know . . .

d_d SHELTER, Inc.

SHELTER, Inc. provides an array of homeless prevention services to individuals and families in Contra Costa County, including: rental assistance, rental subsidies linked with case management (for up to 1 year), financial assistance with rent and mortgage arrears, assistance with move-in costs, landlord/tenant counseling, and short-term housing linked to support services and assistance in locating permanent housing. Last year, SHELTER, Inc. provided 203 households with rental assistance; rental assistance case management to 141 individuals; and landlord/tenant counseling to 437 tenants and landlords.

d_d San Ramon Valley Ecumenical Homeless Ministry

San Ramon Valley Ecumenical Homeless Ministry provides emergency rental assistance for families that are at risk of homelessness who show ability to sustain housing after assistance is provided. They provide short-term rental assistance and case management services and appropriate early intervention.

d_d Hope Conference

Hope Conference is a last-resort effort to help the working poor with rental assistance and transportation needs. Hope serves needy individuals and families, all of which are case managed or referred by faith congregations, homeless shelters, county or nonprofit organizations. It is primarily family focused and complements the work of other agencies and conferences and offers help as a last resort to prevent homelessness and loss of employment that would lead to homelessness.

Plan Implementation & Accountability

This Ten-Year Plan will be implemented by the Homelessness Inter-Jurisdictional Inter-Departmental Work Group, with support from the County Office of Homeless Programs. This body will be composed of senior level representatives from City and County government, County Health and Social Service Departments, Police Departments, the Continuum of Care Advisory Board, non-profit service providers and people who are homeless or formerly homeless.

Implementing this, the HIJDWG has three charges:

First Charge: It will create the Annual Implementation Blueprint that will detail the actions to be taken in the next year to carry out the Plan's five priorities. This will involve fleshing out the Plan's action steps, determining costs, funding sources, expected outcomes, responsible agencies, and timelines. The Blueprint will include an analysis of current expenditures and methods to recapture savings from system conversion to fund new strategies. Given the racial and ethnic diversity of our communities, a guiding theme for implementation will be "cultural competency". The HIJDWG will seek to implement the five priorities with an eye towards improving access to services for racial and ethnic minorities and adapting services to individual cultural needs.

Second Charge: The HIJDWG will oversee the development of a Homeless Management Information System (HMIS) in the County that will be compatible with mainstream information systems. The HMIS planning process is already underway. HMIS development is central to the implementation of the Plan as it will facilitate the shared data collection, inter-agency referrals, information-sharing and case management that are the basis for comprehensive, integrated service provision. The HMIS will also collect data on outcomes so that program effectiveness can be continually monitored and improved. Along with the HMIS, data will need to be contributed to the HIJDWG to support analyses of system-wide costs savings and utilization rates by this population.

Third Charge: The HIJDWG will work with the Continuum of Care Advisory Board to oversee the development of public education and fundraising campaigns designed to enhance understanding of homelessness. The Public Information Committee of the Continuum of Care Advisory Board will annually create a media kit announcing progress toward the plan implementation. The goal is to build financial and community support for implementing Plan priorities and actions. The campaign will be designed to convey the core message that action is needed *now*, as the longer a person is homeless, the more likely they are to become chronically homeless and the more costly it will be for the community to provide assistance.

For more information about this Plan, please contact:

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Appendix A: Planning Process and Acknowledgments

The Planning Process

Preparation for our Ten Year Plan began in early 2002 with the West Contra Costa County Regional Homeless Summit. The Summit was hosted by Contra Costa County Board of Supervisors Chairman John Gioia and Richmond Mayor Irma Anderson. The purpose of the Summit was to implement sections of the county's *Five Year Homeless Plan*. Participants in that summit represented all segments of the community, including elected officials, government employees, service providers, corporate businesses, small businesses, private foundations, faith-based communities, and those individuals who have experienced homelessness. The strategies were informed by one-on-one interviews with over 50 homeless people on the streets, in shelters, and at homeless service programs. The strategies that emerged from the Summit served as the base for our Ten Year Plan.

Building on the progress made at the West County Summit, a draft *Ten Year Plan to End Chronic Homelessness* was created in early 2003. This document incorporated information collected during 22 focus groups conducted with homeless consumers at homeless housing and service programs throughout the county.

This Plan is under approval by the Contra Costa County Board of Supervisors: John Gioia, Gayle Uilkema, Millie Greenberg, Mark DeSaulnier and Federal Glover. The plan is pending presentation to the County Conference of 20 Mayors.

Drafts of the final plan were reviewed by Public Health Director Wendel Brunner, M.D. and County Office of Homeless Programs staff (Cynthia Belon, Lavonna Martin, Keith Bussey and Sage Foster), Executive Directors of the homeless assistance network agencies in the county (Michael Barrington of Phoenix Programs, Arthur Hatchett of GRIP, Gloria Sandoval of STAND and Merlin Wedepohl of SHELTER, Inc.), and members of the Contra Costa County Homeless Continuum of Care Board: Al Coolidge, Roberto Reyes, Alma Lones, Jennifer Baha, Benita Harris, George Evans, Judy Sparks, Louis Cheng, Bobbie Arnold, Katie Pier, Derald Harris, Reginald Manuel, Jeri Cohen, Lloyd Madden, Kara Douglas, Sandra Williams, Ginger Marsh, Gwen Watson, Tom Conrad, Georgia Macon, Janet Bruce, John Ramos and Michael Shimansky.

We would like to acknowledge all of the consumers who participated in surveys and focus groups.

The County Office of Homeless Programs also acknowledges the supportive leadership of Dr. William Walker, Health Services Director and the assistance of HomeBase/The Center for Common Concerns in producing this plan. Our thanks to Hing Wong, *Desktop Designs*.

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Appendix B: Endnotes and Photo Credits

Endnotes

- 1 This mirrors the definition adopted by the federal Interagency Council on Homelessness.
- 2 Culhane et al (2001). "The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency shelter Systems: The New Hew York Initiative." Center for Mental Health Policy and Services Research, University of Pennsylvania.
- 3 http://seattletimes.nwsourc.com/html/opinion/2001901536_byrnes13.html
- 4 _____. (2004). "Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness." Minnesota Department of Human Service, Department of Corrections and Housing Finance Agency.
- 5 Diamond, Pamela and Steve B. Schneid. (1991). *Lives in the Shadows: Some of the Costs and Consequences of a "Non-Sytem" of Care*. Hogg Foundation for Mental Health, University of Texas, Austin, TX.
- 6 Slevin, Peter. *Life After Prison: Lack of Services has a high price*. The Washington Post. April 24, 2000.
- 7 See Contra Costa County Homeless Continuum of Care Five Year Plan definition of mainstream programs at 100, repeated at page 10 herein.
- 8 The HIJIDWG is called for in the Five Year Plan.
- 9 The Five Year Plan made it clear that both the rehabilitation and construction of affordable housing was a top priority. At 88-89.
- 10 See Five Year Plan at 98 for further discussion of the county's commitment to the utilization of mainstream benefits.
- 11 *Id.*
- 12 Five Year Plan at 90-92.
- 13 The county is committed to the full utilization of mainstream benefits to help prevent homelessness in the region. Five Year Plan at 65, 74, and 92.
- 14 Five Year Plan at 63, 74.
- 15 The development of HMIS was articulated in the county's Five Year Plan. At 99.
- 16 Five Year Plan at 100.
- 17 The county strongly supports its multi-service centers and called for their expansion in its Five Year Plan. At 75.
- 18 At 74.
- 19 Greater integration of services was touted in the county's Five Year Plan as well. At 74-75.
- 20 Five Year Plan at 77, 91-92, 100.
- 21 In its Five Year Plan, the county's highest employment priority centered on strengthening and expanding efforts to prepare homeless people to enter the workforce. Five Year Plan at 55.
- 22 At 55.
- 23 "Out of Reach 2003", National Low Income Housing Coalition
- 24 The Five Year Plan similarly encouraged agreements among homeless service providers in order to facilitate service delivery to consumers. At 98.
- 25 Access to mainstream benefits remains a goal of the county. Five Year Plan at 98.
- 26 Contra Costa County previously determined that preventing homelessness is the most cost-effective and humane strategy. See Five Year Plan at 15.
- 27 The societal expenses of homelessness are especially keenly felt on a community's medical resources. Five Year Plan at 63.
- 28 Five Year Plan at 83. Because homeless people have a high incidence of utilizing health and human services, all treatment programs need to assess the housing status of clients.
- 29 Five Year Plan at 81-82; see also at 97.
- 30 Five Year Plan at 66.
- 31 Five Year Plan at 70.
- 32 Consistent with this statement, the county's Five Year Plan included a commitment to active case management even after a client leaves the program. At 86-87.

Photograph Credits

Specials thanks to the Project Hope Outreach Team at Phoenix Programs and SHELTER, Inc. for providing the photographs included in this plan.

Project Hope Outreach Team at Phoenix Programs:
photographs on cover page and pages 1, 17, 20, 25

SHELTER, Inc.: photographs on pages 2, 7, 9